STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515182	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miletree Center	825 Summit Street Spencer, WV 25276

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 42120 Based on observation, and staff interview the facility failed to treat each resident with respect and dignity regarding meal service in the main dining room and for Resident #36. This was a random opportunity for discovery. Resident Identifier: #36. Facility census: 57 Findings included: a) Main Dining Room During an observation of meal services on 07/09/24 at 12:15 PM, dependent resident's trays being placed in front of them at the same time as table mates without dining limitations. The dependent resident was not assisted until all trays were served in the dining room and there was an available staff member to assist them. An interview took place at 1:36 PM with the Director of Nursing (Don). The Director of Nursing was present throughout the serving process and verified that all residents at a table should be serve at the same time and dependent residents should be assisted when their tray is placed in front of them. 45173 b) Resident #36 On 07/09/24 at 11:40 AM, an observation of Resident #36 was made during the noon meal. Occupational Therapist Aide (OTA) #71 was standing while feeding Resident #36. On 07/09/24 at 11:42 AM, the Director of Nursing (DON) was notified and confirmed the staff should not be standing while feeding a resident.

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

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

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 45173 Based on record review and staff interview, the facility failed to notify the ombudsman of multiple transfers to the hospital for Resident #10. This was true for one (1) of one (1) residents reviewed under the care area of hospitalization s. Resident Identifier: #10. Facility Census: 57. Findings Include: a) Resident #10 Findings Include: On 07/10/24 at 3:30 PM, a record review was completed for Resident #10. The review found the resident had been transferred to an acute care facility three (3) times. The dates of transfer are as follows: --09/30/23 --10/01/23 --10/09/23 On 07/11/24 at 9:50 AM, upon request of the notifications to the Ombudsman, the Director of Nursing (DON) stated, we don't have anything .the person doing the notifications didn't know it included transfers .they thought it was only discharges.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 45173 Based on record review and staff interview, the facility failed to provide bed hold notices of multiple transfers to the hospital for Resident #10. This was true for one (1) of one (1) residents reviewed under the care area of hospitalization s. Resident Identifier: #10. Facility Census: 57. Findings Include: a) Resident #10 On 07/10/24 at 3:30 PM, a record review was completed for Resident #10. The review found the resident had been transferred to an acute care facility three (3) times. The dates of transfer are as follows: --09/30/23 --10/01/23 --10/09/23 On 07/11/24 at 9:50 AM, upon request of the bed hold notices , the Director of Nursing (DON) stated, we don't have anything .they weren't done.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 45173 Based on record review and staff interview, the facility failed to transmit a Minimum Data Set (MDS) upon discharge of Resident #22. This was true for one (1) of one (1) residents reviewed under the care area of resident assessment. Resident Identifier: #22. Facility Census: 57. Findings Include: a) Resident #22 On 07/10/24 11:10 AM, a record review was completed for Resident #22. The review found the MDS Discharge Return Not Anticipated dated on 03/01/24 was completed but not transmitted within greater than 120 days. On 07/10/24 at 12:10 PM, an interview was held with Clinical Reimbursement Coordinator (CRC) #5. CRC #5 was notified and acknowledged the discharge MDS was completed but was not transmitted. CRC #5 stated, I don't know why it wasn't transmitted .I'll have to look into this.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 b) Resident #42 On 07/09/24 at 1:00 PM, a record review was completed for Resident #42. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) A review of the Minimum Data Set (MDS) dated [DATE] significant change did not have any indication for the use of restraints. On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed the MDS was incorrect and should have indicated the use of restraints. c) Resident #20 On 07/09/24 at 1:30 PM, a record review was completed for Resident #20. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) A review of the Minimum Data Set (MDS) dated [DATE] significant change did not have any indication for the use of restraints. On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed the MDS was incorrect and should have indicated the use of restraints. 49465 Based on resident interview, observation, staff interview and record review the facility failed to complete an accurate assessment to reflect resident's dental status, and for the use of restraints for two (2) other residents. This failed practice was found true for (3) three of 15 residents reviewed for assessment accuracy during the Long-Term Care Survey Process. Resident identifiers #47, #42, and #20. Facility Census 57. Findings Include: a) Resident #47 During an initial interview on 07/08/24 at 4:55 PM, Resident #47 stated, My teeth bother me a lot, some of them are broken off at the gums. I don't say much about it because I can not afford the dental care. I think I have two dollars. During the initial observation on 07/08/24 at 4:55PM, it was revealed Resident #47 had teeth which were in poor condition with many broken off at the gum line. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review on 07/09/24 at 3:34 PM, of Resident #47's Minimum Data Set (MDS) annual assessment with an assessment reference date (ARD) of 12/22/23, Section L, question B, indicated Resident #47 has no natural teeth or tooth fragments. Question D indicated Resident #47 has no obvious or likely cavity or broken natural teeth. During an interview on 07/09/24 at 3:37 PM, in front of Resident # 47, The Director of Nursing (DON) confirmed Resident #47 does have teeth in poor condition and stated, We have talked about this, I know you have teeth. I am working with appointments to get you a dental consultation. At 3:53 PM, the DON further Stated, She told me about her teeth a while back. I thought I put a note in, but I cannot find it and there are no notes or dental consults in her chart. I will get that taken care of immediately. b) Resident #42 On 07/09/24 at 1:00 PM, a record review was completed for Resident #42. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) A review of the Minimum Data Set (MDS) dated [DATE] significant change did not have any indication for the use of restraints. On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed the MDS was incorrect and should have indicated the use of restraints. c) Resident #20 On 07/09/24 at 1:30 PM, a record review was completed for Resident #20. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) A review of the Minimum Data Set (MDS) dated [DATE] significant change did not have any indication for the use of restraints. On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed the MDS was incorrect and should have indicated the use of restraints.

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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. 45173 Based on record review and staff interview, the facility failed to develop and/or implement a comprehensive care plan for Resident #10 regarding a diagnosis of diabetes mellitus, Resident #20 for the use of restraints, Resident #52 for fall interventions and meal intake and Resident #47 regarding dental care. This was true for five (5) of 15 residents reviewed during the survey process. Resident Identifiers: #10, #20, #52 and #47. Facility Census: 57. Findings Include: a) Resident #10 On 07/09/24 at 11:15 AM, a record review was completed for Resident #10. The review found the care plan was not developed regarding the diagnosis of diabetes mellitus. On 07/09/24 at 11:50 AM, the Director of Nursing (DON) confirmed the care plan did not include the diagnosis of diabetes mellitus. b) Resident #20 On 07/09/24 at 1:30PM, a record review was completed for Resident #20. The review found the care plan was not developed regarding the use of restraints. On 07/09/24 at 2:00 PM, the DON confirmed the care plan did not include the use of restraints. c1) Resident #52 On 07/12/24 at 12:00 PM, a record review was completed for Resident #52. The review found the care plan was not implemented regarding a fall intervention. A fall intervention listed on the care plan stated, fall mat to left side of bed to prevent injury. (Typed as written.) On 07/12/24 at 12:15 PM, an observation of the resident resting in bed was made. The fall mat to the left side of the bed was not in place. On 07/12/24 at 12:19 PM, Nurse Aide (NA) #41 confirmed the fall mat was not in place at the left side of the bed. On 07/12/24 at 12:22 PM, the DON was notified and confirmed the fall mat should be in place. c2) Resident #52 On 07/12/23 at 12:00 PM, a record review was completed for Resident #52. The review found the care plan was not implemented regarding nutrition. An intervention listed on the care plan stated, monitor for changes in nutritional status (changes in intake, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to food and nutrition/physician as indicated. (Typed as written.) (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/10/24 at 2:15 PM, an interview was held with the DON. The DON was notified the meal intakes were not being monitored as care planned. The DON stated, I don't know why the meal percentages were not documented .the dietician and physician cannot monitor weight loss if all meals are not documented. d) Resident #47 During an initial interview on 07/08/24 at 4:55 PM, Resident #47 stated, My teeth bother me a lot, some of them are broken off at the gums. I don't say much about it because I can not afford the dental care. I think I have two dollars. During the initial observation on 07/08/24 at 4:55PM, it was revealed Resident #47 has teeth which are in poor condition with many broken off at the gum line. A record review on 07/09/24 at 3:34 PM revealed, Resident #47 had the following care plan created on 01/14/23 related to dental care: Focus: Resident is at risk for oral health or dental care problems as evidenced by being edentulous. Goal: The resident will maintain intact oral mucous membranes as evidence by the absence of discomfort, gum inflammation/infection, oral lesions x 90 days. Interventions: Assess for oral lesions, inflammation and bleeding and signs and symptoms of pain during care and report to MD as indicated Encourage resident to brush teeth and gums twice daily and as needed Provide oral hygiene/mouth care twice per day and prn (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Use a mouth rinse as appropriate During an interview on 07/09/24 at 3:36 PM, Resident #47 stated, I was chewing on the left side because I have a cavity on the right side. Now the left side is starting to hurt. During an interview on 07/09/24 at 3:37 PM, in front of Resident # 47, The Director of Nursing (DON) confirmed, Resident #47 does have teeth in poor condition and stated, We have talked about this, I know you have teeth. I am working with appointments to get you a dental consult. At 3:53 PM, the DON further Stated, She told me about her teeth a while back. I thought I put a note in, but I cannot find it and there is no notes or dental consults in her chart. I will get that taken care of immediately. 49465

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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. 42120 Based on record review, and staff interview, the facility failed to provide activities of daily living (ADL's) to maintain good personal hygiene for dependent residents. This is true for 0ne (1) of three (3) residents reviewed for ADL care. Resident Identifiers: #49. Facility census: 57. Findings included: a) Resident #49 During an observation 07/08/24 at about 12:19 PM Resident #49 appeared to be unkept, with oily hair and facial hair. A continued record review of Resident #49's Significant Change, 04/18/24 Minimum Data Set (MDS), MDS Section E (Behaviors) also indicated Resident #49 does not reject care. A review of Resident #49's ADL documentation found, only two (2) showers noted in the last 30 days. On 07/10/24 at 10:03 AM the Director of Nursing verified Resident #49 did not receive all showers as scheduled.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 Based on resident interview, record review, and staff interview the facility failed to provide an ongoing activity program which meets the physical, mental and psychosocial well-being of each resident. This failed practice was found true for (1) one of (1) one residents reviewed for activities during the Long-Term Care Survey Process. Resident identifiers #13. Facility Census 57. Findings Include: a) Resident #13 During the initial interview on 07/08/24 at 3:05 PM, Resident #13 stated, I used to attend activities, I just don't anymore. I don't know why. I sometimes don't know what is going on. A record review on 07/09/24 at 9:30 AM, of Resident #13's medical record revealed, she was admitted to the facility on [DATE]. Further record review of Resident #13's Activity participation record shows during her 48 days at the facility she participated in 8 out of room group activities. A record review on 07/09/24 at 10:00 AM, of Resident #13's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/29/24, Section F, section F0500, question E, indicates its very important to Resident #13 to attend group activities. Further record review of Resident #13's activity care plan read as follows: Focus: While in the facility, resident/patient states that it is important that s/he has the opportunity to engage in daily routines that are meaningful relative to their preferences such as attending out of room activities that involve memory games, sensory, bingo, one on one setting groups etc. Goals: Resident will plan and choose (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to engage in preferred activities Resident will pursue opportunities for involvement in service related activities within their home community and/or the community at large Interventions: Encourage and facilitate residents/patients activity preferences of her interest that involve small group activities with some verbal cueing for successful participation. I prefer to dine in my room or often the dining room. It is important for me to have family or a close friend involved in discussions about my care. The following things help me feel better when I am upset is to sometimes be alone and watch YouTube videos on my tablet. I enjoy listening to music and prefer country music. I would like pet visits. I like to participate in any size group with others. very social and enjoys being I enjoy watching/listening to TV. I am of the Baptist faith and plan to attend church services at the facility. I would benefit from accommodation for hearing loss by placement near speaker/leader. I would benefit from accommodation for cognitive limitations by using decreased environmental clutter, demonstration, reminders, single step activity. I benefit from being informed of facility happenings (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/10/24 at 11:33 AM, The Activity Director (AD) stated, She used to come to group activities, but really doesn't come much anymore. I do not have her on one to one visits but I do see everybody everyday it's not always necessarily documented.' She further stated, I will have to check on her participation. No further documentation was provided by the end of the survey.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 45173 Based on observation, record review and staff interview, the facility failed to follow physician's orders regarding the release of restraints. This was true for two (2) of two (2) residents reviewed under the care area of restraints. Resident Identifiers: #42 and #20. Facility Census: 57. Findings Include: a) Resident #42 On 07/09/24 at 1:00 PM, a record review was completed for Resident #42. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) On 07/09/24 at 1:10 PM, a review of the Treatment Administration Record (TAR) was reviewed for June, 2024. The review found the TAR was missing documentation for the following dates: --06/18/24 2:00 PM --06/18/24 4:00 PM --06/30/24 4:00 PM On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed there was no documentation on the TAR for 06/18/24 at 2:00 PM, 4:00 PM and 06/30/24 at 4:00 PM. b) Resident #20 On 07/09/24 at 1:30 PM, a record review was completed for Resident #20. The review found a physician's order dated 05/31/24 stating, Restraint: Seatbelt while in wheelchair for inability to maintain upright sitting position independently. Release seatbelt every 2 (two) hours for repositioning. (Typed as written.) On 07/09/24 at 1:40 PM, a review of the Treatment Administration Record (TAR) was reviewed for June, 2024 and July, 2024. The review found the TAR was missing documentation for the following dates: --06/18/24 2:00 PM --06/18/24 4:00 PM --06/30/24 4:00 PM --07/03/24 2:00 PM --07/03/24 4:00 PM (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/09/24 at 2:00 PM, the Director of Nursing (DON) confirmed there was no documentation on the TAR for 06/18/24 at 2:00 PM and 4:00 PM; 06/30/24 at 4:00 PM and 07/03/24 at 2:00 PM and 4:00 PM.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on observation, record review and staff interview the facility failed to maintain acceptable parameters of nutrition which are consistent with professional standards of practice. This failed practice was found true for two (2) of (2) two residents looked at for nutrition during the Long-Term Care Survey Process. Resident identifiers #9, and #52. Facility Census 57. Findings Include: a) Resident #9 An initial observation on 07/08/24 at 1:00 PM, of Resident #9 eating lunch revealed, she had only eaten about 25% of her lunch and her tray was away from her. A record review on 07/09/24 at 2:20 PM, of Resident #9's weights read as follows: 7/5/2024 16:23 138.8 pounds (Lbs) 6/4/2024 10:18 140.4 Lbs 6/3/2024 17:02 140.4 Lbs 6/3/2024 10:58 144.4 Lbs 5/4/2024 10:57 148.8 Lbs 4/2/2024 10:20 139.0 Lbs 4/1/2024 15:52 139.0 Lbs 3/1/2024 15:15 155.8 Lbs These weights show a 10.91 percent weight loss in (4) four months and a (6) six percent weight loss in one month. Further record review revealed a Nutritional Assessment completed on 06/05/24 by the Registered Dietician (RD) which read under summary: 1. Recommend adding snacks in-between meals given her suboptimal daily avg. PO intake. 2. If her daily average PO intake remains suboptimal, if medically appropriate, consider then incorporate an appetite stimulant at the MD/NP'S discretion in the scenario. Record review on 07/10/24 at 9:30 AM, of Resident #9's meal intake from 05/01/24 to present revealed out of the 70 days which were reviewed, 29 of those days had no intake recorded for some meals and only 25% meal intake recorded for some meals. (continued on next page)

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Miletree Center	825 Summit Street Spencer, WV 25276

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further record review of Resident #9's physician visit on 06/09/24, found the physician marked her appetite as OK. No further notes from the physician are found in the medical record regarding Resident #9's weight loss. During an interview on 07/10/24 at 10:06 AM, the administrator stated, (Resident #9 name) has refused supplement in the past due to it having [NAME] Gum in it, saying that it had [NAME] in it. When the surveyor asked the administrator, Why the appetite stimulant had not been started per the RD's recommendation if the residents' intake remained suboptimal? The administrator responded by saying, I see what you are saying, the documentation does not show that she is eating. No further documentation was provided by the end of the survey. b) Resident #52 On 07/10/24 at 1:45 pm, a record review was completed for Resident #52. The review found a care plan intervention under the focus area of nutritional risk related to the diagnosis of dementia which may impact nutritional status. Also, under the focus area was noted significant weight loss with variable intake. On 07/10/24 at 1:50 PM, the meal percentages for May, 2024 through July, 2024 were reviewed. Reviewed meal percentages for May through July, 2024. The review found the meal percentages were not documented throughout the months reviewed. The following list show the documentation of how many meals meals were documented daily throughout the month reviewed: --05/01/24 one meal only --05/03/24 one meal only --05/06/24 one meal only --05/12/24 one meal only --05/16/24 two meals only --05/23/24 one meal only --05/28/24 two meals only --05/30/24 one meal only --06/03/24 two meals only --06/06/24 one meal only --06/07/24 one meal only --06/13/24 one meal only (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--06/17/24 two meals only --06/29/24 one meal only --07/03/24 one meal only --07/05/24 one meal only The review found 28 meals had no documentation of percentages of meal intakes. The resident's weights were also reviewed. The following list show the documented weights by dates: --12/21/23 116.2 pounds --12/28/23 118.1 pounds --01/01/24 119.0 pounds --02/07/24 112.5 pounds --03/01/24 98.4 pounds --03/28/24 118.5 pounds --04/03/24 114.0 pounds --05/09/24 99.00 pounds --06/03/24 99.00 pounds --07/04/24 96.2 pounds On 07/10/24 at 2:15 PM, an interview was held with the Director of Nursing (DON). The DON stated, I don't know why the meal percentages were not documented .the dietician and physician cannot monitor weight loss if all meals are not documented. 49465

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49465 Based on resident interview, staff interview and record review the facility failed to provide pain management consistent with professional standards of practice. This failed practice was found true for (1) one of (3) three residents reviewed for pain during the Long-Term Care Survey Process. Resident identifier #43. Facility Census 57. Findings Include: a) Resident #43 During an initial interview on 07/08/24 at 2:09 PM, Resident #43 stated, My pain is an 8 or above all the time. I want a different doctor but no more are available. They won't give me pain meds to help. Resident states his pain is an 8 or above all the time. A record review on 07/09/24 at 11:37 AM, of Resident #43 orders revealed the following pain medications ordered for Resident #43. Ordered on 04/24/24 : Acetaminophen Tablet 325 milligrams (MG) Give 2 tablets by mouth every 6 hours as needed for General Discomfort Notify physician/midlevel provider if discomfort persists. Do not exceed 3g/day Ordered on 05/29/24: Naprosyn Oral Tablet 500 MG (Naproxen) Give 500 mg by mouth every 12 hours as needed for pain Ordered on 04/26/24: Gabapentin Oral Tablet 600 MG Give one tablet by mouth three times a day for Neuropathy pain. Further record review showed a Pain assessment dated [DATE] which reads, Resident #9's pain is frequently at a (6) six. During a record review on 07/09/24 at 1:00 PM, of Resident #43's Medication Administration Record (MAR) for the months of June and July of 2024 revealed Resident #43 reported pain at (4) four or (5) five 27 of 39 days. He had no Acetaminophen administered and had Naprosyn administered or offered (8) eight of the 27 days pain of (4) four or (5) five was reported. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/09/24 at 2:10 PM, The Administrator stated, I guess he didn't ask for it so if he didn't ask for it he would not have got it because it's a PRN medication. He is also a known drug user. A record review on 07/09/24 at 2:20 PM, showed Resident #43 was incapacitated Further record review revealed Resident #43 has a diagnosis of pain and no parameters are set for PRN pain medications. A review of the facilities policy on 07/09/24 at 3:00 PM titled {Pain Management} under Practice Standards number 6 reads PRN pain medications will have defined parameters for use. During an interview on 07/09/24 at 2:48 PM, Licensed Practical Nurse (LPN) #24 stated, Sometimes I think a (5) five pain level is a baseline for him. We did get him Gabapentin for his pain and it seemed to help so the doctor increased it. When the surveyor asked how do you know when he needs the PRN pain medication? LPN #24 stated, For me it's all about his mood if he gets the medicine. Then further stated, Yes I guess we need to call the doctor and get it changed on a schedule or something so we know when to give it. During an interview on 07/09/24 at 2:55PM, the administrator confirmed there was no documentation to support the pain level of (5) five and why PRN pain medication was not given. No further documentation was provided by the end of the survey.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 45173 Based on observation, record review and staff interview, the facility failed to record temperatures for the medication refrigerator. This was a random opportunity for discovery. Facility Census: 57. Findings Include: a) Medication Refrigerator On 07/10/24 at 9:25 AM, a tour of the medication room was completed. The tour found one (1) medication refrigerator temperatures were not being documented in June, 2024 and July, 2024. The following dates indicate no documentation had been completed: --07/08/24 PM --06/26/24 PM --06/27/24 PM --06/28/24 PM b) Facility Policy A review of the facility policy entitled, Medication and Vaccine Refrigerator/Freezer Temperatures with a revision date of 07/01/24 was reviewed on 07/10/24 at 9:35 AM. The review found under the heading, Policy, which stated, Refrigerators and freezers used to store medications and vaccines will operate within acceptable temperature range and will checked twice a day for proper temperatures. On 07/10/24 at 9:45 AM, the Director of Nursing (DON) confirmed the refrigerator temperatures were not documented.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. 49465 Based on resident interview, record review and staff interview the facility failed to assist residents in obtaining routine and emergency dental care. This failed practice was found true for (1) one of (1) one residents looked at for dental treatment during the Long-Term Care Survey Process. Resident identifier #47. Facility Census 57. Findings Include: a) Resident #47 During the initial interview on 07/08/24 at 4:55 PM, Resident #47 stated, My teeth bother me a lot, some of them are broken off at the gums. I don't say much about it because I can not afford the dental care. I think I have two dollars. During the initial observation on 07/08/24 at 4:55 PM, it was revealed Resident #47 has teeth which are in poor condition with many broken off at the gum line. A record review on 07/09/24 at 3:34 PM revealed, Resident #47 had the following care plan created on 01/14/23 related to dental care: Focus: Resident is at risk for oral health or dental care problems as evidenced by being edentulous. Goal: The resident will maintain intact oral mucous membranes as evidence by the absence of discomfort, gum inflammation/infection, oral lesions x 90 days. Interventions: Assess for oral lesions, inflammation and bleeding and signs and symptoms of pain (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	during care and report to MD as indicated Encourage resident to brush teeth and gums twice daily and as needed Provide oral hygiene/mouth care twice per day and prn Use a mouth rinse as appropriate During an interview on 07/09/24 at 3:36 PM, Resident #47 stated, I was chewing on the left side because I have a cavity on the right side. Now the left side is starting to hurt. During an interview on 07/09/24 at 3:37 PM, in front of Resident # 47, The Director of Nursing (DON) confirmed Resident #47 does have teeth in poor condition and stated, We have talked about this, I know you have teeth. I am working with appointments to get you a dental consultation. At 3:53 PM, the DON further Stated, She told me about her teeth a while back. I thought I put a note in, but I cannot find it and there are no notes or dental consults in her chart. I will get taken care of immediately.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 45173 Based on record review and staff interview, the facility failed to maintain an accurate and complete record regarding a transfer for Resident #10. This was true for one (1) of one (1) residents reviewed under the care area of hospitalization s. Resident Identifier: #10. Facility Census: 57. Findings Include: a) Resident #10 On 07/11/24 at 1:00 PM, a record review was completed for Resident #10. The review found the resident had been transferred to an acute care facility on 10/09/23. The transfer form indicated the resident was transferred on 10/01/23. On 07/11/24 at 1:30 PM, the Director of Nursing (DON) confirmed the date was incorrect on the transfer form. The DON stated, there was a corporate call discussing this issue .it does have the incorrect date.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45173 Based on observation and staff interview, the facility failed to maintain an appropriate infection control program for storage of a bath basin, bed pan, disposal of soiled linen and transportation of personal belongings. These were random opportunities for discovery. Facility Census: 57. a) room [ROOM NUMBER]A On 07/08/24 at 1:28 PM, an observation was made in room [ROOM NUMBER]A. The observation found a used bath basin and bed pan sitting in the bathtub; a soiled washcloth was on the side of the bathtub as well as a soiled washcloth was hanging on the window seal. Nurse Aide (NA) #58 was notified and removed the bath basin, bed pan, and soiled washcloths from the room. NA #58 stated, let me take care of this. On 07/08/24 at approximately 1:45 PM, the Director of Nursing (DON) was notified and confirmed the bath basin and the bed pan were not stored correctly; and, the soiled linens were not disposed of in the correct manner. The DON stated, Hospice was just in there giving the resident a bath .the items should have been stored and disposed of in the correct manner. b) Linen Cart On 07/09/24 at 2:06 PM, an observation of Laundry Aide (LA) #38 pushing a linen cart of clean personal items was completed. The observation found the clean personal items were not covered. The linen cart flaps were laying across the top of the cart. On 07/09/24 at 2:08 PM, LA #38 was interviewed regarding the linen cart not being covered. Laundry Aide #38 stated, I forgot to cover it. On 07/09/24 at 2:10 PM, the DON was notified and confirmed the linen cart should have been covered during transport.