STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525418	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evansville Manor Nursing and Rehab, LLC	470 Garfield Ave Evansville, WI 53536

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 44552 Based on observation, interview, and record review, the facility did not ensure each resident has a safe, clean, comfortable, and homelike environment for 1 (R32) of 28 residents reviewed. Surveyor observed R32's room to smell like urine, a brown substance on floor, garbage can full of garbage, and white debris under R32's bed and on floor on 9/23/24 and 9/24/24. Evidence by The facility policy, Cleaning Resident Room, revision date 5/8/24, states, in part; .To ensure appropriate cleaning procedures using an EPA (Environmental Protection Agency)- approved cleaning agent for disinfection of room surfaces and equipment .10. Thoroughly mop entire floor with approved cleaning solution (under furniture, behind doors, along baseboards. Mop your way out the door and place wet floor sign in doorway. 11. Discard all disposable items . On 9/23/24 at 10:20 AM, Surveyor observed resident bedroom to smell like urine, a brown substance on floor, garbage can full of garbage, and white debris under resident bed and on floor. On 9/24/24 at 3:17 PM, Surveyor observed R32's room to still have brown substance and white debris (observed to be cotton pieces of a Depend) under bed and on floor. Surveyor observed R32's room to smell like urine. HK W (Housekeeper) indicated she is full time at the facility. HK W indicated she tries to clean everyone's rooms every day. HK W indicated they have been without a second housekeeper because the 2nd housekeeper had been out sick and now quit. HK W indicated it gets difficult for one housekeeper to clean all resident rooms and common areas. Surveyor asked if there was a back up plan while the facility was down a housekeeper? HK W indicated HK W did not know of any extra help or back up plan. HK W, Surveyor and MD Y (Maintenance Director) observed R32's room. HK W indicated the resident in this room can be difficult. MD Y indicated since R32 is out of her room, it can get cleaned now. On 9/24/24 at 4:25 PM, MD Y indicated he over sees housekeeping at the facility. MD Y indicated he can come up with a back up plan while they are down a housekeeper. MD Y indicated he is actively hiring for the housekeeper position. MD Y provided the cleaning checklist for resident rooms for 9/15/24-9/21/24 .Surveyor observed no sign off for R32's room for 9/19, 9/20, and 9/21. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 11:36AM, HK W indicated CNA's (Certified Nursing Assistants) will ask HK W to clean certain rooms and HK W tells them she will get to them as soon as she can. HK W indicated there wasn't a back up plan until Surveyor started questioning the process. The facility failed to ensure all residents have a clean and homelike like environment.

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 30992 Based on interview and record review, the facility did not ensure that each resident was free from misappropriation for 1 of 8 abuse investigations reviewed (R24). On 9/22/24, R24 filled out a grievance indicating he gave a Norro foot massager to RN L (Registered Nurse) to borrow and did not see it again. R24 further documents, he asked RN L for it back on 9/21/24, and was ignored. R24 threatened to call the police on RN L before RN L provided R24 with his belonging. This is evidenced by: The facility's policy and procedure, Abuse and Neglect Prevention, revised, 10/4/23, documents in part, the following: Purpose: To provide residents a safe environment that is free from harm. Policy: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, neglect, mistreatment, or exploitation. The facility will follow the federal guidelines dedicated to the prevention of abuse and timely and thorough investigations of allegations. All residents are susceptible to maltreatment and exploitation due to their need for nursing home care. Due to physical, emotional, and mental inabilities, residents may be dependent upon us to meet their needs. It is the policy to enhance the life of all residents through strong programming an appropriate care and treatment. Additionally, residents and staff will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. The facility will strive to educate all participants in techniques to protect all parties Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Nursing Home Administrator or designee. Misappropriation of Property: The intentional taking, misplacement, carrying away, using, transferring, concealing, or retaining possessions of a resident's moveable property without the vulnerable adult's consent. The SOM (State Operations Manual) defines Misappropriation: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. On 9/22/24, R24 completed a Grievance Form indicating the following: Reported by: LPN N (Licensed Practical Nurse) Relationship to Resident: My nurse (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Grievance (Include Approximate Date/Time): Guesstimation [sic] RN L and I were discussing sore legs, feet, etc. I told her about my Norro massager (Norro foot massager) - one thing leads to another, she received the Norro to borrow thinking short span to borrow, I don't see it again. Asked for it back on 9/21/24, I got just plain ignored, when she wasn't busy, she did not get it from her car, no less than 5 times did I ask her for my property. Finally threatening with police, it took this to get it back! [sic] On 9/23/24 at 2:15 PM, Surveyor spoke with R24. R24 stated he had, A terrible run in with RN L (Registered Nurse). R24 stated, he told RN L about a foot massager and said it may help her. R24 stated, he lost track of the foot massager and RN L had it for 2-3 weeks. R24 stated, he filled out a grievance on 9/22/24 and gave it to LPN N (Licensed Practical Nurse). R24 stated, LPN N told RN L to give the foot massager back to R24. R24 stated it took threatening RN L that he was going to call the police before she returned the foot massager to him. R24 stated, he offered for RN L to just try the foot massager. R24 stated, I don't like RN L because of the way she treated me. R24 stated, I loaned her something to see if it would help her and here, she is stressing me to death. R24 stated, he filled out a grievance himself on 9/22/24. R24 stated, he has no need to lie as he was just trying to help RN L. R24 stated he spent over $100.00 on the foot massager. Surveyor asked R24, how does this situation make you feel. R24 stated, I'm heartbroken. and I turned beet red, and my chest starts hurting. R24 stated, he had a widowmaker heart attack last year (a blockage in the heart that prevents blood from flowing to the heart muscle, which can lead to cardiac arrest and death within minutes.) R24 stated, he does not need this added stress. R24 stated, he reported this to SW C, too. R24 stated he finally got the foot massager back from R24 and showed Surveyor the foot massager. On 9/26/24 at 12:47 PM, Surveyor spoke with SW C (Social Worker). Surveyor asked SW C, over the last month has R24 reported any concerns. SW C stated, not that she can recall specifically. Surveyor asked SW C, has R24 brought up anything about a foot massager. SW C stated, yes, R24 has the unit back now. SW C stated, I believe there was a grievance started but not completed. Surveyor requested to see the grievance. SW C stated, I just got the grievance on 9/23/24 (3 days prior) so I haven't had time to follow up on it yet. Surveyor asked SW C, did the facility notify the police. SW C stated, No. SW C added, she did talk with R24 a little bit about it. SW C added, it wasn't until R24 threatened to call the police that she gave it back to him. SW C stated, R24 didn't say RN L took it but he was going to call the police for her to return it. Surveyor asked SW C, what is your plan moving forward. SW C stated, we'll have to talk with RN L and remind her that our policy states not to accept things from residents even if they're insistent or doing so in a genuine manner. SW C stated, she thinks R24 was just trying to help RN L out. SW C added, RN L took R24's possession when she shouldn't have. Surveyor asked SW C, did R24 specify a time he gave the foot massager to RN L to use. SW C stated, That I don't know. (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 1:19 PM, Surveyor spoke with LPN N (Licensed Practical Nurse). Surveyor asked LPN N, did R24 report any concerns over the weekend when you worked. LPN N stated, Yes, he did. and R24 reported a concern regarding RN L having his foot massager. LPN N stated, RN L borrowed some foot massager, and she was going to give it back on Sunday (9/22/24). LPN N stated, she asked R24 if he would like to fill out a grievance and he did. LPN N stated she notified DON B (Director of Nursing) and gave grievance to BOM M (Business Office Manager) who was the Manager on Duty. LPN N stated, DON B is aware of R24's grievance. LPN N stated, R24 stated he gave the foot massager to RN L to borrow. Surveyor asked LPN N, did you observe R24 ask RN L to give the foot massager back. LPN N stated, R24 told me he asked RN L to give it back. Surveyor asked LPN N, is it OK to take or borrow something from a resident? LPN N stated, Absolutely not. Surveyor asked LPN N, are you aware of RN L taking or borrowing things from residents before. LPN N stated, no, this is the first time I've ever heard this before. Surveyor asked LPN N, what would this be considered? LPN N stated, If she has his belonging and she's withholding it from him it would be considered misappropriation. On 9/26/24 at 1:52 PM, Surveyor spoke with BOM M (Business Manager). BOM M stated the facility rotates Manager on Duty and she was on this last weekend. Surveyor asked BOM M, did you receive any grievances over the weekend. BOM M stated, she received one (1) grievance from R24, and she wasn't able to read it fully. BOM M added, The only part I could read is she's pathetic and a disgrace. Surveyor asked BOM M, what did you do. BOM M stated, she gave it to SW C (Social Worker) on 9/23/24. Surveyor asked BOM M, what would R24's allegation be considered. BOM M stated, it would be a form of abuse - withholding. Surveyor asked BOM M, is this considered misappropriation. BOM M stated, yes. BOM M stated, R24 was upset with her. BOM M stated, she tried reading the allegation but could only read she's pathetic and a disgrace. On 9/26/24 at 2:13 PM, Surveyor spoke with RN L (Registered Nurse). Surveyor asked RN L, is it acceptable to accept gifts or borrow belongings from residents. RN L stated, No. Surveyor asked RN L, what would that be considered. RN L stated, Misappropriation. Surveyor asked RN L, did R24 offer something to you that belonged to him. RN L stated, he had a foot massager that he wanted me to look at and try out on my feet. Surveyor asked RN L, when did he want you to try this. RN L stated, A couple weeks back or something. Surveyor asked RN L, did you take the foot massager home with you. RN L stated, no, we had it in the lounge area on the 100 unit. Surveyor asked RN L, was it left in the lounge. RN L stated she and another nurse were looking at it. Surveyor asked RN L, how long was it in the lounge. RN L stated, I don't really know. and Maybe 20-30 minutes. Surveyor asked RN L, when did R24 asked for the foot massager back. RN L stated, I don't really recall. Surveyor asked RN L, did R24 ask you repeatedly for you to return his belonging. RN L stated, Maybe once or twice. Surveyor asked RN L, when did R24 ask for his belonging to be returned. RN L stated, Within the last week maybe it was. Surveyor asked RN L, how long did it take for you to return his foot massager. RN L stated, Maybe 20 minutes. Surveyor asked RN L, did R24 know the foot massager was in the lounge. RN L stated, I don't know. Surveyor asked RN L, did you take the foot massager home with you. RN L stated, No. Surveyor asked RN L, is it acceptable to take a resident's personal belonging even if it is offered to you to borrow. RN L stated, No. Surveyor asked RN L, has anybody followed up with you regarding this. RN L stated, No. Surveyor asked RN L, if this situation presented itself again would you do anything differently. RN L stated, I would decline to look at it. Surveyor asked RN L, was R24 upset that the foot massager wasn't being returned. RN L stated, No, I don't recall that, I'm not sure about that. Surveyor asked RN L, was this something you should have taken when he offered it. RN L stated, No, he was just pushy about it. (continued on next page)

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Evansville Manor Nursing and Rehab, LLC	470 Garfield Ave Evansville, WI 53536

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 2:56 PM, Surveyors spoke with DON B (Director of Nursing). Surveyor asked DON B, is it acceptable for staff to take or borrow belongings from residents. DON B stated No. Surveyor asked DON B, what would this be considered. DON B stated, Misappropriation. Surveyor shared the grievance (allegation) with DON B. Surveyor asked DON B, would this be considered misappropriation. DON B stated, Based off what I'm reading, yes. Surveyor asked DON B, is it acceptable for a staff member to borrow any resident's belonging. DON B stated, No. Surveyor asked DON B, is it acceptable for a staff member to borrow a resident's belonging and not return it when asked repeatedly. DON B stated, No. It is important to note, R24 gave RN L his foot massager to borrow, however, when he asked for the foot massager back repeatedly, RN L was withholding R24's property. RN L did not return the foot massager until R24 threatened to call the police. After threatening RN L with calling the police, RN L returned the foot massager to R24, the rightful owner.

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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. 30992 Based on the interview and record review, the facility did not ensure alleged violations involving misappropriation were reported to the State Agency immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials, for 1 of 8 (R24) allegations reviewed. On 9/22/24 R24 filled out a grievance/allegation indicating he gave a Norro foot massager to RN L (Registered Nurse) to borrow and did not see it again. R24's grievance (an allegation of misappropriation) was forwarded to BOM M (Business Officer Manager), who is the Manger on Duty. BOM M did not read the allegation in its entirety nor did she report this allegation of abuse to DON B (Director of Nursing) or NHA A (Nursing Home Administrator). BOM M left the grievance (allegation of abuse) for SW C (Social Worker) to receive the following day. Subsequently, DON B (Director of Nursing) and NHA A (Nursing Home Administrator) did not report the allegation of abuse to the State Agency nor notify the police. This is evidenced by: The facility's policy and procedure, Abuse and Neglect Prevention, revised, 10/4/23, documents in part, the following: Purpose: To provide residents a safe environment that is free from harm. An owner, licensee, Administrator, Licensed Nurse, employee or volunteer of a nursing home shall not physically, mentally or emotionally abuse, mistreat or harmfully neglect a resident. Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect or misappropriation shall intervene to safeguard the resident and then immediately report to the Nursing Home Administrator or designee. The Nursing Home Administrator or designee will report abuse to the state agency per State and Federal requirements. Every resident has the right to be free from verbal, sexual, physical, and mental abuse (including .misappropriation of property .) Abuse: The willful infliction of exploitation, or punishment with resulting physical harm, pain or mental anguish. Crime: Section 1150B(b)(1) of the Act provides that a crime is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law. Examples of reportable crimes, but not limited to: .Theft Misappropriation of Property: The intentional taking, misplacement, carrying away, using, transferring, concealing, or retaining possessions of a resident's moveable property without the vulnerable adult's consent. The State Operations Manual (SOM) defines Misappropriation: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident' s consent. On 9/22/24 R24 complete a Grievance Form indicating the following: (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reported by: LPN N (Licensed Practical Nurse) Relationship to Resident: My nurse Grievance (Include Approximate Date/Time): Guesstimation RN L and I were discussing sore legs, feet, etc. I told her about my Norro massager (Norro foot massager) - one thing leads to another, she received the Norro to borrow thinking short span to borrow, I don't see it again. Asked for it back on 9/21/24, I got just plain ignored, when she wasn't busy she did not get it from her car, no less than 5 times did I ask her for my property. Finally threatening with police, it took this to get it back! [sic] On 9/23/24 at 2:15 PM, Surveyor spoke with R24. R24 stated, he told RN L about a foot massager and said it may help her. RN L had it for 2-3 weeks. R24 stated, he filled out a grievance on 9/22/24 and gave it to LPN N (Licensed Practical Nurse). R24 stated it took threatening RN L that he was going to call the police before she returned the foot massager to him. On 9/26/24 at 12:47 PM, Surveyor spoke with SW C (Social Worker). Surveyor asked SW C, over the last month has R24 reported an concerns. SW C stated, I believe there was a grievance started but not completed. SW C stated, I just got the grievance on 9/23/24 (3 days prior) so I haven't had time to follow up on it yet. Surveyor asked SW C, did the facility notify the police. SW C stated, No. SW C added, she did talk with R24 a little bit about it. SW C added, It wasn't until R24 threatened to call the policy that she gave it back to him. On 9/26/24 at 1:19 PM, Surveyor spoke with LPN N (Licensed Practical Nurse). Surveyor asked LPN N, did R24 report any concerns over the weekend when you worked. LPN N stated, Yes, he did. and R24 reported a concern regarding RN L having his foot massager. LPN N stated, RN L borrowed some foot massager and she was going to give it back on Sunday (9/22/24). LPN N stated she notified DON B (Director of Nursing) and gave grievance to BOM M (Business Office Manager) who was the Manager on Duty. LPN N stated, DON B is aware of R24's grievance. LPN N stated, R24 stated he gave the foot massager to RN L to borrow. On 9/26/24 at 1:52 PM, Surveyor spoke with BOM M (Business Manager). Surveyor asked BOM M, did you receive any grievances/allegations over the weekend. BOM M stated, she received one (1) grievance/allegation from R24 and she wasn't able to read it fully. Surveyor asked BOM M, what did you do. BOM M stated, she gave it to SW C (Social Worker) on 9/23/24. Surveyor asked BOM M, if you received a grievance regarding misappropriation what would you do. BOM M stated, I would notify DON B (Director of Nursing) and NHA A (Nursing Home Administrator). Surveyor asked BOM M, did you notify DON B or NHA A regarding R24's grievance/allegation of misappropriation. BOM M stated, No, not at the time. BOM M stated, the grievance/allegation came in on 9/22/24 she left it for SW C (Social Worker). Surveyor asked BOM M, what would R24's allegation be considered. BOM M stated, it would be a form of abuse - withholding. Surveyor asked BOM M, is this considered misappropriation. BOM M stated, yes. Surveyor asked BOM M, if you receive an allegation of abuse on a weekend what should you do. BOM M stated, notify DON B, NHA A. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 2:56 PM, Surveyors spoke with DON B (Director of Nursing). Surveyor asked DON B, is it acceptable for staff to take or borrow belongings from residents. DON B stated No. Surveyor asked DON B, what would this be considered. DON B stated, Misappropriation. DON B stated, allegations of misappropriation should be self-reported. DON B stated, she heard about this allegation this week. Surveyor shared the grievance (allegation) with DON B. Surveyor asked DON B, would this be considered misappropriation. DON B stated, Based off what I'm reading, yes. Surveyor asked DON B, when were you notified. DON B stated, she does not recall if she heard about it 9/23/24. DON B stated, she spoke with LPN N many times over the weekend but does not recall LPN N telling her about this. DON B stated, this should have been reported to NHA A right away because it's an allegation of abuse and it should also have been self reported. Surveyor asked DON B, is this considered Suspicion of a crime. DON B stated, Yes, if it's theft that's a crime and we would call the police.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 30992 Based on interview and record review the facility failed to thoroughly investigate an allegation of misappropriation for 1 of 8 abuse allegations (R24). On 9/22/24 R24 filled out a grievance indicating he gave a Norro foot massager to RN L (Registered Nurse) to borrow and did not see it again. DON B (Director of Nursing) and NHA A (Nursing Home Administrator) have not investigated this allegation of misappropriation. This is evidenced by: The facility's policy and procedure, Abuse and Neglect Prevention, revised, 10/4/23, documents in part, the following: Purpose: To provide residents a safe environment that is free from harm. Policy: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, neglect, mistreatment, or exploitation. The facility will follow the federal guidelines dedicated to the prevention of abuse and timely and thorough investigations of allegations. The guidelines include compliance with the seven (7) federal components of prevention and investigation. All residents are susceptible to maltreatment and exploitation due to their need for nursing home care. Due to physical, emotional, and mental inabilities, residents may be dependent upon us to meet their needs. It is the policy to enhance the life of all residents through strong programming an appropriate care and treatment. Additionally, residents and staff will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. The facility will strive to educate all participants in techniques to protect all parties Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, or misappropriation shall intervene to safeguard the resident and then immediately report to the Nursing Home Administrator or designee. Misappropriation of Property: The intentional taking, misplacement, carrying away, using, transferring, concealing, or retaining possessions of a resident's moveable property without the vulnerable adult's consent. The SOM (State Operations Manual) defines Misappropriation: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident ' s belongings or money without the resident' s consent. On 9/22/24 R24 complete a Grievance Form indicating the following: Reported by: LPN N (Licensed Practical Nurse) Relationship to Resident: My nurse (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Grievance (Include Approximate Date/Time): Guesstimation RN L and I were discussing sore legs, feet, etc. I told her about my Norro massager (Norro foot massager) - one thing leads to another, she received the Norro to borrow thinking short span to borrow, I don't see it again. Asked for it back on 9/21/24, I got just plain ignored, when she wasn't busy, she did not get it from her car, no less than 5 times did I ask her for my property. Finally threatening with police, it took this to get it back! On 9/23/24 at 2:15 PM, Surveyor spoke with R24. R24 stated he had, A terrible run in with RN L (Registered Nurse). R24 stated, he told RN L about a foot massager and said it may help her. R24 stated, he lost track of the foot massager and RN L had it for 2-3 weeks. R24 stated, he filled out a grievance on 9/22/24 and gave it to LPN N (Licensed Practical Nurse). R24 stated, LPN N told RN L to give the foot massager back to him. R24 stated it took threatening RN L that he was going to call the police before she returned the foot massager to him. On 9/26/24 at 1:52 PM, Surveyor spoke with BOM M (Business Manager). Surveyor asked BOM M, did you receive any grievances/allegations over the weekend. BOM M stated, she received one (1) grievance from R24, and she wasn't able to read it fully. Surveyor asked BOM M if you received a grievance regarding abuse what would you do. BOM M stated, I would notify DON B (Director of Nursing) and NHA A (Nursing Home Administrator). Surveyor asked BOM M, did you notify DON B or NHA A regarding R24's grievance. BOM M stated, No, not at the time. BOM M stated, the grievance came in on 9/22/24 she left it for SW C (Social Worker). Surveyor asked BOM M, if you receive an allegation of abuse/misappropriation on a weekend what should you do. BOM M stated, notify DON B, NHA A and at that moment take action me. BOM M stated, remove staff, protect residents, and call appropriate people. On 9/26/24 at 2:56 PM, Surveyors spoke with DON B (Director of Nursing). DON B stated, allegations of misappropriation should be self-reported and investigated. DON B stated, the accused staff member should be suspended pending investigation. Surveyor asked DON B, should all staff be educated following an incident like this. DON B stated, Yes. Surveyor asked DON B, is this considered Suspicion of a crime. DON B stated, yes, staff should also be educated regarding suspicion of a crime.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552 Based on observation, interview, and record review, the facility did not develop and implement a comprehensive person-centered care plan for 1 of 29 sampled residents (R32) to meet a resident's medical, nursing, and psychosocial needs that are identified. R32's Comprehensive Care Plan does not reflect person-centered interventions to best support R32. Evidenced by: The facility policy, Care Plan- Baseline and Comprehensive, dated 6/20/23, states, in part; .Purpose: To ensure that each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative . Policy: The Interdisciplinary Team will develop an individualized, comprehensive care plan for each resident based on their medical condition, medical history, assessments from different members of the interdisciplinary team, lifestyle, and current resident goals R32 was admitted to the facility on [DATE] with a diagnoses including Alzheimer's disease with late onset, dementia with behavioral disturbance, major depressive disorder, dementia with psychotic disturbances, protein-calorie malnutrition, diabetes, muscle wasting, unsteadiness on feet, and cognitive communication deficit. R32's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 7/24/24, indicates R32 has a BIMS (Brief Interview for Mental Status) score of 00 indicating R32 is severely cognitively impaired. R32 has an activated power of attorney. On 9/23/24 at 12:20PM, Surveyor observed R32 in bed sleeping with pajamas on. CNA H (Certified Nursing Assistant) indicated R32 has been refusing cares and meals. At 2:35PM and 5:00PM, Surveyor observed R32 wearing same pajamas, sleeping, and laying in the same position as earlier in the day. On 9/23/24 at 3:42PM, R32's POA X (Power of Attorney) indicated POA X will visit R32 often. POA X indicated R32 isn't the most cooperative and will resist cares and meals. POA X indicated R32 is resistive to cares and meals more often in the mornings. POA X indicated he doesn't know if R32 is getting the best care because when POA X comes to visit around 11:30AM R32 is often in bed soaking wet. POA X indicated R32 has never eaten much for breakfast but will usually eat other meals and snacks. POA X indicated R32 needs verbal reminders to eat. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/25/24 at 7:45AM, CNA H indicated approach is very important for R32. R32 is not a morning person and prefers to sleep in. CNA H indicated R32 will scream, swear, and refuse cares if she doesn't want assistance. CNA H indicated you have better luck later in the day with R32. CNA H indicated R32 usually refuses breakfast, but that CNA H will offer her snacks. CNA H indicated R32 likes snacks like cookies once she wakes up. CNA H indicated R32 will refuse showers, but that CNA H is able to support her in washing up a little later in the day and that CNA H will hand R32 a wash cloth. R32 will then wash herself up a little bit and CNA H will ask if she can then assist her. CNA H indicated approach is very important for R32. CNA H indicated R32 is more likely to get up and ready for the day if her husband is here visiting as well, he is motivation for R32 to get dressed so she can visit and spend time with him. Surveyor asked CNA H if these things are not care planned, how do new staff know these approaches? CNA H indicated she is not sure and that R32's hallway often has agency staff, and that hallway gets whoever is here that day. CNA H indicated she was not sure if these things are care planned for R32. R32's Comprehensive Care Plan states, in part; .Resident has an ADL (Activities of Daily Living) self-care performance deficit .BATHING/SHOWERING ASSIST- ONE PERSONAL HYGIENE/ORAL CARE ASSIST- ONE extensive assist with upper body, dependent lower body .Toilet every 2-3 hours- SPT and grab bar in bathroom- 1 assist .exhibit behavior symptoms related to delusion/hallucinations; seeing people, grabbing at things that aren't there, smearing bodily waste. Swearing at staff, threatening to kick/hit staff. Refusing cares/medications, noncompliant with splint .identify behavior triggers and attempt non-pharmacological interventions .monitor behavior episodes .has potential for altered nutritional status r/t high BMI/overweight; significant weight loss r/t (related to) poor food and fluid intake .EATING- Provide assistance; total assist at this time . R32's September 2024 MAR (Medication Administration Record), states, in part; .ADL Bathing (Prefers: Monday AM) .Monday (Mon) 9/2 blank, Mon 9/16 and Mon 9/23 8 indicates activity did not occur .It is important to note there is no documentation that R32 received a shower for the month of September. On 9/25/24 at 11:15AM, SW C (Social Worker) indicated care plans will get updated quarterly and as needed. Surveyor asked who is responsible for making updates to care plans? SW C indicated each department will make the updates that they are responsible for. SW C indicated updates to a care plan should be made as soon as We are made aware of a need for a change in a care plan. Surveyor asked if a resident is refusing showers, who is responsible for looking at the reason why? SW C indicated she gets the concerns if a resident voices concern that they didn't receive a shower, SW C indicated she doesn't think there is any trigger in their computer system or anyone who looks at if residents refuse showers and why. On 9/26/24 at 8:56AM, NHA A (Nursing Home Administrator) indicated she would expect care plans to be person centered and reflect current needs and supports for the resident. NHA A indicated she believes that R32 refuses showers. ADON V (Assistant Director of Nursing) indicated R32 is not a morning person. Surveyor asked if it is appropriate for R32 to then have a scheduled morning shower? ADON V and NHA A indicated it was not. Surveyor asked if it would be important for staff to know specific approaches to best support R32 such as letting R32 sleep in and offering showers/ADL's/snacks a little later in the day? ADON V and NHA A indicated person-centered approaches should be care planned. The facility failed to ensure R32's care plan reflected person-centered approaches and preferences to best set R32 and staff up for success.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253 Based on interview and record review, the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan for 1 of 1 resident reviewed for change of condition (R56). R56 has congestive heart failure and did not have his weight monitored and reported to the physician in accordance with orders and standards of practice. Findings include The AHA (American Heart Association) states that daily weights is one of the most important symptoms to track for those with heart failure. The AHA notes, Many people are first alerted to worsening heart failure when they notice a weight gain of more than two or three pounds in a 24-hour period or more than five pounds in a week. This weight gain may be due to retaining fluids since the heart is not functioning properly. It's a good idea to track your weight and check in with your health care professional if you notice sudden changes (https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure/managing-heart-failure-symptoms). The facility's policy, Clinical Protocol for Heart Failure states, .the nurse will assess and document/report the following: Daily weights or as ordered by provider; Call for weight gain 3 pounds or greater in 24 hours or 5 pounds in one week or as directed by provider. R56 was admitted to the facility on [DATE] and has diagnoses that include CHF (Congestive Heart Failure). A physician's order, dated 7/19/24, states R56 is to have daily weights related to CHF, and any weight gain or loss of 3 pounds in a day or 5 pounds in a week are to be reported to the physician. R56's care plan states, The resident has potential for altered nutrition status related to therapeutic diet related to CHF .Weigh resident per facility policy or as ordered. Notify MD/NP (Medical Doctor/Nurse Practitioner) per order or with significant changes (initiated 7/28/24) R56's weight on 9/16/24 was 197.2 lbs. R56 was not weighed on 9/17, 9/18 and 9/19. On 9/20, R56 was weighed and was 203 lbs. On 9/25/24 at 11:50 AM, Surveyor interviewed RD FF (Registered Dietician) who stated that she reviews resident weights daily and notifies the facility nurses (via email) if there are any significant weight gains, losses or any other weights that meet the parameters to notify the resident's physician. RD FF stated it is then the responsibility of the nurse to contact the physician. RD FF stated that due to R56's diagnoses of heart failure, his physician should have been notified regarding his weight fluctuation in accordance with his orders. RD FF stated she sent emails to facility staff on the days R56 was not weighed, indicating he had not been weighed and a weight was needed. On 9/25/24 at 2:01 PM, Surveyor interviewed DON B (Director of Nursing) who stated that R56 should be weighed according to physician's orders and an increase in weight should have been reported to the doctor. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility was unable to provide any documentation indicating a physician was contacted regarding R56's weight gain, or any additional documentation indicating R56 had been weighed between 9/16/24 and 9/21/24.

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038 Based on observation, interview and record review the facility did not ensure that residents admitted without a pressure injury (PI) did not develop pressure injuries unless clinically unavoidable and did not ensure residents are provided cares and services consistent with professional standards of practice to prevent the development of PI for 1 of 5 residents (R14) reviewed for pressure injuries. R14 developed a stage 3 PI behind his left ear. The facility failed to implement pressure relieving interventions prior to R14 developing a PI. Evidenced by: The AMDA (American Medical Directors Association) clinical practice guideline entitled, 'Pressure Ulcers and Other Wounds,' dated 2017, states in part: .A pressure ulcer (Injury) is localized damage to the skin or underlying soft tissue, usually over a bony prominence or related to a medical or other device. The ulcer may present as intact skin or as an open ulcer and may be painful. The ulcer occurs as a result of intense or prolonged pressure or pressure in combination with shear .Recognition: Early recognition of pressure ulcers and of any risk associated with the development of pressure ulcers and other wounds is critical to their successful prevention and management .Assessment: The purpose of the assessment is to collect enough information to evaluate the patient's general condition, characterize a pressure ulcer; and identify related causes and complications. The National Pressure Injury Advisory Panel (NPIAP) at www.NPIAP.com defines PIs in the following categories: Category/Stage II: Partial thickness loss - Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguinous filled blister. Category/Stage III: Full thickness skin loss - Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. Category/Stage IV: Full thickness tissue loss - Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling. Unstageable/Unclassified: Full thickness skin or tissue loss - depth unknown. Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III or IV. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Suspected Deep Tissue Injury (DTI) - depth unknown. Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment. The facility's policy titled Pressure Injury Prevention and Wound Care Management last revised on 3/4/24 states in part, .A complete assessment is essential to an effective pressure injury preventions and treatment program. A comprehensive assessment helps the facility to identify residents at risk of developing pressure ulcers, as well as the level and nature of their risks .4. The clinicians responsible for the residents' care will review risk factors and identify whether and to what extent those risks can be modified, stabilized, or removed .9. Daily, the clinicians responsible for caring for the Resident will assess the status of the dressing if present (intact, soiled, leaking) and evaluate for complications such as infection and/ or uncontrolled pain . It is important to note that the facility's policy does not address device related pressure injuries. R14 was admitted to the facility on [DATE] with diagnoses that include acute and chronic respiratory failure, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF). R14's most recent MDS (Minimum Data Set) dated 9/11/24 states that R14 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating that R14 is cognitively intact. R14's physician orders for left ear wound care are as follows: 9/14/24: Apply skin prep to affected area on left ear q (every) shift and padding to oxygen tubbing until healed. Every shift for skin sore. 9/19/24: Wound care L ear: cleanse with wound cleanser, pat dry, apply hydrocolloid sheet (thin) every day shift every 3 day(s) for skin sore. (a hydrocolloid sheet is a thin dressing that is waterproof and provides a moist environment to promote wound healing.) R14's care plan initiated on 7/28/22 and revised on 9/22/24 states in part: .I am at risk for alteration in skin integrity related to: hx (history) of previous amputation, immobility secondary to spina bifida, obesity, and CHF, risk for altered gas exchange due to COPD, risk for loss of sensation in lower extremity due to DM, bladder incontinence, refusals to reposition, risk for bleeding due to chronic anticoagulant medication use, lower extremity edema due to lymphedema, risk for MASD (Moisture Associated Skin Damage) due to colostomy, risk for pressure injury due to oxygen tubing, sedentary lifestyle .Goal: I will be free from skin breakdown through the next review date .Interventions: * 9/14/24 padding to oxygen tubing. * 9/14/24 tx (treatment) as ordered . It is important to note that prior to 9/14/24, R14's care plan did not include any interventions to prevent a device related pressure injury due to R14's continuous oxygen use. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Nurse's notes state the following: 9/14/24 at 2:15 PM: New skin concern noted behind pt. (patient) left ear. Pt. reports from oxygen tubing. On-call MD (Medical Doctor) notified. New orders obtained, apply skin prep & oxygen tube padding until healed. On-call RN (Registered Nurse) updated, risk management completed. Risk Management documentation is as follows: 9/14/24 at 2:18 PM: Incident description: Nursing description: CNA (Certified Nursing Assistant) reported sore behind pt. left ear. This writer evaluated pt ears and noticed breakdown present behind left ear. Resident description: Pt. reports sore is from oxygen tubing .Immediate Action Taken: Description: Applied barrier between oxygen tubing and pt. left ear, notified on-call MD [MD name], obtained order for skin prep q (each) shift and padding to oxygen tube . It is important to note that there was no documentation of wound characteristics, measurements, or drainage consistency/ amount in neither the nurse's notes nor the Risk Management documentation. Additionally, there was no documentation on the wound from 9/14/24 when it was discovered, until 9/16/24. Skin and Wound Evaluation documentation is as follows: 9/16/24: A. Describe 1. Type: 15. Pressure 15a. Stage: 3. Stage 3: Full- thickness skin loss. 22. Location: Rear Left Ear 23. Acquired: 1. In- House Acquired. 24. How long has the wound been present .24a. Exact Date: 9/14/24 .Wound Measurements: 1. Area: 0.3 cm2 (centimeters) 2. Length: 1.6 cm 3. Width: 0.3 cm 4. Depth: 0.1 cm .C. Wound Bed: .2. Granulation 2a. % of granulation: 1. 100% of wound filled .D. Exudate (drainage): 1. Amount: 2. Light .H. Treatment: .2. Cleansing Solution: 11. Generic wound cleanser .4. Primary Dressing: 8. Film/ Membrane . 9/19/24: A. Describe 1. Type: 15. Pressure 15a. Stage: 3. Stage 3: Full- thickness skin loss. 22. Location: Rear Left Ear 23. Acquired: 1. In- House Acquired. 24. How long has the wound been present .24a. Exact Date: 9/14/24 .Wound Measurements: 1. Area: < 0.1 cm2 (centimeters) 2. Length: 0.5 cm 3. Width: 0.1 cm 4. Depth: 0.1 cm .C. Wound Bed: .2. Granulation 2a. % of granulation: 1. 100% of wound filled .D. Exudate (drainage): 1. Amount: 2. Light 2. Type: Serosanguineous (both blood and serum drainage) .H. Treatment: . 2. Cleansing Solution: 11. Generic wound cleanser .4. Primary Dressing: 8. Hydrocolloid . On 9/23/24 at 11:20 AM, Surveyor observed R14 without padding to his oxygen tubing. On 9/24/24 at 2:10 PM, Surveyor observed R14 without padding to his oxygen tubing. On 9/25/24 at 8:41 AM, Surveyor observed R14 without padding to his oxygen tubing. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	On 9/24/24 at 2:10 PM, Surveyor observed wound care with DON B (Director of Nursing). Wound care was completed as ordered, but no padding was noted on R14's oxygen tubing. After wound care was completed, Surveyor asked DON B if she would have expected nurses to documents assessments of the area once it was identified, DON B stated yes. Surveyor asked DON B if she was able to find any documentation or assessments, DON B stated no. Surveyor asked DON B when the wound was identified as a stage 3, DON B stated that when she looked at it on 9/16/24, it was a stage 3. Surveyor asked DON B if R14 should have padding on his oxygen tubing, DON B stated yes and that there was not any on there currently. On 9/25/24 at 8:41 AM, Surveyor interviewed R14. Surveyor asked R14 when he started to have pain behind his ear, R14 stated that his ear started hurting months ago. Surveyor asked R14 if he currently has padding on his oxygen tubing, R14 stated no and reported that the padding does not stay on very well. Surveyor asked R14 if nurses check his skin on shower days, R14 stated yes, but they don't always check behind my ears. On 9/26/24 at 9:19 AM, Surveyor interviewed LPN N (Licensed Practical Nurse). Surveyor asked LPN N how she was made aware of the wound behind R14's ear, LPN N stated that she didn't remember. Surveyor asked LPN N what the wound looked like and if the area was open, LPN N stated that it was pressure from the oxygen tubing but was unable to recall if the area was open. Surveyor asked LPN N what the wound area looked like; LPN N stated that there was an indentation from where the tubing was. Surveyor asked LPN N if she documented any characteristics of the wound, LPN N stated that she did not think so. Surveyor asked LPN N what color the area was, LPN N stated that she would not give a definite color. Surveyor asked LPN N if she measured the wound, LPN N stated that she couldn't remember. The facility failed to implement interventions to prevent device related pressure injuries and failed to implement interventions once R14 acquired a pressure injury. Additionally, the facility failed to gather data according to standards of practice when a resident obtains a new pressure injury.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39713 Based on observation, interview, and record review, the facility did not ensure each resident received adequate supervision to prevent accidents for 1 of 1 resident (R56) reviewed for wandering and elopement potential. R56 has dementia and mild intellectual disabilities and has an Activated Power of Attorney for Health Care (APOAHC). R56 eloped from the facility on 8/5/24. The facility did not have adequate supervision to ensure they were aware of R56's whereabouts and did not have security measures and monitoring in place to ensure R56 could not access various locations in the building. R56 exited a door at the rear of the facility; the door alarm was disengaged allowing R56 to exit a door into a fenced-in courtyard and out through a gate without sounding an alarm and alerting staff R56 had exited the facility. The facility's failure to provide adequate supervision for R56 and to ensure R56 did not have a means of exiting the facility created a finding of immediate jeopardy that began on 8/5/24. NHA A (Nursing Home Administrator) was notified of the immediate jeopardy on 9/25/24 at 10:55 PM. The immediate jeopardy was removed on 8/5/24, however, the deficient practice continues at a scope/severity of D (potential for harm/isolated) as the facility implements its removal plan. Findings include: The facility's policy titled, Policy & Procedure Elopement Risk and Prevention, last revised 7/15/23, states in part . Policy: It is the policy of this facility that all residents are afforded adequate supervision to provide the safest environment possible. All residents will be assessed for behaviors or conditions that put them at risk for wandering/elopement. All residents so identified will have these issues addressed in their individual care plan. Procedure: 1. Residents who have been assessed at risk for elopement shall have interventions in place in their plan of care. 2. As part of the facility's Preventative Maintenance Program, all secured doors and elevator keypads (if applicable) will be checked for proper function on a weekly basis by the Maintenance department. These checks will be documented with date and time completed. 3. The Administrator and Director of Nursing will be notified immediately of any concerns with secured doors or keypads. 4. Resident's arm/leg monitor bracelet will be checked every shift for placement and daily to ensure device is functioning properly. 5. At no time shall a door alarm be turned off, without the continual supervision of the exit. In the event that the door locks/alarms of a secure unit become disabled (ex. (example) Power failure/fire alarm) the facility must ensure a temporary protective system is in place (ex. Battery activated alarm; staff monitored exits, etc.). Routine Procedure for Wandering Residents and Prevention of Missing Residents/Elopement: 1. All residents shall be reviewed for safety awareness, cognitive impairment (i.e. Dementia diagnosis, BIMS <7 (less than), and history or current risk of elopement/wandering/exit seeking upon admission, readmission, quarterly and as needed. 3. Residents who are at risk for possible elopement shall be accompanied by staff, or responsible party, when outside of the facility this would include on and off facility grounds. (continued on next page)

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	525418	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evansville Manor Nursing and Rehab, LLC	470 Garfield Ave Evansville, WI 53536

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility employs a Wanderguard system attached to approximately 3 doors within the facility. The Wanderguard system will alarm when a resident with a Wanderguard tab (either on their person or wheelchair) passes through a doorway with a compatible installed alarm system. The facility uses a model of Wanderguard that is good for 1 year once activated. At the end of 1 year, a new Wanderguard tab must be placed on the resident. The Wanderguard tab has an activation date printed on it, much like an expiration date, that the Wanderguard must be activated to start the 1-year clock. Residents in the facility that are deemed elopement risks have Wanderguards. All other doors leading outside are armed with a tab alarm (a string with a magnet is attached to the door frame and a box that the magnet attaches to is connected to the door itself). When a door is opened, the magnet releases from the box causing it to alarm. R56 was originally admitted to the facility on [DATE] and has diagnoses that include dementia, alcohol abuse, mild intellectual disabilities, unspecified symptoms, and signs involving cognitive functions and awareness, unspecified fall, muscle wasting and atrophy, unsteadiness on feet, congestive heart failure (CHF), cardiomyopathy, and paroxysmal atrial fibrillation. R56's most recent Minimum Data Set (MDS), dated [DATE], indicates that R56 has a Brief Interview for Mental Status (BIMS) of 13. R56 has an activated power of attorney for healthcare. R56's MDS indicates he has no behaviors and does not wander. R56 is independent with oral hygiene, toileting hygiene, upper and lower body dressing, personal hygiene, roll left to right, sit to lying, lying to sitting, sit to stand, chair to bed transfers, toilet transfers, and walking. R56 requires setup or clean up assistance with personal hygiene and is occasionally incontinent of bowel and bladder. R56's care plan states in part . Care Plan Focus: The resident has limited physical mobility r/t (related to) CHF and deconditioning. Interventions: Ambulation/Locomotion Assist - Independent, may ambulate with no AD (assistive device) distances to tolerance WBAT (weight bear as tolerated). Date Initiated: 7/21/24. R56's Elopement Risk Assessments are documented as follows . 6/12/2024 Elopement Risk - 1 Month Low Risk 4.0 6/15/2024 Elopement Risk - Admission Low Risk 2.0 6/20/2024 Elopement Risk - Quarterly Low Risk 6.0 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Progress Note from 6/18/2024 at 16:30 (4:30 PM) states, Health Status Note. Note Text: Nursing updated this writer that resident is trying to leave. Writer found resident sitting in his room in his recliner. Two adults present in res (resident) room who were introduced to this writer as old friends. The male friend explained res has been living next to them, renting from them for [AGE] years. Writer asked resident if we could talk. He agreed. Writer reiterated with resident the concern of him wanting to leave the SNF (Skilled Nursing Facility) today. He shook his head yes. Writer explained that if he were to leave today, it would be against medical advice which could follow up w/negative outcome financially and for his health. His friends agreed with this writer and also attempted to explain negative effects of leaving AMA (Against Medical Advice). Writer suggested a care conference to discuss with his care team the future plans for him. Writer explained he would be able to voice his thoughts and concerns and the team could collaborate to get him a safe and correct discharge. Resident shook his head in agreement the entire conversation as writer empathized with him regarding his current SNF stay. Writer assured him that follow-up with the social worker regarding a care conference would be done, and that writer will update him with further information when able. Writer contacted SNF SW (Social Worker) to update and request care conference. SW replied stating she would see resident tomorrow a.m. and get it scheduled. Writer updated nursing on conversation and instructed to continue to monitor. Progress Note from 6/19/2024 at 20:23 (8:23 PM). Health Status Note. Note Text: Resident more confused this shift. Calling the bar and requesting pizzas and cases of beer to be delivered. Thinks leaving tomorrow and wants to have party. Family came in and did bring small pizza and sodas. Resident relaxing in room with family. Progress Note from 6/20/2024 at 11:06 (11:06 AM). Health Status Note. Note Text: Nursing called this writer this a.m. (morning) to report resident increased agitation. Nursing reports resident has belongings packed in a bag and with him as he is demanding to leave facility. Writer instructed nursing to attempt to redirect resident and distract resident until IDT (Interdisciplinary Team) arrives. Writer instructed nursing to call resident sister as she is involved in his care. Writer arrived at facility and resident brother and sister present speaking with NP (Nurse Practitioner). DON (Director of Nursing) reported to this writer that brother and sister are requesting to have a care conference. Writer updated SW (Social Worker). SW, this writer, res (resident), his brother, and his sister present w/ (with) Physical Therapist met to discuss resident's mood, concerns, and possible activation of POA (Power of Attorney). Conversation included resident not making safe decisions and not understanding his medical conditions and his increased confusion/irritability/agitation. Sister suggested PO (by mouth) Lorazepam for increased agitation and states she believes he took this medication some time back. Sister also requested to have UA (urinalysis) done as she believes his behaviors are exacerbated. Brother and sister are in agreement that resident is not making safe decisions as far as wanting to leave. Sister is POA listed and is agreeable to activation. Therapy discussed home visit planned to happen next week and determined Wednesday would be the day that worked for everyone. Staff to make resident a calendar with dates listed of upcoming appointments, therapies, and home visit so he can see plan himself. Resident appeared calmer and more cooperative after meeting. SW asked resident if he'd be willing to have a medication as needed for anxiety and he was agreeable. Writer contacted NP and rec'd (received) new orders: 1) Lorazepam 1mg tab PO q (every) 6H (hours) PRN (as needed), anxiety; 2) UA clean catch for increased agitation and anxiety; 3) CBC w/diff (complete blood count), CMP (complete metabolic panel), Lipase, Amylase, TIBC (total iron binding capacity), B12, & TSH (thyroid-stimulating hormone), orders noted. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Progress Note from 6/20/2024 at 21:21 (9:21 PM). Health Status Note. Note Text: Resident kept wanting to go outside. Writer spoke with NP and obtained order for Wanderguard. Wanderguard placed on resident left wrist. Progress Note from 6/21/2024 at 22:24 (10:24 PM). Daily Skilled Charting. Note Text: resident wandering in the hallways frequently, no exit seeking at this time, WG (Wanderguard) on arm, orient to self, seeks nurse out for tums for complains of (c/o) gas with relief, vss (vital signs stable). Progress Note from 6/22/2024 at 22:19 (10:19 PM.) Daily Skilled Charting. Note Text: Wanders halls in wheel chair [sic], calls [name of bar] nightly to order beer and pizza. Delusional, thinks he has billions of dollars coming on Friday. Receiving skilled nursing care for CHF and fluid volume overload. A&Ox3-4 (Alert and Oriented) with mild confusion r/t (Related to) hx (history) of ETOH (alcohol) use. Denies SOB (shortness of breath), trace edema to BLEs (bilateral lower extremities), no change in mental status. 1 A (assist) ADLs (activities of daily living) and transfers, no acute change in condition noted, cont (continue) plan of care. Progress Note from 6/26/2024 at 16:37 (4:37 PM). Health Status Note. Note Text: MD (medical doctor) in facility this afternoon and provided signature to POA activation form. This writer called sister [sister's name] who is listed as POA in his paperwork. Writer informed her resident is now activated. She asked, So what does this mean now? Writer informed her that resident is no longer able to make his final decisions regarding his healthcare. Writer explained that moving forward, staff will be calling her with updates and anything medically involving resident. She stated understanding and call was ended. Writer updated NP that MD was in and signed form in agreeance of activation. Progress Note from 6/30/2024 at 23:28 (11:28 PM). Incident Note. Note Text: RN [initials] witnessed resident exiting second set of doors in the front of the facility. RN [initials] immediately and quickly went out to speak with the resident. Resident stood up, RN [initials] asked resident to sit down and redirected. RN [initials] wheeled resident back into facility. A facility document titled, Elopement, dated 6/30/24 at 23:09 (11:09 PM), states in part . Incident Description: Nursing Description: RN witnessed resident outside 2nd set of front doors. Resident was in his wheelchair. Resident stood up. RN asked resident to sit and walked him in. Resident was compliant. Immediate Action Taken: RN redirected and brought resident back inside. Injuries Observed at Time of Incident: No injuries observed at time of incident. Mental Status: Oriented to Place and Oriented to Person. Predisposing Physiological Factors: Confused. Other Info: Resident unaware of situation. Habitual bar person. Talks about beer often. Plans on returning to bar ASAP (as soon as possible). Statements: RN witnessed resident outside 2nd set of front doors. RN went outside and brought resident back in. Notes: IDT (Interdisciplinary Team) reviewed event from 6/30. Resident does have activated POA however is able to make decisions. He wanted to go sit outside. This event would not be considered an elopement. Resident was in WC (wheelchair) and exited the front door, staff followed him outside with no time unsupervised. No concerns noted and was easily redirected back into the building. Resident able to state he just wanted some fresh air. Note: Facility did not complete an Elopement Risk Assessment following R56 leaving the building without staff knowledge on 6/30/24. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Progress Note from 7/2/2024 at 01:15 (1:15 AM). Health Status Note. Note Text: Up wandering about the facility searching for food and soda, asks visitors, residents, and staff for beer. States waiting for the bar to fax over papers to order beer. Redirected from resident refrigerator several times. Sleeping in bed without behaviors noted since 10pm. Progress Note from 7/4/2024 at 23:20 (11:20 PM). Daily Skilled Charting. Note Text: Noted with inappropriate behavior redirected. Resident has not had any behaviors this shift. Progress Note from 7/10/2024 at 12:43 (12:43 PM). Health Status Note. Note Text: Patient discharged home this AM shift. Transported by POA/sister. Note: R56 discharged home on 7/10/24 and returned to the facility on [DATE] due to increased dementia symptoms and poor medication/health management. R56's Elopement Risk Assessment was documented as follows . 7/19/2024 Elopement Risk - Readmission Low Risk 4.0 Progress Note from 7/23/2024 at 22:53 (10:53 PM). Daily Skilled Charting. Note Text: Resident admitted to facility on 7/19/24 from home d/t an increase in dementia symptoms & poor medication/health mgmt. He is A/Ox3 with periods of confusion/agitation. Not always pleasant or cooperative. Can be non-compliant at times. Sees therapy as scheduled. Transfers 1A. WC (wheelchair) for mobility & can self-propel but is often found standing or walking. 1A w/bathing, drsg (dressing), bed mobility, PO (oral)/hygiene cares, & toileting. Continent of b&b (bowel and bladder). Skid resistant shoes on when up. Wanderguard present to L. (left) wrist. Care Plan Focus: Wander Risk Assessment per facility policy. Reassess risk periodically according to policy, initiated 7/19/24. Wanderguard placement and checks per facility policy: LEFT ANKLE, revised 7/29/24. WANDER/ ELOPEMENT RISK- Add to at risk books and lists, initiated 7/19/24. Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book, initiated 7/19/24. Progress Note from 8/5/2024 at 20:01 (8:01 PM). Health Status Note. Note Text: Received call from resident's family stating that resident made it back home, Writer asked if family is able to return resident to facility and family agreed, Resident was brought back to facility in 20 minutes. Resident walked back in facility, had confused speech, refers to staff members using made up names and sticks to them. Resident has Wanderguard to left wrist. Front door alarm sounded when resident returned into facility. No alarm sounded when resident left, and no staff noticed him leave. According to DON (Director of Nursing) some residents saw the resident leave the premises from the back. Resident gets comfortable walking around the facility wandering all hallways usually during the day. Resident stated that the Judge told him that he could go out of the building . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility document titled, Elopement, dated, 8/5/24 at 15:00 (3:00 PM), states in part . Incident Description: Nursing Description: Received call from resident's family stating that resident made it back home. Writer asked if family is able to return resident to facility, and family agreed. Resident was brought back to facility in 20 mins (minutes). Resident walked back in the facility. Had confused speech. Refers to staff members using made up names and stick [sic] to them. Resident had wonder [sic] guard to left right [sic]. Front door alarm sounded when resident returned into the facility. No alarms sounded when resident left, and no staff noticed him leave. According to the DON, some residents saw resident leaving the premises from the back. Resident gets comfortable walking around in the facility wandering all hallways usually during the day. Resident stated that the judge had told him that he can go out the building. Immediate Action Taken: DON and ADON (Assistant Director of Nursing) notified immediately. NP notified as well. POA called, no answer but voicemail left. Injuries Observed at Time of Incident: No injuries observed at time of incident. Mental Status: Oriented to person. Statements: No statements found. Notes: 8/6/24, IDT team met to discuss resident elopement yesterday. He walked to his nephew's house here in town with the intent to get snacks and return. SW met with resident upon his return to facility and reeducated him that he cannot leave facility. Intervention is to have Activities offer resident to join monthly shopping trip to buy more snacks. 8/9/24, Current alarm system and Wanderguard system being reviewed. Audits in place to ensure resident informs staff if he would like to go on a leave or have family bring snacks. Investigation to root cause initiated and audits/education implemented. 8/13/24, Self-report submitted. Conclusion is that magnet on 300 door, a secondary magnet was engaged by another resident. Other resident [resident initials] admitted to using the magnet to disengage alarm. Resident [resident initials] was educated on not tampering with any alarms or security systems. Resident had an updated elopement assessment which indicated high risk. R56 Wanderguard still in place. Audits are continuing at least daily to ensure that alarms are engaged and working on all doors. Will continue to review at QAPI (Quality Assurance and Performance Improvement) to see if additional audits are needed. A new Wanderguard system is being pursued. The facility documented and reported to the state agency the incident that occurred on 8/5/24, stating, On August 5th, 2024, resident's nephew called facility and told staff that resident was at his house to visit and was wanting snacks. Resident was interviewed as to why he left. He stated that the judge (this is what he calls the Social Worker at the facility) told him he could leave facility and he went to get snacks from his family member's house. Social Services reeducated resident that he cannot leave the facility without someone accompanying him and that he must tell nursing staff where he is going and sign out. Upon investigation it was discovered that resident had exited the 300-wing lounge door into the courtyard. The alarm that was on the door was disengaged and a separate magnet was placed on the alarm so it would not sound. The magnet was taken away so it could not be used to shut off the alarm moving forward. The alarm is now re-engaged so it cannot be shut off without intervention. Separate magnet was taken away on 300 wing door so the alarm cannot be shut off without alarming and intervention. Additional details included in the report: * Skin assessment was conducted, and resident sustained no injuries and had no skin alterations. *Police were not notified due to resident being safe in facility and no evidence of a crime being committed. *Facility is continuing to investigate to ensure no other processes or protocols were violated. *Resident's last elopement assessment on 7/19/24 was low risk. *An updated elopement assessment will be conducted. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	*R56 had updated SLUMS (St. Louis University Mental Status), MOCA (Montreal Cognitive Assessment), and MMSE (Mini-Mental State Examination) (Cognitive tests) and overall, functionally, a moderate cognitive-linguistic impairment is identified. Specific difficulties are noted in executive functioning and reasoning/judgement, problem solving, attention, and delayed recall/memory. *Staff educated on not disengaging alarm. *Daily audits are being conducted to ensure all the exit door Wanderguard and alarm systems are working properly. Note: R56 left the facility and went to his brother's home which is approximately 0.7 miles from the facility in a residential area. The facility was unaware that R56 was not in the building until R56's brother called to report that he was at his home. R56's Elopement Risk Assessment was documented as follows . 8/12/2024 Elopement Risk - Significant Change High Risk 11.0 The care plan for R56 was updated. Care Plan Focus: The resident is an elopement risk/wanderer/at risk to leave facility without notice. 8/5/24 Purposefully left building to walk to nephews' home to get snacks and return. Date Initiated: 8/12/24. Interventions: 8/5/24 Purposefully left building to walk to nephews' home to get snacks and return. SW (Social Worker) met with resident upon his return to facility and reeducated him that he cannot leave facility. Intervention is to have Activities offer resident to join monthly shopping trip to buy more snacks, initiated 8/6/24. Monitor for exit seeking and document episodes. Interventions for exit seeking behaviors: 1) provide 1:1 and reassurance, 2) offer distraction such as activity or snack, revised 7/22/24. On 9/24/24 at 1:05 PM, Surveyor interviewed SW C (Social Worker). Surveyor asked SW C if she could tell Surveyor what she knows about R56's elopement on 8/5/24. SW C stated, I was made aware of the elopement when R56 returned. When R56 came back I did tell him he needed to let someone know if he was going to leave and sign out at the front. Surveyor asked SW C if R56 was able to leave the facility unsupervised. SW C stated, R1 does have POA - I don't believe when he left, he was able to leave on his own. Surveyor asked SW C what R56 told her during her interview with him. SW C stated, R56 and I took a walk, and he showed me how he left. He left through the courtyard. Surveyor asked SW C if there was always an alarm on the door going out to the courtyard. SW C stated, at that time don't know if there was an alarm on that door or not. There was a gate that he was able to open. Gate is locked now but was not at that time. Surveyor asked SW C if R56 had a Wanderguard at the time of his elopement. SW C stated, R56 had Wanderguard I believe at the time. Surveyor asked SW C what doors leading outside of the facility have Wanderguard alarms. SW C stated, Wanderguard doors are by the kitchen, front and lounge/TV/common area, those are the ones that I can think of. Surveyor asked SW C if she ever witnessed the 300-wing door alarm disengaged. SW C stated, they used to put a magnet up on the door to silence the alarm. Education was done after R56 eloped with staff to no longer use a magnet to disarm the alarm. Surveyor asked SW C if she knew what R56 was wearing the day he eloped. SW C stated, I am unsure what resident was wearing. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/23/24 at 5:40 PM, Surveyor spoke with R24 and asked if he ever used a magnet to get out the door on the 300 wing. R24 stated he had a magnet for a while that he could put on the outside door alarm to disarm it. R48 had one as well. We were trustworthy to go outside unattended. The magnets were taken away after R56 got outside into the courtyard and through the gate. On 9/24/24 at 3:10 PM, Surveyor interviewed R48. Surveyor asked R48 if he remembers an incident where he saw another resident leave the facility. R48 stated, I remember it. I was out in gazebo with a friend. They had a red magnet attached to the doorframe so if you wanted to go in or out you could use it to silence the alarm. We were on the honor system. Anyone who went out the door knew it was there to use. It was hot that day. Surveyor asked R48 if he remembers what time this occurred. R48 stated, my friend comes at 1:00 PM and leaves around 3:00 PM. We had been out there a half hour to an hour before R56 came out. I have seen him out there multiple times. R56 used to be in wheelchair, would wheel over to the gate, stand up take his shirt off and wave it over his head, sit back down and come back in. R48 stated, this day, R56 went to the gate let himself out, walked along the edge of the property along the fence till out of view. Then 45 minutes to an hour later the DON came out looking for him and asked if we had seen him. R56 had a Wanderguard placed because he would exit the building frequently and we were short staffed then. R56 would be at the end of the lot before someone got out there to bring him back. We are all being penalized now. We can't go out without setting the alarm off and before we could go out on our own recognizance. On 9/24/24 at 11:50 AM, Surveyor interviewed Activity Aide K. Surveyor asked Activity Aide K if she uses or has seen anyone use the magnet on the 300-wing door. Activity Aide K stated, I use a red magnet when I take residents out to the gazebo area for organized activities. This makes it so I can open the door from outside and inside without the alarm going off. The magnet is now kept in the front office. It was on the door frame before. On 9/24/24 at 11:55 AM, Activity Aide K came back to speak with Surveyor stating, I was wrong, we no longer use the red magnet. On 9/24/24 at 1:32 PM, DON B (Director of Nursing) and NHA A came into the conference room to report to Surveyor that they believe that R56 returned about 3:00 PM. R56 was last seen by R48 and his family. R48 saw the resident leave but they did not report this to anyone, but they saw R56 leave through the courtyard gate. Surveyor asked DON B if the gate was open or closed. NHA A states, we were unable to establish if the gate was open but normally it is closed so we assumed R56 opened it. We also have a new Wanderguard system being installed as we speak, they started working on it yesterday. All doors will have Wanderguard alarms. Surveyor asked NHA A if there were any other doors that she was aware of that had magnets on them to silence the alarm. NHA A stated, that was the only door with a magnet. The gate on the fenced in area is now locked and we will also be getting, at some point, new fencing that I believe will also be alarmed if someone tries to exit it. Additional Progress Notes for R56: Progress Note from 8/10/2024 at 10:14. Daily Skilled Note. Note Text: Resident has been pleasant this shift, has confused speech. Resident wanders the hallways. Progress Note from 8/10/2024 at 19:38 (7:38 PM). Health Status Note. Note Text: Resident attempted to get out of the building a few times. Was redirected by staff and resident was able to turn his focus on something else and behavior stopped. Wanderguard on left wrist. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Progress Note from 8/27/2024 at 12:37. Daily Skilled Note. Note Text: Patient at baseline able to make needs known. Minimal wandering this shift redirectable. On 9/23/24 at 2:15 PM, Surveyor observed R56 in his room, lying in bed. R56 sat up independently. R56 is noted to have a Wanderguard on his left wrist. On 9/23/24 at 7:15 PM, Surveyor interviewed FM/POA F (Family Member/Power of Attorney). FM/POA F stated, R56 is a bachelor and always lived alone with his dog. R56 has lived in the community all his life and has a history of walking all over town with his dog. R56 has some intellectual deficits and sometimes needs help, has been this way his entire life. R56 had been at the facility in June and discharged early July, he lives in an upper apartment, 21 steps, and he did not do well at home by himself; he did not take his meds and ended up back at the hospital. R56 then readmitted to the facility from the hospital due to weakness and needing more therapy. R56 was in a wheelchair when he first returned to the facility. R56 would go throughout the facility, sometimes he sat out front of the building and the staff would bring R56 back in. In August R56 left the facility and walked to his brother's home, it is about 3 - 4 blocks from the facility. I think he probably cut through yards to get there. He showed up at the house looking for snacks and his brother called the facility to say he was there and were taking him to get snacks and would bring him back. On 9/24/24 at 8:35 AM, Surveyor interviewed LPN G (Licensed Practical Nurse). Surveyor asked LPN G if R56 was known to wander. LPN G stated, initially there was no wandering then once R56 cleared and became clearer he attempted to elope and a Wanderguard was placed as an intervention. During his first stay R56 would sit out front. He went home then and then came back as he did not do well at home. R56 was readmitted to the 400 unit. R56 absolutely has cognitive issues. Prior to admission was very active in the community, would walk around town with his dog all day long. On 9/24/24 at 8:45 AM, Surveyor interviewed CNA H (Certified Nursing Assistant). Surveyor asked CNA H if R56 wanders in the facility or attempts to leave the facility. CNA H stated, in the morning R56 is usually out walking around. R56 spends a decent amount of time in his room. I have never heard that he was at risk for elopement. I am also not aware of R56 ever eloping from the facility. Surveyor asked CNA H where she would locate the information that a resident was at risk for wandering. CNA H stated, I would look for that information on the CNA sheets. It should say the resident has a Wanderguard or that they are a wanderer. On 9/24/24 at 1:32 PM, Surveyor asked NHA A if facility has a way for monitoring Wanderguard expiration dates. NHA A stated, it is not in MAR/TAR (Medication Administration record/Treatment Administration Record) to check the Wanderguard expiration date but would expect that to be done. Surveyor asked NHA A if the facility completed any education with staff on the gate. NHA A stated, no, not specifically the gate. Surveyor asked NHA A if any education was completed with residents on the magnet or exit doors. NHA A stated, no, we did not specifically educate residents on magnet or door, at least nothing formally. NHA brought in copies of audits completed on doors, audits started 8/9/24 and continue. On 9/24/24 at 2:30 PM, Surveyor went into front office to ask NHA A to check doors with Surveyor. RDC D (Regional Director of Clinical Services) stated, we are now adding the Wanderguard expiration dates to the MAR/TAR as an extra check. Medical Records has been keeping track of the expiration dates as she is the one that orders them. Wanderguards used are good for 1 year. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/24/24 at 2:45PM, NHA A and Surveyor checked all doors. All alarms in place and functioning. Surveyor notes gate is secured with chain and padlock. On 9/24/24 at 3:00 PM, Surveyor reviewed the facility elopement binder. All residents listed by the facility as being at risk for elopement were identified in the binder. The facility was aware that R56 was at risk for elopement and had gotten outside the building on 6/30/24. The facility documented this event and placed a Wanderguard on R56 but did not consider it an elopement and reassess R56 at that time. R56 continued to exhibit wandering behavior, including stating to staff that he was leaving. The facility did not put measures into pl [TRUNCATED]

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038 Based on interview and record review, the facility did not ensure that 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 this is not possible or resident preferences indicate otherwise for 1 of 1 resident (R39) reviewed for hydration. R39 had an order for a fluid restriction that was not monitored by staff, as well as a significant weight gain that was not reported to R39's medical provider. Evidenced by: The facility's policy titled Hydration revised on 2/4/24 states in part .3. Fluid breakdown for residents on fluid restrictions will be placed on the MAR (Medication Administration Record), on the POC (Point of Care) task list, and in the resident care plan .14. Intake and Output monitoring will be assessed by licensed nursing staff at least weekly, and physicians will be contacted regarding continuous monitoring as needed . The facility's policy titled Resident Height and Weight revised on 7/7/23 states in part .8. Any weight change of 5lbs. (pounds) or greater within 30 days will be retaken within 24 hrs. (hours) for verification, and re-weight will be documented in the EMR (Electronic Medical Record) .9. If re-weight verifies a significant, unplanned weight change, this is communicated to the resident's Physician, POA (Power of Attorney), Dietician and any others deemed necessary by the Interdisciplinary team. This weight change will be assessed and reviewed by the dietician in cooperation with the Interdisciplinary Team and appropriate interventions will be implemented, reviewed, and revised as needed . R39 was admitted to the facility on [DATE] with diagnoses that include congestive heart failure (CHF), hypertension, morbid obesity, major depressive disorder, and anxiety disorder. R39's most recent MDS (Minimum Data Set) dated 9/5/24 states that R39 has a BIMS (Brief Interview of Mental Status) of 14 out of 15, indicating that R39 is cognitively intact. R39's physician's orders state in part: Fluid Restriction: 2000ml/24hrs (milliliters per 24 hours) Dietary: 240cc (cubic centimeters) TID (720cc) Med Pass: 120cc TID (360cc) Between meals: 920cc; divide as needed every shift for Heart Failure. Start date 2/2/24. Admission weight procedure. Update dietitian and MD/NP (Medical Doctor/Nurse Practitioner) with any significant weight changes. Every day shift every 1 month(s) starting on the 4th for 1 day(s). Start date: 10/2/23. R39's Care Plan states in part: Focus: The resident has Congestive Heart Failure. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/6/24 - risk vs. benefit added due to resident free drinking water with a fluid restriction. Discussed with resident, POA, and NP (Nurse Practitioner). Date initiated: 4/20/22. Revision on: 2/7/24. Goal: *The resident will have clear lung sounds, heart rate and rhythm within normal limits through the review date. *The resident will verbalize less difficulty breathing (Dyspnea) and be more comfortable through the review date. Interventions: *Check breath sounds and monitor/document for labored breathing, as needed .* Give cardiac medications as ordered. * Monitor intake and output. * Monitor vital signs per facility protocol. Notify MD of significant abnormalities. *Monitor/document in progress notes/report to provider PRN (as needed) any changes in lung sounds on auscultation (i.e. crackles), edema, changes in weight, cognition changes. *Monitor/document/report PRN any s/sx (signs/ symptoms) of Congestive Heart Failure: dependent edema of legs and feet, periorbital edema, SOB (shortness of breath) upon exertion, cool skin, dry cough, distended neck veins, weakness, weight gain unrelated to intake, crackles and wheezes upon auscultation of the lungs, Orthopnea, weakness and/or fatigue, increased heart rate (Tachycardia) lethargy and disorientation . *Weights & parameters, vitals, edema monitoring per provider orders, and PRN . R39's weights are as follows: 4/4/24: 257 lbs. 5/2/24: 271 lbs. 6/4/24: 272 lbs. 9/4/24: 277.5 lbs. From 4/4/24- 5/2/24, R39 had a 14 lb. weight gain, which equals a 5.4% weight gain; this is considered a significant weight gain. From 4/4/24- 9/4/24 R39 had a 20 lb. weight gain in 6 months, which equals 7.78% weight gain. It is important to note that facility staff did not obtain R39's weight for the months of July and August. R39's fluid intake monitoring for September is documented as follows; documentation is in milliliters: 1: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 600. 2: no documentation. 3: 8:00 AM- 600, 12:00 PM: 600. 5:00 PM: 360. 4: 8:00 AM- 400, 12:00 PM- 600, 5:00 PM- 400. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5: 8:00 AM- 500, 12:00 PM-600, 5:00 PM-600. 6: no documentation. 7: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 600. 8: no documentation. 9: 8:00 AM- 375, 12:00 PM- 500, 5:00 PM-no documentation. 10: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 130. 11: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 400. 12: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 200. 13: 8:00 AM- 505, 12:00 PM- 130, 5:00 PM- 360. 14: 8:00 AM- 605, 12:00 PM- 350, 5:00 PM- 300. 15: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 360. 16: 8:00 AM- 450, 12:00 PM- 475, 5:00 PM- 550. 17: 8:00 AM- 240, 12:00 PM- 240, 5:00 PM- 240. 18: no documentation. 19: 8:00 AM- no documentation, 12:00 PM-no documentation, 5:00 PM-240. 20: 8:00 AM- no documentation, 12:00 PM- no documentation, 5:00 PM- 400. 21: 8:00 AM- 250, 12:00 PM- 1000, 5:00 PM- no documentation. 22: 8:00 AM- 200, 12:00 PM- 600, 5:00 PM- 240. 23: 8:00 AM- 150, 12:00 PM-1250, 5:00 PM- 140. 24: 8:00 AM- 450, 12:00 PM- 450, 5:00 PM- NA (Not Applicable). 25: 8:00 AM- 700, 12:00 PM- 650, 5:00 PM- 180. Surveyor reviewed R39's MAR/ TAR (Medication Administration Record/ Treatment Administration Record) which showed that facility nurses were signing off on the fluid restriction order, but there was no documentation of staff calculating R39's daily totals. Dietician notes are as follows: (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/11/24 at 2:03 PM: Weight Change Note .Comments: [R39] has experienced a significant weight gain of 14#/ 5.4% in 30 days .Nursing was notified of significant weight gain . 6/11/24 at 10:34 PM: Nutrition/ Dietary Note: Discussed [R39's] increase in weight during care conference meeting today with R39 and her sister. Current weight is 272#. This is a 15# weight gain since 4/4/24. Not a significant weight gain, but is concerning being that she has a dx (diagnosis) of CHF and on a 2L (Liter) fluid restriction . She had been weighed more frequently in the past .Nursing will notify NP of weight gain & see if weights should be obtained more frequently . It is important to note that Surveyor requested copies of documentation that R39's provider was updated; no documentation was provided. On 9/26/24 at 10:51 AM, Surveyor interviewed CNA T (Certified Nursing Assistant). Surveyor asked CNA T how she knows what residents are on fluid restrictions, CNA T stated that she asks during change of shift report and will also check with the nurse. Surveyor asked CNA T where she documents fluid intakes CNA T reported that she has a screen that comes up in the resident's electronic health record. On 9/26/24 at 10:56 AM, Surveyor interviewed LPN U (Licensed Practical Nurse). Surveyor asked LPN U what kind of monitoring they do for residents with congestive heart failure, LPN U stated that she checks respiratory status, breathing, edema, weights, and update the physician as needed. Surveyor asked LPN U what a significant weight change is, LPN U stated that if a resident gains more than 3 lbs. then she would notify the physician. Surveyor asked LPN U if a resident is on a fluid restriction, who monitors the daily totals, LPN U stated that she was unsure and would have to check. Surveyor asked LPN U who is responsible for updating the provider when a resident has a significant weight change, LPN U stated that it was the nurses. Surveyor asked LPN U if that would be documented, LPN U stated yes. On 9/26/24 at 1:47 PM, Surveyor interviewed NP S. Surveyor asked NP S if facility staff updated her regarding R39's weight gain in June, NP S reported that she couldn't say if they did or if they didn't. Surveyor asked NP S if the facility updated her that they did not obtain R39's weight in July or August, NP S stated no. Surveyor asked NP S if facility staff updated her regarding R39's 20 lb. weight gain in the last 6 months, NP S stated that most of the time they do, but she was unsure. Surveyor asked NP S if she would expect staff to monitor R39's fluid intake since she is on a fluid restriction, NP S stated that she believes that they are giving the fluids that are recommended for her but is unsure if they are monitoring her other fluids. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 2:47 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what is considered a significant weight gain, DON B stated that it was a percentage and that they get alerts from [electronic health record]. Surveyor asked DON B who is responsible for monitoring and totaling the fluid intake on residents on a fluid restriction, DON B stated that there are orders for the nurses to do it daily. Surveyor asked DON B who is responsible for reviewing the Dietician's notes and recommendations, DON B stated that herself and the ADON (Assistant Director of Nursing) look at them and update the provider. Surveyor asked DON B if the provider was updated regarding the Dietician's recommendations and R39's weight gain, DON B stated that she was unsure. Surveyor asked DON B if she would expect someone to follow up on those recommendations, DON B stated yes. Surveyor asked DON B if despite having the risks vs (versus) benefits for R39's non-compliance with the fluid restriction, should staff be monitoring and documenting all R39's fluids, DON B stated yes. Surveyor asked DON B if staff should have obtained R39's weights in July and August, DON B stated yes.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49434 Based on interview and record review, facility staff did not adequately assess and treat pain and provide necessary care and services to attain or maintain the highest practicable physical well-being for 1 of 3 Residents reviewed for pain (R45). The facility failed to provide R45 with his ordered PRN pain medication when reporting 8 out of 10 pain, in consecutive shift assessments. The facility also failed to reassess the resident's pain after non-pharmacologic interventions had been administered. This is evidenced by: The facility policy entitled, Pain Management and Assessment, dated 4/27/22 states, in part: . Procedure: 1. Nursing staff will identify individuals who have pain or who are at risk for having pain .7. Non-pharmacological interventions (i.e. repositioning resident, turning lights off, warm cloth, etc.) will be attempted prior to the use of PRN (as needed) analgesics whenever appropriate. Use of interventions and effectiveness will be documented. 8. Evaluation of the effectiveness of analgesic pain medication will be conducted post-administration .10. The resident's care plan will reflect the individualized pain management plan and individualized resident goals, including both pharmacological and non-pharmacological interventions. The facility policy entitled, Emergency Medication Supply, dated 1/22/14 states, in part: Purpose: To maintain an emergency supply of medications in accordance with state and federal regulations. Procedure: . 2. The facility will ensure proper storage of the emergency drug supply in accordance with state and federal regulations . 5. The facility will notify the pharmacy when medications are used from the emergency drug supply following pharmacy protocol. 6. In accordance with regulation, no controlled substance will be removed from the emergency drug supply without authorization from the pharmacist . R45 admitted to the facility on [DATE] with diagnoses that include, in part: Multiple Sclerosis, Chronic Pain Syndrome, neuralgia and neuritis (nerve pain and inflammation), muscle spasm, pain in left shoulder, and hemiplegia (one-sided paralysis or weakness) affecting left nondominant side. R45's Admission Minimum Data Set (MDS), with a target date of 9/4/24, indicates R45 has a BIMS score of 15 out of 15, indicating R45 is cognitively intact. R45's Comprehensive Care Plan states, in part: Focus: The resident has chronic pain r/t (related to) MS (Multiple Sclerosis) and generalized chronic pain. (back, lower extremity and left shoulder.) Interventions: Administer Medication per MD (Medical Doctor) order for pain management. Administer medication per physician order for breakthrough pain. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Assist resident to meet needs and maintain safety: keep call light within reach, keep personal effects in easy reach, remind to avoid sudden position changes that may cause increased pain. Date initiated: 8/30/24. Date Cancelled: 9/16/24. R45's Hospital Discharge Paperwork, dated 8/28/24 states, in part, that R45 received Morphine extended release and Morphine immediate release while admitted to the hospital. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R45's Physician Orders: Pain level 0-10 scale or PAINAD scale, Acceptable level of pain (resident response). Every shift for 7 days. Start date: 8/29/24. End date: 9/5/24. Pain level 0-10 scale or PAINAD scale, Acceptable level of pain (resident response). Every day shift. Start date: 9/5/24. No end date. Pain level 0-10 scale or PAINAD scale, Acceptable level of pain 5. Every day shift. Start date: 9/6/24. No end date. Pain level 0-10 scale or PAINAD scale, Acceptable level of pain 5. Every shift until 9/05/2024 23:59 (11:59 PM). Start date: 8/30/24. End date: 9/5/24. Ibuprofen Oral Tablet 200 MG (milligram) (Ibuprofen) Give 1 tablet by mouth as needed for pain TID (Three Times a Day). Start date: 9/3/24. No end date. Morphine Sulfate ER Oral Tablet Extended Release (ER) 15 MG (Morphine Sulfate). Give 1 tablet by mouth every 12 hours for Chronic Pain. Start date: 8/29/24. No end date. Morphine Sulfate ER Oral Tablet 15 MG (Morphine Sulfate). Give 1 tablet by mouth every 6 hours as needed for Pain. Morphine Sulfate IR (Immediate Release). Start date: 8/29/24. No end date. R45's Medical Record includes, in part: On 8/30/24, R45 reported a pain scale of 8 out of 10 to the Day shift. According to the MAR, at 08:00 AM R45 was administered his scheduled Morphine ER (extended release). On the evening shift, R45 once again reported 8 out of 10 pain. R45 was administered his scheduled Morphine ER at 8:00 PM. On 9/26/24 at 9:53 AM, Surveyor interviewed LPN U (Licensed Practical Nurse). Surveyor asked LPN U what the process is for treating a resident who reports a pain level of 8 out of 10. LPN U states she would assess the resident's pain and check the resident's orders for any PRN pain medications and administer those if available. Surveyor asked LPN U what she would do if there were none of the ordered PRN pain medications available in her medication cart. LPN U states that she would pull the medication from contingency. Surveyor asked LPN U what the process is for pulling medications from contingency. LPN U states she calls the pharmacy to inform them and make sure they have a script for the controlled substance, notify the DON (Director of Nursing), fill out the contingency slip, and make a progress note. Surveyor asked LPN U if a note must be written if a medication is pulled from contingency. LPN U states yes. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 at 9:56 AM, Surveyor interviewed LPN GG. Surveyor asked LPN GG what the process is for treating a resident who reports a pain level of 8 out of 10. LPN GG states she would ask about the resident's pain, assess their pain, check the resident's orders for PRN medications, and give the PRN medications as ordered. Surveyor asked LPN GG what she would do if the ordered PRN medications were not available in her medication cart. LPN GG states she would get them from contingency. Surveyor asked LPN what the process is to get medications from contingency. LPN GG states she would call the pharmacy to make sure there is a valid script for the pain medication, notify the physician, fill out a contingency slip, and make a progress note. Surveyor asked LPN GG if a note must be written if a medication is pulled from contingency. LPN GG states yes. On 9/26/24 at 3:04 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is for how medications are ordered and provided to the facility. DON B states that their medical records staff enters the medication orders into the computer, the DON or ADON (Assistant Director of Nursing) checks the medication orders, medical records fax the orders to the pharmacy, and the pharmacy sends the medications. DON B also states that whatever medication is due should be pulled form contingency stock. Surveyor asked DON B how long this process usually takes. DON B states, depends on the day it is sent, but usually medications are delivered the same day the fax is sent. Surveyor asked DON B if the facility maintains a contingency stock. DON B states, yes. Surveyor asked DON B how staff go about retrieving medications from the contingency stock. DON B states, if it is not a controlled substance, staff need to look to see if they have it in contingency, fill out a contingency slip and remove the medication. DON B also states, if it is a narcotic, staff call the pharmacy first to make sure there is a script, fill out a contingency script, and make a progress note. Surveyor asked DON B if a medication was unavailable, would she expect a provider to be contacted. DON B states, yes. Surveyor asked DON B what she would expect the process to be if a resident reports pain above their pain goal. DON B states, staff should assess the resident's pain, look in their chart for any pain interventions, provide interventions as necessary, reassess pain within 45 to 60 minutes after medication administration. Surveyor asked DON B what she would expect if a resident reports 8 out of 10 pain. DON B states, with severe pain, it would be appropriate to start with pharmacological pain relief such as PRN pain medications, but also try non-pharmacological interventions as well. Surveyor asked DON B if she would expect staff to reassess pain after all pain interventions. DON B states, yes. DON B also states that if pharmacy did not have a script for the patient's ordered medication, staff should have called a provider to obtain one and made a note of the issue. R45's pain level is above R45's pain goal of a 5 out of 10. There is no documentation of reassessment of R45's pain to know if R45's pain was relieved or reduced to R45's goal of 5. There is no evidence of administration of R45's ordered Immediate release PRN Morphine when R45 was reporting an 8 out of 10 pain. The facility had immediate release morphine in their contingency, but it was not utilize for R45's 8 out of 10 pain.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552 Based on interview and record review, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 5 of 29 sampled residents (R7, R36, R27, R9 & R45) and 2 of 10 (R17 and R13) supplemental residents reviewed for staffing. R17 voiced concerns of long call light wait times due to not having enough staff. R13 voiced concerns of not getting showers and not enough staff. Residents in Resident Council voiced concerns of showers not being done and safety concerns due to not having enough staff per shift. Record review and interviews show residents not receiving scheduled showers. Staff voiced concerns regarding not being able to get tasks done such as showers, treatments, making beds, taking out garbage, charting, and providing timely care, due to not having enough staff per shift. R9 and R45 did not receive weekly showers. R36, R7 & R27 did not receive weekly showers. Evidenced by: The facility, Facility Assessment, dated 7/23/24, states, in part; .licensed nurses 2-3 am/pm (days/evening) and 1-2 noc (night) shift .nurse aids 5-6 am/pm and 2-3 noc shift . Facility policy entitled, Activities of Daily Living (ADLs), dated 3/15/21 states, in part: Policy: Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable .Procedure: 1. A resident will be given the appropriate treatment and services to maintain or improve his or her ability to carry out activities of daily living. 2. The facility will provide care and services for the following activities of daily living: Hygiene - bathing, dressing, grooming, and oral care . 5. ADLs will be provided per the resident's individualized plan of care. 6. ADL cares will be provided based on the resident preferences. 7. If a resident refuses care, this shall be reported to the nurse and the resident reapproached. Documentation of refusal shall be completed in the electronic medical record. Example 1 R17 was admitted to the facility on [DATE] with a diagnoses including respiratory failure, heart failure, bipolar disorder, chronic pain, and anxiety disorder. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R17's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 6/20/24, indicates R17 has a BIMS (Brief Interview for Mental Status) score of 15 indicating R17 is cognitively intact. R17 is their own person. On 9/25/24 at 1:51 PM, R17 indicated the facility is very short staffed. R17 indicated it seems like there has been a decline since March. R17 indicated it takes staff a long time to answer call lights. R17 indicated it's been over an hour and it's typically in the evenings. R17 indicated showers don't always get done due to staffing and that it is common for one CNA (Certified Nursing Assistant) to be down a hallway alone. R17 indicated she has seen CNA's crying because they are frustrated and not able to get to all their tasks completed. R17 indicated the weekends are the worst and she dreads agency staff. R17 indicated the long wait times make her really pissed off and that she has wet herself due to having to wait for a long time. R17 indicated there is a lot of management turn over and this has been difficult. R17 indicated all in all it's terrible. Example 2 On 9/24/24 at 1:33 PM, during Resident Council meeting, residents voiced concerns regarding the staffing and staffing pattern at the facility. Residents stated it is a lot of pressure on staff and they feel the facility is experimenting with the staffing pattern to the point of someone getting hurt. Residents stated using the agency staff has stopped being the last resort and is now the norm. Residents indicated there are residents who do not get their showers due to staffing. Residents stated they do not feel like the agency staff always treat them with respect, agency staff are not as invested in the facility as the seasoned staff are. Example 3 On 9/24/24 at 8:34 AM, CNA H (Certified Nursing Assistant) indicated staffing is bad at the facility. CNA H indicated she has been working at the facility for a few years now and recently came back to help. CNA H indicated there are things that can't get done due to not having enough staff. CNA H indicated showers do not always get done due to staffing. CNA H indicated they are always rushed and that she knows what the issue is at the facility, it is staffing. CNA H indicated there is always new staff, agency staff and many don't come back because of how short staffed they are. CNA H indicated it smells often like urine and garbage doesn't always get taken out either, because of not having enough staff. It feels like the care and compassion is gone. On 9/24/24 at 11:17 AM, CNA Z indicated there is not enough staff to meet resident needs. CNA Z indicated there are two CNA's to care for 67 residents. CNA Z indicated she does not have any more information to share. On 9/25/24 at 5:15 AM, LPN AA (Licensed Practical Nurse) indicated there is not enough staff to meet resident needs. LPN AA indicated showers and treatment do not always get done due to staffing. LPN AA indicated there is a lot of call in's and agency staff are often no call no shows. LPN AA indicated staffing is an issue all of the time. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/25/24 at 5:30 AM, CNA CC indicated there is not enough staff working on any of the shifts. CNA CC indicated there are times that there is only 2 CNA's working NOC's. CNA CC indicated it is a struggle .we don't get to spend as much time with residents as we should because we have to keep running. CNA CC indicated if there are only two CNA's working on a noc shift then they are not able to get anyone up in the morning until the next shift comes in. On 9/25/24 at 5:35 AM, CNA J indicated agency staff are no call no shows a lot. CNA J indicated there are times that things do not get done due to staffing. CNA J indicated beds don't always get made and garbage doesn't always get taken out due to staffing. CNA J indicated residents do not get enough time with their cares because we have to rush. On 9/25/24 at 5:48 AM, CNA BB indicated there is never enough staff working. There is often only two CNA's working on NOC shifts and this is for 60 plus residents. CNA BB indicated it takes forever to get help for transfers. CNA BB indicated there are times CNA is not able to get charting completed because of not having enough staff. CNA BB indicated the issues with staffing is how the facility schedules staff and the amount of call in's. CNA BB indicated there are plenty of times that staff do not get a break, CNA indicated this matters because I start to get frustrated, and this is not fair to the residents! CNA BB indicated it is a chronic issue of staff just not showing up for their shifts. CNA BB indicated management typically doesn't help but they are now because state is here. On 9/25/24 at 4:00 PM, S DD (Scheduler/CNA) indicated there are issues with staffing. S DD indicated the staff just don't stick around. S DD indicated agency staff will run an hour or two late and that throws off everything. Surveyor asked how does S DD create the schedule and come up with the number of CNA's and nurses per shift? S DD indicated no one has told me how to staff it, it's always been done this way one CNA per hallway and a float for entire building .it's been two floats too .but they want to minimize the agency staff so it's usually one. On 9/29/24 at 8:45 AM, Anonymous Staff member EE indicated the feedback that Anonymous staff member EE receives is there is not enough staff scheduled per shift. Anonymous staff member EE indicated the facility has started having meetings to discuss staffing and that there has been talk of the number of CNA's per shift, but there is also a budget that needs to be followed. Example 4 R13 was admitted to the facility on [DATE] with a diagnoses including multiple sclerosis, major depressive disorder, and muscle spasm. R13's most recent MDS (minimum data set) with ARD (assessment reference date) of 7/12/24, indicated R13 has a BIMS score of 14 indicating R13 is cognitively intact. On 9/26/24 at 2:20 PM, R13 indicated R13 gets scheduled showers sometimes, but not always. R13 indicated there are times she gets bed baths too. Surveyor asked if R13 prefers bed baths. R13 indicated no, I prefer a bath. There's not enough staff. R13 indicated R13 prefers a shower so she can get her hair washed. R13 indicated the staff that are here are good. But, that there is not enough staff working. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor reviewed R13's shower documentation for the month of August and September 2024. Documentation states, in part; .August ADL bathing (prefers Monday AM shift) .Mon 5 .total dependence . Mon 12 .NA (not applicable) .Mon 19 blank .Mon 26 .total dependence. It is important to note R13 received 2 out of 4 scheduled showers for the month of August. September .ADL bathing (prefers Monday AM shift .) Mon 2 .blank .Mon 9 .blank .Mon 16 .NA (not applicable) .Mon 23 .total dependence. It is important to note R13 received 1 out of the 4 scheduled showers for September. 38725 Example 5 R7's shower day is Friday. R7 did not receive a shower three times from August 1, 2024, through September 26, 2024. R7 did not have showers on 8/9/24, 8/30/24, and 9/13/24. R7's shower documentation for the dates of missed showers, documents: 8, 8 NA which indicates 8- Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity, Not Applicable. Of note, these dates were not noted to be resident refusals. Example 6 R27's shower day is Thursday. R27 did not receive a shower in August at all and had not received a shower in September as of September 26, 2024. R27 did not have showers on 8/1/24, 8/8/24, 8/15/24, 8/22/24, 8/29/24, 9/5/24, 9/12/24, and 9/19/24. R27's shower documentation for the dates of missed showers, documents: 8, 8 NA which indicates 8- Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity, Not Applicable. Of note, these dates were not noted to be resident refusals. Example 7 R36's shower day is Thursday. R36 did not receive a shower five times from August 1, 2024, through September 26, 2024. R36 did not receive showers on 8/15/24, 8/29/24, 9/5/24, 9/12/24, and 9/19/24. R36's shower documentation for the dates of missed showers, documents: 8, 8 NA which indicates 8- Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity, Not Applicable. Of note, these dates were not noted to be resident refusals. 49434 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Example 8 R9 admitted to the facility on [DATE] with diagnoses that include, in part: Displaced Dens (C2 Neck Vertebrae) Fracture, Pulmonary Embolism, Depression, Chronic Obstructive Pulmonary Disease, muscle wasting and atrophy, chronic pain, and atherosclerotic heart disease. R9's most recent Minimum Data Set (MDS), with a target date of 8/13/24, indicates R9 has a BIMS score of 14 out of 15, indicating R9 is cognitively intact. Section GG indicates R9 is dependent on staff for showers and bathing. R9's Care Plan states, in part: Focus: The resident has an ADL self-care deficit . Interventions: Bathing/showering assist - one . R9's Shower Documentation indicates her preferred shower schedule was Thursday PM shift. R9's documentation shows she did not receive showers on the following dates: 8/22/24, 8/29/24, and 9/5/24. On 9/23/24 at 11:42 AM, Surveyor interviewed R9 about staffing. R9 states that the facility does not have enough staff. She states that sometimes she doesn't get showers like she is supposed to and that sometimes she pees her pants because she waits so long for her call light to be answered. Example 9 R45 admitted to the facility on [DATE] with diagnoses that include, in part: Multiple Sclerosis, Chronic Pain Syndrome, neuralgia and neuritis (nerve pain and inflammation), muscle spasm, and hemiplegia (one-sided paralysis or weakness) affecting left non-dominant side. R45's Admission Minimum Data Set (MDS), with a target date of 9/04/24, indicates R45 has a BIMS score of 15 out of 15, indicating R45 is cognitively intact. Section GG indicates R45 requires supervision or touching assistance from staff for showers and bathing. R45's Shower Documentation indicates his preferred shower schedule was Monday PM shift. R45's documentation shows he did not receive showers on 8/30/24 and 9/2/24 and the resident refused a shower on 9/9/24. The facility failed to ensure sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of all residents residing at the facility. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/26/24 at 8:56 AM, NHA A (Nursing Home Administrator) indicated they base facility staffing pattern on resident acuity. NHA A indicated current census is around 60 so they try to have six CNA's on for AM/PM shifts. NHA A indicated in a perfect world we have six . NHA A indicated the facility tries to have one CNA for each hallway and two floats. NHA A indicated NHA A is relatively new to the facility, and they are now starting to hold staff accountable for call in's. NHA A indicated this is slowly starting to help issue with call in's. NHA A indicated they are also starting to offer bonuses and other incentives for staff if they don't call in. NHA A indicated this is starting in the month of October. NHA A indicated they have also started discussing if the float staff should have an assigned hallway because certain hallways have more residents that need two staff assist. NHA A indicated understanding on the concerns with staffing and indicated the facility is working on decreasing the number of agency staff as well.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992 Based on observation, interview, and record review, the facility did not ensure that it was free of medication error rates of 5% or greater. There were 8 errors out of 27 opportunities that affected 1 of 1 sampled residents (R43) and 2 of 9 supplemental residents (R513 & R15) included in the medication pass task, which resulted in an error rate of 29.63%. The facility's medication error rate was 29.63% with medication errors observed for R513, R43, and R15. This is evidenced by: The facility policy, Administering Medications, dated 8/1/2015, states in part, as follows: Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Medications shall be administered per provider's (MD, NP, PA) written/verbal orders upon verification of the right medication, dose, route, time and positive verification of the resident's identity when no contraindications are identified, and the medication is labeled according to accepted standards. Medications should be administered within one (1) hour of the prescribed times. Medications that are scheduled with liberalized administration times will be administered during the documented time. The Facilities Medication Administration Competency, undated, documents the following, in part: Steps of Medication Administration .Right Medication/Dose: Compare medication label to MAR (Medication Administration Record) order: Check 1; Understand indication, side effects, adverse reactions of the medication; check resident allergies; check expiration date; Right Medication/Dose: Compare medication label to MAR order: Check 2; Right Route: Dispense medication without touching the medication or contaminating the dispensing container (as applicable): *if crushing- insure manufacturer instructions allow and MD/NP (Medical Doctor/Nurse Practitioner) order, *poor liquids while the cup is on a flat surface and check at eye level, *SL: instruct the resident to hold under tongue and to not drink until dissolved; Right Medication/Dose: Compare medication label to MAR order: Check 3, Right Time: Medication administered at correct time per MAR .Right Documentation: Immediately documents the administration on the MAR, (Or) Documents the reason for not administering the medication .Missing medications requested from pharmacy as applicable . [SIC] Example 1 R513's current Physician Orders, include, in part, the following medications: 1. Sodium Bicarbonate 650 mg (milligrams) (Antacid) Give 1 tablet by mouth three times a day. The facility's MAR (Medication Administration Record) has Sodium Bicarbonate scheduled at 8:00 AM. 2. Lamotrigine (Lamictal) 200 mg (Lamotrigine) Give 200 mg Give 1 tablet by mouth two times a day for seizure activity. The facility's MAR (Medication Administration Record) has Lamotrigine scheduled at 8:00 AM. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Ziprasidone HCL (hydrochloride) oral capsule 40 mg Give 1 capsule by mouth one time a day for bipolar disorder. The facility's MAR (Medication Administration Record) has Ziprasidone HCL scheduled at 8:00 AM. 4. Semglee insulin 25 units subcutaneously one time a day related to type 1 diabetes mellitus with diabetic chronic kidney disease The facility's MAR (Medication Administration Record) has Semglee scheduled at 8:00 AM. 5. Entresto Oral Tablet 24-26 mg (Sacubitril-Valsartan) Give 0.5 tablet by mouth two times a day for HBP (high blood pressure). Hold if SBP (systolic blood pressure) is less than 110. On 9/23/24 at 10:24 AM, Surveyor observed RN R (Registered Nurse) administer medications 1-4 to R513. This resulted in four (4) medication timing errors, as the medications were not administered with 1 hour of the medication time on the MAR. RN R did not administer R513's Entresto as it was not available. This resulted in 1 medication omission error. 39849 Example 2 R15 was admitted to the facility on [DATE] with diagnoses that include, in part: Alcoholic cirrhosis of liver with ascites, Portal Hypertension (high blood pressure in the portal vein that runs through your liver). R15's Physician Orders include, in part: 1) Lactulose Oral Solution 10GM/15ML (grams per milliliter)-- Give 30ml by mouth three times a day for . [sic]. R15's MAR indicates administration times of 8:00 AM, 12:00 PM, and 5:00 PM. 2) Xifaxan Oral Tablet 550MG (milligram)-- Give 0.5 tablet by mouth with meals for liver failure. R15's MAR indicates administration times of 8:00AM, 12:00PM, and 5:00PM. On 9/24/24 at 2:02 PM, Surveyor observed RN R (Registered Nurse) prepare and administer, in part, the following medications to R15. Xifaxan 550mg tablet - one half tablet and Lactulose 10gm/15ml - 30ml. On 9/24/24 at 3:10 PM Surveyor interviewed RN R who indicated if a medication is ordered for a specific time it should be given within one hour before up to one hour after the scheduled time. RN R indicated that R15's Xifaxan and Lactulose should have been given between 11:00 AM and 1:00 PM and that she was late administering both of these medications. Surveyor asked RN R what should be done if a medication is going to be given late. RN R indicated a progress note should be entered and she should have called the provider prior to giving the medications for guidance. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/25/24 at 4:49 PM, Surveyor interviewed DON B (Director of Nursing) who indicated if a medication is ordered for a specific time then staff would have an hour before and an hour after to administer. Surveyor asked DON B what the process is if a medication can't be given at the ordered time. DON B indicated the provider should be updated prior to giving the medication with why the medication wasn't given and if it should still be given. 38725 Example 3 Medication Administration Observation: On 9/24/24 at 4:59 PM, Surveyor observed LPN E (Licensed Practical Nurse) prepare R43's PM medications. This included the following: Lasix 20 mg (milligrams) 2 tabs BID (twice a day), Atorvastatin 20 mg QD (every day), Metoprolol Tartrate 25 mg BID, and Mucus relief 400mg BID (broke in half). LPN E verified who R43 was and took her blood pressure as one of her medications has parameters. Blood pressure was 143/64. LPN E then explained to R43 what medications were in the cup and R43 took them without issue. R43's Physician Orders document the following order: Guaifenesin oral tablet (Guaifenesin) Give 600 mg by mouth two times a day for congestion. R43 was administered the wrong dose of Guaifenesin on 9/24/24. On 9/26/24 at 2:40 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B do you expect medications to be administered per physician orders, DON B stated yes. Surveyor asked DON B if the correct dose of a medication is not what is on hand, what would you expect the nurse to do; DON B explained the nurse should update the Provider, contact the pharmacy- if they bring it timely, administer it or if the Provider gives order to administer when it arrives; Provider could give a temporary order until the correct dose is obtained or the Provider could give an order to hold the medication. Surveyor asked DON B why are some medications scheduled for 8:00 AM (or a specific time) and others are scheduled for time ranges; DON B replied that sometimes the order is written for a specific time by the Provider and other times, it is just the way the nurse transcribes the order(s). Surveyor asked DON B if a medication is ordered for 8:00 AM when would you expect staff to administer the medication, DON B stated between 7:00-9:00 AM. Surveyor asked DON B for R513, he has Sodium Bicarb, Lamotrigine, Ziprasidone, and Semglee Insulin scheduled at 8:00 AM; when would you expect R513 to have those medications administered; DON B said between 7:00-9:00 AM. Surveyor asked DON B if there is a medication ordered that is not available, would you expect it to be available and administered as ordered; DON B said yes, I would expect the nurse to update the Provider and contact the pharmacy. Surveyor asked DON B if they've received anything from the Pharmacy regarding R513's Entresto medication, DON B stated not that I can think of. Surveyor asked DON B if it is acceptable to take a stock medication (Aspirin) from one cart, put some into a cup, label the cup with the medication name and dose, and place on another cart; DON B stated no.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 30992 Based on observation, interview and record review, the facility did not ensure residents are free of significant medication errors for 1 of 1 total sampled residents (R513). Surveyor observed R513's medication pass on 9/23/24. RN R (Registered Nurse) stated, R513's Entresto (combination medication to treat heart failure) is not available. R513's order for Entresto for high blood pressure is dated 8/30/24. R513 has not received Entresto since it was ordered. This is evidenced by: The facility policy, Administering Medications, dated 8/1/2015, states in part, as follows: Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Medications shall be administered per provider's (MD, NP, PA) written/verbal orders upon verification of the right medication, dose, route, time and positive verification of the resident's identity when no contraindications are identified, and the medication is labeled according to accepted standards. Medications should be administered within one (1) hour of the prescribed times. Medications that are scheduled with liberalized administration times will be administered during the documented time. The Facilities Medication Administration Competency, undated, documents the following, in part: Steps of Medication Administration .Right Documentation: Immediately documents the administration on the MAR, (Or) Documents the reason for not administering the medication .Missing medications requested from pharmacy as applicable . [SIC] R513's current Physician Orders include, in part, the following medication: Entresto Oral Tablet 24-26 mg (Sacubitril-Valsartan) Give 0.5 (half) tablet by mouth two times a day for HBP (high blood pressure). Hold if SBP (systolic blood pressure) is less than 110. On 9/23/24 at 10:24 AM, Surveyor observed RN R (Registered Nurse) during R513's medication pass. RN R stated, R513's Entresto is not available. This resulted in 1 significant medication omission error. In addition, Surveyor reviewed R513's MAR (Medication Administration Record); R513 has not received ordered Entresto since 8/30/24, the date the order was entered. 38725 On 9/26/24 at 2:40 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B do you expect medications to administered per physician orders, DON B stated yes. Surveyor asked DON B if there is a medication ordered that is not available, would you expect it to be available and administered as ordered; DON B said yes, I would expect the nurse to update the Provider and contact the pharmacy. Surveyor asked DON B if they've received anything from the Pharmacy regarding R513's Entresto medication, DON B stated not that I can think of.

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49434 Based on observation, interview, and record review the facility did not ensure drugs and biological's are labeled in accordance with currently accepted professional standards for 2 of 2 Medication carts reviewed for medication storage. The 300 Hall medication cart had an undated open insulin pen for R26, R512, and R33. The 200 Hall medication cart had an undated open insulin pen for R40. RN R (Registered Nurse) repackaged Aspirin 81 milligrams for her residents at the beginning of her shift and stored them in a medication cup in the top drawer of the medication cart. As evidenced by: The facility policy entitled, Medication Storage, dated 2/12/24 states in part, Purpose: To ensure that medications and biologicals [sic] are stored in a safe, secure storage and safe handling. Procedure: General Guidelines . 3. No discontinued, outdated, or deteriorated medications should be available for use in the facility. All such medications are destroyed per policy. 4. Expired medications are to be removed from areas medication carts prior to or at the time of expiration . Multi-Dose vials: 1. Vials must be dated upon opening and discarded within 30 days unless otherwise specified by the [sic] manufacturer . Example 1 On 9/25/24 at 10:36 AM, Surveyor observed the 300 Hall medication cart with LPN U (Licensed Practical Nurse). Surveyor found three insulin pens in the cart that were not properly dated with an open date. LPN U opened the pens and identified that the pens were not new. The pens were labeled with R26's, R512's, and R33's patient identifiers. Surveyor asked LPN U if all insulin pens should have an open date. LPN U confirms that all insulin pens should have an open date marked on the pen to know if they are expired or not. On 9/25/24 at 10:40 AM, Surveyor observed the 200 Hall medication cart with LPN G. Surveyor found one insulin pen in the cart that was not properly dated with an open date. LPN G opened the pen and confirmed it was not new. The pen was labeled with R40's patient identifiers. Surveyor asked LPN G if all insulin pens should have an open date. LPN G confirms that all insulin pens should have an open date marked on the pen to know if they are expired or not. On 9/26/24 at 3:04 PM, Surveyor interviewed DON B (Director of Nursing) regarding medication storage and expiration dates. Surveyor asked DON B what the expectation is for the labeling of insulin pens. DON B states insulin pens should have the date it was open written on the pen along with the resident's information. 30992 (continued on next page)

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	525418	A. Building B. Wing	10/03/2024

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Example 2 The facility policy, Administering Medications, dated 8/1/2015, states in part, as follows: Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Medications may not be prepared in advance. Medications that are removed from their original packaging and not immediately administered must be destroyed in accordance with facility policy. On 9/23/24 at 10:30 AM, RN R (Registered Nurse) stated she repackaged Aspirin 81 milligrams at the beginning of her shift for use during medication pass. RN R stated, she took Aspirin 81 milligrams from the 200 hall and put them in a medication cup on the 300 hall cart to use for medication pass as there were no bottles of Aspirin to utilize. When Surveyor began asking RN R questions regarding the repackaged Aspirin, RN R obtained the bottle of Aspirin to use for medication pass. RN R stated she has repeatedly told Management she frequently runs out of aspirin as the bottles are 36 count. RN R stated, the facility has not addressed her concern. On 9/26/24 at 2:40 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if it is acceptable to take a stock medication (Aspirin) from one cart, put some into a cup, label the cup with the medication name and dose, and place on another cart; DON B stated no.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228 Based on observation and interview, the facility did not ensure that each resident receives food and drink that is palatable and at a safe and appetizing temperature, for 4 of 4 hallways and one of one dining room This has the potential to affect the total census of 59 residents (4 of 4 hallways, 1 of 1 dining room, and 1 of 1 test tray). Residents voiced concerns with receiving hot foods cold. Test tray was observed to have hot foods served cold and beverages served warm. R2 indicated that hot food is not served hot. R38 and R31 indicated hot food is served cold and cold foods are served warm often. R38 and R31 indicated this has been discussed previously at monthly Resident Council meetings. R17 & R9 voiced concerns with receiving cold food. Findings include: Facility policy entitled Food Temperature Record, dated 6/28/22, states, in part: Policy: To ensure that foods and beverages are held and served at temperatures which comply with State and Federal Regulations. Example 1 On 9/24/24 at 8:19 AM, Surveyor observed the food cart leave the kitchen and requested a test tray from the cart. Surveyor stayed with cart as staff delivered the trays to rooms and Surveyor was given the last tray from the cart. Sausage was temped at 101.8 degrees F (fahrenheit), pancakes at 117 degrees F, chocolate milk at 64 degrees F, and white milk at 63.9 degrees F. On 9/25/24 at 9:38 AM, Surveyor interviewed DM O (Dietary Manager) and asked if the facility expected hot foods to be served hot and cold foods to be served cold. DM O stated yes, absolutely. Surveyor reported the temperatures of the test tray and asked what temperature the milk should be when served. DM O stated it should have been below 40 degrees F. 39849 Example 2 R2 was admitted to the facility on [DATE]. R2's Most Recent MDS (Minimum Data Set) with a target date 7/19/24, indicates R2 has a BIMS (Brief Interview for Mental Status) of 15, indicating R2 is cognitively intact. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/23/24 at 2:16PM, Surveyor interviewed R2 who indicated that his food comes luke warm around 3 to 4 times per week. R2 indicated staff will microwave the food, however, some foods, like chicken, he doesn't want to heat up because it gets rubbery. 44552 Example 3 R38's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 7/31/24, indicates R38 has a BIMS (Brief Interview for Mental Status) score of 15 indicating R38 is cognitively intact. On 9/24/24 at 1:33 PM, R38 indicated food is often served cold. R38 eats meals in R38's bedroom. R38 indicated R38 has to take meal to activity room and warm up meals in microwave. R38 indicated when ice cream is served it is melted by the time it is delivered. R38 indicated this has been discussed previously at monthly Resident Council meetings. Example 4 R31's most recent MDS with ARD of 8/4/24, indicates R31 has a BIMS score of 13 indicating R31 is cognitively intact. On 9/24/24 at 1:33PM, R31 indicated there are times that hot foods are served cold and cold foods served warm. R31 indicated R31 eats meals in the dining room. R31 indicated milk and drinks are often warm. R31 indicated foods and drinks should be served at the acceptable temperatures. R31 indicated this has been discussed previously at monthly Resident Council meetings. 49434 Example 5 R17 admitted to the facility on [DATE] with diagnoses that include, in part, Congestive Heart Failure, Chronic Respiratory Failure, Obstructive Sleep Apnea, and Type 2 Diabetes Mellitus. R17's most recent Minimum Data Set (MDS), with a target date of 6/20/24, indicates R17 has a BIMS (Brief Interview for Mental Status) score of 15 out of 15, indicating R17 is cognitively intact. Section GG indicates R17 is independent with eating, indicating the resident completes the activity by themselves without assistance. On 9/24/24 at 3:49 PM, Surveyor interviewed R17 and asked about food served by the facility. R17 states that any food that is supposed to be hot is always cold. She also states that she refuses the hot items and requests different items because she has grown accustomed to her food always being cold. Example 6 (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R9 admitted to the facility on [DATE] with diagnoses that include, in part, Displaced Dens (C2 Vertebrae) Fracture, Pulmonary Embolism, Depression, Chronic Obstructive Pulmonary Disease, muscle wasting and atrophy, chronic pain, and atherosclerotic heart disease. R9's most recent Minimum Data Set (MDS), with a target date of 8/13/24, indicates R9 has a BIMS score of 14 out of 15, indicating R9 is cognitively intact. Section GG indicates R9 requires setup and clean-up assistance with eating, otherwise the resident completes the activity without assistance. On 09/23/24 at 11:42 AM, Surveyor interviewed R9 and asked about food served by the facility. R9 states that the food is always cold.

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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. 50228 Based on observation, interview, and record review the facility did not ensure food was stored or labeled in accordance with professional standards. This has the potential to affect the census of 59 residents. Multiple food and beverage items for resident consumption stored in the facility's kitchen refrigerator and dry storage room were not labeled with open or expiration dates and/or were beyond the labeled discard date. Dish washing was completed without testing the dishwasher temperature and concentration of the sanitizer. Sanitizer buckets were utilized without testing for temperature and concentration of sanitizer. Findings include: Facility policy entitled Sanitation and Cleaning Schedule, dated revised on 8/15/23, states, in part: Procedure .5. Sink Sanitizer Log must be completed per policy for both three and four compartment manual ware washing sink and buckets or spray bottles filled with quat sanitizer and reviewed daily.Storage (Dry) .5. All food items must be dated upon receiving and dated and sealed when opened.Storage (Refrigerated) . 3. All refrigerated and prepared food must be covered, labeled and dated with a use-by date . 4. After seven days, prepared food must be frozen (if applicable) or discarded to prevent bacteria from growing to unsafe levels. Facility policy entitled FS-1 Dishwashing Procedure, states, in part: Water temperature is critical to sanitization in warewashing operations.The policy is pertinent to all kitchen staff and has the potential to affect all residents.4.Wash and rinse temperatures and sanitizer concentration (if using a chemical sanitizing machine) must be checked and within correct ranges (see FS-2) prior to sending first rack through.13. If dish machine is not operating according to above, including temperature, concentration of sanitizer, correct chemicals or rinse pressure, process must be stopped immediately and Dietary Manager and/or Maintenance Director must be notified. Facility policy entitled FS-2 Dishwashing Temperature Log, states, in part: . 5. Wash and rinse temperatures and/or sanitizer levels must reach target guidelines before any racks or dishes or utensils are run through machine. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy entitled Chemical Cleaning and Sanitation, dated 1/1/2018, states, in part: Purpose: To ensure that wash and rinse are at the proper temperature and concentration of the sanitizer in the sanitizing compartment of the three compartment sink and sanitizing solution in buckets and spray bottles is at a level of 150-400 ppm (parts per million) . Procedure: . Many factors influence the effectiveness and safety of sanitizers. Some of these factors are: Concentration: If concentration is too low, it won't effectively sanitize and if it is too high it can be toxic. Water temperature: .most sanitizers are most effective between 65 and 120 degrees F (Fahrenheit). When and How to Sanitize food contact surfaces: .Test concentration of sanitizing solution (bucket) as noted above and document on log. Spray or use rag to sanitize the surface and allow to air dry.When and how to sanitize stationary equipment: .Test concentration of sanitizing solution (bucket) as noted above and document on log. Sanitize equipment surfaces and allow them to air dry. Example 1 On 9/23/24 at 9:52 AM, Surveyor observed the kitchen refrigerator with the Dietary Manager (DM O) and noted the following items: -A peanut butter and jelly sandwich labeled with use by date of 9/22/24 -A cheese sandwich labeled with use by date of 9/22/24 -A container of ham labeled with use by date of 9/20/24 -A container of meatballs labeled with use by date of 9/21/24 -A container with a portion of a sliced tomato labeled with use by date of 8/31/24 -A container of pudding labeled with use by date of 9/19/24. -10 single serving cartons of orange juice with no label of expiration or use by date. -2 single serving cartons of cranberry juice with no label of expiration or use by date. -A container of potato salad with no labeling of open or use by date. During the observation, DM O indicated that the items could not be served as they were past their use by date or their use by date was unknown. On 9/23/24 at 10:04 AM, Surveyor observed the dry food storage room with DM O and noted the following items: -A bag of breadcrumbs, open, with no label of use by date. -A container of flour with no label of use by date. During the observation, DM O indicated that the items could not be used as their use by date was unknown. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 9/23/24 at 10:15 AM, DM O indicated that dietary staff should be checking use by dates daily and disposing of items as necessary. Example 2 On 9/24/24 at 10:15 AM, Surveyor observed DA Q (Dietary Aide) wiping dietary carts with a cloth from a sanitizing bucket. DA Q indicated that the sanitizing bucket is not tested for temperature or concentration of sanitizer. DA Q indicated that there had not been training to do testing. On 9/24/24 at 10:20 AM, Surveyor interviewed DM O and asked if the sanitizing bucket needed to be tested . DM O stated yes. On 9/24/24 at 10:33 AM, Surveyor observed DA P perform dishwashing with the dishwashing machine in the kitchen. DA P ran all the trays of dishes through one cycle in the machine, then ran the utensils through three cycles in the machine. DA P performed testing of the machine following completion of all dishes and utensils. DA P indicated that testing is done three times a day (following each meal) after all dishes and utensils have been washed. DA P indicated that sanitizer buckets are not tested . On 9/25/24 at 9:38 AM, Surveyor interviewed DM O and asked if staff were expected to complete testing of the dishwasher prior to running the dishes through the machine. DM O stated, I'm not sure that running the test prior to doing the dishes would allow the machine to be up to temperature. Surveyor asked if the facility would know if dishes had been cleaned / sanitized properly if the testing hadn't been run prior to washing. DM O stated no. Surveyor asked if staff should be running the test prior to doing the dishes / according to policy. DM O stated yes.