STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525371	A. Building B. Wing	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Springs Health Care Center	1300 West Silver Spring Dr Glendale, WI 53209

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 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 interview and record review, the facility did not report 1 of 2 allegations of abuse or neglect to the Nursing Home Administrator (NHA) or State Survey Agency during the required timeframe. * R8 pushed the Urgent Response button on R8's cellphone, which activates 911, when R8 was left on the bedpan for an extended period of time. This allegation of potential neglect was not reported in a timely manner as required to the Nursing Home Administrator (NHA) and the state agency.Findings include:The facility's undated policy titled Abuse/Neglect/Exploitation documents (in part):Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . Policy Explanation and Compliance Guidelines .:2. The facility will designate an Abuse Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law .V. Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation .4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations;5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and6. Providing complete and thorough documentation of the investigation .VII Reporting/ResponseA. The facility will have written procedure that include:1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies . within specified timeframes:a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, orb. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .4. Taking all necessary actions as a result if the investigation .R8 was admitted to the facility on [DATE] with pertinent diagnoses that include cellulitis left lower limb (a bacterial infection of the skin and underlying tissues, commonly caused by bacteria like streptococcus or staphylococcus), diabetes mellitus (happens when the body cannot use insulin correctly and sugar builds up in the blood), morbid obesity (a condition in which you have a body mass index (BMI) higher than 35. BMI is used to estimate body fat and can help determine if you are at a healthy body weight for your size), and muscle wasting and atrophy (the wasting or thinning of muscle mass).R8's 5 day Medicare Minimum Data Set (MDS) with an assessment reference date of 6/16/2025 documents a Brief Interview for Mental Status (BIMS) score of 15, indicating that R8 is cognitively intact. R8 is assessed as makes self understood and understands others. The MDS documents that R8 exhibited no behaviors during the look back period and that R8 is occasionally incontinent of bladder and frequently incontinent of bowel.R8's progress note written on 6/19/2025, at 10:12pm, documents Resident called 911 because she stated she was on the bedpan over and hour. Writer informed responders that resident was not on bedpan for an hour. Resident had just received pain pill from writer and was put on bedpan. Writer then responded to a fall on covering unit. Writer updated DON (Director of Nursing).R8's progress note written on 6/20/2025, at 10:28am, documents SW (social worker) met with resident. Resident states she was left on bed pan and it felt like a long time. SW inquired whether she put her call light on to alert staff she needed assistance getting off the bed pan. Resident advised that she did not. SW spoke with resident and encouraged to use call light and reserve 911 for emergencies. Resident expressed understanding.On 6/25/25, at 11:20am, Surveyor interviewed R8 and asked if R8 had problems with staff and having them help R8 get off the bed pan. R8 stated the facility needed more staff and informed Surveyor that R8 takes a water pill and a laxative and when you got to go, you got to go. Unfortunately, R8 informed Surveyor that R8 has to wait a lot which causes R8 discomfort and often embarrassment.On 6/25/25, at 11:41am, Surveyor interviewed Director of Social Services (SS)-H regarding R8 calling 911 when on the bed pan. Per SS-H, the staff was spoken with, and a plan was made for when R8 is on the bed pan and how often to check on R8. Surveyor asked if any investigation happened, or if a grievance was filed. SS-H stated the schedule for the day in question was pulled and staff were talked to.On 6/25/25, at 12:42pm, Surveyor interviewed R8 and asked if SS-H had spoken to R8 about the bed pan incident. R8 stated that SS-H had spoken to R8. Surveyor asked if R8 had pushed the call light before calling urgent response on R8's cell

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (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 0610 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 interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were thoroughly investigated for 1 (R8) of 2 allegations of abuse or neglect that were 1reviewed.R8 pushed the Urgent Response button on cellphone, which activates 911, when R8 was left on the bedpan for an extended period of time. Documentation of an investigation of the alleged incident were not located or provided.Findings include:The facility's undated Policy titled Abuse/Neglect/Exploitation documents (in part):Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Policy Explanation and Compliance Guidelines:2. The facility will designate an Abuse Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law .V. Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation .4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations;5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and6. Providing complete and thorough documentation of the investigation .VII Reporting/ResponseA. The facility will have written procedure that include:1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies . within specified timeframes:a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, orb. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury .4. Taking all necessary actions as a result if the investigation .R8 was admitted to the facility on [DATE] with pertinent diagnoses that included cellulitis left lower limb (a bacterial infection of the skin and underlying tissues, commonly caused by bacteria like streptococcus or staphylococcus), diabetes mellitus (happens when the body cannot use insulin correctly and sugar builds up in the blood), morbid obesity (a condition in which you have a body mass index (BMI) higher than 35. BMI is used to estimate body fat and can help determine if you are at a healthy body weight for your size), and muscle wasting and atrophy (the wasting or thinning of muscle mass).R8's 5 day Medicare Minimum Data Set (MDS) with an assessment reference date of 6/16/2025 documented a Brief Interview for Mental Status score of 15, indicating that R8 is cognitively intact R8 was assessed as makes self understood and understands others and the MDS documented that R8 exhibited no behaviors during the look back period. The MDS also documented that R8 is occasionally incontinent of bladder and frequently incontinent of bowel.R8's progress note written on 6/19/2025, at 10:12pm, documents Resident called 911 because she stated she was on the bedpan over and hour. Writer informed responders that resident was not on bedpan for an hour. Resident had just received pain pill from writer and was put on bedpan. Writer then responded to a fall on covering unit. Writer updated DON.R8's progress note written on 6/20/2025, at 10:28am, documents SW (social worker) met with resident. Resident states she was left on bed pan and it felt like a long time. SW inquired whether she put her call light on to alert staff she needed assistance getting off the bed pan. Resident advised that she did not. SW spoke with resident and encouraged to use call light and reserve 911 for emergencies. Resident expressed understanding.On 6/25/25, at 11:41am, Surveyor interviewed Director of Social Services (SS)-H regarding R8 calling 911 when on the bed pan. SS-H stated that the facility staff was spoken with, and a plan was made for when R8 is on the bed pan, how often to check on R8. Surveyor asked if any investigation happened, or if a grievance was filed. SS-H stated the schedule for the day in question was pulled and staff were talked to.On 6/25/25, at 12:42pm, Surveyor interviewed R8 and asked if the social worker had spoken to R8 about the bed pan incident. R8 stated that SS-H had spoken to R8. Surveyor asked if R8 had pushed the call light before calling on her cell phone. R8 stated that as soon as they are set up on the bed pan, they push the call light because R8 knows how long the wait is and it starts to hurt R8's bottom. That night staff did not come so R8 pushed the urgent response button on R8's cell phone.On 6/25/25, at 12:54pm, SS-H followed up with Surveyor that SS-H talked to R8 on the 20th, then on the 24th talked to the other social

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure 2 (R1 and R4) of 9 residents received necessary care and treatment. * R4 was admitted to the facility on [DATE] with a surgical wound to the toes on the left foot. A comprehensive wound assessment was not completed until 1/30/25. R4 was readmitted on [DATE] and a comprehensive wound assessment was not completed until 2/21/25. * R1 had a physician order for an air mattress to be used. Surveyor observed R1 to not have an air mattress. R1 is at high risk for skin impairment. Findings include:1.) R4 was admitted to the facility on [DATE] with diagnoses of chronic osteomyelitis of left ankle/foot, type 2 diabetes, asthma, dementia and schizophrenia. R4 discharged to the hospital on 5/29/25 due to a change in condition and has not returned to the facility. R4's admission nurses note dated 1/27/25 documents: LLE (lower limb extremity) necrotic toe s/p (status post) 2nd-4th toe amp (amputation) with metatarsal head resection on 1/21/25. There is no documentation that a comprehensive assessment was completed of R4's surgical wound on 1/27/25. There is no documentation of R4 refusing a wound assessment.An assessment was completed on R4's surgical wound on 1/30/25, 3 days after R4 was admitted . On 2/10/25, R4 was sent to the hospital due to rectal bleeding. R4 was readmitted to the facility on [DATE].There is not documentation that a comprehensive surgical wound assessment was completed on R4's wound on 2/18/25, when R4 was readmitted to the facility. There is no documentation of R4 refusing a wound assessment.R4's nurses note dated 2/19/25 at 11:00 a.m. documents R4 refused a skin check. R4's nurses note dated 2/19/25 at 9:57 p.m. documents the surgical wound treatment was completed but a comprehensive assessment was not completed. A comprehensive surgical wound assessment was completed on R4's surgical wound on 2/21/25, 3 days after R4 was readmitted to the facility. There is documentation of R4 refusing care and treatment to the surgical wound throughout her stay at the facility. The care plan for altered skin integrity non pressure related to: Surgical wound documents R4 refuses dressing changes at times. R4's TAR (treatment administration record) documents treatment completed on the surgical wound when R4 allows staff to complete it. On 6/25/25 at 12:55 p.m., Surveyor interviewed DON (director of nursing)-B. Surveyor explained the concern R4 was admitted to the facility on [DATE] and a comprehensive wound assessment was not completed. Surveyor also explained R4 was readmitted on [DATE] and a comprehensive wound assessment was not completed. DON-B stated R4 would often refuse assessments and treatments. Surveyor explained R4 refusals were not documented for those dates. DON-B stated he understood and would look into it.On 6/25/25 at 2:30 p.m., DON-B informed Surveyor that the facility had no additional information to provide. 2.) Surveyor requested a physician orders facility policy and procedure and but the facility informed Surveyor there was no policy in place. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1 was admitted to the facility on [DATE] with diagnoses of Systematic Lupus(illness when immune system attacks healthy tissues and organs), Essential Hypertension(chronic condition of persistently high blood pressure), Morbid Obesity(too much body fat), Anxiety Disorder(mental health disorder characterized by feelings of worry, fear that interfere with daily activities), and Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities). R1's Annual Minimum Data Set(MDS) completed 4/15/25 documents a Brief Interview For Mental Status(BIMS) score to be 15, indicating R1 is cognitively intact for daily decision making. R1's MDS documents no mood or behavior symptoms, it documents that R1 has range of motion impairment to both sides of lower extremities and that R1 requires set-up for eating and upper dressing. The MDS documents that R1 requires substantial/maximum assistance for showers and lower dressing. R1 is independent with mobility and is dependent for transfers. R1's MDS documents R1 is on a pain medication regime.R1's current physician orders document R1 is to have a pressure redistribution mattress ordered 10/17/22.R1's care card as of 6/25/25 instructs certified nursing assistants to turn and reposition q 2-3 hours and as needed to maintain skin integrity. R1's care plan documents R1 has potential for alteration in skin integrity due to impaired mobility, obesity and spends most days in bed effective 7/7/23. On 10/17/22, R1's care plan documents R1 refuses skin checks and baths. On 6/24/25, at 9:05 AM, Surveyor observed and interviewed R1. Surveyor observed R1 in a bariatric bed on a regular mattress. R1 informed Surveyor that the physician had ordered an air mattress a long time ago and has never received the air mattress. On 6/25/25, at 7:20 AM, Surveyor interviewed Director of Social Services (DSS)-H in regards to R1. DSS-H stated that R1 has only gotten up a couple of times every and prefers to stay in bed.On 6/25/25, at 7:40 AM, Surveyor interviewed Physical Therapist (PT)-G. PT-G informed Surveyor that PT-G has only seen R1 up 2 times.On 6/25/25, at 11:25 AM, Surveyor interviewed Licensed Practical Nurse Nurse Supervisor (LPN)-C regarding R1. LPN-C confirmed LPN-C is very familiar with R1. Surveyor reviewed R1's physician order that documents R1 is to have a pressure redistribution mattress. LPN-C confirmed that is an air mattress. LPN-C confirmed that R1 is currently not on an air mattress and per physician order should be on an air mattress. On 6/25/25, at 11:50 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor shared the concern with DON-B that R1 currently does not have an air mattress per physician order. DON-B does not know who or when ordered the air mattress for R1 and will need to look into it. DON-B indicated R1 has no current open areas. Surveyor agreed, however, Surveyor reminded DON-B that R1's physician orders document that R1 is to have an air mattress and the physician order has not been followed. No additional information has been provided by the facility as to why R1's physician order of having an air mattress has not been followed.

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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 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

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F 0692 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents maintained acceptable parameters of nutritional status for 1 (R9) of 1 resident reviewed for weight loss and fluid management.R9 experienced severe weight loss over a period of 3 months, while receiving enteral feeding. The weight loss was not prescribed; no new interventions were implemented, and no assessments were completed to prevent R9's weight loss. R9 experienced fluid deficit resulting in hospitalization after labs were taken that indicated R9 was dehydrated. Starting on 6/18/25, vitals were not taken on R9 even after labs were ordered due to signs of dehydration and lethargy until R9 was sent to the hospital on 6/23/25. The facility's failure to assess R9's weight loss and implement new interventions created a finding of immediate jeopardy that began on 6/23/25. Surveyor notified the Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A of the immediate jeopardy on 6/26/2025 at 4:14 pm. The immediate jeopardy was removed on 7/3/25 when the facility implemented a removal plan, however, the deficient practice continues at a scope of severity of E, (potential for more than minimal harm/pattern,) as the facility continues to implement their removal plan. Findings include:The facility policy and procedure titled, Weight Monitoring, with no creation or revision date, documents, in part: Process: Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that it is not possible or resident preferences indicate otherwise.Compliance Guidelines:Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem .5. A weight monitoring schedule will be developed upon admission for all residents .:b. Residents with weight loss - monitor weight weekly .d. All others - monitor weight monthly6. Weight analysis: The newly recorded resident weight should be compared to the previous recorded weight. A significant change in weight is defined as:a. 5% change in weight in one month (30 days)b. 7.5% change in weight in three months (90 days) .7. Documentation:a. The physician should be informed of a significant change in weight and may order nutritional interventions.b. The physician should be encouraged to document the diagnosis or clinical conditions that may be contributing to the weight loss .The facility policy and procedure titled, HYDRATION POLICY AND PROCEDURE, with a review date of 01/2025, documents in part: . 4. Any resident that is identified by nursing as being at risk for dehydration is referred to the dietician to and is followed up on by the dietitian immediately. 5. Any resident that is identified as at risk for dehydration by nursing is brought to the attention of the facility at team meetings to be discussed with the interdisciplinary team. 6. Any resident identified as at risk for dehydration will be followed by the dietitian and interdisciplinary team as needed. The facility policy and procedure titled, NOTIFICATION OF CHANGES POLICY, with an implementation date of 03/01/2025, documents in part: Notification is provided to the physician to facilitate continuity of care and obtain input from the physician about changes, additions to or discontinuation of treatments.R9 was admitted to the facility on [DATE] with pertinent diagnoses that include hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness affecting one side of the body, often due to brain damage or stroke) following nontraumatic intracerebral hemorrhage (a type of stroke where bleeding occurs within the brain tissue itself, not due to injury) affecting right dominant side, dysphagia (difficulty swallowing), aphasia (complete inability or refusal to swallow), type 2 diabetes mellitus (happens when the body cannot use insulin correctly and sugar builds up in the blood) and gastrostomy (a surgically created opening in the abdomen that connects to the stomach, often for the purpose of feeding or administering medication). R9's Quarterly Minimum Data Set (MDS) with an assessment reference date of 4/25/25, does not document a Brief Interview for Mental Status (BIMS) score. R9 is documented to have adequate hearing and no speech (absence of spoken words). The MDS documents that R9 was assessed to have no behaviors exhibited during the look back period. R9 has an indwelling catheter and is always incontinent of bowel. R9 is coded for using a feeding tube for nutrition and the portion of total calories the resident received through parental, or tube feeding was 51% or more. The average fluid intake per day by IV (intravenous) or tube feeding was coded as 501 cc/day or more. R9 has an activated legal representative.R9's care plan documents: Resident is at risk for malnutrition related to multiple medical diagnoses including DM (diabetes mellitus), coronary artery disease, hyperlipidemia, Heart Failure, Dysphagia-Oropharyngeal Phase, Aphasia, Vitamin D

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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

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F 0697 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 interview and record review, the facility did not ensure that 1 (R5) of 2 residents reviewed for pain management received pain management consistent with professional standards of practice and a resident's goals and preferences related to pain management.* The facility did not provide prescribed needed pain medication or offer non-pharmacological interventions for pain management for R1 on 4/16/25. The facility did not implement recommended pain medication and pain management prescribed by R1's pain clinic on 4/16/25. The facility did not update R5's care plan with person centered interventions for pain management. Findings Include:The facility's policy dated 1/1/25 titled Pain Management documents: The facility must ensure that pain management is provided to Resident who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the Resident's goals and preferences. 1. In order to help a Resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being and to prevent or manage pain, the facility will:a. Recognize when the Resident is experiencing pain and identify circumstances when pain can be anticipated.b. Evaluate the Resident for pain and the cause(s) upon admission, during ongoing scheduled assessments, and when a significant change in condition or status occurs.c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the Resident's goals and preferences.2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain.3. Facility staff will be aware of verbal descriptors a Resident may use to report or describe their pain. Pain Assessment:1. The facility will use a pain assessment tool, which is appropriate for the Resident's cognitive status, to assist staff in consistent assessment of a Resident's pain.2. Based on professional standards of practice, an assessment or evaluation of pain by the appropriate members of the interdisciplinary team(IDT)Pain Management and Treatment:1. Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the Resident and/or the Resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual Resident's pain beginning at admission.2. The interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or situations that may be associated with pain or may be included as a specific pain management need or goal.3. The IDT and the Resident and/or the Resident's representative will collaborate to arrive at pertinent, realistic and measurable goals for treatment.5. For Residents with an addiction history or opioid use disorder, the facility should use strategies to relieve pain while also considering addiction history.6. Non-pharmacological interventions7. Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. The IDT is responsible for developing a pain management regiment that is specific to each Resident who has pain or who has the potential for pain. The following are general principles the facility will utilize for prescribing analgesics:a. Evaluate the Resident's medical condition, current medication regimen, cause and severity of the pain and course of illness to determine the most appropriate analgesic therapy for pain.b. Consider evidence-based practice tools to assist in the assessment of the Resident's pain.c. Consider administering medication around the clock instead of as needed(PRN) or combining longer acting medications with PRN medications for breakthrough pain.d. Utilize the most effective and the least invasive route for analgesic administration.e. Use lower doses of medication initially and titrate slowly upward until comfort is achieved.f. Reassess and adjust the medication dose to optimize the Resident's pain relief while monitoring the effectiveness of the medication and work to minimize or manage side effects.g. Review clinical conditions which may require several analgesics and/or adjuvant medications; documentation will clarify the rationale for a treatment regimen and acknowledge associated risks.h. Opiods will be prescribed and dosed in accordance with current professional standards of practice and manufactures' guidelines to optimize their effectiveness and minimize their adverse consequences.i. Facility staff will notify the practitioner, if the Resident's pain is not controlled by the current treatment regimen.j. Referral to a pain management clinic for other interventions that need to be administered under the close supervision of pain management specialists will be considered for Residents with more advanced, complex or poorly controlled pain.8. Monitoring, Reassessment and Care Plan Revisiona. Facility staff will reassess Resident's pain management at established intervals for effectiveness and/or adverse consequences such as:i. Toleranceii. Physical dependenceiii. Increased sensitivity to painiv. Constipationv.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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F 0755 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 interview and record review, the facility did not provide pharmaceutical services to ensure medications were available to be administered as ordered by their physician to meet their medical needs for 1 (R1) of 4 residents.* R1 has an order to receive Oxycodone 5mg (milligrams) 3 times a day for pain related to other chronic pain effective 5/3/25. Prior to 5/3/25, R1 was receiving 7.5 mg of Oxycodone. R1 did not receive this pain medication on 4/26/25, 6/7/25 and 6/8/25 despite voicing pain. Findings include:The facility was not able to provide a policy and procedure for medications to be available by pharmacy to be administered per physician orders.R1 was admitted to the facility on [DATE] with diagnoses that include Systematic Lupus(illness when immune system attacks healthy tissues and organs), Essential Hypertension(chronic condition of persistently high blood pressure), Morbid Obesity(too much body fat), Anxiety Disorder(mental health disorder characterized by feelings of worry, fear that interfere with daily activities), and Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities). R1's Annual Minimum Data Set(MDS) dated [DATE] documents a Brief Interview For Mental Status(BIMS) score to be 15, indicating R1 is cognitively intact for daily decision making. R1's MDS documents no mood or behavior symptoms. The MDS documents that R1 has range of motion impairment to both sides of R1's lower extremities, it documents that R1 requires set-up for eating and upper dressing and it documents that R1 requires substantial/maximum assistance for showers and lower dressing. The MDS also documents that R1 is independent with mobility and is dependent for transfers. R1's MDS documents R1 is on a pain medication regime. R1's comprehensive care plan documents: R1 needs pain management and monitoring related to Osteoarthritis, Peripheral Neuropathy, Migraine, etc.Initiated 11/14/22Interventions established on 11/14/22-Administer Pain medication as ordered-Evaluate and Establish level of pain on numeric scale/evaluation tool-Implement R1's preferred non-pharmacological pain relief strategies including rest, relaxation, watching TV, visit/calls with family and friends, activities of choice-Monitor for changes in characteristics and frequency/pattern of pain-Observe for potential medications side effects-Offer PRN analgesics as ordered or indicated for complaints of or signs/symptoms unresolved or break through pain-Provide medications prior to treatment or therapy as ordered or indicated-Refer to pain clinic as needed-Utilize pain monitoring tool to evaluate effectiveness of interventionsSurveyor reviewed R1's Nurse Practitioner (NP)-I documented progress notes that document:5/12/25-The patient reports ongoing pain issues, rating pain 9/10. R1 is currently taking Oxycodone 5mg 3 times daily for pain management. R1 has referrals to pain management and the outcomes of these appointments are pending. R1 reports ongoing chronic pain.4/9/25-R1 has a history of chronic pain. R1 was referred to pain management but only offered injections, which R1 is not interested in. Surveyor reviewed R1's Medication Administration Records(MARS). On 4/26/25, R1 was not administered prescribed Oxycodone at 4:00 AM and 8:00 PM.On 4/26/2025, Licensed Practical Nurse Supervisor (LPN)-E documented in R1's progress notes: Writer called pharmacy regarding resident Oxycodone bed time dose, pharmacy stated it getting sent out at mid night run, they are unable to give authorization due to to med is package and ready to be sent out. Writer offered Tylenol, she accepted and the rest of her evening medication.On 6/7/25 and 6/8/25, R1 was not administered prescribed Oxycodone 3 times on day.On 6/7/2025, LPN-E documented in R1's progress notes: Resident Oxycodone is not available for HS dose. Offered Tylenol and she accepted. States she is experiencing numbness to plantar of her foot. Pain assessment completed. Resident is sitting in her room upright talking on the phone with family and friends and on her social media platform. Writer told by day shift nurse pharmacy is stating out Oxycodone. Writer also reassure her that her medication is on its way. On 6/7/2025, LPN-E documented: Pain: Pain assessment interview should be conducted. Resident has had pain or hurting at some time during the last 5 days. How much of the time have you experienced pain or hurting over the last 5 days: Over the past 5 days, how much of the time has pain made it hard for you to sleep at night: Almost constantly. Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain: Does not apply - I have not received rehabilitation therapy in the past 5 days. Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain: Unable to answer. Pain intensity: 7 Please rate the intensity of your worst pain over the last 5 days: Severe. Indicators of pain: Vocal complaints of pain.Pain Issue: #001: New. Location: Left plantar foot.On 6/24/25, at 9:05 AM, Surveyor interviewed R1 in regards to not receiving medications. R1 confirmed that R1 is in

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on interview and record review, the facility did not employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition services. The facility Dietary Director (DD)-T does not have a qualified certificate to manage the kitchen and is working under the supervision of Registered Dietitian (RD)-Q. RD-Q is working remotely from home and at other facilities and is not on-site full time for supervision. This had the ability to affect 91 of 91 residents.Findings include:On 7/3/25, at 8:05 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who states DD-T is not certified as a food service manager or dietary manager. NHA-A states he sent in a request for a waiver to the State Agency due to DD-T not being certified. NHA-A states DD-T is trying to enroll in school again to become a certified dietary manager . NHA-A states DD-T's school is online through another state and has been attempting to contact the school by email to re-enroll in classes. Surveyor requested a copy of the contract between the facility and the Registered Dietitian (RD).On 7/3/25, at 8:28 AM, Surveyor interviewed NHA-A who states the facility does not have a copy of the contract between RD-Q and the facility. NHA-A states the original copy of the contract was provided to the previous survey team on 7/2/25, and the facility did not make a copy of the original contract. Surveyor obtained the original contract between the facility and RD-Q. Surveyor noted the facility signed and dated the contract with the date 5/1/25. Surveyor also noted RD-Q signed the contract but never dated the contract.On 7/3/25, at 8:59 AM, Surveyor interviewed DD-T who stated he reports to RD-Q and NHA-A. DD-T indicated he works full time within the facility and RD-Q works on site three days a week within the facility and two days remotely outside of the facility. DD-T states he is not currently certified and is in the course for getting certification. DD-T then indicated he was completing his certification online and was supposed to be done in September of 2024, however he was unable to finish the certification training due to personal reasons. DD-T provided a copy of emails between DD-T and the school he was previously attending online. DD-T indicated that he is not able to access the online program he had been previously attending and is not currently enrolled in classes and has been unable to get a response to his emails from the school. DD-T stated he has a baccalaureate of science in marketing. Surveyor noted DD-T does not meet the requirements as a certified dietary manager, certified food service manager, obtains a national certification for food service management and safety from a national certifying body, or obtains an associates or higher degree in food service management or in hospitality. No additional information was provided.On 7/3/25, at 9:53 AM, Surveyor interviewed RD-Q who states she is a contracted employee for the facility and works on site one to two days a week with the remaining days being remote at an alternate facility or remote at home. RD-Q states she is unsure when the previous RD contract ended, and it was To Be Determined (TBD) with her start date at the facility due to the previous RD contract/agreement. RD-Q stated she did not have an official start date and reports being in her role on site at the facility on 6/1/25. RD-Q indicates she worked remotely doing paperwork for one to two weeks prior to her start date on 6/1/25. RD-Q indicates the facility was having trouble with contacting and getting responses from the previous RD who worked remotely through an alternate agency and did not work on site. RD-Q states she is in continuous contact with DD-T through e-mail, phone, and in person. RD-Q indicates she is in contact with DD-T at least daily, if not multiple times a day. Surveyor notes RD-Q does not work at the facility full time, and DD-T does not meet the qualifications as the alternate designative person to serve as the director of food and nutrition services with RD-Q not working within the facility full time. On 7/3/25, at 11:30 AM, Surveyor notified Director of Nursing (DON)-B of concerns with the facility not meeting requirements for a qualified dietitian or other clinically qualified nutrition professional full time within the facility. Surveyor noted to DON-B, RD-Q splits her time between the facility and an alternate facility, and DD-T does not meet the qualifications as an alternate designative person to serve as the director of food and nutrition services. Surveyor acknowledged to DON-B, the waiver that was sent by NHA-A to the state agency for DD-T however, DD-T is not currently enrolled in courses for certification. DON-B acknowledged these concerns. Surveyor requested additional information if available.

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interview and record review, the facility did not implement and maintain an effective training program for facility staff consistent with their expected roles and based on the facility assessment for 5 of 5 facility staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P). This has the potential to affect the total census of 91 residents. Findings include: The facility's assessment titled, Facility Assessment Tool last updated in April, 2025 and reviewed by the Quality Assurance Committee on May, 2025 documents under the Titled section: Staffing 3.4 staff training/ education and competencies documents that [facility name] provides staff training/ education and competencies that is necessary to provide care and support needed for our resident population. The training/ education and competencies/skill checks are generally provided upon hire, during monthly in-servicing/ training, annual in-servicing/training, whenever an area of concern is identified, or new areas are identified based on resident diagnoses and/or clinical condition. [Facility name] provides the training on topics and competencies that include, but are not limited to:Resident's rights and facility responsibilitiesAbuse, neglect, and exploitation including reporting proceduresCare/ management for persons with dementiaBehavioral health trainingCustomer serviceHIPAA and ConfidentialityRequired in-service training for nurse aides. In-service training must be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year. Include dementia management training and resident abuse prevention training. Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by facility staff. On 7/2/25, Surveyor requested to review the following staff members annual competency reviews and annual required in-service training hours. CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON (Director of Nursing)- B was not able to provide Surveyor with any evidence that an annual competency review had been completed for CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P. Additionally, DON- B was not able to provide evidence that all 5 CNA's had completed no less that 12 hours of training, annually from their date of hire. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required 12 hours of training annually and also received an annual competency review. No additional information was provided.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on interview and record review, the facility did not ensure that 5 of 5 direct care staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P) received mandatory training in effective communication. This has the potential to affect the total census of 91 residents. Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following direct care staff received training in effective communication.CNA-L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received the mandatory training in effective communication. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required training for effective communication. No additional information was provided.

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F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 that 5 of 5 direct care staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P) received training on resident rights and facility responsibilities to properly care for its residents. This has the potential to affect the total census of 91 residents. Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members received training in resident rights.CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received training regarding resident rights and facility responsibilities. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required training for resident rights and facility responsibilities.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 that 5 of 5 staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P) received training regarding abuse, neglect and exploitation and what activities constitute abuse, procedures for reporting and dementia management and resident abuse prevention. This has the potential to affect the total census of 91 residents. Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members received training regarding abuse prevention:CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received training regarding abuse prevention, reporting and dementia management. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required training abuse prevention, reporting and dementia management. No additional information was provided.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 that 5 of 5 direct care staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P). received training regarding elements and goals of the facility's QAPI (quality assurance and performance improvement program). This has the potential to affect the total census of 91 residents. Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members received training regarding the QAPI program:.CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received training regarding the facility's QAPI program.On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed training regarding the facility's QAPI program. No additional information was provided.

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on interview and record review, the facility did not ensure that 5 of 5 direct care staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P) received mandatory training on infection control standards, policies and program. This has the potential to affect the total census of 91 residents . Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members received infection control training :CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program.On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required training regarding infection control and prevention. No additional information was provided.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide training in compliance and ethics. Based on interview and record review, the facility did not ensure that 5 of 5 direct care staff (CNA- L , CNA-M CNA-N, CNA-O, CNA-P) received training on compliance and ethics. This has the potential to affect the total census of 91 residents . Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members received training regarding compliance and ethics:CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received training regarding compliance and ethics on an annual basis. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the required training regarding compliance and ethics.No additional information was provided.

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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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility did not ensure that 5 of 5 Certified Nursing Assistants (CNA- L , CNA-M CNA-N, CNA-O, CNA-P). received the required 12 hours of training per year. This has the potential to affect the total census of 91 residents . Findings include: On 7/2/25, Surveyor requested from DON (Director of Nursing)- B, evidence that the following staff members had completed the required 12 hours of annual training:CNA- L hire date 8/8/23CNA-M hire date 7/25/23CNA-N hire date 6/13/23CNA-O hire date 8/8/23CNA-P hire date 12/15/21On 7/2/25 at 1:03 PM, DON- B was not able to provide Surveyor with any evidence that CNA-L, CNA-M, CNA-N, CNA-O, and CNA-P had received the required 12 hours of annual training as required. On 7/2/25 at 1:35 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who also confirmed that the facility does not have evidence that the 5 Certified Nursing Assistants mentioned above completed the 12 hours of annual training.No additional information was provided.