STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation and interview, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment for 3 of 15 sampled residents (R30, R14, R24) and 3 supplemental residents (R1, R20, R35). R14, R1, R24, R35, R20, and R30 indicated that the dining room is always cold, and they have to wear a jacket or wrap up in a blanket to stay warm. R30 was observed getting blankets from his room and wrapping it around other residents in the dining room. Resident Council meeting minutes dated 7/19/24, indicated the facility was aware that resident's had concerns of it being too cold in the building. Evidenced by: Facility policy, entitled Environment-Quality of Life, dated 4/2023, with a revision date of 7/3/24, includes in part . The facility cares for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. The facility provides a safe, clean, comfortable, and homelike environment . and includes . comfortable and safe temperature levels (71 - 81 degrees Fahrenheit) . Example 1 R14 admitted to the facility on [DATE]. R14's Minimum Data Set (MDS) dated [DATE] indicates, in part: a Brief Interview of Mental status (BIMS) score of 9 out of 15, indicating a moderate cognitive impairment. On 8//21/24 at 12:08 PM, Surveyor observed R14 huddled in blanket while sitting at the dining room table. R14 stated yes, it was always cold like that in this room. On 8/22/24 at 8:09 AM, Surveyor observed R14 again huddled in a blanket in the dining room. Example 2 (continued on next page)

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

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R1 admitted to the facility on [DATE]. R1's MDS dated [DATE] indicates, in part: a BIMS score of 14 out of 15, indicating cognitively intact. On 8/21/24 at 12:10 PM, Surveyor observed R1 with a blanket around his shoulders in the dining room. R1 indicated that the dining room was freezing and that he always had to have his blanket with him. On 8/22/24 at 8:09 AM, Surveyor observed R1 again with a blanket around his shoulders in the dining room. R1 stated, it's cold in here again. Example 3 R30 admitted to the facility on [DATE]. R30's MDS dated [DATE] indicates, in part: a BIMS score of 15 out of 15, indicating cognitively intact. On 8/21/24 at 12:11 PM, Surveyor observed R30 leaving the dining room and getting extra blankets out of his room and putting them around the shoulders of other residents. R30 indicated that the dining room was always cold. Example 4 R35 was admitted to the facility on [DATE]. R35's MDS dated [DATE] indicates, in part: a BIMS score of 8 out of 15, indicating a moderate cognitive impairment. On 8/21/24 at 12:05 PM and again on 8/22/24 at 8:09 AM, Surveyor observed R35 huddled in a blanket sitting at the table in the dining room. R35 indicated that she is always cold in the dining room. Example 5 R24 was admitted to the facility on [DATE]. R24's MDS dated [DATE] indicates, in part: a BIMS score of 11 out of 15, indicating a moderate cognitive impairment. On 8/22/24 at 8:09 AM, Surveyor observed R24 wearing a jacket at the table in the dining room. R24 stated she always wears her jacket to the dining room because it is always cold in here. Example 6 R20 admitted to the facility on [DATE]. R20's MDS dated [DATE] indicates, in part: a BIMS score of 6 out of 15, indicating a severe cognitive impairment. On 8/21/24 at 12:05 PM, Surveyor observed R20 huddled under a blanket while sitting at a table in the dining room. R20 answered yes when asked if she was cold. On 8/21/24 at 12:05 PM, Surveyor took a reading of the air temperature in the dining room, which read 64 degrees Fahrenheit. On 8/21/24 at 12:13 PM, Surveyor interviewed Certified Nursing Assistant I (CNA), who indicated that the dining room was always cold, and she was glad she put her sweatshirt on before coming into the dining room. Surveyor observed CNA I getting a blanket for R20. CNA I indicated she didn't know how to raise the temperature in the dining room. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/22/24 at 08:09 AM, Surveyor took a reading of the air temperature in the dining room, which read 66.2 degrees Fahrenheit. On 8/22/24 at 10:35 AM, Surveyor interviewed NHA A (Nursing Home Administrator), who stated that residents had not brought concerns up about the temperature in the dining room since last year. Surveyor took a reading of the air temperature with NHA A, which read 67 degrees Fahrenheit. NHA A indicated that the acceptable air temperature range for the facility was between 71- and 81-degrees Fahrenheit, and that this was not an acceptable air temperature. On 8/22/24 at 11:58 AM, Surveyor interviewed Maintenance Director G who stated that he tries to keep the temperature in the building between 71-81 degrees Fahrenheit. Maintenance Director G indicated he was unsure what unit controlled the temperature in the dining room. Surveyor shared with Maintenance Director G the temperature readings that had been taken in the dining room. Maintenance Director G indicated that no part of the building should be that low of a temperature.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on interview and record review the facility did not ensure prompt resolution of all grievances for 2 (R48 and R30) of 15 sampled residents of a total sample of 18. R48 and R30 voiced concerns during individual interviews regarding the facility not following up on voiced concerns/grievances. Staff reported they were aware of concerns voiced by R48 and R30 and reported these concerns to the Grievance Official, who did not follow the facility's grievance process. R48 reported to NHA A (Nursing Home Administrator) multiple times regarding a pair of missing pants. NHA A did not document the grievance on the grievance log and ensure the grievance was resolved. The facility did not ensure prompt resolution of voiced grievances. Evidenced by: The facility's policy, Grievance Guideline, revised 1/27/2017, indicates in part, the following: It is the policy of the facility to provide a system whereby residents, and/or their significant others or representatives, can voice concerns about the quality of services received at the facility. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility will designate a Grievance Officer who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; taking immediate action as necessary, to prevent further potential violations of an resident right while the alleged violation is being investigated; immediately reporting all alleged violations involving neglect, abuse, injuries of unknown source, misappropriation of resident property and/or exploitation, and taking appropriate corrective action in accordance with State law when indicated. At the time a grievance is noted, (either verbal or written) the resident or his/her representative may speak to any member of the facility staff and report the nature of the grievance or submit a written grievance form. The staff member will, at the time of the grievance, attempt to resolve the issue or direct the resident/representative to the appropriate department head or staff member for further action and/or notify the Grievance Officer. Upon notification of a resident grievance, information sufficient to identify the individual registering the concern, the name of the resident (if not the individual submitting the information), date of receipt, nature of concern, and location of the resident will be recorded. The Grievance Officer will route the grievance to the appropriate department head related to the grievance filed and an investigation of the grievance will be conducted. Based on the nature of the grievance, the Grievance Officer will initiate any additional interventions that are indicated at that time After thorough research has been conducted, the Department Head and/or Grievance Officer will work in tandem with staff identified as key individuals critical to problem resolution for the specific identified concern. All efforts will be made to resolve the grievance effectively and expeditiously. All grievances receive immediate priority and must be investigated with efforts made toward resolution within 7 days. The resident will be provided with a verbal follow up to their grievance including the following information: The name of the Department Head who conducted the follow up/investigation. The steps taken to investigate and resolve grievance. The final result of the grievance. Additionally, the resident may obtain written decision regarding his/her grievance upon request. Example 1 R30 was admitted , on 2/3/23, with diagnoses that include Anxiety Disorder, unspecified, Alcohol Dependence with Withdrawal, unspecified, and Impulsive Disorder, unspecified. R30's admission MDS (Minimum Data Set) with a target date of 2/6/23, indicates, in part: Brief Interview of Mental Status (BIMS) of 15, indicating cognitively intact. On 8/20/24 at 11:05 AM, Surveyor interviewed R30, who voiced frustration about his clothes being stolen. R30 stated that he has had clothes and other items missing from his room several times, and that he's afraid to leave anything valuable in his room, like his watch or phone, for fear of them being stolen. R30 stated he had reported these missing items to both NHA A and LPN H (Licensed Practical Nurse), and that nothing had ever happened after he reported it. R30 voiced feeling like he had no control over his room or his belongings. On 8/22/24 at 8:55 AM, Surveyor interviewed LPN H (Licensed Practical Nurse) who indicated she was aware that R30 had a concern with missing clothes. LPN H stated that when R30 voices these concerns, she helps him look in his room and then she reports it to administration. LPN H stated that she reports everything to administration so that missing items can be followed-up on and replaced if necessary. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/22/24 at 9:15 AM, Surveyor interviewed Housekeeping Manager D (HSK), who indicated that when a resident reports something missing, she assists in searching for the item and then goes to the administrator and lets them know something is missing and hasn't been found. HSK D stated that she keeps logs of missing items going back 3 months. HSK D said that she was aware of R30's concerns of his missing clothes, but that she did not have any notes or logs to track his items. HSK D stated that NHA A (Nursing Home Administrator) keeps a list of missing items as well. On 8/22/24 at 10:35 AM, Surveyor interviewed NHA A who indicated that a new Grievance Officer started only the week prior and that she was acting as the Grievance Officer until the new one was fully trained. NHA A stated that they did not have any grievances or logs for R30's missing clothes. NHA A indicated that according to their grievance policy, grievances can be written or verbal. When asked if R30's concerns had been followed up with by anyone, NHA A stated no because his clothes were usually found right away. NHA A agreed that in this instance they were not following their grievance policy. 30992 Example 2 R48 was admitted to the facility 12/29/23 and discharged home 1/30/24. R48's Admission MDS (Minimum Data Set) dated 1/4/24 indicates R48 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating she is cognitively intact. On 8/20/24 at 1:40 PM, Surveyor spoke with R48. R48 stated shortly after she arrived at the facility, she had a pair of black pants and a pair of beige [NAME] socks that went missing. R48 stated, she reported the missing items to NHA A (Nursing Home Administrator). R48 stated, I never heard back from her. R48 stated, she said to NHA A while she was leaving that she had not received reimbursement. R48 stated NHA A told her, I'll take care of that. R48 stated, she asked NHA A, if she has her word. R48 stated, NHA A replied, yes. R48 stated, NHA A's word was thrown out the window. R48 stated her pants and socks went missing at approximately the end of December. On 8/22/24 at 9:15 AM, Surveyor spoke with Hskp Mgr D (Housekeeping Manager). Surveyor asked Hskp Mgr D if something is missing what is the process for housekeeping. Hskp Mgr D stated, she will search for the item in closets, drawers, laundry) and ask other staff if they have seen the item. Hskp Mgr D stated, if the item is not found immediately she will notify NHA A (Nursing Home Administrator). Hskp Mgr D stated, hopefully the CNA's (Certified Nursing Assistant) didn't mix up and it went to the garbage versus the dirty laundry. Surveyor asked Hskp Mgr D, do you recall if R48 reported any missing items. Hskp Mgr D stated, she does not recall. Hskp Mgr D stated, the laundry staff member that was working during this time period is no longer employed at the facility. Hskp Mgr D stated, at that time I wasn't down in the laundry very much and doesn't recall R48 reporting any missing items. Hskp Mgr D stated, she does not retain a log of missing items. Hskp Mgr D stated, the facility will usually replace what goes missing. Surveyor asked Hskp Mgr D, is there a pair of black pants or [NAME] socks in the missing items. Hskp Mgr D stated, no. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/22/24 at 9:29 AM, Surveyor spoke with NHA A (Nursing Home Administrator). Surveyor asked NHA A, were you able to locate grievances from December and January 2024. NHA A stated, Not really. Surveyor asked NHA A, did R48 reports any grievances during her stay. NHA A stated, R48 was here on two (2) different occasions. NHA A stated, I think she had pants and we found or replaced them, I don't remember the socks. NHA A stated, we usually replace missing items even if the resident says a belonging is lost and the family says the resident never had the item, we still replace it. Surveyor asked NHA A, should you have documentation of grievances. NHA A stated, we try to get replacement as close as possible that resident is ok with. Surveyor asked NHA A, should grievances be documented. NHA A stated, Yes, I'm sorry I don't have that. Surveyor asked NHA A, should you follow up with individual reporting a grievance to ensure resolution. NHA A stated, Yes, we always do. It is important to note, there is no documentation of this grievance, investigation, or resolution. On 8/22/24 10:12 AM, NHA A (Nursing Home Administrator) spoke with Surveyor. NHA A stated, she just called R48 after Surveyor discussed R48's grievance with NHA A. NHA A stated, she knew she addressed this. NHA A stated, she now remembers that R48 did not want the item replaced she wanted the monetary reimbursement (money). NHA A stated she spoke with BOM C (Business Office Manager). NHA A stated, BOM C has the envelope and cash still in her desk as it was returned as undeliverable due to the street address being 1 digit off. NHA A stated, she is very upset and just learned R48 never received the payment. Surveyor asked NHA A, should BOM C have communicated to you that the $35.00 payment was returned as undeliverable. NHA A stated, yes. Surveyor observed hand written notes on the back of the envelope (by BOM C per NHA A) indicating BOM C called R48 on the following dates: Called 3/19/24 left message. Called 3/26 left message. Called 3/28 left message. Called 4/11 left message filed away. On 8/22/24 at 10:13 AM, Surveyor observed the envelope to be postmarked 3/6/24. Surveyor a USPS (United States Post Office) sticker on the front of the envelope indicating it was undeliverable. Surveyor observed $35.00 cash inside the envelope with a handwritten note to R48. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/22/24 at 2:06 PM, Surveyor spoke with BOM C (Business Office Manager). Surveyor asked BOM C how long she has been in this role. BOM C stated two (2) years. Surveyor asked BOM C, what is the process if a payment is mailed to a resident and then returned to the facility. BOM C stated, she tries calling quite a few times, will try family and email if there is an email on file. BOM C stated, the vast majority of residents do not utilize email. BOM C stated, she did not call R48's family member as R48 is her own person. Surveyor asked BOM C, did you notify NHA A that the $35.00 cash was returned to the facility. BOM C stated, No, I just told her today. BOM C stated, she called R48 a couple times and did not receive a response, so she filed the envelope containing $35.00 for R48's next stay or if she ever called me back. Surveyor asked BOM C, should you have notified NHA A that the envelope containing the $35.00 was returned. BOM C stated, she could have communicated it but it's a shared responsibility. BOM C stated, accountability wise that's a task she should be able to follow up on in a way. Surveyor asked BOM C, did you receive any training regarding what to do when a check/cash is returned. BOM C stated, she has annual Relias (computer based) training but has not received any training regarding a specified plan for payments that are returned.

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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. 30992 Based on interview and record review, the facility did not implement professional standards of practice to prevent pressure injuries (PIs) from developing and/or worsening or to promote healing of PIs for 1 of 1 residents (R47) reviewed for PIs out of a sample of 18 residents. Pressure Ulcer/Injury R47 was admitted to the facility 3/22/24 with diagnoses including, but not limited to, the following: paraplegia, functional injury at T10-T11 level of thoracic spinal cord, Stage IV right ischial pressure ulcer s/p (status post) excision and flap 2/22/24 with pseudomonas infection/osteomyelitis requiring prolonged course of IV (intravenous) antibiotics, Stage IV sacrococcygeal pressure injury, history of Methicillin Resistant Staphylococcus Aureus infection, and history of transient ischemic attack (TIA) and cerebral infarction without residual deficits. On 5/25/24 R47 discharged home per her decision. R47's Admission MDS (Minimum Data Set) dated 3/28/24 indicates R47 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating she is cognitively intact. R47 is her own person. Admission Skin Assessment: 3/22/24 Coccyx 3.8 x 2.5 x 0.3, 50% slough 50% granulation; Stage 4 Full Thickness; Drainage Moderate: Serosanguineous; Periwound: WNL (Within Normal Limits); Wound Pain: No During R47's stay at the facility she went out to the wound clinic and a visiting wound physician assessed and measured R47's PI's weekly. On 4/19/24 R47's was seen at the wound clinic. The wound clinic documented the following new order: Wound care instructions: Location: sacral/coccyx wound, right ischial postoperative site. If necessary, take pain medicine 1 hour prior to starting wound care. Remove all dressings. Actively wash wound with antibacterial soap (i.e. Dial soap) and water using a washcloth. Rinse completely and pat dry with clean wash cloth or towel. Lightly moisten gauze with 0.25% (half-strength) Dakin's - Should be damp not soaking wet Pack wound lightly with the moistened gauze on coccyx wound. - Do not overpack (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Should not overflow/lay on good tissue outside the wound Please do not get Dakin's on intact skin!! *Dressing changes to be done 2x a day for coccyx wound . On 4/26/24 R47 was seen at the wound clinic. The wound clinic documented the following new order: Location: coccyx If necessary, take pain medicine 1 hour prior to starting wound care. Remove all dressings. Firmly wash wound with antibacterial soap (i.e. Dial soap) and water using a washcloth. Rinse completely and pat dry with clean was cloth or towel. Lightly moisten gauze with 0.25% (half-strength) Dakins. Should be damp, not soaking wet. Pack wound lightly with moistened gauze. Do not over pack - the gauze should not fill the entire cavity. Cover with gauze and ABD pad or border dressing. *Dressing changes to be done daily by staff. Note the wound care orders were changed to 1 time per day. On 4/30/24 R47's TAR (Treatment Administration Record) demonstrates the facility entered and began completing the order from 4/26/24 (4 days later). On 8/20/24 at 1:55 PM, Surveyor spoke with R47. R47, she had concerns regarding her treatments not being done correctly. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/22/24 at 2:40 PM and 3:55 PM, Surveyors spoke with DON B (Director of Nursing). Surveyor asked DON B, do you expect staff to follow Physician orders. DON B stated, Yes. DON B stated, R47 would go out to the wound clinic and a visiting wound physician would also see R47 weekly to measure and assess her pressure injuries. DON B stated, the wound clinic and visiting wound physician agreed the facility will follow the wound clinic orders. DON B added, the wound clinic told us to please not change their orders. Surveyor asked DON B, did R47 express express concerns during her stay regarding pressure injury treatments. DON B stated, no. DON B stated, things went well during R47's stay and our interactions with her the majority of the time were cordial. Surveyor showed DON B the orders from the wound clinic and the TAR (Treatment Administration Record). Surveyor asked DON B, on 4/26/24 when the wound clinic changed R47's treatment to her coccyx would you expect staff to be following the new orders. DON B stated, Yes, it should have been entered correctly and in a timely manner. DON B stated, the order went from two (2) times per day to one (1) time a day but wasn't changed until 4/30/24. DON B agreed R47's new orders should have been entered and implemented in a timely manner.

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. 50285 Based on interview and record review, the facility did not ensure residents admitted with mental or psychosocial adjustment difficulties or history of trauma and/or PTSD (Post-Traumatic Stress Disorder) received appropriate person-centered and individualized treatment and services to meet their assessed needs for 2 of 18 sampled residents (R30 & R37). R37 has a diagnosis of PTSD, and his care plan does not address personalized potential triggers or person-centered and individualized treatment and services related to his PTSD. R30 does not have a formal diagnosis of PTSD, however, R30 indicated that he has experienced several traumatic experiences in his past that would indicate symptoms of PTSD. R30's care plan does not address his PTSD symptoms or potential triggers to meet assessed needs related to PTSD. Evidenced by: The facility policy, entitled, Treatment/Services for Mental/Psychosocial Concerns Policy, dated 9/29/22, states in part . The facility will ensure that, a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services .to attain the highest practicable mental and psychosocial well-being . Example 1 R37 was admitted , on 6/21/24, with diagnoses that include PTSD and Insomnia. R37's admission MDS (Minimum Data Set) with a target date of 6/21/24, indicates, in part: Brief Interview of Mental Status (BIMS) of 15, indicating R37 is cognitively intact. R37's care plan includes in part . Focus: The resident is new to the facility and potentially may be experiencing physical and cognitive problems which inhibit his ability to adjust to the new surroundings .May have some feelings of sadness, anxiety and despair related to losses associated with illness and placement in a long-term care facility .Date initiated: 6/4/24 . (Please note R37's care plan does not have a PTSD focus and doesn't describe expressions or indications of distress specific to R37 related to his PTSD diagnosis. R37's care plan is not individualized/personalized and specific to R37's history of trauma, feelings/expression of distress or indicators of distress to ensure R37's emotional and psychosocial needs are being met.) On 8/20/24 at 1:57 PM, Surveyor attempted to interview R37. R37 would not acknowledge or talk to Surveyor despite multiple attempts throughout the day. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/20/24 at 2:57 PM, Surveyor interviewed Resident Representative L (RR) who stated that R37 is in a lot of distressed mental anguish, that R37 was not in a good place mentally and that he has PTSD. Example 2 R30 was admitted , on 2/3/23, with diagnoses that include Anxiety Disorder, unspecified, Alcohol Dependence with Withdrawal, unspecified, and Impulsive Disorder, unspecified. R30's admission MDS (Minimum Data Set) with a target date of 2/6/23, indicates, in part: Brief Interview of Mental Status (BIMS) of 15, indicating cognitively intact. R30's care plan includes in part . Focus: The resident is new to the facility and potentially may be experiencing physical and cognitive problems which inhibit his ability to adjust to the new surroundings .May have some feelings of sadness, anxiety and despair related to losses associated with illness and placement in a long-term care facility .Date initiated: 2/7/23 . (Please note R30's care plan does not have a PTSD focus and doesn't describe expressions or indications of distress specific to R30 related to his PTSD symptoms. R30's care plan is not individualized/personalized and specific to R30's history of trauma, feelings/expression of distress or indicators of distress to ensure R30's emotional and psychosocial needs are being met.) R30's Brief Trauma Questionnaire dated 11/19/23 states in part . Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill? R30 answered Yes to this question .If the event happened, did you think your life was in danger or you might be seriously injured? . R30 answered Yes to this question . Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened, or you though you would be injured, or you received bruises, cuts, welts, lumps, or other injuries? . R30 answered Yes to this question . Not including any punishments or beatings you already reported, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers? . R30 answered Yes to this question . If the event happened, did you think your life was in danger or you might be seriously injured? . R30 answered Yes to this question . On 8/20/24 at 11:05 AM, Surveyor interviewed R30 who indicated that he was a past drug addict and had lived a hard life. R30 voiced frustration that staff were not adequately trained to deal with people who have issues like me. On 8/21/24 at 3:41 PM, Surveyor interviewed Certified Nursing Assistant J (CNA), who indicated she wasn't sure if R37 or R30 had PTSD, but she would look in their care plans for triggers and interventions. On 8/21/24 at 3:45 PM, Surveyor interviewed CNA K, who indicated she wasn't sure if R37 or R30 had a diagnosis of PTSD but that she would look in their care plan to know best how to care for someone if they did have PTSD. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/22/24 at 10:35 AM, Surveyor interviewed NHA A (Nursing Home Administrator) who indicated that R37 does have PTSD, and that PTSD should be on R37's care plan as a focus with personalized potential triggers and person-centered interventions. Surveyor reviewed R30's Brief Trauma Questionnaire with NHA A, and NHA A agreed that R30 had answered yes to many of the trauma questions, and that even without a formal diagnosis, R30 had many indicators of PTSD. NHA A indicated that R30 should have a personalized focus along with potential triggers and person-centered interventions on his care plan. The facility failed to create robust care plans for individuals suffering from trauma or PTSD, including personalized triggers and interventions, which resulted in staff being unaware of how best to provide trauma informed care to these residents.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation, interview, and record review the facility did not provide food that accommodates resident allergies, intolerances, and preferences or who request a different meal choice for 3 of 15 sampled residents (R3, R17, and R25) out of a total sample of 18 and 1 supplemental resident (R33). Residents were not being served the menu items of their preferences or within parameters of their physician ordered diet, and at times were refused a substitution meal. This is evidenced by: The facility's policy entitled, Meal Identification and Preference Cards/Tickets with no reference date, includes in part: A meal identification and food preferences card (meal ID card/ticket) will be used to properly identify each individual's needs including food and beverage preferences . The meal ID card/ticket should include the name of the individual, diet order, beverage preferences, food dislikes and any other applicable diet information . Meal ID cards/tickets will be used during meal service to assure the correct diet is being served and food preferences are honored . Example 1 R3 was admitted to the facility on [DATE] with diagnoses that include, in part: Obesity due to excess calories, Major depressive disorder, GERD (Gastro-Esophageal Reflux Disease), Prediabetes, and Unspecified abdominal pain. R3's most recent MDS (Minimal Data Set) with ARD (Assessment Reference Date) of 7/15/24 indicates R3's cognition is cognitively intact with a BIMS (Brief Interview of Mental Status) score of 14 out of 15. R3's Nutritional assessment dated [DATE], indicates in part: Food Preferences/Likes - On File . Food Dislikes - On File . R3's Mini Nutritional assessment dated [DATE], indicates a score of 10 out of 14, indicating resident could be at risk of malnutrition . R3's Care Plan includes in part: Focus dated 7/15/24: Alteration in nutritional status related to a therapeutic diet for management of CHF (Chronic Heart Failure) and CKD (chronic kidney disease). Goal: Will tolerate therapeutic diet as evidence by no weight changes equal to or greater than 7.5% through next care plan review. Intervention: Offer a substitute if less than 50% of the meal is consumed. Focus dated 7/9/24: The resident has GERD. Goal: The resident will remain free from discomfort, complications or symptoms related to diagnosis of GERD through review date. Intervention: Avoid activities that involve bending, lifting. Avoid snacks that aggravate the condition. (See Dietary). Avoid overeating. Provide small frequent meals rather than 3 large ones. Encourage the resident to take their time eating. Alternate food with sips of fluids . R3's Point of Care (POC) Nutritional History was reviewed, indicating that R3 had consumed less than 50% of 11 meals during the past 30 days. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/20/24 at 10:18 AM, Surveyor interviewed R3. R3 reported that the food is OK but that they can't get substitutions. R3 indicated that she is intolerant of spicy food due to her GERD, and last week she was served spicy food. When she asked to get something else, she was told she couldn't have anything else, and so she went without dinner and only ate candy that night. R3 said that Licensed Practical Nurse H (LPN) was working that night and aware of the situation. R3 stated she did not remember ever talking to dietary or filling out a likes/dislikes card indicating what her preferences and food intolerances are. (It is important to note that GERD is a chronic digestive disorder that occurs when stomach contents flow up into the esophagus. This reflux may damage the esophagus, pharynx, or respiratory tract. GERD can be exacerbated by eating spicy foods). On 8/21/24 at 12:32 PM, Surveyor reviewed R3's Lunchtime Meal Ticket. The dislike section was blank. Example 2 R17 was admitted to the facility on [DATE] with diagnoses that include, in part: Type 2 Diabetes Mellitus without complications, GERD, reduced mobility, and chronic pain. R17's most recent MDS with ARD of 8/5/24 indicates R17's cognition is cognitively intact with a BIMS score of 15 out of 15. R17's Nutritional assessment dated [DATE], indicates in part: Food Preferences/Likes - Noted in Kitchen . Food Dislikes - Noted in Kitchen . R17's Mini Nutritional assessment dated [DATE], indicates a score of 8 out of 14, suggests resident is at risk of malnutrition . R17's Care Plan includes in part: Focus dated 5/1/24: The resident has GERD. Goal: The resident will remain free from discomfort, complications or symptoms related to diagnosis of GERD through review date. Intervention: Dietary: avoid foods or beverages that tend to irritate esophageal lining, i.e. alcohol, chocolate, caffeine, acidic or spicy foods, fried or fatty foods. Focus dated 5/1/24: Alteration in nutritional status related to a therapeutic diet for diagnosis of Diabetes Mellitus. Goal: Will follow therapeutic diet as ordered and maintain weight with no significant changes through next care plan review. Intervention: Allow adequate time for the resident to consume food served. Offer a substitute if less than 50% of the meal is consumed. Serve the resident's diet as ordered . R17's Point of Care (POC) Nutritional History was reviewed, indicating that R17 had consumed less than 50% of 5 meals during the past 30 days. On 8/20/24 at 10:25 AM, Surveyor interviewed R17 who stated that the food is hit and miss. R17 indicated that she can't eat spicy foods and last week she was served spicy food for dinner, she believed it was spicy Italian sausage. When R17 told staff she could not eat that due to her GERD, she was told there were no substitutes, so she did not eat dinner that night. R17 stated she had some snacks in her room and that is all she had for dinner. R17 stated she told LPN H about this situation. R17 stated she didn't think it was right that residents were made to go without dinner. R17 indicated she had never talked to dietary or filled out a likes/dislikes card indicating what her preferences and food intolerances are. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(It is important to note that in addition to R17's intolerance to spicy foods due to GERD, R17 is also a diabetic. Skipping meals can be especially dangerous for people with diabetes, skipping meals can lead to irregular spikes and drops in blood sugar levels). On 8/21/24 at 12:32 PM, Surveyor reviewed R17's Lunchtime Meal Ticket. The dislike section was blank. Example 3 R33 was admitted to the facility on [DATE] with diagnoses that include, in part: Unspecified sever protein-calorie malnutrition, GERD, chronic pain syndrome, reduced mobility, anxiety disorder unspecified, unspecified intestinal obstruction, and ulcerative colitis unspecified. R33's most recent MDS with ARD of 7/8/24 indicates R33's cognition is cognitively intact with a BIMS score of 14 out of 15. R33's Nutritional assessment dated [DATE], indicates in part: Food Preferences/Likes - On File . Food Dislikes - On File . R33's Mini Nutritional assessment dated [DATE], indicates a score of 4 out of 14, indicating resident could be malnourished . R33's Care Plan includes in part: Focus dated 6/1724: The resident has GERD. Goal: The resident will remain free from discomfort, complications and symptoms related to diagnosis of GERD through review date. Intervention: Dietary: avoid foods or beverages that tend to irritate esophageal lining, i.e. alcohol, chocolate, caffeine, acidic or spicy foods, fried or fatty foods. Focus dated 6/17/24: The resident has actual nutritional deficit related to Anorexia, history of surgical removal of intestine/bowel, severe protein calorie nutrition . Goal: The resident will improve her nutritional status with use of oral diet .through review date. Intervention: Encourage compliance with diet and supplement regiment .Provide and serve diet as ordered . R33's Point of Care (POC) Nutritional History was reviewed, indicating that R33 had consumed less than 50% of 23 meals during the past 30 days. On 8/21/24 at 08:01 AM, Surveyor interviewed R33 who stated that the food was OK. R33 indicated that she doesn't like cheese and is sometimes served food with cheese in it. R33 states she has told staff that she doesn't like cheese but sometimes they forget. R33 stated she has never filled out a card specifying what her likes/dislikes are. R33 said that she can usually get a substitution that doesn't have cheese. On 8/21/24 at 12:35 PM, Surveyor reviewed R33's Lunchtime Meal Ticket. The dislike section was blank. Example 4 R25 was admitted to the facility on [DATE] with diagnoses that include, in part: GERD, Major depressive disorder, Prediabetes, and diverticulosis of intestine part unspecified. R25's most recent MDS with ARD of 5/22/24 indicates R25's cognition is cognitively intact with a BIMS score of 15 out of 15. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R25's Mini Nutritional assessment dated [DATE], indicates a score of 11 out of 14, indicating at risk of malnutrition . R25's Care Plan includes in part: Focus dated 5/16/24: The resident has GERD. Goal: The resident will remain free from discomfort, complications and symptoms related to diagnosis of GERD through review date. Intervention: Dietary: avoid foods or beverages that tend to irritate esophageal lining, i.e. alcohol, chocolate, caffeine, acidic or spicy foods, fried or fatty foods . (It is important to note that R25's care plan had no person-centered focus, goal, or interventions to address malnutrition, and that R25's Nutritional Assessment was completed during survey). On 8/20/24 at 2:20 PM, R25 indicated to Surveyor during Resident Council meeting that she does not always get the food according to her preferences and likes/dislikes. R25 indicated that usually she can get a substitution if she doesn't like something that is served. On 8/21/24 at 9:36 AM, Surveyor interviewed Dietary Aide F (DA), who indicated that they pass out menus the day prior for the residents who want to make alternate choices, including R25, R3, and R17. DA F stated that the dietary manager went around when residents were admitted and talked to them about their food preferences. Surveyor asked DA F if the food likes/dislikes should be listed on their meal ticket. DA F stated yes, they probably should. Surveyor asked DA F if residents could get a meal substitution if they were served something they didn't like. DA F stated yes, they could but they would have to notify the kitchen in advance. On 8/21/24 at 9:44 AM, Surveyor interviewed Dietary Manager E (DM). DM E stated that it is her practice to go talk to residents when they admit and find out their food preferences. DM E indicated that if a resident was served food that they couldn't eat, such as too spicy, that they would let the Certified Nursing Assistant (CNA) know and they could come to the kitchen and get a substitution from the Alternate Menu that is available anytime for residents. On 8/22/24 at 8:55 AM, Surveyor interviewed LPN H and asked if residents could get a meal substitution if they were unable to eat or didn't like something that was served on their tray. LPN H stated that they are supposed to be able to get substitutions, but that last week the CNA went to the kitchen to get something else for R3 and R17 and were told by kitchen staff that there was nothing else to give them. LPN H indicated that it is facility policy that residents make meal substitutions in advance, but that sometimes they might not know until they get their food that it is too spicy. Surveyor asked LPN H if the residents should have to go without dinner. LPN H replied no, that was never okay to have residents go hungry because a substitute was not available. On 8/22/24 at 10:35 AM, Surveyor interviewed Nursing Home Administrator A (NHA). NHA A indicated that she had no knowledge of R3 and R17 going without dinner and being told there were no substitutes available. NHA A agreed that was not appropriate, especially for diabetic residents. NHA A indicated that it is her expectation that if a resident voices a concern about their meal that they would be offered something else. On 8/22/24 at 10:48 AM, Surveyor interviewed DM E who stated she was not aware that R3 and R17 had gone without dinner and were told there was nothing else to give them. DM E stated she was not aware that R3 and R17 could not have spicy food. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's failure to provide food that accommodated resident preferences and intolerances due to various diagnosis, and failure to provide an alternate meal to resident's who requested them, resulted in residents skipping meals and/or eating candy or snacks for dinner.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38882 Based on observation, interview, and record review, the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This has the potential to affect all 40 residents. Surveyor observed frozen drips on the ceiling inside of the facility's walk-in freezer and boxes of unsealed food (under the dripping) to have water damage. Surveyor observed hairlike dust adhered to the electrical cords and piping directly above the food preparation and serving area. Surveyor observed staff washing their hands for a lesser time than the current standards of practice and less than the time outlined by the facility's handwashing policy. Surveyor observed food to be in the facility's main kitchen and in the kitchenette to not have an expiration date, an open date, or a use by date on it. Surveyor observed the facility's meat slicer to be stored unclean with visible dried meat particles on it. Evidenced by: Example freezer On 8/20/24 at 9:10 AM Surveyor and DM E (Dietary Manager) observed frozen drops hanging from the ceiling inside of the facility's walk-in freezer. Surveyor and DM E also observed boxes opened and unsealed food to have frozen liquid on and in them. The boxes of food were as follows: fish fillets, corn, tater tots, crinkle cut French fries, and hot dogs. DM E indicated the freezer has had this concern for a while. Surveyor asked how DM E knows the food that is opened and unsealed by the manufacturer has not been contaminated from the dripping. DM E indicated she is unsure. DM E unfolded the flaps of the box of tater tots and untwisted the plastic bag exposing the food. DM E and Surveyor observed small shards of ice flake off the outside of the twisted bag and was land in direct contact with the tater tots. Example dust above food prep and service areas On 8/20/24 at 9:14 AM Surveyor and DM E observed two large electrical cords hanging directly above the food preparation counter to be covered in dust. DM E indicated staff from the maintenance department come in to clean the stove hoods once a month and they should also be cleaning these cords. Surveyor and DM E also observed piping over the food service area to be covered in dust. DM E indicated there is potential for dust to dislodge into the open food or onto the plates and covers used for food serving. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/21/24 at 10:00 AM Surveyor and NHA A (Nursing Home Administrator) observed the dust on the piping directly over the food service area. NHA A indicated the dust has potential to dislodge into the open food and the piping should be cleaned. Example handwashing On 8/20/24 at 9:03 AM Surveyor observed DA F (Dietary Aide) wash her hands and dry them for a total of 7 seconds. DA F indicated she is supposed to wash her hands for 20 seconds but the water from the faucet she was using was too hot to wash them for 20 seconds. On 8/21/24 at 9:36 AM Surveyor observed DA M perform hand hygiene from start to finish for 7 seconds. Surveyor also observed DA M use his bare hand to turn off the faucet before grabbing a paper towel to dry his hands. DA M indicated he is supposed to wash his hands for 20 seconds, but the water is too hot to wash his hands for 20 seconds. On 8/21/24 at 9:41 AM Surveyor observed DM E was her hands from start to finish for a total of 10 seconds. DM E indicated staff should wash their hands for 20 seconds, but the water is too hot to keep their hands in there that long. DM E indicated she has told the management team about this issue. Surveyor observed a sign placed above the sink indicating caution scolding hot water. On 8/21/24 at 10:00 AM NHA A indicated staff should wash their hands for 20 seconds total and kitchen staff could use a different sink to wash their hands if they can't perform hand hygiene in this sink. Example meat slicer On 8/20/24 at 9:15 AM DM E pulled a plastic cover off the facility's meat slicer. DM E and Surveyor observed small, dried meat particles on the facility meat slicer. DM E indicated the meat slicer should have been cleaned before it was stored. Example undated and unlabeled food Facility policy, entitled Food Brought in from Outside Sources and Personal Food Storage, undated, includes Food and beverages brought in from outside sources . will be labeled with the patient/resident's name and date and stored in the refrigerator/freezer apart from the facility food . On 8/20/24 at 8:58 AM Surveyor observed a Culver's bag with food inside and the bag did not have a date on it or a resident name. On 8/20/24 AT 9:14 AM Surveyor observed two purple-colored shakes in the facility's freezer with no resident name or date on them. On 8/20/24 at 9:14 AM DM E (Dietary Manager) indicated the nursing staff are responsible for maintaining the kitchenette refrigerator and all food should have a name and date on them. On 8/20/24 at 10:00 AM NHA A indicated it is the responsibility of all staff to maintain the refrigerator in the facility's kitchenette and all staff are to label and date food put in there.