STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525262	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fort Atkinson Care Center	430 Wilcox St Fort Atkinson, WI 53538

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide adequate supervision and assistive devices to prevent accidents for 4 of 4 residents (R2, R3, R8 and R11) reviewed for smoking. The failure to prevent and assess a residents risk for injury related to smoking and not ensuring smoking materials are contained to prevent injury created a finding of Immediate Jeopardy beginning on 7/10/25.Based on observation, interview, and record review, the facility failed to provide adequate supervision and assistive devices to prevent accidents for 4 of 4 residents (R3, R8, R11 and R2) reviewed for supervision with smoking. R3 was observed with cigarette ashes on his person, going through smoking receptacle taking out cigarette butts to smoke and asking other residents for cigarettes. R8 was observed with a sweatshirt on his lap with several burn holes, using a wooden clothespin to hold his cigarettes, and having a car receptacle in his wheelchair to place cigarette butts in. R11 was observed with a burn hole in her shirt. R11’s care plan indicates R11 should be using a smoking apron, which was not available during the first day of survey. R2 was observed going through the smoking receptacle taking out cigarette butts to smoke. The failure to assess a resident’s risk for injury related to smoking and its failure to put care plan interventions in place to ensure safety while smoking and its failure to ensure smoking materials are contained to prevent injury created a finding of Immediate Jeopardy beginning on 7/10/25. On 7/11/25 at 11:06 AM, NHA and CNO (Chief Nursing Officer) were notified of IJ, with a start date of 7/10/25. The facility removed the immediate jeopardy on 7/16/25; the deficient practice continues at a scope and severity of an E (potential for harm/pattern) as the facility continues to implement their action plan. Findings include: The facility policy titled, Resident Smoking, dated 1/01/25, states in part… Policy: It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non-smoking residents. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Policy Explanation and Compliance Guidelines: 6. Residents who smoke will be further assessed, using the Resident Safe Smoking Assessment, to determine whether or not supervision is required for smoking, or if resident is safe to smoke at all. 8. Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas (weather permitting), at designated times, and in accordance with his/her care plan. 12. If a resident or family does not abide by the smoking policy or care plan (e.g. smoking materials are provided directly to the resident, smoking in non-smoking areas, does not wear protective gear), the plan of care may be revised to include additional safety measures. 15. Documentation to support decision making will be included in the medical record, including but not limited to: b. Assessment of relevant functional and cognitive factors affecting ability to smoke safely. d. Compliance with smoking policy. The Facility assessment dated [DATE] reviewed and does not address smoking by residents in the facility. The Facility admission Agreement, Attachment D, Tobacco-Free Environment Policy, states in part… 1. Policy. Facility prohibits the use of tobacco and tobacco products by employees, contractors, volunteers, residents, visitors and others entering out healthcare facility premises such as any agencies contracting with the Facility. 2. Rationale. Facility recognizes tobacco and tobacco smoke pose a significant health threat to anyone exposed to them. Definitions: Tobacco and Tobacco Products. Any tobacco-containing or smoking product, including cigarettes, cigars, pipes, chewing tobacco, smokeless tobacco and e-cigarettes. 3. Facility Premises: Property leased or owned by the facility including all buildings, sheds, and other structures on Facility owned or leased property parking lots, including vehicles parked on Facility owned or leased parking lots or property. There will be no designated smoking areas on Facility premises unless specifically identified for the use of Resident admitted to the facility before the implementation of the Tobacco-Free Environment Policy. Example 1 (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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R3 is a [AGE] year-old male admitted to the facility on [DATE]. R3 has a BIMS (brief interview of mental status) of 10, indicating R3 has moderate cognitive impairment. R3’s diagnoses include in part… paranoid schizophrenia, borderline personality disorder, encephalopathy, seizures, pulmonary embolism with acute cor pulmonale (where a blood clot acutely obstructs blood flow in the lungs, leading to a sudden strain on the right ventricle of the heart, causing it to fail). R3’s care plan states in part… Diagnosis: Tobacco Use. Interventions/Tasks: Conduct Smoking Safety Evaluation on admission and PRN (as needed). Educate Resident/Responsible Party on the facility’s tobacco/smoking policy(s). If a smoking facility, orient Resident to smoking times and procedures. Diagnosis: I sometimes have behaviors which include refusing personal cares and bathing. Asking residents for cigarettes and money. I sometimes have behaviors due to decrease in the amount of money that I am given from my guardian. Interventions: Continue to encourage and educate resident on the importance of cleanliness and maintaining good personal hygiene. Help me to avoid situations or people that are upsetting to me. Please tell me what you are going to do before you begin. Redirect me and remind me that it’s not appropriate to ask residents for money and cigarettes. Diagnosis: At risk for smoking related injury related to independent smoking. Able to maintain smoking materials. At times I look for cigarettes in the garbage and cigarette canister outside. When I am out of cigarettes, I will ask other residents and visitors for cigarettes. I will try to take cigarettes out of other residents (sic) hands. I am easily redirected and do not pose a threat to others. Interventions: Complete smoking safety assessment per Living Center policy. Keep my lighter in the nurses cart while I’m not outside smoking to keep myself safe. Observe patient for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management. Redirect me if I am searching for cigarettes in the garbage or cigarette canister. Review smoking policy with patient and or family. R3’s smoking assessments dated 11/8/24 states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Follows the facility’s policy on location and times of smoking. Care planning: Tobacco Use. Interventions/Tasks: Conduct Smoking Safety Evaluation on admission and PRN. Educate Resident/Responsible Party on the facility’s tobacco/smoking policy(s). If a smoking facility, orient Resident to smoking times and procedures. Clinical Suggestions: Nothing marked. R3’s smoking assessments dated 3/17/25 states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Nothing marked. Smoking Safety Notes: Resident needs to be occasionally reminded of where the smoking area is. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. On 7/10/25 at 9:10 AM, Surveyor went out to interview R3 regarding an incident that was being investigated. R3 was in the courtyard of the facility returning from the smoking area. While speaking with R3 it was noted that he had cigarette ashes all down the front of his shirt and on his pants. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/10/25 at 1:00 PM, R3 was observed by Surveyors taking the lid off the smoking receptacles and removing cigarette butts. R3 was then observed attempting to light the butts that he had removed from the receptacle. On 7/10/25 at 1:16 PM, R3 was observed by Surveyor throwing cigarette butts that he had removed from smoking receptacle on the ground in the courtyard. R3 then was heard asking R11 to share a portion of her cigarette with him. R11 replied, “Can’t I just enjoy what I have.” On 7/10/25 at 2:50 PM, R2 observed outside with R3 in the gazebo where they are observed taking cigarette butts out of the smoking receptacles. R3 and R2 are lighting the butts and passing them between themselves. On 7/11/25 at 8:35 AM, R3 was observed outside in smoking area removing the lid of the smoking receptacles and taking out discarded cigarette butts. On 7/10/25 at 9:43 AM, Surveyor interviewed Receptionist D. Surveyor asked Receptionist D about residents that require supervision while smoking. Receptionist D stated, R3 does try to go out front to smoke but just needs redirection. Surveyor asked Receptionist D if he knew of any other concerns with residents who smoke. Receptionist D stated, I have heard that R3 has been trying to bum cigarettes from other residents. On 7/10/25 at 2:40 PM, Surveyor interviewed LPN F. Surveyor asked the LPN F if she has ever noticed burn holes in any of the residents’ clothing. LPN F states, R3 does in his sweater. Seeing all those burn holes makes me question their safety. On 7/11/25 at 7:48 AM, Surveyor interviewed CNA H. Surveyor asked CNA H if she had ever witnessed R3 going through the smoking receptacle. CNA H stated, R3 does pick up butts but I don’t know what he does with them. On 7/11/25 at 8;05 AM, Surveyor interviewed MT/CNA I. Surveyor asked MT/CNA I if she knew where R3 gets his smoking material or if she has ever witnessed R3 going through the smoking receptacles. MT/CNA I states, I don’t know where he gets his cigarettes. I have never seen R3 pick up butts. On 7/11/25 at 9:37 AM, NHA A and LPN/UM B returned to answer questions regarding smoking that NHA A was unable to previously answer. Surveyor reported observations of R3 and R2 and asked who monitors residents for opening the smoking receptacles and taking out cigarette butts. LPN/UM B states, we just look out and watch. I know we should monitor. Example 2: R8 is an [AGE] year-old male admitted to the facility on [DATE]. R8 has a BIMS of 13, indicating R8 is cognitively intact. R8’s diagnoses include in part… COPD (chronic obstructive pulmonary disease), confusional arousals, A-fib (atrial fibrillation), hypotension, GERD (gastroesophageal reflux disease), and arthritis. R8’s care plan states in part… (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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Diagnosis: At risk for smoking related injury related to: Smokes independently. Interventions/Tasks: Able to maintain smoking materials. Complete smoking safety assessment per facility policy. Observe patient for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management. Review smoking policy with patient and/or family. R8’s Smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Follows the facility’s policy on location and times of smoking. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. R8’s Smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Nothing marked. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. On 7/10/25 at 9:55 AM, R8 observed sitting in the gazebo area smoking. Surveyor approached R8 and noted he had a sweatshirt on his lap with several cigarette burns. R8 was smoking a cigarette that was being held by a wooden clothespin. R8 had on his lap a plastic container containing 2-3 wooden clothespins, a plastic spoon, and lighter. Note: Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. On 7/10/25 at 1:08 PM, Surveyor inquired with R8 about his sweatshirt with the noted burn holes. R8 stated his sweatshirt has been like that. Surveyor asked R8 what he uses the plastic spoon for. R8 stated, I use the plastic spoon to put out cigarettes when I am done smoking. R8 indicates he has a hard time using the smoking container. R8 was then observed pulling out a cigarette receptacle, noted to be a car ashtray “butt bucket” from next to him in his wheelchair and indicated that he will be trying to use this now and then when it gets full will empty it in the receptacle in the gazebo. Note: Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. Note: A car ashtray sometimes known as a “butt bucket” is not fire rated and is made of a plastic material. On 7/11/25 at 8:50 AM, Surveyor observed R8 and R11 outside smoking, alone/independent. R8 continues to use wooden clothespin but now has metal spoon. On 7/11/25 at 8:55 AM, LPN/Unit Manager entered smoking area and stayed with residents who were out in the smoking area. On 7/10/25 at 2:40 PM, Surveyor interviewed LPN F. Surveyor asked the LPN F if she has ever noticed burn holes in any of the residents’ clothing. I am not sure if R8 does but seeing all those burn holes makes me question their safety. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/11/25 at 9:37 AM, NHA A and LPN/UM B returned to answer questions regarding smoking that NHA A was unable to previously answer. Surveyor then explained observations of R8. LPN/UM B states that she completed an observation of R8 smoking and had no concerns. LPN/UM B states that R8 had the wooden clothespin high on filter area and that R8 does not use the spoon. Surveyor asked LPN/UM B about the car cup receptacle that R8 has in his wheelchair. LPN/UM B states that she did not observe this cup in R8’s wheelchair and when she observed him, he did not use it. Example 3: R11 is a [AGE] year-old female, admitted to the facility on [DATE]. R11 has a BIMS of 14, indicating R11 is cognitively intact. R11’s diagnoses include in part… hemiplegia and hemiparesis (neurological conditions that can occur after a stroke, resulting in weakness or paralysis on one side of the body) following cerebral infarct, dementia, cognitive communication deficit, and heart failure. R11’s care plan states in part… Diagnosis: At risk for smoking related injury related to smokes independently. Able to maintain smoking materials. Known to smoke Delta 8. Educated on risk provider and POA (Power of Attorney) aware with no concerns. History of giving and receiving cigarettes and was educated on to not give or take cigarettes from other residents. Resident chooses to smoke off the property at times POA aware and no concerns. Interventions: Complete smoking safety assessment per living center policy. Observe patient for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management. Review smoking policy with patient and/or family. Smoking apron to be available for resident to use. R11’s smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Nothing marked. Care planning: Interventions: Resident with adhere to the tobacco/smoking policies of the facility. Educate resident/responsible party on the facilities tobacco/smoking policies. Provide education adverse effects of smoking. Clinical Suggestions: Nothing marked. R11’s smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Limited or no ROM (range of motion) in arms or hands. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. R11’s smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Nothing marked. Smoking Safety Notes: Resident has access to smoking apron when she goes out to smoke. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. On 7/10/25 at 2:10 PM, Surveyor interviewed CNA C. Surveyor asked CNA C if she had aware of the facility having any smoking aprons. CNA C indicates that she has never seen any smoking aprons. Surveyor asked CNA C if any residents in the facility needed supervision while smoking. CNA C stated all the residents can smoke independently. Surveyor asked if there were any safety concerns that she knew of with the residents who do smoke. CNA C states, I have no safety concerns, but I have never been out to watch them smoke. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/11/25 at 8:15 AM, Surveyor observed two smoking aprons sitting next to the door behind the receptionist near the door going out to the smoking area. One was silver-gray in color. The smoking aprons tag indicates it is a NyOrtho, Model 9532. The other smoking aprons tag it is a NyOrtho Model 9530. On 7/11/25 at 8:37 AM, Surveyor observed that there are now three smoking aprons, NyOrtho, Model 9532, sitting next to the door behind the receptionist near the door going out to the smoking area. Surveyor reviewed warning label on the NyOrtho Model 9532 smoking apron which states in part… This product is not a substitute for proper supervision. Patients or residents in wheelchair who smoke must be supervised. Surveyor reviewed warning label on the NyOrtho model 9530 smoking apron which states in part… Certified flame-resistant fabric is not a substitute for proper supervision. Read all instructions and warnings before use. On 7/10/25 at 12:35 PM, Surveyor observed R11 smoking in courtyard/gazebo area. R11 noted to have burn hole over the left breast area. Surveyor asked R11 if there are smoking times or if she can come out to the smoking area anytime. R11 states that she can come out and smoke whenever she wants. R11 was observed having difficulty getting lighter to work to light her cigarette. Surveyor asked R11 if she has ever observed any residents with safety concerns while smoking. R11 states that she has observed R3 going through the smoking receptacles looking for butts to smoke. R11 indicates R3 does not have anyone to bring him cigarettes. R3 bums cigarettes from other residents when able and gets them from friends at times. On 7/10/25 at 1:20 PM, Surveyor observed R11 in courtyard area. Surveyor asked R11 about the burn on her shirt. R11 states “that’s what happens when you can only use one arm. I am also blind in the left eye.” On 7/11/25 at 8:50 AM, Surveyor observed R8 and R11 outside smoking, alone/independent. R11 has no apron on. R11 reports that yesterday it was suggested she wear a smoking apron, but she chooses not to. On 7/11/25 at 8:55 AM, LPN/Unit Manager entered smoking area and stayed with residents who were out in the smoking area. On 7/10/25 at 2:15 PM, Surveyor interviewed CNA E. Surveyor asked CNA E if there were concerns with residents’ safety while smoking. CNA E stated. I believe that someone should be out there monitoring residents are safe. R11 clothes have a lot of burn holes in them. On 7/10/25 at 2:40 PM, Surveyor interviewed LPN F. Surveyor asked LPN F if she has ever noticed burn holes in any of the residents clothing. LPN F states that she has noticed burn holes in R11’s clothes. Seeing all those burn holes makes me question their safety. On 7/11/25 at 8:30 AM, Surveyor interviewed CNA J. Surveyor asked CNA J if R11 uses a smoking apron. CNA J states that residents can refuse to wear aprons that is their right. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/11/25 at 9:37 AM, Surveyor reported observations of R11 to NHA A and LPN/UM B. LPN/UM B stated that now that they have the knowledge, they will have to watch for this. I did a smoking assessment, and everything was done appropriately. Surveyor asked LPN/UM B if the smoking aprons were available for R11 prior to this morning. LPN/UM B states that the facility had them but did not have them out. Example 4: R2 is a [AGE] year-old male, admitted to the facility on [DATE]. R2 has a BIMS of 13, indicating that he is cognitively intact. R2’s diagnoses include in part… Diabetes Mellitus Type 2, dementia, bipolar disorder, developmental disorder of scholastic skills, PVD (peripheral vascular disease), Klinefelter Syndrome (extra X chromosome). R2’s care plan states in part… Diagnosis: At risk for smoking related injury related to: Smokes independently. Able to maintain smoking materials. Resident has a history of trying to sell and ask other residents for cigarettes. Provider and POA updated. Resident is aware that POA is limiting how many cigarettes POA is bringing in. Interventions: Able to maintain smoking materials. Complete smoking safety assessment per facility policy. Encourage resident to not sell or ask other residents for cigarettes. Observe patient for unsafe smoking behaviors or attempts to obtain smoking [NAME] from outside sources. Immediately inform facility management. Review smoking policy with patient and or family. R2’s smoking assessment dated [DATE] states in part… Smoking Safety Interaction: 2. Which of the following products does resident use? Tobacco. 3. Does the resident display any of the following? Nothing marked. Care planning: Nothing marked. Clinical Suggestions: Nothing marked. 7/10/25 at 2:20 PM, R2 reported to Surveyor that he no longer smokes due to not having any cigarettes. On 7/10/25 at 2:50 PM, Surveyor observed R2 outside with R3 in the gazebo where they were taking cigarette butts out of the smoking receptacle. R3 and R2 are lighting the butts and passing them between themselves. On 7/11/25 at 9:37 AM, Surveyor reported observations of R3 and R2 and asked who monitors them for opening the smoking receptacles and taking out cigarette butts. LPN/UM B states, we just look out and watch. I know we should monitor. On 7/10/25 at 9:43 AM, Surveyor interviewed Receptionist D. Surveyor asked Receptionist D if he had or had heard of any concerns with residents who smoke. Receptionist D states, I have no real concerns but have had issues with cigarette butts being cleaned up. There was a receptacle, but it began overflowing so the residents began throwing their cigarette butts on the ground. When we were emptying the smoking receptacle this morning it was kicking up ash and smoke, so I was asked to get a bucket of water. Surveyor asked Receptionist D if there are any residents who require supervision with smoking. Receptionist D states, we don’t have any residents that require supervision. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/10/25 at 2:15 PM, Surveyor interviewed CNA E. Surveyor asked CNA E if she had any concerns with resident safety in the smoking area. CNA E stated I don’t have any concerns for resident safety, but the area is disgusting. On 7/10/25 at 2:40 PM, Surveyor interviewed LPN F. Surveyor asked LPN F if any residents require supervision while smoking. LPN F states that no residents require supervision. Surveyor asked LPN F what the facility process is to ensure residents are safe while smoking. LPN F states that residents are screened to see if they are able to smoke independently. Surveyor asked LPN F if the facility has any smoking aprons. LPN F states we have no smoking aprons but do have smoking blankets and fire extinguisher hanging on the gazebo/smoking area. Surveyor asked LPN F what the facility does if a resident is noted to not be safe smoking independently. The LPN F indicates that if a resident deemed unsafe a care plan should be created, and interventions put in place. Surveyor asked the LPN F what is done with residents smoking materials. LPN F states that residents keep their own smoking materials in their room or on their person. On 7/11/25 at 7:48 AM, Surveyor interviewed CNA H. Surveyor asked CNA H if she had ever observed any residents who smoked being unsafe. CNA H stated I have never observed any unsafe smoking, but I do not observe smoking. If I did see any unsafe smoking, I would report to management. Surveyor asked CNA H if the facility did supervised smoking. CNA H states that there are no supervised smokers that she knows of. Surveyor asked the CNA H if the facility had any smoking aprons for residents to use. The CNA H stated that there are smoking aprons in back area behind receptionist, by the door leading outside to smoking area. On 7/11/25 at 8;05 AM, Surveyor interviewed MT/CNA I. Surveyor asked MT/CNA I if she had supervised residents smoking. MT/CNA I states that she has never observed residents smoking and there are no smoking times, open ended. Residents can go at any time they wish to smoke. A few months ago, the smoking area was changed from the front of building to the courtyard/gazebo area. Surveyor asked MT/CNA I if she had ever witnessed any unsafe smoking behavior. MT/CNA I states that she has never witnessed any unsafe smoking practices or seen any resident with burn holes. On 7/11/25 at 8:30 AM, Surveyor interviewed CNA J. Surveyor asked CNA J if she knew who the residents who smoke are and if they require supervision. CNA J states, I know who the smokers are, but no supervision is needed that I know of for any residents, they can smoke anytime they want. Surveyor asked CNA J if she had ever seen any burn holes in residents clothing. CNA J states she has never seen any burn holes in anyone’s clothing and if she did, she would report to nurse right away. Surveyor asked CNA J if the facility has smoking aprons for residents to use. CNA J indicates that there are smoking aprons next to the door going outside to the smoking area. (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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/11/25 at 8:52 AM, Surveyor interviewed RN/MDS Coordinator G. Surveyor asked RN/MDS Coordinator the facility procedure for completing smoking assessments. RN/MDS Coordinator states that he would go out and observe patients while smoking. Document anything unsafe that could cause harm. Surveyor asked RN/MDS Coordinator G who is able to complete residents smoking assessments. RN/MDS Coordinator G states that smoking assessments can be completed by anyone. Surveyor asked RN/MDS Coordinator G if he has completed any of the smoking assessments on the residents who smoke. RN/MDS Coordinator G stated he was last in the facility sometime in March. Surveyor asked RN/MDS Coordinator G what the expectations would be for completing the smoking assessments. RN/MDS Coordinator G stated he would expect whoever is completing the assessments to physically watch the residents smoke and if seeing anything unsafe this would be put on the assessment when it is gone through and completed. Surveyor asked RN/MDS Coordinator G about the boxes not marked on the smoking assessment. RN/MDS Coordinator G states that if boxes are not marked on the assessment, it indicates that there was nothing seen. I don’t normally complete the smoking assessments but think I was there helping the facility out at the time the assessments were completed in March. On 7/11/25 at 9:30 AM, Surveyor interviewed NHA A. Surveyor asked NHA A what the procedure was for a resident who admits to the facility and smokes. NHA A stated, I am not sure, but I can get that information for you. Surveyor asked NHA A who assesses the resident who smoke. NHA A stated, I am not sure, but I can get that information for you. Surveyor asked NHA A who determines what interventions are put in place. NHA A stated, I am not sure, but I can get that information for you. Surveyor asked NHA A who creates the care plans for residents who smoke and puts interventions in place. NHA A stated, I am not sure, but I can get that information for you. Surveyor asked NHA A who monitors smokers with known concerns when out smoking. NHA A stated, I am not sure, but I can get that information for you. On 7/11/25 at 9:37 AM, NHA A and LPN/UM B returned to answer questions regarding smoking that NHA A was unable to previously answer. NHA A states that on admission a smoking assessment is completed and if determined to be unsafe they would be unable to smoke. LPN/UM B states, if a resident is unsafe, we would assess and make decisions of what would be safe. If unsafe would offer patch, or supervised smoking. NHA A states that the IDT (interdisciplinary team) completes the assessments by watching residents’ smoke. Safety assessments can be completed by the social worker, LPN or RN. The RN should follow up and sign the assessment. LPN/UM B states that depending on what the smoking assessment states we would sit down as a team and come up with interventions. The care plans and any changes are made by the social worker and nursing staff. Surveyor asked how often residents are monitored when out in the smoking area. LPN/UM B states, staff will peek out occasionally. We have no one that needs monitoring. We would reassess though if a resident had a change of condition that would warrant it. Surveyor asked NHA A and LPN/UM B if they had ever witnessed burn holes in R11’s clothing. LPN/UM B states that she has never seen burn holes but would expect that staff would report burn holes in clothing if observed and a new assessment would be done. The facility's failure to ensure residents are safe while smoking led to a finding of immediate jeopardy. The immediate jeopardy was removed on 7/16/25 when the facility implemented the following action plan: Assessed all residents who smoke to evaluate their physical and cognitive capabilities. Identified residents who require supervision or adaptive equipment during smoking. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Updated each resident's care plan to reflect safe smoking inte

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. (continued on next page)

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Based on interview and record review, the facility did not ensure staff postings were accurate which has the potential to affect 24 out of 24 residents residing at the facility.Review of staffing schedules and required staff postings revealed discrepancies between the documents. This resulted in inaccuracies with the total number and the actual hours worked for licensed and non-licensed staff directly responsible for resident care each shift.Evidenced by:Facility policy entitled 'Nurse Staffing Posting Information,' dated 01/2025, states in part: It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time.1. The Nurse staffing sheet will be posted on a daily basis and will contain the following information: a. Facility name. b. The current date c. Facility's current resident census. D. the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. i. Registered Nurse ii. Licensed Practical Nurses/Licensed Vocational Nurses. Iii. Certified Nurse Aides. 2. The facility will post the Nurse Staffing Sheet at the beginning of each shift. 3. The information posted will be: a. present in a clear and readable format.The schedules and Census posting were in accurate on the following dates:On 6/21/25 the Census posting indicates for the AM shift that 2 CNA's (Certified Nursing Assistants) worked the entire shift with a total of 21.5 hours. The scheduled for AM shift indicates 2 CNA's worked a full shift and 1 CNA worked a half shift. The Census posting shows on PM shift that there were 3 CNA's in the building when the schedule shows 3 CNA's and a Medication Tech, which would make 4 CNA's on PM shift.On 6/23/25 The Census posting is not presented in a clear format. The Census form indicates 4 CNAs worked the AM shift, when the schedule shows Two CNA's, a medication tech and then one CNA in training.(Of note: the CNA in training is being counted in the census posting numbers.)On 6/25/25, the Census posting for NOC (night shift) shows 3 CNA's were working and the schedule shows 2 CNA's were working with 1 CNA training. On 6/27/25, the Census posting for PM shows 4 CNA's were working and the schedule shows 3 CNA's were working with 1 CNA training.On 6/28/25, the Census posting is not in a clear format to be read. The census posting shows there was 1 LPN (licensed Practical Nurse) and no RN working. The scheduled shows there was an LPN and 1 RN working.On 6/30/25, the census posting is not in a clear format to read. On PM shift the census posting indicates there are 4 CNA's and the schedule indicates 3 CNAs with 1 trainee. The Census posting for NOC shift indicates 3 CNAs worked when the schedule reflects 1 CNA worked the entire shift with 1 Trainee and they had 1 call in.On 7/2/25, the Census posting for NOC shows three CNA's were working and the schedule shows 2 CNA's were working with 1 CNA training.On 7/4/25, the Census posting is not in a clear format to read. Census posting indicates for PM shows 3 CNAs were worked a full shift (2pm-10pm) and the schedule shows Two CNA worked 2pm to 7pm and two other CNA's came in at 7pm.On 7/7/25, the Census posting indicates for NOC shift, 3 CNA's worked and the schedule shows 2 CNA worked with 1 trainee.On 7/8/25, the Census posting indicates for AM shift, 5 CNA's worked and the schedule shows 3 CNA's, 1 Medication tech and 1 trainee. Census posting indicated for PM shift 3 CNA's worked the entire 2p-10pm shift, when the schedule shows 2 CNA's worked a full shift and 1 left at 3:30pm.On 7/11/25 at 11:30AM, Surveyor interviewed Scheduler K while reviewing the census posting and schedules from the last 3 weeks with Scheduler K. Scheduler K indicated the hours marked should equal up to the correct CNA hours. Scheduler K indicated the census posting should be updated to reflect staff leaving early or calling off. Surveyor asked if trainees should be counted in CNA's hours, Scheduler K indicated some nurses do and some nurses don't, but they should not be counted. Surveyor asked Scheduler K if the census posting for 7/4/25, 6/30/25, 6/28/25 and 6/23/25 were legible, Scheduler K stated, not really. Surveyor asked who is responsible for updating the posting, Scheduler K indicated the nurses are if she's not here otherwise Scheduler K. Scheduler K indicated it should be accurate and posting should be readable. On 7/11/25 at 11:45 AM, Surveyor spoke with NHA A (Nursing Home Administrator) regarding concerns with Census posting not matching the schedule and vice versa. NHA A indicated they should match and be accurate.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. (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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 2 of 2 residents (R2 and R3) reviewed out of a total sample of 13 residents. R2 reported that he no longer smoked then was observed by Surveyors going through the smoking receptacle removing cigarette butts to smoke. The facility did not offer R2 any alternatives for smoking such as smoking cessation options. R3 is noted to have documented behaviors of going to smoking receptacles to pull out cigarette butts to smoke, asking other residents and staff or cigarettes and taking cigarettes out of other residents hands. The facility failed to offer R3 smoking alternatives such as smoking cessation options.This is evidenced by:The facility policy titled Social Services last reviewed January 2025, states in part, .Policy: The facility, regardless of size, will provide medically related social services to each resident, to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.Policy Explanation and Compliance Guidelines: 2. The facility, regardless of size, will provide medically related social services to each resident, to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. 4. The social worker, or social service designee, will pursue the provision of any identified need for medically related social services of the resident. Attempts to meet the needs of the resident will be handled by the appropriate discipline(s). Services to meet the resident's needs may include: a. Advocating for residents and assisting them in assertion of their rights within the facility. b. Assisting residents in voicing and obtaining resolution to grievances about treatment, living conditions, visitation rights and accommodation of needs. d. Making arrangement for obtaining items, such as adaptive equipment, clothing, and personal items. e. Maintaining contact with the facility (with the resident's permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning. f. Assisting with informing and educating residents, their family, and/or representative(s) about health care options and their ramifications. j. Providing or arranging for needed mental and psychosocial counseling services. k. Identifying and seeking ways to support residents' individual needs through the assessment and care planning process. n. Identifying and promoting individualized, non-pharmacological approaches to care that meet the mental and psychosocial needs of each resident. 6. The resident's plan of care will reflect any ongoing medically related social service needs, and how these needs are being addressed. 7. The social worker, or social service designee, will monitor the resident's progress in improving physical, mental, and psychosocial functioning. Example 1R3 is a [AGE] year-old male admitted to the facility on [DATE]. R3 has a BIMS (brief interview of mental status) of 10, indicating R3 has moderate cognitive impairment. R3's diagnoses include in part. paranoid schizophrenia, borderline personality disorder, encephalopathy, seizures, pulmonary embolism with acute cor pulmonale (where a blood clot acutely obstructs blood flow in the lungs, leading to a sudden strain on the right ventricle of the heart, causing it to fail). R3's care plan states in part.Diagnosis: Tobacco Use. Interventions/Tasks: Conduct Smoking Safety Evaluation on admission and PRN (as needed). Educate Resident/Responsible Party on the facility's tobacco/smoking policy(s). If a smoking facility, orient Resident to smoking times and procedures. Diagnosis: I sometimes have behaviors which include refusing personal cares and bathing. Asking residents for cigarettes and money. I sometimes have behaviors due to decrease in the amount of money that I am given from my guardian. Interventions: Continue to encourage and educate resident on the importance of cleanliness and maintaining good personal hygiene. Help me to avoid situations or people that are upsetting to me. Please tell me what you are going to do before you begin. Redirect me and remind me that its not appropriate to ask residents for money and cigarettes. Diagnosis: At risk for smoking related injury related to independent smoking. Able to maintain smoking materials. At times I look for cigarettes in the garbage and cigarette canister outside. When I am out of cigarettes, I will ask other residents and visitors for cigarettes. I will try to take cigarettes out of other residents hands. I am easily redirected and do not pose a threat to others. Interventions: Complete smoking safety assessment per Living Center policy. Keep my lighter in the nurses cart while I'm not outside smoking to keep myself safe. Observe patient for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management. Redirect me if I am searching for cigarettes in the garbage or cigarette canister. Review smoking policy with patient and or family.Note: R3's care plan address behaviors and provides interventions, it does not provide R3 with alternatives to smoking when cigarettes are

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F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on interview and record review the facility did not ensure 1 of 2 non nursing staff chosen at random received resident rights and facility responsibilities training.Cook-L did not receive resident rights and facility responsibilities training annually.Findings include:Cook-L was hired on 10/2/23.On 7/23/25, at 11:38 a.m., Surveyor requested in-service training for 6 randomly selected nursing staff and 2 non nursing staff including Cook-L.On 7/23/25, at 1:38 p.m., Surveyor reviewed Cook-L in-service training provided. Surveyor noted Cook-L received resident rights and facility responsibilities on 10/2/23. Cook-L did not receive these trainings after 10/2/23.On 7/23/25, at 2:30 p.m., Surveyor asked Corporate-N who Surveyor should speak to regarding training for non-nursing staff. Corporate-N informed Surveyor the Administrator is responsible for non-nursing training.On 7/23/25, at 2:46 p.m., Surveyor informed Nursing Home Administrator (NHA)-A Surveyor was not able to locate when Cook-L received annual training for resident rights and facility responsibilities. NHA-A informed Surveyor he will look into this and get back to Surveyor.On 7/23/25, at 3:22 p.m., NHA-A informed Surveyor he does not have any training for Surveyor. Surveyor asked NHA-A who is responsible to ensure non nursing staff receive their required training. NHA-A replied that would be the Administrator.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on interview and record review the facility did not ensure 1 of 2 non nursing staff chosen at random received abuse, neglect, exploitation, and dementia training.Cook-L did not receive annual abuse, neglect, exploitation, and dementia training.Findings include:Cook-L was hired on 10/2/23.On 7/23/25, at 11:38 a.m., Surveyor requested in-service training for 6 randomly selected nursing staff and 2 non nursing staff including Cook-L.On 7/23/25, at 1:38 p.m., Surveyor reviewed Cook-L in-service training provided. Surveyor noted Cook-L received abuse, neglect, exploitation on 10/2/23. Cook-L received dementia management & abuse prevention on 10/2/23. Cook-L did not receive these trainings after 10/2/23.On 7/23/25, at 2:30 p.m., Surveyor asked Corporate-N who Surveyor should speak to regarding training for non-nursing staff. Corporate-N informed Surveyor the Administrator is responsible for non-nursing training.On 7/23/25, at 2:46 p.m., Surveyor informed Nursing Home Administrator (NHA)-A Surveyor was not able to locate when Cook-L received annual training for abuse, neglect, exploitation, and dementia training. NHA-A informed Surveyor he will look into this and get back to Surveyor.On 7/23/25, at 3:22 p.m., NHA-A informed Surveyor he does not have any training for Surveyor. Surveyor asked NHA-A who is responsible to ensure non nursing staff receive their required training. NHA-A replied that would be the Administrator.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. Based on interview and record review the facility did not ensure 1 of 2 non nursing staff chosen at random received QAPI (quality assurance performance improvement) training.Cook-L did not receive annual QAPI training.Findings include:Cook-L was hired on 10/2/23.On 7/23/25, at 11:38 a.m., Surveyor requested in-service training for 6 randomly selected nursing staff and 2 non nursing staff including Cook-L.On 7/23/25, at 1:38 p.m., Surveyor reviewed Cook-L's in-service training provided. Surveyor noted Cook-L received elements and goals of QAPI (quality assurance performance improvement) program on 10/2/23. Cook-L did not receive these trainings after 10/2/23.On 7/23/25, at 2:30 p.m., Surveyor asked Corporate-N who Surveyor should speak to regarding training for non-nursing staff. Corporate-N informed Surveyor the Administrator is responsible for non-nursing training.On 7/23/25, at 2:46 p.m., Surveyor informed Nursing Home Administrator (NHA)-A Surveyor was not able to locate when Cook-L received annual QAPI training. NHA-A informed Surveyor he will look into this and get back to Surveyor.On 7/23/25, at 3:22 p.m., NHA-A informed Surveyor he does not have any training for Surveyor. Surveyor asked NHA-A who is responsible to ensure non nursing staff receive their required training. NHA-A replied that would be the Administrator.

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F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on interview and record review the facility did not ensure 2 of 2 non nursing staff chosen at random receive behavior health training.Cook-L and Housekeeping-M did not receive annual behavioral health training.Findings include:1.) Cook-L was hired on 10/2/23.On 7/23/25, at 11:38 a.m., Surveyor requested in-service training for 6 randomly selected nursing staff and 2 non nursing staff including Cook-L.On 7/23/25, at 1:38 p.m., Surveyor reviewed Cook-L's in-service training provided. Surveyor was unable to locate when Cook-L received behavioral health training.On 7/23/25, at 2:30 p.m., Surveyor asked Corporate-N who Surveyor should speak to regarding training for non-nursing staff. Corporate-N informed Surveyor the Administrator is responsible for non-nursing training.On 7/23/25, at 2:46 p.m., Surveyor informed Nursing Home Administrator (NHA)-A Surveyor was not able to locate when Cook-L received behavioral health training. NHA-A informed Surveyor he will look into this and get back to Surveyor.On 7/23/25, at 3:22 p.m., NHA-A informed Surveyor he does not have any training for Surveyor. Surveyor asked NHA-A who is responsible to ensure non nursing staff receive their required training. NHA-A replied that would be the Administrator.2.) Housekeeping-M was hired on 4/12/24.On 7/23/25, at 11:38 a.m., Surveyor requested in-service training for 6 randomly selected nursing staff and 2 non nursing staff including Housekeeping-M. On 7/23/25, at 1:38 p.m., Surveyor reviewed Housekeeping-M's in-service training provided. Surveyor was unable to locate when Housekeeping-M received behavioral health training.On 7/23/25, at 2:30 p.m., Surveyor asked Corporate-N who Surveyor should speak to regarding training for non-nursing staff. Corporate-N informed Surveyor the Administrator is responsible for non-nursing training.On 7/23/25, at 2:46 p.m., Surveyor informed Nursing Home Administrator (NHA)-A Surveyor was not able to locate when Housekeeping-M received behavioral health training. NHA-A informed Surveyor he will look into this and get back to Surveyor.On 7/23/25, at 3:22 p.m., NHA-A informed Surveyor he does not have any training for Surveyor. Surveyor asked NHA-A who is responsible to ensure non nursing staff receive their required training. NHA-A replied that would be the Administrator.