STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515179	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canterbury Center	80 Maddex Drive Shepherdstown, WV 25443

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39571 Based on observation, resident interview, staff interview and record review, the facility failed to treat Resident #7 with respect and dignity and to care for the resident in a manner that promoted maintenance or enhancement of her quality of life. Secondly, the facility failed to provide meals in the dining room to all residents at a table at the same time. Lastly, the facility failed to ensure Resident #11 was given the right to vote. These were random opportunities for discovery. Resident identifiers: #7 and #11. Facility census: 58 Findings include: a) Resident #7 During a dining room observation on 03/27/24 at 12:00 PM, Resident #7 was observed with an abundant amount of facial hair on her upper lip and chin. The facial hair on her lip had the appearance of a very light moustache. The hairs on her chin measured approximately 1/2 - 3/4. The hair was noticeable when standing approximately five (5) feet away from the resident. Resident #7 was sitting at a table by herself. When the Surveyor approached Resident #7 to inquire about the help she received with grooming, the resident stated, Wait. Wait. I am a mind reader! I would love for someone to help me shave all this off!! as she was pointing to her facial hair. The Administrator confirmed the presence of the facial hair on Resident #7, on 03/27/24 at 12:07 PM, and reported he would have staff address it. A brief medical record review was completed on 03/27/24 at 2:30 PM. The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/01/23, revealed the resident required supervision/personal assist of one for personal hygiene. Personal hygiene was defined as how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands. On 03/27/24 at 3:15 PM, Resident #7 was smiling broadly as she approached Surveyor in the hallway and exclaimed, Look!! I feel like a new woman. I am so happy! Resident was simultaneously pointing to her face to have the Surveyor recognize her facial hair had been shaven. b) Dining room (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/25/24 at 12:25 PM it was noted there were 18 residents in the dining room waiting for lunch. There were seven (7) tables being used. Table five (5) had three (3) residents seated. The first two (2) plates were given at 12:37 PM the third resident seated at this table was not given a plate until 12:48 PM. Table four (4) had two (2) residents seated there. One (1) resident received a plate at 12:38 PM and the table companion did not get her plate until 12:43 PM. Table three (3) had four (4) residents seated at this table. The first plate was served at 12:42 PM, the second was at 12:46 PM, the third one was at 12:51 PM and the fourth one was not given until 12:57 PM. An interview on 03/25/24 at 12:50 PM, with Scheduler #61, confirmed she did not normally help with dining. During an interview on 03/25/24 at 1:15 PM, Nurse Aide (NA) #1 was asked if the meals were always served randomly. NA #1 said, not normally, however, something was happening in the kitchen today. NA #1 went on to say she understood everyone at a table should be served at the same time. The above observations were reported to the Administrator on 03/27/24 at 3:40 PM. c) Resident #11 During a Resident Council meeting on 03/27/24 at 9:48 AM, Resident #11 stated he had not been asked if he wished to vote in the upcoming election. The resident stated he had lived in the facility approximately [AGE] years. Resident stated, In the past, they would always ask. But they have not in the most recent elections. An offsite record review, completed on 04/02/24 at 8:49 PM, revealed: -Resident #11 had been admitted to the facility on [DATE]. -Resident #11 had stated voting was very important to him on the Recreation Comprehensive Assessment, dated 10/26/23. -Resident #11's care plan stated, It is important for me to vote. On 04/03/24 at 9:08 AM, the Activities Director produced a document which revealed Resident #11 had voted in the following elections since his admission at this facility: -05/10/16 Primary Election -11/08/16 General Election -11/06/18 General Election (continued on next page)

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	515179	A. Building B. Wing	04/03/2024

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Activities Director stated, the facility had no record of the resident voting in the 2020 election. 43340 50551

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 50551 Based on resident interview, observation, and staff interview, the facility failed to ensure a call light was within reach in Resident #33's room. This was a random opportunity for discovery. Resident identifier: #33. Facility census: 58. Findings include: a) Resident #33 On 03/27/24 at 9:45 AM, Resident #33 stated in a resident council meeting he would like for his call light to be either pinned to his clothing or on the blanket beside him on the right side of his body. The Resident explained his stroke had affected the left side of his body and he has poor mobility. Many times, the nursing assistants leave the room without the call light being within his reach. Resident stated the call light is his lifeline to staff since he is not independent with mobility, and it raises his anxiety levels when he has no way to turn his call light on. A random observation, on 04/02/24 at 11:04 AM, found Resident #33's call light was placed on the left side of his bed, looped around the bed rail and had no clasp. The Resident reported it was out of his reach and expressed his concern that he often could not reach it due to limited use of his left side. At 11:12 AM, LPN #34 confirmed the call light was out of reach on resident's nondominant side and that she would place it on the right side with a clip within reach of the resident. LPN #34 also confirmed she would educate certified nursing assistants (CNAs) on duty about the need to place the call light on the right side of the resident's body.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 39571 Based on record review, resident interview, and staff interview, the facility failed to promote and facilitate resident self-determination through the support of resident choices related to showers. This was true for seven (7) out of seven (7) residents reviewed under choices in the Long-Term Care Survey Process. Resident identifiers: #26, #4, #3, #11, #13, #36, and #1. Facility census: 58. Findings include: a) Resident #26 During an interview with Resident #26 on 3/25/24 at 3:35 PM, the resident reported his showers are every other week, but he would like to have them more often. He reports having told staff this several times. Review of Resident #26's Admission minimum data set (MDS), with an Assessment Reference Date (ARD) of 11/21/23 revealed the resident needs partial assistance from staff for his showers. Review of Resident 26's bathing tasks, with a look back period of thirty days revealed the resident had a shower only once on 03/05/24. During an interview on 04/03/24 at approximately 1:00 PM, the Director of Nursing (DON) acknowledged the shower schedules had been an ongoing issue for the facility and they were making attempts to rectify the situation. b) Resident #4 During an interview with Resident #4 on 03/25/24 at 1:10 PM, the Resident stated, she does not get to shower as often as she would prefer, and she had gone two weeks without a shower. The Resident reported she had been having many recent falls and staff no longer allow her to walk anywhere without assistance. Review of Resident #4's bathing tasks, with a look back period of thirty days revealed the resident had received a shower on two occasions which were 03/24/24 and 03/28/24. During an interview on 04/03/24 at approximately 1:00 PM, DON acknowledged the shower schedules had been an ongoing issue for the facility and they were making attempts to rectify the situation. c) Resident #3 During an interview with Resident #3 on 03/25/24 at 3:25 PM, the resident reported she had only showered once in 3 weeks. She reports, she would prefer to shower two to three times per week. Review of Resident #3's Admission MDS, with an ARD of 04/20/23 revealed the resident needs partial assistance from staff for her showers. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's bathing tasks, with a look back period of thirty days revealed the resident had a shower on two occasions which were 03/24/24 and 03/28/24. During an interview on 04/03/24 at approximately 1:00 PM, DON acknowledged the shower schedules had been an ongoing issue for the facility and they were making attempts to rectify the situation. d) Resident #11 During a resident council meeting, on 03/27/24 at 9:45 AM, Resident #11 stated he used to get two (2) showers a week but most recently he has only been getting one shower a week. Resident #11 said his showers were scheduled in the afternoon hours and one of the shower days interfered with his desire to attend Bingo. The resident reported if he attended Bingo and missed his shower, the staff do not offer him a different shower time. The resident went on to report he would prefer his showers to be in the morning hours after waking up, but he is always told they do not have a shower aide available at that time of day. Review of Resident #11's shower schedule, completed on 04/03/24 at 8:50 AM, revealed the following details: -Resident's shower days/times were listed as Wednesday and Saturday -Resident received a shower on 03/22/24 (Friday) -Resident was asked to shower on 03/25/24 (Monday). Resident refused. The monthly activity calendar listed Bingo as the activity for the day. During an interview, on 04/03/24 at 9:45 AM, the Director of Activities reported the nursing staff did not specifically seek the times of Resident #11's preferred activities (like Bingo) to proactively assist with avoiding scheduling showers during activity events which the resident considers important. She went on to state, it was her understanding that nursing staff would speak individually to each resident regarding their preferences. e) Resident #12 On 03/25/24 at 12:10 PM, Resident #12 stated she does not get showers when she requests them. A record review found she is scheduled for showers on Tuesdays and Fridays. A review of the resident follow up task report for the last thirty (30) days found, Resident #12 had received two (2) showers. The remaining days she was given a bed bath. According to her care plan she is to be provided the opportunity for bathing preference: shower or bed bath based on resident preference. Resident #12 stated she was not given a choice. The above information was confirmed on 03/26/24 at 01:10 PM with the Director of Nursing. f) Resident #36 (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/25/24 at 11:14 AM Resident #36 said sometimes she had a shower when she asks for one but not always. A review of the shower records found Resident # 36 had not had a shower in 14 days. During an interview on 03/26/24 at 9:00 AM with the DON, the DON stated that the facility had been educating staff about showers and documentation. When the above information was shared with the DON, he agreed no showers or refusals of showers were documented. f) Resident #36 During an interview on 03/25/24 at 11:14 AM, Resident #36 stated sometimes she got a shower when she asked for one but not always. A review of the shower records found Resident # 36 had not had a shower in 14 days. An interview on 03/26/24 at 9:00 AM with the DON confirmed the facility had been educating staff about showers and documentation. When the above information was shared with the DON, he agreed no showers or refusals of showers were documented. g) Resident #1 During an interview 03/25/24 at 4:08 PM, Resident #1 stated it took a while to get changed and she did not always get a shower when I want it. A review of the shower records for the past 30 days revealed Resident # 1 only received a shower on: *03/06/24 *03/12/24 *03/26/24 On 03/26/24 at 9:00AM, the Director of Nursing (DON) stated they (the staff) have been trying to fix the issues. The DON was asked about the Grievance forms having so many complaints about not getting showers. The DON said it was a problem and it was being worked on. However, DON agreed the problems with getting showers are currently ongoing. 45171 50551

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43340 Based on record review and staff interview, the facility failed to notify the resident's legal representative after the resident experienced a fall. The facility's failure to notify the resident's representative was true for one (1) of four (4) residents sampled for falls in the Long-Term Care Survey Process. Resident identifier: #49. Facility census: 58 Findings included: a) Resident #49 A record review, completed on 04/26/24 at 10:00 AM, revealed the following details: -Resident #49 was admitted to the facility on [DATE]. -A physician determination of capacity, dated 08/02/23, noted the resident lacked capacity to make medical decisions. -There was Legal Guardianship paperwork, dated 08/26/22, scanned into the medical record which reflected that the [NAME] Virginia Department of Health and Human Resources (WV DHHR) had been appointed as a legal guardian for Resident #49. -The guardianship paperwork revealed the WV DHHR would be responsible for all areas of the protected person's (Resident #49's) daily life including medical and mental health decision-making. -An eINTERACT SBAR (Situation, Background, Assessment, Recommendation) Summary for Providers, completed on 12/30/23 at 10:45 AM, noted the resident had a fall and a message had been left for the physician. -On 12/30/23 at 6:52 PM, an eMar (electronic medication administration record) - Shift Level Administration Note documented, Attempted to call emergency contact [son's first name and son's telephone number] to inform him of [resident's first and last name's] fall this AM around 11:00. LVM (left voicemail) for [son's first name] to call back for additional information. Fall was without injury. Vitals were WNL (within normal limits) and have been WNL (within normal limits) throughout the day with neuro checks. -A note, dated 12/31/23 at 12:00 AM, reflected that the resident had been seen by the facility's Nurse Practitioner following her fall. - Shift Level Administration Note, dated 12/31/23 at 4:42 PM, documented, Son and son's significant other came to visit the resident. Son informed of mother's fall on 12/30/23. Advised son that at least two messages were left on his phone yesterday to inform him of the fall (one around 11:00 AM and one around 6:30 PM). (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no evidence in the medical record showing that Resident #49's Legal Guardian (WV DHHR) was notified of the resident's fall. During an interview, on 03/26/24 at 12:30 PM, the Director of Social Services confirmed WV DHHR served as Resident #49's legal guardian and should be contacted with any changes in the resident's condition. The Director of Nursing, on 03/26/24 at 12:35 PM, reported the Change in Condition report should reflect the WV DHHR had been contacted. Review of the 12/30/23 Change in Condition report, completed on 03/26/24 at 12:42 PM, reflected that two (2) voicemail messages had been left for the resident's son. There was no evidence Resident #49's legal guardian had been notified of her fall on 12/30/23.

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 39571 Based on observation and staff interview the facility failed to ensure Resident #1's personal privacy was maintained during catheter care. Additionally, three (3) residents personal information was left unattended in the lobby and was accessible to the public and other residents . This was true for one (1) out of one (1) reviewed for catheter care and was a random opportunity for discovery. Resident identifiers: Resident # 1, #49, #23, and #50. Facility census: 58 Findings include: a) Resident # 1 While observing catheter care on 04/03/24 at 9:52 AM, it was noted Nurse Aide (NA) #50 failed to close the door and the window blinds before providing catheter care. This was reported to the Director of Nursing (DON) on 04/03/24 at 9:59 AM and no further information was provided. b) Elopement Binder in Lobby Observation, on 03/27/24 at 9:30 AM, found the facility's elopement binder in the front lobby accessible to any passerby. The elopement binder contained resident pictures and an elopement risk identification form completed for each resident who had been deemed an elopement risk. The resident picture and the elopement risk identification form were to be provided to law enforcement and search party at the time of any resident elopement. The elopement risk identification forms included resident information like date of birth, distinguishing characteristics, and last known address in the community. Additionally, there was an Admission Record face sheet for each resident which provided their Medicare and Medicaid beneficiary numbers, and the last four (4) digits of their social security numbers. An elopement risk identification form which included a picture of the resident, and the Admission Record face sheet were on file for the following residents: -Resident #49 -Resident #23 -Resident #50 During an interview on 03/27/24 at approximately 3:00 PM, the Administrator agreed it was a privacy issue for the elopement binder to be in the lobby. It was not supposed to be there. It should be kept in the front office. 43340

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 50551 Based on record review, resident interview, and staff interview, the facility failed to identify a verbal complaint/concern as a grievance, failed to make prompt efforts to resolve grievances, and to keep the resident informed of progress toward resolution. This was true for one (1) of 19 residents reviewed in the Long-Term Care Survey Process. Resident identifier: #33. Facility census: 58. Findings include: a) Interview with Social Worker During an interview on 04/02/24 at 10:16 AM, the Social Worker stated it was the social services department that was responsible for overseeing the grievance process, including receiving and tracking grievances through to their conclusions. It was explained that any resident who verbalized they had missing personal property would be assisted by staff in completing a written grievance form. b) Review of Grievance Policy A review of the Grievance Policy, completed on 04/02/24 at 10:29 AM, revealed: -Upon receipt of the grievance/concern, the grievance/concern form would be initiated by the staff member receiving the concern. -The concern/grievance would be given to the designated office and documented in the Grievance/Concern log. -When the grievance/concern is logged, the Administrator and appropriate department manager would be notified. -The department manager would contact the person filing the grievance to acknowledge receipt and notify the person filing the grievance of a resolution in a timely manner. c) Resident Council During a resident council meeting, on 03/27/24 at 9:45 AM, the residents were asked if they had reported any missing personal property and had been waiting longer than they would have for a resolution regarding a lost item. Resident #33 reported he was missing his wheelchair which had been provided to him from the veteran's administration. The resident stated it had been many months since he had last used his personal wheelchair. The resident reported he had reported the missing chair multiple times to Nurses, Activities Staff, and Aides. He relayed he had been told once by a CNA (certified nursing assistant) maybe it was in storage. He never heard from any staff member about his verbal complaint/grievance being investigated and never received a resolution. d) Follow-Up Interview with Social Worker (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 04/02/24 at approximately 10:50 AM, the Social Worker reported she was unable to provide a written grievance for Resident #33's missing wheelchair. She stated she recalled being told at one time his wheelchair was missing and more than likely it was found the same day because she doesn't keep a record of things that are found right after they are reported missing. When asked if there was a second time the resident's wheelchair had been reported missing, the Social Worker stated she never received a grievance/concern form and had no knowledge of it going missing a second time. During a follow-up interview, on 04/02/24 at 10:55 AM, Resident #33 clarified his wheelchair had been lost once, found, and returned. Then it went missing again and staff have never located it for him.

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 45171 Based on record review and staff interview the facility failed to ensure all staff had thorough background checks. The state of [NAME] Virginia uses the [NAME] Virginia CARES (Clearance for Access: Registry & Employment Screening) system to determine eligibility to work in a nursing home. Nurse Aide (NA) #17 did not have WV CARES determination on file and had been working at the facility. This was true for one (1) out of five (5) staff reviewed for Nurse Aides reviewed. Staff Identifier: NA #17. Facility census: 58. a) Nurse Aide # 17 A review of the employee file for Nurse Aide (NA) #17 found they do not have a WV Cares eligibility letter on file. NA #17's hire date was 05/08/06. WV CARES became required for all new and current employees beginning in the year 2016. On 04/02/24 at 2:32 PM the Director of Nursing (DON) stated NA #17 had worked at this facility for twenty some years and is now out for an illness. However, he agreed she was working prior to getting ill and there were not any documents to show a WV Cares eligibility screening was completed. At the end of this survey no additional information was provided.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 39571 Based on medical record review and staff interview the facility failed to update Resident #10's Preadmission Screening and Resident Review (PASRR) after they were diagnosed with Major depressive disorder during their stay. This was true for one (1) out of two (2) residents reviewed for Preadmission Screening and Resident Review (PASRR). Resident identifier: #10. Facility censuses 58. Findings included: a) Resident #10 A review of the medical record for Resident #10 on 03/25/24 at 3:08 PM, found the most recent PASARR was dated 01/09/2014, and had no mention of Major Depressive disorder. Resident #1 was diagnosed with major depressive disorder on 11/10/14. PASARR had not been completed since Resident #10 was diagnosed with Major Depressive Disorder. On 04/03/24 at 8:05 AM, the Director of Nursing (DON) verified the PASARR did not have the diagnosis of Major Depressive disorder and a new PASARR should have been completed.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 45171 Based on record review and staff interview the facility failed to develop and implement a comprehensive resident specific care plan. This was true for five (5) of 19 sampled residents. Resident Identifiers: #19, #24, #50, and #33 Facility Census: #58. Findings include: a) Resident #19 (1) fluid restriction On 03/26/24 at 12:40 PM, observation was made of Resident #19 having her lunch meal delivered to her room. She had a sixteen (16) ounce cup of water on her over the bed table. Provided to her from the hydration cart was an additional eight (8) ounces of coffee and eight (8) ounces (oz) of fruit punch. Review of her meal ticket provided with this meal shows Resident #19 is on a fluid restriction of eight (8) ounces of fluid sugar free per meal hydration.' Resident #19 had the following orders: Order Summary: Renal diet Regular Texture Diet Condiments Order Summary: Fluid Restriction Reduce fluid intake to 1000 ml total/24 hours. Breakfast- 8 oz Lunch- 8 oz Dinner- 8 oz Nursing Med Pass- 240 ml with meals for Fluid Restriction Per Dialysis There is no comprehensive care plan in place for fluid restriction. The above information was confirmed with Licensed Registered Nurse #44 on 03/26/24 at 12:42 PM. 2) legally blind (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/26/24 at 12:40 PM observation was made of Resident #19 having her lunch meal delivered to her room. As the Certified Nurse Aide delivered her hydration, it was overheard as he was telling the resident where her food and drink were placed in accordance with a clock. The resident felt and located each item. When Licensed Registered Nurse (LPN) #44 was questioned concerning this, she stated the resident was legally blind. There was no comprehensive care plan in place for the Resident being legally blind in relation to activities of daily living focus. The above information was confirmed with LPN #44 on 03/26/24 at 12:42 PM. b) Resident #24 On 03/26/24 at 12:03 PM, record review shows Resident #24 has the following Physicians order: Lasix Oral Tablet 20 MG (Furosemide) Give 20 mg by mouth one time a day for edema. Review of the comprehensive care plan shows there is no care plan in place for edema. This was confirmed with the Director of Nursing on 03/26/24 at 12:30 PM. d) Resident #50 On 03/26/24 at 12:10 PM, record review shows Resident #50 has the following medical diagnosis: Alzheimer disease dementia with other behavioral disturbances There is also a physician's order for: Memantine HCl Oral Tablet 10 MG (Memantine HCl) Give 1 tablet by mouth two times a day for Dementia. Olanzapine Tablet 2.5 MG Give 2.5 mg by mouth at bedtime every other day for dementia with paranoia Observe for side effects like sedation, weight gain, dry mouth, blurred vision, tachycardia, tardive dyskinesia. Review of Resident #50's care plan found there is no comprehensive care plan in place for Dementia or Alzheimer disease. The above findings were confirmed with the Director of Nursing on 03/27/24 at 10:10 AM. 50551 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c) Resident#33 On 03/27/24 at9:45 AM, Resident #33 stated in a resident council meeting that he would likefor his call light to be either pinned to his clothing or on the blanket besidehim on the right side of his body. The Resident explained his stroke hadaffected the left side of his body and he has poor mobility. Many times, thenursing assistants leave the room without the call light being within hisreach. The Resident stated the call light is his lifeline to staff since he isnot independent with mobility, and it raises his anxiety levels when he has noway to turn his call light on. A randomobservation, on 04/02/24 at 11:04 AM, found that Resident #33's call light wasplaced on the left side of his bed, looped around the bed rail and had noclasp. The Resident reported that it was out of his reach and expressed hisconcern that he often could not reach it due to limited use of his left side. At 11:12 AM,LPN #34 confirmed the call light was out of reach on the resident's nondominantside and that she would place it on the right side with a clip within reach of the resident. LPN #34 also confirmed she would educate certified nursing assistants(CNAs) on duty about the need to place call light on the right side of the resident's body. A review ofResident #33's medical record, completed on 04/02/23 at 2:06 PM, revealed:-Resident [NAME] medical diagnosis of Hemiplegia and Hemiparesis following cerebralinfarction affecting left non-dominant side.-Resident's care plan didnot address the need for his call light to be placed on the right side due to th

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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. 45171 Based on record review and staff interview the facility failed to revise the comprehensive care plan in a timely manner. This was found for one (1) of nineteen residents reviewed during the long-term care survey process. Resident Identifier: #19 Facility Census: #58. Findings Include: a) Resident #19 On 03/26/24 at 01:23 PM, record review shows Resident #19 received dialysis three (3) times a week. The current order stated: Dialysis days: Monday, Wednesday, Friday. Time for pick up: 05:30. Transport to: (Name of dialysis center) Transport: PT (patient) via stretcher. She was care planned for the same. On 03/27/24 at 08:00 AM, the resident was in her room. When Registered Nurse #44 was asked why the resident did not go to dialysis, she responded, she doesn't go until 10:00 AM now, they changed her times. Further conversation on 03/27/24 at 08:30 AM with the Director of Nursing (DON), confirmed the order should state, for pick up at 10:00 AM. He states this changed at the beginning of the year. Review of Resident #19's care plan shows the care plan was not revised to reflect the correct dialysis time.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 39571 Based on observation,record review, and staff interview, the facility failed to ensure a resident received the necessary care and services to maintain good grooming and personal hygiene for dependent residents. Resident #7 had unwanted facial hair. This was a random opportunity for discovery. Resident identifier: #7. Facility census:58. Findings included: a) Resident #7 During a dining room observation on 03/27/24 at 12:00 PM, Resident #7 was observed with an abundant amount of facial hair on her upper lip and chin. The facial hair on her lip had the appearance of a very light moustache. The hairs on her chin measured approximately 1/2 - 3/4. The hair was noticeable when standing approximately five (5) feet away from the resident. Resident #7 was sitting at a table by herself. When the Surveyor approached Resident #7 to inquire about the help she received with grooming, the resident stated, Wait. Wait. I am a mind reader! I would love for someone to help me shave all this off!! as she was pointing to her facial hair. The Administrator confirmed the presence of the facial hair on Resident #7, on 03/27/24 at 12:07 PM, and reported he would have staff address it. A brief medical record review was completed on 03/27/24 at 2:30 PM. The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/01/23, revealed that the resident required supervision/personal assist of one for personal hygiene. Personal hygiene was defined as how resident maintains personal hygiene,including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands. 43340

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39571 Based on record review and staff interview, the facility failed to administer medications as ordered by the physician. Neuro checks were not completed after falls. A critical oxygen level was not reported to the physician. This was found for seven (7) of nineteen residents reviewed. Resident identifiers: #110, #10, #1, #56, #4,#12, and #27. Facility census: 58. Findings included: Facility Policy,Medication Administration revision date: 01/01/22. -Facility should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed by sixty (60) minutes after the designated times of administration. a) Resident #110 Resident #110 was admitted to the facility on [DATE], with the following pertinent diagnosis: -Amputation of gangrene foot. -Diabetic -Vascular disease During a review of the medical record for Resident #110 revealed the following: -Gabapentin 100 milligram (mg) give one (1) capsule three (3) times a day. This was ordered on 03/24/24 at 2:00 PM. On 03/24/24 at 10:49 PM LPN #15 administered the Gabapentin two (2) hours and 49 minutes late. Resident #110 was ordered,Piperacillin-Tazobactam in Dex Intravenous Solution 4-0.5 GM/100 ML(Piperacillin Sodium-Tazobactam Sodium in Dextrose) Use 4.5 gram intravenously every 8 hours for gangrene. RUN IV BAGOVER 4HR'S until 04/26/2024 23:59 RUN IV BAG OVER 1 HOUR. The above medication was due to be given on 03/26/24 at 4:00 PM and was not given until 03/26/24 at 6:41 PM. That was two (2) hours and 41 minutes late. On 04/02/24 at 3:18 PM Director of Nursing (DON) agreed the above medications were given late and he would expect the nursing staff to always notify the physician b) Resident #10 Resident #10 had an unwitnessed fall on 12/31/24 at 4:45 AM. At this point a neurological evaluation flow sheet was started. After the first two (2)hours of monitoring the nursing staff failed to obtain vital signs every 30 minutes for the next two (2) hours. The one (1) hour checks for the following four (4) hours were also incomplete, missing the 9:30 AM and the 12:30 PM check on 12/31/23. On 04/02/24 at 9:12 AM the DON agreed the Neurological evaluation flow sheet was not completed. c) Resident #1 A review of the medical record belonging to Resident #1 found the following health issues: Multiple Sclerosis, Type 2 Diabetic. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #1 had an order for Insulin - Lispro sliding scale three (3) times a day at 8 AM, 12 PM, and 4 PM. The insulin was to control glucose levels in the blood system. Lispro insulin was due to be given at 4 PM on 03/08/24 and was not documented as given until 7:58 PM, that was four (4) hours past the ordered time. This medication was administered by Licensed Practical Nurse (LPN) # 34. Lispro insulin was administered by LPN #34 on 03/14/24 at 6:37 PM and was ordered to be given at 4 PM. On 03/19/24 Lispro insulin was due at 8 AM. LPN #68 did not document as given until 11:48 AM, which was three (3) hours and 48 minutes overdue. Glargine insulin pen was ordered to inject 10 units subcutaneously at 6 PM. On 03/08/24 LPN #34 administered Glargine insulin at 7:58 PM nearly two (2) hours past the ordered time. Glargine insulin pen was ordered to be given at 6 PM. LPN #56 administered the medication at 8:23 PM on 03/21/24. On 03/27/24 at 1:03 PM DON was shown the late medications mentioned above. The DON agreed the medications were not given within one (1) hour before and after the ordered time to be given. 43340 d) Resident #56 A record review, completed 03/26/24 at 8:30 PM, revealed Resident #56 was admitted to the facility on [DATE] with a past medical history of Congestive Heart Failure (CHF), Atelectasis (the partial collapse or closure of a lung), and Lower Extremity Edema. The hospital discharge summary stated Resident #56 presented to the emergency department for evaluation of weakness, fatigue, dizziness, and decreased appetite for weeks. Notes for the Primary Care Physician (PCP) / Follow-up Physician included: -Desaturated overnight requiring 2 Liters of oxygen - may benefit from sleep study test. (Respiratory desaturation is when the amount of oxygen bound to your hemoglobin drops below the normal level.) -Daily use of IS (incentive spirometry - deep breathing exercises) for atelectasis A General Note, on 12/19/2023 at 5:11 PM, documented, Resident states that she does not want to take lasix and has not been taking it for past few months. Provider made aware. New orders to d/c (discontinue) lasix at this time. An electronic Medication Administration Record (eMAR) note, on 12/24/2023 at 2:48 PM, documented, Oxygen is low on room air. The resident just returned from PT (physical therapy) where she was mobile for the first time since admission. Denies any SOB (shortness of breath), Skin color appropriate for ethnicity, Capillary refill less than 2 seconds, limbs warm and dry to touch. Review of Resident #56's O2 saturation levels revealed: -12/25/2023 3:29 PM 94.0% Room Air -12/24/2023 2:48 PM 85.0% Room Air -12/23/2023 1:00 PM 98.0% Room Air (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-12/22/2023 1:00 PM 92.0% Room Air -12/22/2023 6:25 AM 92.0% Room Air -12/21/2023 10:40 PM 96.0% Room Air -12/21/2023 7:10 AM 96.0% Room Air -12/20/2023 10:49 PM 94.0% Room Air -12/20/2023 1:52 PM 92.0% Room Air -12/20/2023 2:21 AM 93.0% Room Air -12/19/2023 2:35 PM 91.0% Room Air There was no evidence in the electronic medical record that resident's physician had been notified of her low O2 saturation on 12/24/23 at 2:48 PM when it dropped to 85%. During an interview on 04/03/24, RN #58 reported that it would be a professional standard of practice for a nurse to notify the attending physician if a resident's O2 saturation level dropped to 85.0%. RN #58 went on to explain the danger of resident being hypoxic (having too little oxygen) and potentially requiring an order for supplemental oxygen that only a physician can give. 45171 f) Resident #12 On 03/27/24 at 2:10 PM, record review shows Resident #12 did not receive ordered medications in a timely manner. According to the facility policy for medication Administration Times Procedure: . 2) Facility should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed by sixty (60) minutes after the designated times of administration Review of the Medication Administration Audit Report for the last three (3) months the following medications were administered late according to the facility policy and standard practice of care. 01/02/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:46 AM. 01/20/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:09 PM. 01/20/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:09 PM. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/20/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:11 PM. 1/20/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:11 PM. 01/20/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:09 PM. 1/20/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:11 PM. 01/20/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:11 PM 01/20/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:11 PM. 01/20/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:11 PM. 01/21/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:39 AM. 01/21/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 11:42 AM. 01/24/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:16 PM. 01/24/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:16 PM. 01/24/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:16 PM. 1/24/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:17 PM. 01/24/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:16 PM. 1/24/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:17 PM. 01/24/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:17 PM (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/24/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:16 PM. 01/24/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:17 PM. 01/26/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:53 AM. 01/26/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 11:54 AM 01/26/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 11:54 AM. 01/26/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 11:54 AM. 01/26/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 11:54 AM. 1/26/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 11:55 AM. 01/26/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 11:54 AM. 1/26/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 11:55: AM. 01/26/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:53 PM. 01/27/24 Keflex Oral Capsule 500 mg (Cephalexin) Give 500 mg by mouth two times a day for urinary tract infection (UTI) for 7 days Scheduled at 9:00 AM, administered at 10:52 AM. 01/29/24 Keflex Oral Capsule 500 mg (Cephalexin) Give 500 mg by mouth two times a day for UTI for 7 days Scheduled at 9:00 AM, administered at 10:52 AM. 01/31/24 Keflex Oral Capsule 500 mg (Cephalexin) Give 500 mg by mouth two times a day for UTI for 7 days Scheduled at 9:00 AM, administered at 10:57 AM. 02/02/24 Keflex Oral Capsule 500 mg (Cephalexin) Give 500 mg by mouth two times a day for UTI for 7 days Scheduled at 9:00 AM, administered at 10:52 AM. 02/02/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:18 PM. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	02/02/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:19 PM. 02/02/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:18 PM. 02/02/24 Furosemide Oral Tablet 20 mg. Give 20 mg by mouth one time a day every other day for edema. Scheduled for 10:30 AM, administered at 12:19 PM. 02/02/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:20 PM. 02/02/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:19 PM. 02/02/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:20 PM. 02/02/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:20 PM 02/02/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:19 PM. 02/02/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:20 PM. 02/16/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:58 AM. 02/16/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 11:59 AM. 02/16/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 11:59 AM. 02/16/24 Furosemide Oral Tablet 20 mg, Give 20 mg by mouth one time a day for edema. Scheduled for 10:30 AM, administered at 11:59 AM. 02/16/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:00 PM. 02/16/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 11:59 AM. 02/16/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:00 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Center		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maddex Drive Shepherdstown, WV 25443	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	02/16/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:00 PM 02/16/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 11:59 AM. 02/16/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:00 PM. 02/25/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:09 PM. 02/25/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:10 PM. 02/25/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:09 PM. 02/25/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:11 PM. 02/25/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:10 PM 02/25/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:10 PM. 02/25/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:12 PM. 02/25/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:13 PM. 02/25/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:14 PM. 03/05/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:50 AM. 03/11/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:35 PM. 03/11/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:36 PM. 03/11/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:37 PM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Center		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maddex Drive Shepherdstown, WV 25443	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/11/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:38 PM. 03/11/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:36 PM. 03/11/24 Furosemide Oral Tablet 20 mg, Give 20 mg by mouth one time a day for edema. Scheduled for 10:30 AM, administered at 12:27 PM. 03/11/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:38 PM. 03/11/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:37 PM 03/11/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:37 PM. 03/11/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:38 PM. 03/15/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:49 AM. 03/15/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 11:49 AM 03/15/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 11:49 AM 03/15/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:00 PM. 03/15/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:01 PM. 03/15/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 11:59M. 03/15/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 11:59 AM. 03/15/24 Furosemide Oral Tablet 20 mg, Give 20 mg by mouth one time a day for edema. Scheduled for 10:30 AM, administered at 12:00 PM. 03/15/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:01 PM. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Canterbury Center		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maddex Drive Shepherdstown, WV 25443	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/15/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:00 PM 03/16/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:49 AM. 03/16/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 11:49 PM 03/16/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 11:49 AM. 03/16/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 11:50 AM. 03/16/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 11:49 AM. 03/16/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 11:49 AM. 03/16/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 11:50 AM. 03/16/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 11:50 AM. 03/16/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 11:49 AM 03/19/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:44 AM. 03/19/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 11:44 AM 03/19/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 11:46 AM. 03/19/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 11:45 AM. 03/19/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 11:46 AM 03/19/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 11:46 AM. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Canterbury Center		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maddex Drive Shepherdstown, WV 25443	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/19/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 11:44 AM. 03/19/24 Furosemide Oral Tablet 20 mg, Give 20 mg by mouth one time a day for edema. Scheduled for 10:30 AM, administered at 11:45 AM. 03/19/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 11:51 AM. 03/19/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 11:51 AM. 03/20/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:39 AM. 03/22/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 11:47 AM. 03/25/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 10:00 AM, administered at 12:12 PM. 03/25/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 AM, administered at 12:12 PM. 03/25/24 Multivitamin Oral tablet, Give 1 tablet by mouth one time a day for supplement. Scheduled for 10:30 AM, administered at 12:14 PM. 03/25/24 Januvia Oral tablet 100 mg. Give 1 tablet by mouth one times a day for diabetes. Scheduled for 10:30 AM, administered at 12:13 PM. 03/25/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 AM, administered at 12:13 PM 03/25/24 Potassium Chloride ER tablet Extended release 20 milliequivalent (MEQ) Give 20 meq by mouth one time a day for hypokalemia. Scheduled for 10:30 AM, administered at 12:14 PM. 03/25/24 Amiodarone HCL 200 mg. Give one tablet by mouth one time a day for A-Fib. Scheduled for 10:30 AM, administered at 12:12 PM. 03/25/24 Furosemide Oral Tablet 20 mg, Give 20 mg by mouth one time a day for edema. Scheduled for 10:30 AM, administered at 12:13 PM. 03/25/24 Esomeprazole Magnesium oral Capsule delayed release. Give 20 mg one times a day for GERD. Scheduled for 10:30 AM, administered at 12:13 PM. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	03/25/24 Cholecalciferol Tablet 1000 units, Give 1 tablet one time a day for low Vitamin D. Scheduled for 10:30 AM, administered at 12:14 PM. Evening shift: 01/04/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 PM, administered at 12:57 AM. 01/04/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 PM, administered at 12:57 AM. 01/04/24 Atorvastatin Calcium Oral Tablet 40 mg Give one tablet by mouth in the evening for hyperlipidemia. Scheduled for 10:30 PM, administered at 12:57 AM. 01/22/24 Metformin HCL oral tablet 500 milligrams (mg) Give 2 tablets by mouth two times a day for diabetes. Scheduled for 05:00 PM, administered at 07:06 PM. 02/22/24 Metoprolol tartrate oral tablet 50 mg. Give 50 mg by mouth two times a day for hypertension (HTN) and A-Fib. Scheduled for 10:30 PM, administered at 12:36 AM. 02/22/24 Atorvastatin Calcium Oral Tablet 40 mg Give one tablet by mouth in the evening for hyperlipidemia. Scheduled for 10:30 PM, administered at 12:36 AM. 02/22/24 Apixaban 5 mg Give one tablet two times a day for Paroxysmal A-Fib. Scheduled for 10:30 PM, administered at 12:36 AM. The late administration of medications was confirmed with the Director of Nursing on 03/27/24 at 3:15 PM. g) Resident #27 On 03/27/24 at 2:30 PM record review shows Resident #27 did not receive ordered medications in a timely manner. According to the facility policy for medication Administration Times Procedure: . 2) Facility should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed by sixty (60) minutes after the designated times of administration Review of the Medication Administration Audit Report for the last three (3) months the following medications were administered late according to the facility policy and standard practice of care. 01/01/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 10:07 AM. 01/01/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 10:08 AM. (continued on next page)

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/01/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 10:08 AM. 01/01/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 10:12 AM. 01/06/24 Multiple Vitamin Tablet Give 1 tablet by mouth one time a day for supplement, Scheduled for 10:00 AM, administered at 03:58 PM. 01/06/24 Amiodarone HCL oral Tablet 200 mg. Give 1 tablet by mouth one time a day for A-Fib. Scheduled for 10:00 AM, administered at 03:58 PM. 01/06/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 02:00 PM, administered at 03:58 PM. 01/10/24 Multiple Vitamin Tablet Give 1 tablet by mouth one time a day for supplement, Scheduled for 10:00 AM, administered at 11:53 AM. 01/06/24 Amiodarone HCL oral Tablet 200 mg. Give 1 tablet by mouth one time a day for A-Fib. Scheduled for 10:00 AM, administered at 11:53 AM. 01/11/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 09:38 AM. 01/11/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 09:46 AM. 01/11/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 09:47 AM. 01/11/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 09:47 AM. 01/12/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 10:15 AM 01/12/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 10:15 AM. 01/12/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 10:15 AM. 01/12/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 09:19 AM. 01/19/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 09:44 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Canterbury Center		STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maddex Drive Shepherdstown, WV 25443	

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/19/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 09:42 AM. 01/19/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 09:44 AM. 01/19/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 09:42 AM. 01/24/24 Multiple Vitamin Tablet Give 1 tablet by mouth one time a day for supplement, Scheduled for 10:00 AM, administered at 12:37 PM. 01/24/24 Amiodarone HCL oral Tablet 200 mg. Give 1 tablet by mouth one time a day for A-Fib. Scheduled for 10:00 AM, administered at 12:37 PM. 01/25/24 Amiodarone HCL oral Tablet 200 mg. Give 1 tablet by mouth one time a day for A-Fib. Scheduled for 10:00 AM, administered at 11:56 AM. 01/25/24 Multiple Vitamin Tablet Give 1 tablet by mouth one time a day for supplement, Scheduled for 10:00 AM, administered at 11:56 AM. 01/27/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 10:40 AM. 01/27/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 10:40 AM. 01/27/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 10:40 AM. 01/27/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 10:41 AM 01/27/24 Sennosides Tablet 8.6 mg Give 2 tablets by mouth two times a day for constipation. Scheduled for 09:00 AM, administered at 10:40 AM. Protein Liquid 30 ml two times a day for supplement. Scheduled for 09:00 AM, administered at 10:40 AM. 01/28/24 Depakote Sprinkles oral Capsule Delayed Release 125 mg. Give 1 capsule by mouth three times a day for dementia with behaviors. Scheduled for 08:00 AM, administered at 10:35 AM. 01/27/24 Miralax Powder (Polyethylene Gylcol 3350) Give 17 grams by mouth one time a day for constipation. Give with 4-6 ounces of fluids. Scheduled for 08:00 AM, administered at 10:34 AM. 01/27/24 Veniafaxine HCL oral Tablet 75 mg, Give 1 tablet by mouth one time a day for depression. Scheduled for 08:00 AM, administered at 10:35 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canterbury Center	80 Maddex Drive Shepherdstown, WV 25443

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/27/24 Gabapentin Give 300 my by mouth two times a day for neuropathy. Scheduled for 08:00 AM, administered at 10:39 AM 01/27/24 Sennosides Tablet 8.6 mg Give 2 tablets by mouth two times a day for constipation. Scheduled for 09:00 AM, adminis [TRUNCATED]

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 45171 Based on record review and staff interview the facility failed to ensure a resident with pressure ulcers received the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Resident Identifier: #27 Facility Census: #58 Findings include: a) Resident #27 On 03/27/24 at 10:17 AM record review shows Resident #27 had the following orders for pressure ulcers or preventative orders with missed treatment dates provided. According to the review of the Treatment Administration Record (TAR) for February and March 2024 the following Physicians treatment orders were not completed as ordered. Apply skin prep and protective cream to right heel Deep Tissue Injury (DTI) every shift for pressure injury. Missed orders on 02/06/24 and 02/14/24 evening shifts. Apply skin prep followed by protective cream to left heel Deep Tissue Injury (DTI) every shift for pressure injury and to prevent skin breakdown. Missed orders on 02/06/24 and 02/14/24 evening shifts. Place two pillows under bilateral feet, with heels floating to promote healing and skin breakdown to areas on heels. Check every shift for elevated feet and floating heels. Missed orders on 02/06/24 evening shift and 02/09/24 day shift. Cleanse Stage III pressure wound to sacrum with wound cleanser and cover with dressing three times a week, every day shift every Monday, Wednesday and Friday for Stage III pressure wound. Missed orders on 03/06/24 and 03/08/24 day shift. Cleanse unstageable pressure injury to left heel with wound cleanser. Apply xeroform to eschar areas and cover with secondary dressing three times per week. Every day shift every Monday, Wednesday, and Friday for wound care. Missed orders on 03/06/24 and 03/08/24 day shift. Cleanse unstageable pressure injury to right heel with wound cleanser. Apply xeroform to eschar areas and cover with secondary dressing three times per week. Every day shift every Monday, Wednesday, and Friday for wound care. (continued on next page)

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Canterbury Center	80 Maddex Drive Shepherdstown, WV 25443

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Missed orders on 03/06/24 and 03/08/24 day shift. Check low air loss (LAL) mattress every shift due to pressure injuries. Every shift for pressure injury. Missed orders on 03/06/24 and 03/08/24 day shift and 03/14/24 evening shift. Place two pillows under bilateral feet, with heels floating to promote healing and skin breakdown, to areas on heels. Check every shift for elevated feet and floating heels. Missed orders on 03/06/24 and 03/08/24 day shift and 03/14/24 evening shift. The above information was confirmed with the Director of Nursing on 03/27/24 at 3:05 PM.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 43340 Based on observation, staff Interview, and record review the facility failed to ensure the facility was free from accident hazards over which it had control. One (1) medication (med) cart was left unlocked and unattended, allowing access to medications by residents and unauthorized persons. This was a random opportunity for discovery. This deficient practice had the potential to affect more than a limited number of residents. Facility Census: 58. Findings included: a) Unlocked Med Cart On 03/27/24 at 12:20 PM, the Surveyor observed that a med cart on the 400 Hall was unlocked and unattended. The Surveyor remained with the unlocked cart until the Director of Nursing (DON) confirmed medications were in the med cart and that the cart should be locked when unattended. The DON immediately locked the cart. LPN #34 then approached Surveyor and questioned, Was the cart unlocked? I've mentioned in the past that the lock on this cart doesn't always work. You can push it in and think it's locked, but it's not. She then went on to demonstrate what she meant. Review of the facility policy, on 03/27/24 at 1:00 PM, entitled, General Dose Preparation and Medication Administration with a revision date of 01/01/22, directed that the facility should ensure medications carts are always locked when out of sight or unattended.

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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. 39571 Based on observation, record review, the facility policy, and staff interview the facility failed to use a sterile technique while providing tracheostomy care for Resident #41 and failed to give a breathing treatment to Resident #4 as ordered. This was found for two (2) of four (4) residents reviewed for respiratory care. Resident identifiers; #41 and #4. Facility census: 58. Findings included: a) Resident #41 Facility policy, Tracheostomy Care, revision date: 07/15/21. -Open sterile trach kit using aseptic techniques. -Remove sterile drape from trach care kit and spread on bedside table. Do not touch the inner sterile field. -Empty sterile contents of trach care kit onto the sterile drape. During an observation on Tracheostomy care on 04/02/24 at 11:25 AM with Registered Nurse (RN) #44. RN #44 failed to clear and disinfect the bedside table prior to opening the Tracheostomy kit .RN #44 then removed the sterile drape from the kit and placed it on the chest and abdomen of Resident #41. RN #44 continued to remove the contents of the kit onto the bedside table along with personal belongings such as two (2) large white Styrofoam cups, markers and a white board, and a phone. On 04/02/24 at 3:22 PM the Director of Nursing (DON) was informed of the events above. 50551 b) Resident #4 During an interview on 03/25/24 at 1:00 PM, Resident #4 reported she was not getting her breathing treatments as ordered and she had not had one for two days. A record review, completed on 04/02/24 at 1:00 PM, revealed the following details: -A physician order which stated, Albuterol Sulfate Inhalation Nebulization Solution 0.63 MG/3ML (Albuterol Sulfate). 1 dose inhale orally via nebulizer four times a day for COPD (Chronic Obstructive Pulmonary Disorder). Start Date 03/21/2024 at 1630 (4:30 PM) Review of the electronic medication administration record (MAR) for March 2023, revealed the following times the MAR was left blank, indicating the resident did not receive her ordered breathing treatment on the following dates and times: -03/21/24 at 4:30 PM (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-03/21/24 at 9:00 PM -03/22/24 at 6:30 AM -03/22/24 at 11:30 AM -03/22/24 at 4:30 PM -03/22/24 at 9:00 PM -03/23/24 at 6:30 AM -03/23/24 at 11:30 AM -03/23/24 at 4:30 PM -03/23/24 at 9:00 PM -03/24/24 at 6:30 AM -03/24/24 at 11:30 AM -03/24/24 at 4:30 PM -03/24/24 at 9:00 PM During an interview, on 04/03/24 at 1:40 PM, the DON confirmed that the above-mentioned times did not reflect Resident #4 had received the physician ordered treatments.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 45171 Based on record review and staff interview the facility failed to provide ongoing assessments to ensure the overall quality of care the resident received in regards to dialysis treatment. In addition, the facility failed to follow the physician's order for fluid restriction. Resident identifier: #19. Facility Census: #58. Findings included: a-1) Resident #19 - communication between facility and dialysis center On 03/26/24 at 1:23 PM record review showed Resident #19 received dialysis three (3) times a week Review of the Hemodialysis Communication Record for the following post Hemodialysis treatment assessments were not complete or were missing. This post assessment includes access site, blood pressure, temperature, pulse, Arteriovenous fistula (AV) Shunt for bruit and thrill, any post dialysis complications, any new orders from the dialysis center. 02/02/24 incomplete 02/05/24 incomplete 02/07/24 no Hemodialysis Communication Record 02/09/24 incomplete 02/12/24 no Hemodialysis Communication Record 02/14/24 no Hemodialysis Communication Record 02/16/24 incomplete 02/21/24 incomplete 02/23/24 incomplete 02/26/24 incomplete 03/04/24 incomplete 03/08/24 no Hemodialysis Communication Record 03/11/24 incomplete 03/15/24 incomplete (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/18/24 incomplete 03/22/24 incomplete The above information was confirmed with the Director of Nursing on 03/26/24 at 2:35 PM a-2) Resident #19 - fluid restriction On 03/26/24 at 12:40 PM, observation was made of Resident #19 having her lunch meal delivered to her room. She had a sixteen (16) ounce cup of water on her over the bed table. Provided to her from the hydration cart was an additional eight (8) ounces of coffee and eight (8) ounces of fruit punch. Review of her meal ticket provided with this meal shows Resident #19 is on a fluid restriction of eight (8) ounces of fluid sugar free per meal hydration.' Resident #19 has the following orders: Order Summary: Renal diet Regular Texture texture Diet Condiments Order Summary: Fluid Restriction Reduce fluid intake to 1000 ml total/24 hours. Breakfast- 8 oz Lunch- 8 oz Dinner- 8 oz Nursing Med Pass- 240 ml with meals for Fluid Restriction Per Dialysis The above information was confirmed with Registered Nurse #44 on 03/26/24 at 12:42 PM.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 45171 Based on record review and staff interview, the facility failed to ensure a Registered Nurse was available 8 consecutive hours a day, 7 days a week. This had the potential to affect all residents at the facility. Facility census: 58. Findings included: a) Eight (8) consecutive hours of RN coverage. A review of the facility staff postings revealed that on 11/19/23 and 12/03/23 no Registered Nurse (RN) was scheduled to work on the above dates. A review of timecards for all staff working on 11/19/23 and 12/03/24 found no RN coverage. During an interview, on 04/03/24 at 8:05 AM, the Director of Nursing reviewed the timecards and stated they were very short staffed.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. 39571 Based on observation and staff interview the facility failed to retain the original staff postings for a minimum of 18 months as required. This had the potential to affect all residents currently residing at the facility. Facility census 58. Findings include: a) Staff postings On 03/26/24 at 3:45 PM, the Director of Nursing (DON) was asked for the original Staff Posting Sheets for the first quarter of 2024. On 03/27/24 at 9:10 AM, the DON stated the facility is unable to provide the original Staff Posting Sheets because they cannot find them.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident’s drug regimen must be free from unnecessary drugs. 39571 Based on record review and staff interview, the facility failed to monitor for side effects and behaviors associated with an antianxiety (anxiolytic) and antidepressant medication. Resident identifiers: #50, #24 and #10. Facility Census: #58 Findings included: a) Resident #50 On 03/27/24 at 2:15 PM, a record review found Resident #50 had the following medical diagnoses: Alzheimer's disease Dementia with behavior disturbance Anxiety disorder There was a current physician order for buspirone HCL oral tablet five (5) milligrams (mg) (an anxiolytic medication). Give five (5) mg by mouth three times a day for anxiety and restlessness. Observe for side effects: sedation, morning hangover, ataxia, nausea. Record review of the Medication Administration Record and progress notes shows there is no documentation of Resident #50's behaviors or monitoring of side effects as listed above in the physician's order. This was confirmed with the Director of Nursing (DON)on 03/27/24 at 02:50 PM. b) Resident #24 On 03/27/24 at 10:50 AM, a record review found Resident #24 had the following diagnosis: Recurrent Depressive Disorder Dementia Alzheimer's disease with late onset Psychotic Disturbance Mood disturbance Anxiety disorder There were physician orders for the following: (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Duloxetine HCL capsule delayed release particles 20 mg. Give one (1) capsule by mouth one time a day for depression as evidence by (AEB): hopelessness, crying, feeling down. Monitor for sedation, dry mouth, blurred vision, constipation, postural HTN, urinary retention, tachycardia, muscle tremors, agitation, headache, skin rash, photo sensitivity, excessive weight gain. Lorazepam Oral Tablet 0.5 milligram (mg). Give one (1) tablet by mouth two times a day for anxiety. Monitor for sedation, morning hangover, ataxia, nausea. Record review of the Medication Administration Record and progress notes shows there is no documentation of Resident #50's behaviors or monitoring of side effects as listed above in the physician's order. This was confirmed with the Director of Nursing on 03/27/24 at 02:50 PM. c) Resident #10 On 04/02/24 at 10:58 AM the Director of Nursing (DON) was asked if the nursing staff monitored Resident #10 for behaviors and if so what type of behaviors do they monitor for. The DON was also asked what side effects the staff were monitoring for. The DON said it was answered on the Medication Administration Record (MAR) with a Y for yes and N for no. The DON agreed a simple yes or no does not say what the behavior was like crying, yelling, and so forth. The DON agreed the same was for the monitoring for side effects. According to the MDS assessment, the resident received Antianxiety Medication. Ativan Oral Tablet 1 MG (Lorazepam) *Controlled Drug* Give 1 mg by mouth three times a day for seizures Monitor for: Sedation, morning hangover, ataxia, nausea, hold for excess sedation. 45171 50551

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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. 45171 Based on record review and staff interview, the facility failed to monitor for side effects and behaviors associated with an antipsychotic medication. Resident identifiers: #50 and #27. Facility Census: #58 Findings included: a) Resident #50 On 03/27/24 at 02:15 PM record review found Resident #50 had the following medical diagnoses: Alzheimer's disease Dementia with behavior disturbance Anxiety disorder There was a current physicians order for an antipsychotic medication: Olanzapine Tablet 2.5 milligrams (MG) Give 2.5 mg by mouth at bedtime every other day for dementia with paranoia. Observe for side effects like sedation, weight gain, dry mouth, blurred vision, tachycardia, Tardive dyskinesia. Record review or the Medication Administration Record and progress notes showed there was no documentation of Resident #50's behaviors or monitoring of side effects as listed above in the physician's order. This was confirmed with the Director of Nursing (DoN) on 03/27/24 at 2:50 PM. b) Resident #27 On 03/27/24 at 11:50 AM, a record review found Resident #27 had the following diagnoses: Dementia with behavioral disturbances Alzheimer's disease There were physician orders for the following: Seroquel oral tablet 25 mg (Quetiapine Fumarate) Give 0.5 tablet by mouth at bedtime for targeted behaviors - dementia. hitting. Observe for side effects like sedation, dry mouth, blurred vision, drowsiness, apathy, constipation, rigidity, drooling, weight gain, edema, hypotension, and akathisia. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review or the Medication Administration Record and progress notes showed there was no documentation of Resident #27's behaviors or monitoring of side effects as listed above in the physician's order. This was confirmed with the Director of Nursing on 03/27/24 at 2:50 PM.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 50551 Based on resident council meeting, and staff interview, the facility failed to ensure a substantial/nourishing snack was provided between the evening meal and breakfast. This had the ability to affect all residents who did not have a dietary order to receive an evening snack or the cognitive and/or physical ability to make their way to the nurse's station to request something to eat from the nourishment room. Facility Census: 58. Findings included: a) Resident Council Meeting During the resident council meeting with Surveyor on 03/27/24 at 9:48 AM, the six (6) residents in attendance stated the facility did not offer an evening snack to residents. They went on to say they felt most facility residents would enjoy a bedtime snack. Several residents explained if they were hungry before bedtime, they knew they could make their way to the nurse's station and ask for something. When asked if all residents in the facility knew how to acquire a snack from the nursing staff, resident council members were not sure everyone understood. b) Staff interview On 04/02/24 at 3:08 PM, Licensed Practical Nurse (LPN) #34 reported she is usually scheduled to work during the evening shift and states that any resident with a diagnosed need (i.e. diabetes) and a physician's dietary order did receive one. However, LPN #34 did not recall any time that snacks were offered to every resident. She stated residents who come to the nurse's station asking for snacks are given one. A tour of the nutrition room, on 04/02/24 at 3:18 PM, revealed only a plastic, transparent tub on top of the refrigerator that contained pre-packaged honey graham crackers.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 45171 Based on observation and staff interview the facility failed to contain waste properly in the dumpster. This had the practice affect more than an isolated number of residents. Facility Census: 58. Findings included: a) On three different observation occasions there was found to be trash around the dumpster and in the community yard between the dumpster and the city road. This consisted of used gloves, masks, and cigarette packages as well as cigarette butts. On 03/25/24 at 1:05 PM there were used gloves, masks, and cigarette packages as well as cigarette butts around the dumpster and behind the dumpster from the fence to the city road. On 03/26/24 at 11:10 AM a second observation of the dumpster found used gloves, masks, and cigarette packages as well as cigarette butts around the dumpster and behind the dumpster from the fence to the city road. On 03/27/24 at 10:45 AM the third observation, with the Administrator, of the dumpster area found trash around the dumpster. Used gloves, masks, cigarette packages and cigarette butts were observed. These items were also found from the fence to the city road.

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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. 39571 Based on observation, and staff interview the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection by not following isolation precautions. This was a random opportunity for discovery and had the potential to affect more than a limited number of residents currently residing in the facility. Resident identifiers: #15 and Resident #209. Facility census: 58. Findings include: a) Resident #15 On 03/27/24 at 1:05 PM it was observed Resident #15 had gauze and tape around the left front of the wheelchair. This was pointed out to Registered Nurse (RN) #62. RN #62 stated it was on there to protect the residents' leg from rubbing on the wheelchair. It was explained gauze and tape cannot be cleaned. On 03/27/24 at 3:10 PM, the Director of Nursing (DON) was informed of the above and no further information was provided. b) Resident #209 On 03/27/24 at 1:30 PM, Physical Therapist Assistant (PTA) #83 was observed performing therapy on Resident #209. There was a sign on the door to the room for Transmission Based Precautions for Contact Precautions (for Clostridioides difficile (CDiff)). The sign stated the appropriate personal protective equipment (PPE) was needed as well as in black permanent color it stated, No sanitizer, soap and water only. The appropriate PPE was available at the doorway as well. PTA #83 was observed with no PPE in place while she performed therapy and as she left the room. She used hand sanitizer provided at the exit of the room. This was confirmed by the PTA on 03/27/24 at 1:30 PM and the Director of Nursing on 03/27/24 at 1:40 PM and no further information was provided. 45171