STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525452	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elroy Health Services	307 Royall Ave Elroy, WI 53929

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation and interview and record review, the facility did not ensure that residents were ensured a dignified existence and self-determination for 1 of 20 sampled residents (R316). R316 voiced concerns that he had no clothes to wear and was forced to wear a hospital gown all the time, including to the dining room for meals. As evidenced by: The Facility policy titled, Resident Rights, dated 9/2017, states, in part: Purpose: To ensure that resident rights are respected, protected, and promoted . Procedure: Residents will be treated with respect and dignity and care for each resident will be given in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life and recognizes each resident's individuality . 38. All facility staff are to encourage residents to exercise their rights by providing choices . R316 admitted to the facility on [DATE]. R316's Minimum Data Set (MDS) dated [DATE] indicates, in part: a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating R316 is cognitively intact. On 2/16/25 at 12:26 PM, Surveyor observed R316 dressed in only a hospital gown and gripper socks in the dining room. R316 had a blanket wrapped around his shoulders. R316 was seated at the dining room table eating lunch. On 2/17/25 at 12:42 PM, Surveyor observed R316 dressed only in a hospital gown and gripper socks in the dining room. R316 had a blanket wrapped around his head, another blanket wrapped around his shoulders, and a third blanket on his lap. R316 was seated at the dining room table eating lunch. (continued on next page)

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

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/17/25 at 4:34 PM, Surveyor interviewed R316 who indicated that he prefers not to go to the dining room in a hospital gown. R316 stated that he also has an assisted living apartment, where all of his clothes are, and that he only has one pair of clothes with him. R316 stated that he tries to keep his one set of clothes for when he has to go out to appointments. R316 indicated that he does not have anyone in the area who can bring his clothes to him from his assisted living apartment. Surveyor asked R316 if anyone in the community had offered for him to wear extra clothes from the lost and found. R316 stated they had not. Surveyor asked R316 if he would be willing to wear some extra clothes from the community until he could get his own from his apartment. R316 stated yes, he would really appreciate not having to wear a hospital gown. R316 stated he was not here to win a beauty contest, but that he feels exposed in the hospital gown, and they are not very warm. On 2/18/25 at 9:29 AM, Surveyor interviewed SW D (Social Worker) about R316 not having any clothes to wear. SW D indicated that R316's family lives in another state, and he didn't have anyone to bring him clothes from his apartment. SW D stated he had contacted R316's assisted living manager, and a staff member from the assisted living would be bringing R316 some of his clothes and other belongings, hopefully by the end of the week. Surveyor asked SW D if the community laundry had some extra clothes in the lost and found that could be offered to R316. SW D indicated that they do have extra clothes and he would try to get him some today. On 2/18/25 at 10:16 AM, Surveyor observed R316 in his room in a t-shirt and sweat pants. R316 stated that it felt good to be wearing regular clothes, even if they were not his own. Surveyor asked R316 if staff had ever offered him clothes before today. R316 stated no, today was the first time they had ever offered him clothes to wear.

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552 Based on observation, interview, and record review the facility did not promote and facilitate resident self-determination through support of resident choices and preferences for 1 (R44) of 20 sampled residents and 1 (R15) of 12 supplemental residents reviewed. R44 and R15 voiced concerns with receiving eggs almost every day for breakfast. R44 and R15 indicated they shared this concern, and it has not been corrected. Evidenced by: The facility policy, Resident Rights, dated 7/22, states, in part; .17. The resident has the right and this facility promotes and support the right to make choices about aspects of his/her life in the facility that are significant to the resident . Example 1 R44 was admitted to the facility on [DATE]. R44's most recent MDS dated [DATE] states that R44 has a BIMS of 15 out of 15, indicating that R44 is cognitively intact. R44's most recent Nutritional Assessment, states, in part; .preferences: see tray card . On 2/19/25 at 8:33 AM, R44 indicated most mornings she receives scrambled eggs. R44 indicated she has voiced her preferences and concern with the kitchen. R44 indicated she continues to receive scrambled eggs. Surveyor reviewed meal ticket. R44's meal ticket does not include any preferences or not wanting scrambled eggs. 50285 Example 2: R15 was admitted to the facility on [DATE]. R15's Minimum Data Set (MDS) with a date of 1/21/25, indicates, in part: a Brief Interview of Mental Status (BIMS) score of 13 out of 15, indicating R15 is cognitively intact. R15's Care Plan, dated 7/15/24, states in part: Focus: At risk for nutritional status change related to history of unintended weight loss . Intervention: Honor food preferences .: On 2/16/25 at 10:36 AM, Surveyor interviewed R15, who indicated that the food was sometimes good, and sometimes not so good, but that she hates scrambled eggs and gets them every morning. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/17/25 at 8:34 AM, Surveyor observed R15 in the dining room. R15 was served scrambled eggs for breakfast by BOM H (Business Office Manger). Surveyor overheard R15 saying I hate scrambled eggs. R15 was not offered a substitution. Surveyor observed R15 eating the toast and oatmeal, then returning to her room, leaving the scrambled eggs untouched. On 2/17/25 at 9:52 AM, Surveyor interviewed BOM H and asked her if the residents could get a substitution if they didn't like something that was served. BOM H stated that they do accommodate substitutions. Surveyor asked BOM H if she had offered R15 a substitution when she stated that she hated scrambled eggs. BOM H stated that she did not hear R15 say that. Surveyor asked BOM H what the process was to have a resident's dietary preferences printed on their meal ticket. BOM H stated that the dietary manager meets with the residents when they first move in to the community and then periodically after that. On 2/18/25 and again on 2/19/25, Surveyor reviewed R15's meal ticket in the dining room. R15's meal ticket stated both times: Regular cut meat into bite size, large portions, built up fork, built up knife, built up spoon. No amendment was made to indicated that R15 did not like scrambled eggs. On 2/19/25 at 10:57 AM, [NAME] OO indicated the kitchen will add resident preferences to their meal tickets at admission and as needed. [NAME] OO indicated she will let DM (Dietary Manager) know about the need to update R44 and R15's meal tickets. On 2/19/25 at 1:20 PM Nursing Home Administrator A (NHA) indicated understanding regarding the need to update R44 and R15's meal tickets to include preferences. The facility did not promote and facilitate resident self-determination through support of resident choices and preferences.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation, interview and record review, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment for 1 of 20 sampled residents (R316) and 6 of 12 supplemental residents ((R15, R11, R30, R18, R26, R42). R316, R42, R15, R11, R30, R18, and R26 indicated that the dining room was very cold, and they were wearing jackets or wrapped in blankets to stay warm. Resident Council meeting minutes dated 1/23/25, indicated the facility was aware that residents had concerns of it being too cold in the dining room. Evidenced by: Facility policy, entitled Safe and Homelike Environment Policy, dated 6/16/22, includes in part . Definitions: Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia/hyperthermia and is comfortable for the residents . Policy Explanation and Compliance Guidelines . 7. The facility will maintain comfortable and safe temperature levels. a. The facility will strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit . Example 1 R316 admitted to the facility on [DATE]. R316's Minimum Data Set (MDS) dated [DATE] indicates, in part: a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating R316 is cognitively intact. On 2/16/25 at 12:26 PM, Surveyor observed R316 dressed in only a hospital gown and gripper socks in the dining room. R316 had a blanket wrapped around his shoulders. R316 was seated at the dining room table eating lunch. On 2/17/25 at 12:42 PM, Surveyor observed R316 dressed only in a hospital gown and gripper socks in the dining room. R316 had a blanket wrapped around his head, another blanket wrapped around his shoulders, and a third blanket on his lap. R316 was seated at the dining room table eating lunch. On 2/18/25 at 8:18 AM, Surveyor observed R316 again dressed only in a hospital gown and gripper socks and huddled in blankets in the dining room. Resident stated, it is definitely cold in here today. Example 2 R11 was admitted to the facility on [DATE]. R11's MDS dated [DATE] indicates, in part: a BIMS score of 15 out of 15, indicating R11 is cognitively intact. On 2/18/25 at 8:19 AM, Surveyor observed R11 with a blanket around her shoulders in the dining room. R11 answered yes when asked if she was cold. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Example 3 R42 admitted to the facility on [DATE]. R42's MDS dated [DATE] indicates, in part: a BIMS score of 11 out of 15, indicating mild cognitive impairment. On 2/18/25 at 8:20 AM, Surveyor observed R42 sitting at the dining room table wearing a jacket. R42 told Surveyor he was wearing the jacket because he was trying to keep warm. Example 4 R30 was admitted to the facility on [DATE]. R30's MDS dated [DATE] indicates, in part: a BIMS score of 10 out of 15, indicating a moderate cognitive impairment. On 2/18/25 at 8:21 AM, Surveyor observed R30 sitting at the dining room table wearing a jacket. Surveyor asked R30 if he was cold. R30 stated you bet I'm cold. Example 5 R18 was admitted to the facility on [DATE]. R18's MDS dated [DATE] indicates, in part: a BIMS score of 10 out of 15, indicating a moderate cognitive impairment. On 2/18/25 at 8:22 AM, Surveyor observed R18 sitting at the dining room table wearing a jacket. Surveyor asked R18 if he was cold. R18 stated yes I am cold, especially since I just got out of the shower. Example 6 R26 admitted to the facility on [DATE]. R26's MDS dated [DATE] indicates, in part: a BIMS score of 9 out of 15, indicating a moderate cognitive impairment. On 2/18/25 at 8:24 AM, Surveyor observed R26 wrapped in a blanket while sitting at a table in the dining room. Surveyor asked R26 if she was cold. R26 replied, oh yes, it is cold in here. On 2/18/25 at 8:25 AM, Surveyor observed PTA C (Physical Therapy Assistant) enter the dining room and visibly shudder. PTA C said, brr its cold in here. On 2/18/25 at 8:25 AM, Surveyor took a reading of the air temperature in the dining room, which read 56.8 degrees Fahrenheit. On 2/18/25 at 8:26 AM, Surveyor interviewed NHA A (Nursing Home Administrator) in the dining room and showed him the temperature reading. NHA A stated he would check the thermostats and get the boilers going to get it warmer in here. NHA A stated it would take about an hour to kick in. On 2/18/25 at 10:12 AM, Surveyor took a reading of the air temperature in the dining room, which read 62.2 degrees Fahrenheit. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/18/25 at 12:32 PM, Surveyor interviewed PTA C about the temperature in the dining room this morning. PTA C stated that she thought it was too cold in the dining room for the residents to be in there this morning, and that sometimes when it is really cold, they would keep the residents in their rooms to eat. On 2/18/25 at 12:36 PM, Surveyor took a reading of the air temperature in the dining room, which read 64.4 degrees Fahrenheit. On 2/18/25 at 12:37 PM, Surveyor interviewed NHA A, and asked how long the temperature in the dining room had been an issue. NHA A indicated that there is only a concern when the temperature reaches below zero, in which case they take additional measures such as closing the blinds to keep the heat in. Surveyor pointed out that many of the blinds in the dining room were up on this day and throughout the survey period. NHA A stated that they also will provide the residents with blankets and sweaters if they ask. Surveyor shared with NHA A that this was a concern that was brought up at resident council in January and asked why it had not been corrected. NHA A indicated that the facility is in need of two brand new boilers, and they needed an opportunity for the weather to get warmer in order to install them. NHA A stated that they had contracted with a company to come out and repack the ceiling with more insulation to maintain the heat. This was originally scheduled for 2/14/25 but was canceled and rescheduled for 2/21/25. NHA A stated that they had shut the dining room in January when it was very cold, but that they like to respect the resident's choice to eat in the dining room. Surveyor pointed out to NHA A that 56.8 degrees Fahrenheit was well below the acceptable air temperature range for the facility, and asked if he would consider that to be a homelike environment. NHA A stated that he believes they do everything they can to maintain a homelike environment in the facility, but they respect the resident's choice above all else. On 2/18/25 at 1:45 PM, Surveyor interviewed Maintenance G. Surveyor asked if he monitors the ambient temperature in the dining room. Maintenance G stated that he did not. Surveyor asked Maintenance G if 56.8 degrees Fahrenheit was an acceptable dining room temperature. Maintenance G stated no it was not.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on interview and record review, the facility did not ensure that all incidents involving abuse, neglect, exploitation, or mistreatment are reported immediately, but no later than 2 hours after the incident, if the events involve abuse to the appropriate agencies for 2 of 2 resident-to-resident abuse allegations (R50 and R53). R50 has a history of being verbally aggressive towards others. R50 was verbally aggressive towards R53 and made him cry on 2/10/25. The UC J (Unit clerk), NHA A (Nursing Home Administrator), DON B (Director of Nursing), and RN I (Registered Nurse), were aware of this incident, but it was not reported to the state agency. Evidenced by: Facility policy, titled Abuse, Neglect and Exploitation dated 2/2018 with a revision date of 7/15/22, states, in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse . Definitions: Verbal Abuse means the use of oral, written or gestured communications or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability . VII. Reporting/Response. A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies . within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury . B. The Administrator will follow up with government agencies to report the results of the investigation when final within 5 working days of the incident, as required by state agencies . R50 was admitted to the facility on [DATE] with a diagnosis of Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. R50's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/28/24, indicates R50 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R50 is cognitively intact. (Of note, R50's comprehensive care plan does not include her Dementia diagnosis or include anything about aggressive behaviors, triggers, or interventions.) R50's Progress Notes include, in part, 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	On 2/10/25 at 8:55 AM, Type: Behavior Note: Resident came into Bird Room while another resident was actively enjoying a tv program. [Resident Name] went to the tv and changed the channel, without regard for the other resident. The other resident politely went to the unit clerk and requested for the channel to be put back to what he was watching. As the Unit Clerk was changing the channel, [Resident Name] started yelling at the unit clerk and the other resident. She stated I don't need anybody else in here disturbing me while I do my work! I don't watch tv to watch tv! and I can't have games on the tv in here because they are distracting! You can go somewhere else to watch tv! BUT NOT HERE in MY workspace! Unit clerk reminded [Resident Name] that the bird room is a public space. [Resident Name] stated they could go somewhere else other than the Bird Room . [Resident Name] continued to argue over the unit clerk and the other resident got very upset and said he would just leave and go elsewhere and was crying. This writer reminded [Resident Name] that the Bird room is for all residents and that she should be respectful to others. [Resident Name] ignored this writer as if she wasn't there. Note: yesterday, this same resident was in the bird room and [Resident Name] came to the room and started blaring music from her cell phone to force him to leave the area. When asked to turn the music down, [Resident Name] pretended she wasn't being talked to . [Resident Name] was again reminded that she had other tv options and other places she could choose to do her work but could not control the tv when someone else was already watching it and that it's everyone's room, not just for her. This note will be given to ED (Executive Director). On 2/19/25 at 10:26 AM, Surveyor interviewed RN I (Registered Nurse) about the verbal altercation between R50 and R53. (RN I is the author of above progress note). RN I stated that R53 was sitting in the bird room watching TV when R50 came in and changed the channel. RN I stated that R53 politely asked R50 to change it back, but R50 ignored him, so R53 left the room and talked to UC J (Unit Clerk) to have the channel changed back. R53 told UC J that R50 was giving him a hard time. UC J went to the bird room with R53 and attempted to change the channel. R50 started screaming saying we don't have the right to disrupt her in her workspace during her work time. R50 said she was not to be disturbed and there are plenty of other places for people to watch TV. UC J politely told R50 that was a space for everyone to use. R50 started screaming louder and repeating this is my workspace. At this point, R53 became emotional, stating I was not trying to hurt anyone or upset anyone I was just trying to watch TV, and then R53 left the room in tears. RN I indicated both her and UC J have told R50 that she needs to be more respectful of others, but she ignores them. RN I indicated that the previous day, R50 blasted her music on her cell phone in order to get R53 to leave. R50 again ignored them. RN I stated that R53 will still go in the bird room to enjoy the birds and watch TV, but only if R50 is not in there. RN I indicated that R53 is afraid to go in there now, as is several other residents and family members. Surveyor asked RN I if this would be considered resident-to-resident verbal abuse. RN I stated that yes she would consider it verbal abuse, because R50 just kept screaming at R53 until he started crying. Surveyor asked who she reports abuse allegations to. RN I stated she reported this incident to NHA A and that she printed out her progress behavior note for him to review. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/19/25 at 12:37 PM, Surveyor interviewed UC J via telephone. Surveyor asked UC J about R50's behaviors. UC J indicated that there have been several incidents in the bird room with other residents. UC J stated that a few days prior, she noticed R50 and another resident sitting in the bird room with the lights off. When UC J went to turn the lights on for the other resident, R50 started screaming at them. UC J indicated it has been an ongoing issue. Surveyor asked UC J about the event that happened between R50 and R53 on 2/10/25. UC J stated R53 was in the bird room watching the game channel when R50 came in and changed the channel. R53 began screaming profanity at R53 and told him he could go somewhere else to watch TV. UC J indicated R53 became very upset when he came out and told her what had happened, that he was crying and visibly upset. Surveyor asked UC J if she would consider this resident-to-resident verbal abuse. UC J stated yes, she would. Surveyor asked UC J who she reports allegations of abuse to. UC J stated she reported this incident to NHA A. On 2/19/25 at 1:06 PM, Surveyor interviewed DON B (Director of Nursing) and discussed the incident between R50 and R53. Surveyor asked DON B if this incident would be considered resident-to-resident verbal abuse. DON B stated no, he did not consider it to be verbal abuse. Surveyor reviewed the progress note with DON B and asked if one resident screaming at another resident and making them cry would be verbal abuse. DON B stated it was his understanding that R50 was not yelling at R53 directly but was just yelling in general. On 2/19/25 at 1:39 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked about the incident that occurred between R50 and R53 on 2/10/25. Surveyor asked NHA A if this incident could be considered resident-to resident verbal abuse. NHA A indicated no because it was his understanding that her outbursts are more directed at staff members and not at other residents. Surveyor pointed out that the incident progress note as well as several staff interviews indicated that R53 was visibly upset and crying after the incident. Surveyor asked NHA A what the process was for determining if a resident-to-resident altercation was reportable. NHA A replied he would follow the CMS resident-to-resident diagram, and did not feel that it rose to the level of a reportable incident. Of note, the Resident-to-Resident Altercation Flowchart states in part: resident to resident altercation occurs - did resident act willfully? Willful means the individual's act was deliberate- not inadvertent or accidental regardless of whether or not the individual intended to inflict injury or harm. (A resident whose involuntary movements cause him/her to accidentally strike another has not committed a willful act.) if the no option is selected, do not report. Document an immediate assessment and lack of willful intent. Assess-care plan-intervene. Goal: Prevent reoccurrence and keep other residents safe. Also, the flowchart states Use of this flowchart must provide for immediate reporting (see F609) or the facility must clearly document the rationale for not reporting. The facility failed to recognize and report a resident-to-resident altercation, despite several staff members having knowledge of the incident. The facility failed to recognize a resident's verbally aggressive behaviors and negative interactions with other residents as abuse and failed to report this incident to the state agency within the appropriate timeframes. Cross Reference: F609 & F744

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on interview and record review, the facility did not ensure that in response to allegations of abuse, neglect, exploitation, or mistreatment, all alleged violations were thoroughly investigated for 2 of 2 Residents (R50 and R53) reviewed for abuse. On 2/10/25, the facility became aware of an allegation of resident-to-resident abuse between R50 and R53 and did not conduct a thorough investigation. Evidenced by: Facility policy, titled Abuse, Neglect and Exploitation dated 2/2018 with a revision date of 7/15/22, states, in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse . Definitions: Verbal Abuse means the use of oral, written or gestured communications or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability . Policy Explanation and Compliance Guidelines: . b. Establish policies and procedures to investigate any such allegations . V. Investigation of Alleged Abuse, Neglect and Exploitation: A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect, or exploitation occur . 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation. 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause, and 6. Providing complete and thorough documentation of the investigation: VII. Reporting/Response. 4. Taking all necessary actions as a result if the investigation, which may include, but are not limited to the following: a. Analyzing the occurrence to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes may be needed to prevent further occurrences . R50 was admitted to the facility on [DATE] with a diagnosis of Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. R50's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/28/24, indicates R50 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R50 is cognitively intact. R50's Progress Notes include, in part, the following: (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/10/25 at 8:55 AM, Type: Behavior Note: Resident came into Bird Room while another resident was actively enjoying a tv program. [Resident Name] went to the tv and changed the channel, without regard for the other resident. The other resident politely went to the unit clerk and requested for the channel to be put back to what he was watching. As the Unit Clerk was changing the channel, [Resident Name] started yelling at the unit clerk and the other resident. She stated I don't need anybody else in here disturbing me while I do my work! I don't watch tv to watch tv! and I can't have games on the tv in here because they are distracting! You can go somewhere else to watch tv! BUT NOT HERE in MY workspace! Unit clerk reminded [Resident Name] that the bird room is a public space. [Resident Name] stated they could go somewhere else other than the Bird Room . [Resident Name] continued to argue over the unit clerk and the other resident got very upset and said he would just leave and go elsewhere and was crying. This writer reminded [Resident Name] that the Bird room is for all residents and that she should be respectful to others. [Resident Name] ignored this writer as if she wasn't there. Note: yesterday, this same resident was in the bird room and [Resident Name] came to the room and started blaring music from her cell phone to force him to leave the area. When asked to turn the music down, [Resident Name] pretended she wasn't being talked to . [Resident Name] was again reminded that she had other tv options and other places she could choose to do her work but could not control the tv when someone else was already watching it and that it's everyone's room, not just for her. This note will be given to ED (Executive Director). On 2/10/25 the facility became aware of this incident of resident-to-resident verbal abuse. The facility did not initiate or complete a thorough investigation of an alleged violation of abuse. On 2/19/25 at 10:26 AM, Surveyor interviewed RN I (Registered Nurse) about the verbal altercation between R50 and R53. (RN I is the author of above progress note). RN I stated that R53 was sitting in the bird room watching TV when R50 came in and changed the channel. RN I stated that R53 politely asked R50 to change it back, but R50 ignored him, so R53 left the room and talked to UC J (Unit Clerk) to have the channel changed back. R53 told UC J that R50 was giving him a hard time. UC J went to the bird room with R53 and attempted to change the channel. R50 started screaming saying we don't have the right to disrupt her in her workspace during her work time. R50 said she was not to be disturbed and there are plenty of other places for people to watch TV. UC J politely told R50 that was a space for everyone to use. R50 started screaming louder and repeating this is my workspace. At this point, R53 became emotional, stating I was not trying to hurt anyone or upset anyone I was just trying to watch TV, and then R53 left the room in tears. RN I indicated both her and UC J have told R50 that she needs to be more respectful of others, but she ignores them. RN I indicated that the previous day, R50 blasted her music on her cell phone in order to get R53 to leave. R50 again ignored them. RN I stated that R53 will still go in the bird room to enjoy the birds and watch TV, but only if R50 is not in there. RN I indicated that R53 is afraid to go in there now, as is several other residents and family members. Surveyor asked RN I if this would be considered resident-to-resident verbal abuse. RN I stated that yes she would consider it verbal abuse, because R50 just kept screaming at R53 until he started crying. Surveyor asked who she reports abuse allegations to. RN I stated she reported this incident to NHA A and that she printed out her progress behavior note for him to review. (of note, RN I was aware of another Resident to resident incident the day prior.) (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/19/25 at 1:06 PM, Surveyor interviewed DON B (Director of Nursing) and discussed the incident between R50 and R53. Surveyor asked DON B if this incident would be considered resident-to-resident verbal abuse. DON B stated no, he did not consider it to be verbal abuse. Surveyor reviewed the progress note with DON B and asked if one resident screaming at another resident and making them cry would be verbal abuse. DON B stated it was his understanding that R50 was not yelling at R53 directly but was just yelling in general. Surveyor asked DON B if there had been an investigation into this incident. DON B stated that himself and the NHA A had reviewed the documentation, but that no formal investigation was completed. On 2/19/25 at 1:39 PM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked about the incident that occurred between R50 and R53. Surveyor asked NHA A if this incident could be considered resident-to resident verbal abuse. NHA A indicated no because it was his understanding that her outbursts are more directed at staff members and not at other residents. Surveyor pointed out that the incident progress note as well as several staff interviews indicated that R53 was visibly upset and crying after the incident. Surveyor asked NHA A if he conducted a thorough investigation into the events that occurred on 2/10/25. NHA A replied that he had not had any complaints from other residents specifically regarding to this incident. Surveyor asked NHA A if he had followed-up with either resident after the incident. NHA A stated that he talks to R53 pretty much every day, but that there was no official follow-up on this incident. NHA A stated he could certainly follow-up with R53 to see if he had any concerns about this situation, but that he already talks to him everyday and would think if he had an issue he would have already brought it up. The facility did not follow their policy to complete a thorough investigation, as no other residents were interviewed to identify any further abuse by R50. No statements were taken from R50 or R53/ No staff witness statements were obtained for this incident. Cross Reference: F609 & F744

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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** 49436 Based on record review and staff interviews, the facility did not develop and implement a Comprehensive Resident-Centered Care Plan for 1 of 20 total sampled residents (R23). R23's medical record indicates he has schizoaffective disorder and behaviors. R23's comprehensive care plan does not include a care plan with goals or interventions that included monitoring and supervision, related to inappropriate behaviors. This is evidenced by: The facility's policy titled Comprehensive Care Plan, dated 9/23/22, states in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the residents comprehensive care plan. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . f. Resident specific interventions that reflect the resident's needs and preferences and align with the resident's cultural identity, as indicated. The comprehensive care plan will be reviewed and revised as appropriate by the interdisciplinary team after each comprehensive and quarter MDS assessment, and as needed with changes in condition. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs .Staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made. R23 admitted to the facility on [DATE] with diagnoses that include schizoaffective disorder (a mental health condition including schizophrenia and mood disorder symptoms), severe obsessive-compulsive disorder (excessive thoughts that lead to repetitive behaviors) and anxiety. R23's Brief Interview for Mental Status on 1/5/25 has a score of 15, indicating R23 is cognitively intact. R23's annual MDS (Minimum Data Set) comprehensive assessment dated [DATE] states in part: R23 has verbal behavioral symptoms directed toward others and other behavioral symptoms not directed toward others. Care areas triggered for care planning include psychosocial well-being and behavioral symptoms. R23's comprehensive care plan, printed 2/19/25, does not include psychosocial well-being or behavioral symptoms. R23's physician orders for February 2025 do not include behavior monitoring orders. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R23's behavioral health assessment, dated 1/21/25, states in part: He does have some paranoid delusions at baseline. R23's CNA (Certified Nursing Assistant) documentation for January 2025 indicates 23 shifts for the month where R23 had behavioral symptoms of yelling/screaming, repeated movements, abusive language, and/or rejection of cares. R23's CNA documentation for February 2025 indicates 10 shifts where R23 had behavioral symptoms of yelling/screaming, repeated movements, abusive language, and/or rejection of cares. On 2/18/25 at 9:25 AM, Surveyor interviewed MT M (Med Tech, a CNA that can administer medications) regarding R23's behaviors. MT M indicates R23 will get upset, swear, and lash out verbally. MT M indicated when he becomes behavioral, MT M will try to calm him down by talking to him. MT M did not indicate other interventions that may help when R23 becomes behavioral. On 2/18/25 at 9:27 AM, Surveyor interviewed CNA U regarding R23's behaviors. CNA U indicated R23 will get upset and say nasty things, but then he will apologize later. CNA U indicated when R23 become behavioral, CNA U will try to redirect him or get another staff member to come help. CNA U did not indicate other interventions that may help when R23 becomes behavioral. On 2/18/25 at 9:58 AM, Surveyor interviewed RN V (Registered Nurse) regarding R23's behaviors. RN V indicated R23 will become manic, will start calling people on the phone and demand phone numbers, will yell at people, and becomes fixated on a topic. RN V indicated calling R23's sister to speak with him will help. RN V indicated if a resident had behaviors, the care plan would show what the behaviors are and what interventions to use. On 2/19/25 at 12:58 PM, Surveyor interviewed DON B (Director of Nursing) regarding R23's behaviors. DON B indicated if a resident has behaviors, there would be an order in the physician orders for behavior monitoring every shift. DON B indicated if a resident has behaviors, the residents care plan should be updated to include that information. Surveyor informed DON B that R23 does not have a care plan that includes triggers, goals, or interventions for his behaviors. DON B indicated it would be difficult for staff to know what R23's behaviors are and what de-escalation interventions are effective for R23 without a care plan. DON B indicated R23 should have a care plan for his behaviors that includes interventions but does not.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44552 Based on observation, interview, and record review, the facility failed to provide an ongoing program to support resident choice of activities, based on the comprehensive assessment and care plan and the preferences of each resident for 2 (R38 and R58) of 20 total sampled Residents and 2 (R33 and R25) of 12 supplemental residents who reside on D Hallway. Surveyor observed R38, R58, R33 and R25 from 2/16/25-2/18/25. The facility did not provide residents with meaningful activities. Evidenced by: The facility policy, Activities, dated 7/11/22, states, in part; .2. Activities will be designed with the intent to: a. Enhance the resident's sense of well-being, belonging, and usefulness. b. Promote or enhance physical activity. c. Promote or enhance cognition. d. Promote or enhance emotional health. e. Promote self-esteem, dignity, pleasure, comfort, education, creativity, success and independence. f. Reflect resident's interests and age. g. Reflect cultural and religious interests of the residents. h. Reflect choices of the residents .9. Special considerations will be made for developing meaningful activities for residents with dementia and/or special needs . Example 1 R38 was admitted to the facility on [DATE] with a diagnoses including Alzheimer's disease, Dementia with psychotic disturbance, restless leg syndrome, essential tremor, and osteoarthritis (type of arthritis that occurs when flexible tissue at the ends of bones wears down). R38's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 1/21/25, indicates R38 has a BIMS (Brief Interview for Mental Status) score of 08 indicating R38 is moderately cognitively impaired. R38 has an activated power of attorney. R38's Comprehensive Care Plan, states, in part; .While in the facility, R38 states that it's important that she engage in activities that are meaningful to her preferences/interest 10/22/24 .I am catholic faith and would like to participate in religious services/practices such as attending in-house services and self-directing my own prayer. I enjoy socializing with others, spending time with family/friends, keeping up with the morning news, country music, baking/cooking, being around children, balloon ball, and watching TV/movies. I also like to sit/relax and socialize outdoors; I prefer warm weather. I used to enjoy making cards, coloring, and parties/socials. It is important for me to engage in my favorite activities .I would benefit from accommodations from physical limitations by having assistance to/from programs. I would benefit from accommodations from visual limitations by having large print materials. I would like pet visits, if available, and I enjoy dogs .I would like to vote, if able . Surveyor reviewed R38's activity participation documentation from December 2024 and January 2025. There are 21 days with no activity participation documentation. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor observed R38 on 2/16/25. R38 was not offered and did not participate in any activities. R38's activity documentation for 2/16/25 was blank. On 2/16/25 at 2:18 PM, R38 indicated the facility is short staffed and this concerns R38. R38 indicated she would like to be offered different things to do. Surveyor observed R38 on 2/17/25. Surveyor did not observe R38 participating in any activities. Surveyor reviewed R38's activity documentation for 2/17/25, R38 participated in watching a movie for the entire day. Surveyor observed R38 on 2/18/25. At 10:35 AM, R38 went and got her nails done and returned to D hallway shortly after. R38 did not participate in any other activities. Example 2 R33 was admitted to the facility on [DATE] with a diagnoses including Alzheimer's disease, adjustment disorder with depressed mood, unspecified hearing loss, and dementia with anxiety. R33 most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 12/4/24, indicates R33 has a BIMS (Brief Interview for Mental Status) score of 00 indicating R33 is severely cognitively impaired. R33 has an activated power of attorney. R33's Comprehensive Care Plan, states, in part; .it is important that she engage in activities that are meaningful to her preferences/interest .I enjoy looking through magazines/the newspaper, baking/cooking, observing programs, attending social/special events, watching TV/movies, socializing with others, doing word search puzzles, and playing cards-dirty clubs. I use to enjoy the news, working in my flower garden, walking to my son's house, and traveling. I also like to sit/relax in nature and outdoors when the weather is nice. I prefer hot/warm and sunny weather. It is important for me to engage in my favorite activities 9/7/21 . Surveyor reviewed R33's activity documentation from December 2024 and January 2025. There are 22 days with no activity participation documented. Surveyor observed R33 on 2/16/25. R33 was not offered and did not participate in any activities. R33's activity documentation for 2/16/25 was blank. Surveyor observed R33 on 2/17/25. Surveyor did not observe R33 participating in any activities. Surveyor reviewed R38's activity documentation for 2/17/25, R33 participated in watching a movie for the entire day. Surveyor observed R33 on 2/18/25. R33 did not participate in any activities in the morning. At 1:55 PM, activity staff assisted R33 in attending the baking activity in the activity room until 3 PM. R33 did not participate in any other activities. Example 3 R25 was admitted to the facility on [DATE] with a diagnoses including dementia. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R25's most recent MDS (Minimum Data Set) with ARD (Assessment Reference date) of 12/12/24, indicates R25 has a BIMS (Brief Interview for Mental Status) score of 03 indicating R25 is severely cognitively impaired. R25 has an activated power of attorney. R25's Comprehensive Care Plan, states, in part; .it is important that she engages in activities that are meaningful to her .I prefer to keep to myself. I do enjoy reading the newspaper and magazines, resting/laying down, listening to all kinds of music, socializing with others, doing word search puzzles and watching TV/movies. I also like to sit/relax, socials, and nature watch outdoors when the weather is nice; I prefer warm/cool weather. I use to enjoy bingo, sewing/knitting, and having a vegetable garden. It is important for me to engage in my favorite activities .12/13/23 .I would benefit from accommodations from cognitive limitations by having reminders for programs, verbal/physical prompts, single step direction, and assistance to/from programs .I would benefit from accommodations from hearing limitations by having placement near the speaker/leader of the program .I would benefit from accommodations from physical limitations by having assistance to/from program . Surveyor reviewed R25's activity participation documentation for December 2024 and January 2025. There are 22 days with no activity participation documented. Surveyor observed R25 on 2/16/25. R25 was not offered and did not participate in any activities. R25's activity documentation for 2/16/25 was blank. Surveyor observed R25 on 2/17/25 and 2/18/25. Surveyor did not observe R25 participate in any activities. Surveyor reviewed R25's activity participation documentation. R25 listened to the radio. Example 4 R58 was admitted to the facility on [DATE] with a diagnoses including cognitive communication deficit, weakness, anxiety disorder, major depressive disorder, and mild cognitive impairment. R58's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 1/6/25, indicates R58 has a BIMS (Brief Interview for Mental Status) score of 08 indicating R58 is moderately cognitively impaired. R58 has an activated power of attorney. R58's Comprehensive Care Plan, states, in part; .it's important that she engage in activities that are meaningful to her preferences/interest .I am of the catholic faith and would like to participate in religious services such as self-directing my own prayer and possibly attending in-house services. I enjoy socializing with others, coloring, keeping up with the local news, listening to classic country music, reading all kinds of materials, car rides and watching TV. I use to enjoy gardening/plants. I also like to sit/relax outdoors, and I prefer warm weather. It is important for me to engage in my favorite activities 1/6/25 . Surveyor observed R58 on 2/16/25. R58 was not offered and did not participate in any activities. R58's activity documentation for 2/16/25 was blank. On 2/16/25 at 2:57 PM, R58 asked what there was to do. Staff indicated R58 could go to the bathroom. R58 indicated that's something to do and she could go to the bathroom. Surveyor asked R58 if she would like some activities and things to do. R58 indicated she would like that. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/17/25 at 2:18 PM, CNA BB (Certified Nursing Assistant) indicated there is often one CNA down D hallway and with the population they serve down D hallway it gets very chaotic. There are not activity aides or any activities during the weekends. CNA BB indicated the activities are not geared for residents with dementia. CNA BB indicated she has voiced these concerns, and nothing had changed. CNA BB indicated more activities and activities that are tailored for residents with dementia would benefit everyone down D hallway. On 2/18/25 at 9:45 AM, CNA KK indicated there are not a lot of activities offered for residents on D hallway. CNA KK indicated the activities are not for residents with dementia. On 2/18/25 at 10:43 AM, Surveyor asked LPN X (Licensed Practical Nurse) about activities for the residents on D hallway. Surveyor asked about activities specifically for residents with dementia. LPN X indicated she was unsure what was offered for the residents on D hallway. LPN X indicated, They all look so bored. On 2/19/25 at 9:13 AM, LES NN (Life Enrichment Specialist) indicated she always encourages her staff to include the residents on D hallway for all activities. LES NN indicated she will stress more to her staff about encouraging all residents to attend activities. LES NN indicated she will follow up with her staff regarding weekend activities as well. LES NN indicated she has some good staff on the team now and there has been improvements. LES NN indicated she tries to keep the bigger activities scheduled on the same days and there are items down D hallway so the residents can use items such as coloring pages, books, and puzzles. Surveyor asked LES NN how do you ensure residents that are not independent with activities still have meaningful activities and are included? LES NN indicated she always asks residents at resident council about activities and what they would like to see on the calendar. LES NN indicated they will pair up residents and try to bring as many residents as possible down to activities. LES NN indicated the resident might prefer to watch and observe an activity and it is important for them to still be invited and included in that activity. LES NN indicated staff will reapproach the resident as well if they at first decline joining the activity. LES NN indicated they do the best they can for including the residents that have dementia and may need more support. LES NN indicated R38, R58, and R33 can be independent with activities. LES NN indicated R25 is more difficult in finding activities that she may enjoy participating in. Surveyor shared with LES NN observations regarding residents down D hallway and activities. LES NN indicated CNA's can assist with activities as well and assist in setting up residents with activities. Surveyor indicated if there is one CNA down D hallway there might not be a lot of time to do activities. LES NN stated yes that is true. LES NN indicated she will provide education to her weekend staff and that Wednesday and Thursday are better down D hallway. On 2/19/25 at 12:30 PM CNA M indicated R38, R58, R33, and R25 are not independent with their activities. CNA M indicated the residents need assistance and support from staff for activities. On 2/19/25 at 12:36 PM, CNA Z indicated R38, R58, R33, and R25 need assistance with activities. CNA Z indicated they are not independent or able to structure their own activities. On 2/19/25 at 1:20 PM, NHA A (Nursing Home Administrator) indicated understanding regarding the concern with the lack of activities for the residents on D hallway. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility failed to provide an on going program to support resident choice of activities, based on the comprehensive assessment and care plan and the preferences of each resident who resides at the facility.

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety 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 each resident received care, consistent with professional standards of practice (SOP), to prevent pressure injuries (PI) and each resident with PIs receives necessary treatment and services to promote healing and prevent new injuries from developing for 2 of 5 residents (R35 and R44) reviewed for pressure injuries. R35 was at risk for PI development. R35 developed two stage 3 facility acquired PIs that deteriorated. Observations were made of multiple layers between R35 and the air mattress. The facility failed to provide education and/or risks vs benefits when R35 declined repositioning. Staff did not ensure consistent documentation of repositioning or incontinence care, which were noted contributors to R35's PIs. Staff did not protect R35's periwound when applying the prescribed treatment. The facility's failures to implement preventive interventions for residents at risk for PIs, failure to provide education and/or risks vs. benefits when a resident declined repositioning, and failure to correctly apply a prescribed treatment created a finding of immediate jeopardy that began on 1/15/25. Surveyor notified Nursing Home Administrator A (NHA) of the immediate jeopardy on 2/28/25 at 10:05 AM. The immediate jeopardy was removed on 2/28/25; however, the deficient practice continues at a scope/severity of G (actual harm/isolated) as the facility continues to implement their action plan as evidenced by: R44 was admitted with a pressure injury. The facility failed to complete weekly pressure injury assessments per standards of practice. Observations were made of multiple layers between R44 and the air mattress. R44's PI deteriorated as evidenced by undermining and tunneling. Evidenced by: The AMDA (American Medical Directors Association) clinical practice guideline titled, '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 serosanguineous filled blister. (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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. 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. Wound Source article titled Pressure Injury and Microclimate: How Linen Layers May Contribute dated 2/14/24 states in part, . Pressure Injury Risk: How Linen Layers May Contribute: Linen layers have the potential to impact skin microclimate in the following ways: Reduce airflow Affect pressure redistribution Increase friction coefficient Dry or macerate skin Increase skin temperature Clinicians should select the correct type and amount of layers between the patient and support surface. Evidence suggests this selection is a high-value, low-cost, intervention. Regarding linen type, the NPIAP 2019 guidelines specifically recommend the use of silk or silk-like sheets versus cotton and cotton blend sheets . Regarding linen number, experts have found that incontinence pads, transfer sheets, or a combination of linens can significantly increase the mean peak sacral pressure when compared to a single flat sheet. Even on both a low-air-loss surface and foam surface, regardless of head-of-bed angle, pressure may be increased. This occurrence was confirmed by an in vitro study by [NAME] et al which examined the effect on interface pressures with the use of wet and dry incontinence pads against the gluteal and sacral areas of mannequins with soft, tissue-like qualities. In a 2018 retrospective review using International Pressure Ulcer Prevalence data from 216,626 participants, additional linen layers were found as a risk factor for both superficial and severe pressure injuries . Pressure Injury and Microclimate: How Linen Layers May Contribute | WoundSource (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility's policy titled Pressure Injuries and Non pressure Injuries last reviewed on 7/20/2022, states in part, .Stage 3 Pressure Injury: Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present .Additional Skin Impairment Definitions: Moisture Associated Skin Damage: inflammation of the skin and erosion from prolonged exposure to moisture and its [sic] contents. Common sources of moisture include urine and stool, perspiration, wound exudate, and effluent from an ostomy .2. Weekly: a. Complete a head-to-toe skin check and document findings on the Skin Review .If new areas are present: i. notify MD (Medical Doctor) ii. Notify resident/ responsible party iii. Initiate treatment per order .b. Assess current wounds at least every 7 days, or more frequently as needed (e.g., decline in wound, presence of infection, wound healed) . Example 1: R35 was admitted to the facility on [DATE], and was readmitted to the facility after a hospitalization on [DATE] with diagnoses that included osteomyelitis of vertebra (infection in the spine), type 2 diabetes mellitus, morbid obesity, and radiculopathy of lumbar region (a condition where nerve roots on the lower back are compressed or irritated, causing pain and other symptoms that radiate down the leg-numbness, tingling, burning, weakness or muscle spasms, difficulty walking or standing, loss of reflexes in the leg). R35's most recent MDS (Minimum Data Set) dated 1/6/25 states that R35 has a BIMS (Brief Interview for Mental Status) of 13 out of 15, indicating that R35 is cognitively intact. The MDS also indicates that R35 is dependent on staff for toileting, bathing, transfers, and bed mobility. R35 is always incontinent of bowel and bladder and has paralysis of her lower extremities. R35's care plan dated 11/21/24 and revised on 1/30/25 states in part: Interventions: *Administer treatments as ordered and monitor for effectiveness (initiated 11/21/24). *Monitor dressing to ensure it is intact and adhering. Report lose [sic] dressing to treatment nurse (revised 12/10/24). *Monitor nutritional status. Serve diet as ordered, monitor intake and record (initiated 12/10/24). *Monitor/document/report PRN (as needed) any changes in skin status: appearance, color, wound healing, s/sx (signs and symptoms) of infection, wound size ., stage (initiated 11/21/24). *Resident is to be turned and repositioned in even hours using a wedge and may be on back for meals only, more often as needed or requested (initiated 1/30/25). *The resident requires the bed to be as flat as possible to reduce shear. The resident prefers to be repositioned with 2 people (revised 12/10/24). The resident requires air flotation mattress on bed (initiated 12/10/24). Treat pain as per orders prior to treatment/turning etc. to ensure the resident's comfort (initiated 12/10/24). Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate (initiated 12/10/24) . It is important to note that R35's care plan was not updated to reflect current wounds and locations. R35's repositioning intervention was added 22 days after the development of the PI. R35's Braden Scale (for predicting pressure sore risk) scores are as follows: 11/27/24: 16-at risk 12/6/24: 16-at risk (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	12/13/24: 15-at risk 1/10/25: 16-at risk 1/17/25: 14-moderate risk 1/24/25: 14-moderate risk R35's weekly skin checks since readmission, indicate the following: 1/9/25: dry skin 1/16/25: pressure injury to coccyx 1/23/25: coccyx stage 2, left gluteal fold (boundary between the buttocks and posterior (back) of thigh) 1/30/25: coccyx stage 2, left gluteal fold 2/6/25: coccyx wound 2/13/25: PI - buttock R35's Non-Pressure Weekly Tracker documentation is as follows: 1/8/25: .2. Wound acquired: b. In house. 2a. Date acquired: 1/8/25. 3. Type: h) Open area. 4. Location: Lower gluteal cleft buttock .5a. Length 4.8 cm (centimeters) 5b. Width 2.7cm. 5c. Depth 0.1cm .7. Drainage e. purulent. 8. Amount of drainage b. light .23. Comments: MASD (Moisture Associated Skin Damage) .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Zinc ointment apply Q (every) shift 3xday (3 times a day) for 30 days Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; off- load wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able . 1/15/25: . 4. Location: Coccyx. Description: Wound area previously documented as MASD has now progressed to stage 3 pressure injury .5a. Length 3.4 cm 5b. Width 1.9cm. 5c. Depth 0.1cm .Tissue Type . 6c. Granulation 30% 6d. Slough 70% .7. Drainage b. Serous. 8. Amount of drainage c. moderate .23. Comments: MASD- Wound area previously documented as MASD has now progressed to stage 3 pressure injury of coccyx as of 1/15/25. This tracker to be closed and completed, new tracker will be opened .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Leptospermum honey to wound bed followed by duoderm (adhesive dressing) 3x/week (3 times per week) Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; off- load wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able. [Wound Care Doctor] here to eval and treat resident. Surgical excisional debridement procedure completed at bedside. Resident tolerated well . It is important to note despite the MASD deteriorating to a stage 3 pressure injury (PI) the facility continued to document this PI on the facility's non-pressure wound tracker. (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1/22/25: .5a. Length 14.7 cm 5b. Width 2cm. 5c. Depth 0.4cm .Tissue Type .6c. Granulation 30% 6d. Slough 70% .7. Drainage b. Serous. 8. Amount of drainage d. heavy .23. Comments: MASD- Wound area previously documented as MASD has now progressed to stage 3 pressure injury of coccyx as of 1/15/25. This tracker to be closed and completed, new tracker will be opened. Exacerbated due to increased drainage and noncompliant with offloading .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Santyl apply once daily followed by calcium alginate. Skin prep peri wound. Cover with foam with border daily. Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; offload wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able. [Wound Care Doctor] here to eval and treat resident. Surgical excisional debridement procedure completed at bedside. Resident tolerated well . Of note: on 1/22/25 the PI deteriorated by increasing in size, heavy drainage. Despite staff noting R35 was noncompliant with offloading, there is no evidence of education or risks vs benefits being provided. R35's MAR (Medication Administration Record) has the following order: * Ensure resident is being repositioned every 2 hours. Every shift. Start date: 1/30/25. The following dates and shifts are marked no: 2/1/25 PM (evening) shift, 2/5/25 PM shift, and 2/14/25 PM and NOC (night) shifts. Of note: R35's order to be repositioned was not added to the MAR until 1/30/25. 1/29/25: . stage 3 pressure injury .5a. Length 18.2 cm 5b. Width 3.2cm. 5c. Depth 0.2cm .Tissue Type .6c. Granulation 70% 6d. Slough 10% 6e. Necrotic 20% .7. Drainage b. Serous. 8. Amount of drainage c. moderate .23. Comments: MASD- Wound area previously documented as MASD has now progressed to stage 3 pressure injury of coccyx as of 1/15/25. This tracker to be closed and completed, new tracker will be opened. Exacerbated due to increased drainage and incontinence .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Sodium hypochlorite (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary dressing(s) ABD pad apply once daily for 30 days. Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; offload wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able. [Wound Care Doctor] here to eval and treat resident. Surgical excisional debridement procedure completed at bedside. Resident tolerated well . 2/5/25: . stage 3 pressure injury .5a. Length 14.1 cm 5b. Width 10.1cm. 5c. Depth 0.3cm .Tissue Type .6a. Skin 10% 6d. Slough 85% 6e. Necrotic 5% .7. Drainage b. Serous. 8. Amount of drainage c. moderate .23. Comments: MASD- Wound area previously documented as MASD has now progressed to stage 3 pressure injury of coccyx as of 1/15/25. This tracker to be closed and completed, new tracker will be opened. Exacerbated due to increased drainage and incontinence .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Sodium hypochlorite (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary dressing(s) ABD pad apply once daily for 30 days. Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; offload wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able. [Wound Care Doctor] here to eval and treat resident. Surgical excisional debridement procedure completed at bedside. Resident tolerated well . (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Of note: R35's PI now has 85% slough in the wound bed when on 1/29/25 R35's wound bed had 70% granulation and only 20% necrotic tissue, which would indicate a deterioration in the wound. 2/12/25: . stage 3 pressure injury .5a. Length 12.5 cm 5b. Width 3.6cm. 5c. Depth 0.4cm .Tissue Type .6a. Skin 10% 6c. Granulation 50% 6e. Necrotic 50% .7. Drainage b. Serous. 8. Amount of drainage c. moderate . 23. Comments: MASD- Wound area previously documented as MASD has now progressed to stage 3 pressure injury of coccyx as of 1/15/25. This tracker to be closed and completed, new tracker will be opened. Improved evidenced by decreased surface area .6. Additional interventions/plans: Dressing treatment Plan Primary Dressing(s) Sodium hypochlorite (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary dressing(s) ABD pad apply once daily for 30 days. Plan of care reviewed and addressed Recommendations cleanse with wound cleanser at time of dressing change; offload wound; reposition per facility protocol; turn side to side in bed every 1-2 hours if able. [Wound Care Doctor] here to eval and treat resident. Surgical excisional debridement procedure completed at bedside. Resident tolerated well . (Of note: the PI assessment indicates 110% as evidenced by Skin 10% 6c. Granulation 50% 6e. Necrotic 50%. Assessments should never account for more than 100%. Facility staff did not clarify the characteristics of the wound bed or that the percentage was over 100%) The following documentation is regarding R35's second pressure injury that developed that was found as an unstageable. 1/15/25: . 2. Pressure injury acquired b. In house. 2a. Date acquired 1/15/25. 3. Location: Right thigh (rear) type: pressure. Length 0.5cm Width 1.1cm Depth 0.1cm Stage 3 .5. Tissue Type .5d. Slough 100% .6. Drainage: b. Serous. 7. Amount of drainage: b. light .6. Additional interventions/plans: [Wound Care MD] here to eval and treat. Treatment plan as follows: Cleanse with wound cleanser at time of dressing change, apply silver sulfadizine 3x/week and PRN for 30 days. Surgical excisional debridement completed at bedside via [MD name]. Removal of necrotic tissue and established margins of viable tissue. Resident tolerated procedure well . (Of note: R35's left thigh wound was found as a stage 3, on 1/15/25 which is the same day that R35's MASD deteriorated to a stage 3 pressure injury. The wound has 100% slough which would indicate the wound is an unstageable Pressure injury.) 1/22/25: . 3. Location: Left thigh (front) type: pressure. Length 6.5cm Width 6.3cm Depth 0.1cm Stage 3 .5. Tissue Type .5a. Skin 60% 5c. Granulation 40% 5d. Slough 20% .6. Drainage: b. Serous. 7. Amount of drainage: d. heavy .20. Comments: .Previously documented as right posterior thigh in error. Area is LEFT posterior thigh/buttock .6. Additional interventions/plans: [Wound Care MD] here to eval and treat. Treatment plan as follows: Cleanse with wound cleanser at time of dressing change, apply silver sulfadizine 3x/week and PRN for 30 days. Surgical excisional debridement completed at bedside via [MD name]. Removal of necrotic tissue and established margins of viable tissue. Resident tolerated procedure well . (Of note: Of note: the PI assessment indicates 120% as evidenced by Skin 60% 5c. Granulation 40% 5d. Slough 20%. Facility staff did not clarify the characteristics of the wound bed or that the percentage was over 100%.) (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1/29/25: . 3. Location: Left thigh (rear) type: pressure. Length 2.5cm Width 2.2cm Depth 0.1cm Stage 3 .5. Tissue Type .5c. Granulation 30% .5e. Necrotic 70% .6. Drainage: b. Serous. 7. Amount of drainage: c. moderate .20. Comments: .Previously documented as right posterior thigh in error. Area is LEFT posterior thigh/buttock. Improved as evidenced by decrease in surface area .6. Additional interventions/plans: [Wound Care MD] here to eval and treat resident. Treatment plan as follows: Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary Dressing(s) ABD pad apply once daily for 30 days. Peri wound treatment Zinc ointment apply once daily and as needed for 30 days. Surgical excisional debridement completed at bedside via [MD name]. Removal of necrotic tissue and established margins of viable tissue. Resident tolerated procedure well . 2/5/25: . 3. Location: Left thigh (rear) type: pressure. Length 0.4cm Width 1.7cm Depth 0.1cm Stage 3 .5. Tissue Type .5d. Slough 100% .6. Drainage: b. Serous. 7. Amount of drainage: b. Light .20. Comments: . Previously documented as right posterior thigh in error. Area is LEFT posterior thigh/ buttock. Improved as evidenced by decrease in surface area .6. Additional interventions/plans: [Wound Care MD] here to eval and treat resident. Treatment plan as follows: Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary Dressing(s) ABD pad apply once daily for 30 days. Peri wound treatment Zinc ointment apply once daily and as needed for 30 days. Surgical excisional debridement completed at bedside via [MD name]. Removal of necrotic tissue and established margins of viable tissue. Resident tolerated procedure well . 2/12/25: 3. Location: Left thigh (rear) type: pressure. Length 1.4cm Width 1.6cm Depth 0.1cm Stage 3 .5. Tissue Type .5c. Granulation 100% .6. Drainage: b. Serous. 7. Amount of drainage: b. Light .20. Comments: . Previously documented as right posterior thigh in error. Area is LEFT posterior thigh/buttock. Improved as evidenced by decrease in surface area .6. Additional interventions/plans: [Wound Care MD] here to eval and treat resident. Treatment plan as follows: Dressing Treatment Plan Primary Dressing(s) Sodium hypochlorite solution (dakins) apply once daily and as needed for 30 days: 0.125% dakins Secondary Dressing(s) ABD pad apply once daily for 30 days. Peri wound treatment Zinc ointment apply once daily and as needed for 30 days. Surgical excisional debridement completed at bedside via [MD name]. Removal of necrotic tissue and established margins of viable tissue. Resident tolerated procedure well . R35's CNA (Certified Nursing Assistant) documentation from 1/1/25-2/17/25 is as follows: Task: Did you turn and reposition? Response: Yes-58 answers out of 144 opportunities. It is important to note that the facility failed to document on 86 repositioning opportunities. B&B: Bowel and Bladder Elimination: January and February-bowel movements tracked and documented daily on most shifts. Urination is not tracked at all. On 2/18/25 at 9:30 AM, Surveyor observed wound care with DON B (Director of Nursing) and LPN EE (Licensed Practical Nurse). Surveyor observed R35 lying in bed with a low air loss mattress. R35 had several layers underneath her; the bed had a fitted sheet, a lift sheet, a cloth chux pad, an incontinence brief, and a purple incontinence liner that was saturated with urine. Wound care was completed by LPN EE, and a new incontinence brief and purple incontinence liner was reapplied. (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 2/19/25 at 9:48 AM, Surveyor interviewed LPN EE. Surveyor asked LPN EE how she can ensure that the Dakin solution isn't touching the healthy skin after changing R35's dressing, LPN EE stated that she tries to form it to the wound. Surveyor asked how they know that it stays in place when being changed or repositioned, LPN EE stated that staff have to make sure it is in place, but she is not sure. It is important to note, that during wound care, the Dakin-soaked gauze was lying flat on the wound bed, not tucked into the wound, and was coming in contact with healthy skin. According to the National Library of Medicine< https://www.ncbi.nlm.nih.gov/books/NBK507916/> Due to its properties as an acid-based compound, Dakin solution can be corrosive to healthy tissue, especially at higher concentrations. An oil-based ointment such as petroleum jelly can be applied to surrounding healthy tissue to reduce skin irritation and prevent the debridement of viable tissue. Dakin solution also loses its antiseptic properties rapidly after application due to the instability of the compound. Therefore, gauze sponges soaked with Dakin used to pack necrotic wounds must be frequently changed. It is usually applied twice daily to lightly to moderately exudative wounds and twice daily for highly exudative or contaminated wounds. On 2/19/25 at 8:58 AM, Surveyor interviewed CNA E. Surveyor asked CNA E how often R35 is checked and changed, CNA E stated every 2 hours and is repositioned every 2 hours from side to side. Surveyor asked CNA E if they document repositioning and toileting, CNA E stated that they don't. Surveyor asked how many layers should be under a resident on an air mattress, CNA E reported that there should be a fitted sheet, a draw sheet, and a brief. Surveyor asked if she has ever noticed R35 to have a fitted sheet, draw sheet, cloth chux pad, purple liner, and an incontinence brief on, CNA E yes. Surveyor asked if she reported it to anyone, CNA E stated no and that she just removes it. On 2/18/25 at 3:23 PM, Surveyor interviewed CNA MM. Surveyor asked how many layers are under R35, CNA MM reported a sheet, a draw sheet, a cloth chux pad, and a purple incontinence liner. Surveyor asked how often is R35 repositioned, CNA MM stated every 2 hours and that they document it and they used to have a paper they filled out, but now it's added to her tasks. On 2/18/25 at 1:48 PM, Surveyor interviewed DON B. Surveyor asked DON B how many layers should be under a resident that is on an air mattress, DON B stated that it should be just the sheet. Surveyor asked DON B if he observed all of the layers under R35, DON B stated yes. Surveyor asked DON B if they have identified the root cause of R35's coccyx wound worsening. DON B provided documentation from the wound MD indicating it was due to R35 refusing offloading and due to incontinence. DON B reported that they obtained an order for a wedge cushion on 1/24/25 and implemented that, as well as adding turn every 2 hours to R35's CNA tasks. DON B also stated that he added Bowel and Bladder documentation to the CNA task list. Surveyor reviewed CNA documentation with DON B. Surveyor asked DON B how he knows that R35 is being repositioned every 2 hours, if the task only asks if she was repositioned, DON B stated he wasn't sure. Surveyor also reviewed R35's bowel and bladder documentation and pointed out that the CNAs were not documenting R35's incontinence episodes. R35 was at risk for PI development and developed two stage 3 facility acquired PIs. The facility failed to follow standards of practice as evidenced by observations of multiple layers between R35 and the air mattress, failed to provide education and/or risks vs benefits when R35 declined repositioning, did not ensure consistent documentation of repositioning, and failed to ensure treatments were applied to only the pressure injury wound bed. (continued on next page)

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility's failure to implement preventive interventions for residents at risk for PIs, failure to provide education and/or risks vs. benefits when a resident declined repositioning, failure to complete weekly assessment per standard of practice, and failure to correctly apply prescribed treatments created a reasonable likelihood for serious harm, thus leading to a finding of immediate jeopardy. The facility removed the jeopardy on 2/28/25, when it completed the following: *Both residents remains at the center and care plan regarding pressure injury reviewed and updated. In house residents with pressure injuries have the potential to be affected. Skin sweep completed 2/28/2025. On 2/28/2025 Director of nursing or designee implemented re-education with nursing staff (CNAs and licensed nurses) on Pressure Injury and Non-Pressure Injury policy and Use of Support Surface policy. This education included: o the need to ensure care plan is followed including managing moisture and incontinence including not using multiple layers with air mattresses o If cares/treatments are refused to notify licensed nurse/DON/designee and education provided on risks and benefits to resident or responsible party, notify MD and update care plan o obtaining Periwound treatment in order from MDs o Wound assessments including measurements and ensuring surface area adds up to 100% of assess Identified education will occur prior to start of next scheduled shift. On 2/28/2025, facility reviewed their Pressure Injury and Non-Pressure Injury and Use of Support Surface policies. No changes were required to policies. On 2/28/25, DON/designee also verified that residents with pressure injuries have accurate assessment of pressure injuries, including physician orders for treatment and dressing changes that are completed per MD order. Interdisciplinary review completed of care plans for residents with pressure injuries and a visual audit was completed by Director of Nursing or designee to ensure care planned interventions for pressure injury healing and prevention are in place. DON/designee to complete random observation (audit) of dressing changes per MD order with periwound treatment, if warranted, and cares/treatment to ensure dressing changes completed per MD order, interventions to promote healing including no multiple layers on air mattresses, and ensure proper documentation of refusal of skin care and treatment. Audits will also include Pressure injury weekly documentation to ensure accurate and complete, and CNA task documentation on if cares accepted and documented per care plan. Audits will be completed daily x 7 days. These audits will then continue on varying shifts three times per week for 4 additional weeks then 2 times per week for 4 additional weeks. Results of audits will be presented to facility QAPI committee for review and any recommendations. Ad hoc QAPI meeting held on 2/28/2025 to review this plan Example 2: (continued on next page)

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	525452	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elroy Health Services	307 Royall Ave Elroy, WI 53929

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F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R44 was admitted to the facility on [DATE] with diagnoses to include type 2 diabetes mellitus, pressure ulcer of sacral region, stage 2, anxiety disorder, and panic disorder. R44's most recent MDS dated [DATE] states that R44 has a BIMS of 15 out of 15, indicating that R44 is cognitively intact. The MDS also indicates that R44 is dependent on staff for bed mobility, transfers, bathing, and dressing her lower body. R44's care plan initiated on 12/17/24 states: .Focus: The resident has a stage 2 pressure ulcer to coccyx or potential for pressure ulcer development r/t Hx (history) of ulcers, decreased mobility. Goal: The resident's pressure ulcer will show signs of healing and remain free from infection by/through review date. Interventions: *Monitor dressing to ensure it is intact and adhering. Report lose [sic] dressing to treatment nurse. *Monitor nutritional status. Serve diet as ordered, monitor intake and record. *Monitor/ document/ report PRN any changes in skin status: appearance, color, wound healing, s/sx of infection, wound size .* The resident requires air flotation pressure redistribution device. * Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate . R44's documentation on facility's Pressure Injury (PI) Weekly Tracker is as follows: 12/16/24: .Location: Coccyx Type: Pressure. Length 0.9cm Width 0.8cm Depth 0.3cm stage 2. 5. Tissue type: 5c. Granulation 50% 5d. Slough 50%. 6. Drainage b. Serous 7. Amount of drainage b. Light .B. Plan/ Treatment .6. Turn and reposition every 2 hours . R44 was admitted with a PI that was 50% slough, which would indicate it's at least a stage 3. 12/18/24: . Length 1.1cm Width 0.8cm Depth 0.3cm stage 3. 5. Tissue type: 5c. Granulation 20% 5d. Slough 80%. 6. Drainage b. Serous 7. Amount of drainage c. moderate .B. Plan/ Treatment .6. Turn and reposition every 2 hours- Cleanse with wound cleanse [sic], apply medihoney to wound bed, cover with bordered foam dressing. Skin prep to periwound daily x 30 days. Surgical excisional debridement performed to remove necrotic tissue and establish viable tissue . It is important to note that there were no wound measurements from 12/18/24-1/8/25, during which time R44's PI increased in size. 1/8/25: .Length 4.1cm Width 0.5cm Depth 0.1cm stage 3. 5. Tissue type: 5a. Skin 50% 5c. Granulation 10% 5d. Slough 40%. 6. Drainage b. Serous 7. Amount of drainage c. moderate .B. Plan/Treatment .6. Turn and reposition every 2 hours- Cleanse with wound cleanse [sic], apply medihoney to wound bed, cover with bordered foam dressing. Skin prep to periwound daily x 30 days. Surgical excisional debridement performed to remove necrotic tissue and establish viable tissue . 1/15/25: 1/8/24: . Length 3.5cm Width 1.8cm Depth 0.6cm stage 3 . 5. Tissue type: 5a. Skin 80% .5d. Slough 10%. 6. Drainage b. Serous 7. Amount of drainage b. moderate .B. Plan/Treatment .6. Turn and reposition every 2 hours- Cleanse with wound cleanser. Skin prep periwound apply 3x/weekly. Lightly pack wound using iodoform 1/4 3x/week (leaving a tail) and cover with duoderm. Surgical excisional debridement performed to remove necrotic [TRUNCATED]

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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** 49436 Based on observation, 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 (R). This has the potential to affect all 68 residents residing at the facility. Surveyors entered on the weekend due to the facility triggering for low weekend staffing. NHA A (Nursing Home Administrator) indicated the schedule is based on the census and hours per patient day (HPPD), which does not take into consideration the acuity of the facility's resident population. Residents in Resident Council voiced concerns that staff take too long to answer call lights and meal trays on the halls are not passed timely due to staff not being available. R56 voiced concerns about long wait times when wanting to get up. Staff stated there are care items they cannot complete for residents due to having low staffing. This is evidenced by: The Facility Assessment Tool, date 1/3/25, states in part: Staffing plan: RN/LPN/LVN (Registered Nurse / Licensed Practical Nurse / Licensed Vocational Nurse) 1.5:40 RN/LPN Days, 1.5:40 RN/LPN Evenings. Direct care staff 1:13 ratio CNA (Certified Nursing Assistant) Days, 1:13 ratio CNA Evenings, 1:26 ration CNA Nights. Staff Hours on Average: RN Hours: .5, CNA Hours: 1.6, Total Nursing Staff Hours: 3.0 HPPD (Hours per patient day) is used to measure the amount of time for care each resident receives in a 24 hour period. HPPD is calculated using the following equation: total nursing hours divided by the number of residents. Example 1 On Sunday, February 16, 2025, surveyors entered the building for the facility's annual recertification survey. Surveyors entered on a weekend due to the facility triggering for low weekend staffing. Example 2 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/19/25 at 8:39 AM, Surveyor interviewed NHA A regarding the facility staffing. NHA A indicated he actively participates in the scheduling of the facility. NHA A stated the facility staffs according to the census, if the census goes up then the facility staffs more CNAs and if the census goes down then the facility will schedule less CNAs. NHA A stated the ideal schedule would be 3.0 HPPD. NHA A indicated during the all-staff monthly meetings, the staff have voiced it would be beneficial to have more staff scheduled. NHA indicated during resident council, residents have voiced concerns about low staffing levels. The facility census postings were reviewed for the dates 2/2/25 through 2/19/25 for HPPD, as follows: 2/2/25 was 2.6 HPPD (Sunday) 2/3/25 was 2.6 HPPD 2/4/25 was 2.5 HPPD 2/5/25 was 2.8 HPPD 2/6/25 was 2.6 HPPD 2/7/25 was 2.7 HPPD 2/8/25 was 2.9 HPPD (Saturday) 2/9/25 was 2.9 HPPD (Sunday) 2/10/25 was 2.5 HPPD 2/11/25 was 2.5 HPPD 2/12/25 was 3.2 HPPD 2/13/25 was 2.7 HPPD 2/14/25 was 2.3 HPPD 2/15/25 was 2.4 HPPD (Saturday) 2/16/25 was 2.7 HPPD (Sunday) 2/17/25 was 2.7 HPPD 2/18/25 was 2.6 HPPD 2/19/25 was 2.8 HPPD Of note, only one day (2/12/25) was at or above 3.0 HPPD. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 3 Resident council minutes were reviewed. November 2024 resident council minutes state in part: 2nd shift can sometimes take too long to answer a call light . December 2024 resident council minute state in part: Residents voiced concerns for Hall trays not being passed timely, resulting in food that isn't as warm as they'd like. Resident stated that they understand that sometimes someone needs assistance when trays come but that someone should help to avoid food temps. On 2/19/25 at 12:30 PM, Surveyor interviewed NHA A regarding resident council concerns about staffing. NHA A stated residents in resident council have mentioned concerns with staffing but it is not a continual common theme. Example 4 R56 admitted to the facility on [DATE] with diagnoses including arthritis (joint inflammation). R56's comprehensive assessment, dated 1/5/25, indicates R56 is dependent on staff for toileting, personal hygiene, and requires 2 staff for transferring between surfaces. On 2/16/25 at 12:13 PM, Surveyor interviewed R56 about call light response time. R56 stated when he turns on his call light, staff will come in and turn it off and tell him they need to get a second person. R56 states it will take them 20 minutes or longer before they come back. R56 states he will sometimes turn his light back on if it takes too long for them to return. On 2/19/25 at 9:34 AM, Surveyor interviewed CNA E (certified nursing assistant) regarding call light response times. CNA E indicated call lights will be on for longer than 20 minutes at times. CNA E indicated she will go into a resident's room, turn off the call light without meeting the resident's needs and tell the resident she will be back. Example 5 On 2/19/25 at 9:20 AM, Surveyor interviewed LPN N (Licensed Practical Nurse) regarding staffing. LPN N indicated she does not perform any CNA duties when working because she does not have time to help. On 2/19/25 at 9:23 AM, Surveyor interviewed MT M (Med Tech, a CNA that can administer medications) regarding staffing. MT M indicated she does not perform any CNA duties when she is working as a med tech but will occasionally answer a resident's call light if she has time. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/19/25 at 9:24 AM, Surveyor interviewed CNA E regarding staffing. CNA E is employed full time at the facility. Surveyor asked CNA E to think about the last 2 weeks she has worked and to recall a time when she received help from ancillary staff or the nurses. CNA E indicated she has not received help from other staff or the nurses when completing her CNA duties. CNA E indicated she cannot complete all the resident's care, due to low staffing. CNA E indicated she cannot always get to things like resident's oral care. CNA E indicated resident call light response time can be longer than 20 minutes at times due to low staffing. On 2/19/25 at 9:38 AM, Surveyor interviewed CNA CC regarding staffing. CNA CC indicated he can't get it all done when questioned about completing resident care. CNA CC indicated he cannot complete things like range of motion or oral care for residents. CNA CC states he must prioritize things like changing incontinent residents over providing oral care. On 2/19/25 at 12:30 PM, Surveyor interviewed NHA A regarding low staffing. NHA A indicated multiple department heads are [NAME] certified and can work as a CNA but it is rarely required. 44552 Example 6 On 2/16/25 Surveyor observed lunch starting down D hallway at 12:10 PM. Most residents down D hallway eat in the common/living room area down D hallway. Surveyor observed no staff in common area on two separate times during lunch time. Surveyor observed no staff from 12:20PM-12:32PM and again at 12:40PM-12:51PM. Multiple residents require supervision and assistance during meals. Surveyor observed R38 struggling with her meal. Surveyor observed R38 attempting to raise her spoon up five times and was unable to get her spoon all the way up to her mouth. R38 asked Surveyor if Surveyor could help her eat her meal. Example 7 On 2/16/25 at 12:30 PM, CNA Z (certified nursing assistant) indicated it is usually just one staff down D hall on the weekends. CNA Z indicated it depends on the weekend if there is an activity aid at the facility. CNA Z indicated there are times she can not get all the tasks done due to the staffing ratio. CNA Z indicated there is supposed to be a float CNA that works all hallways. CNA Z indicated staff is not quick to respond when asking for help over the walkie talkie. CNA Z indicated there are times that the float CNA is helping someone else, on break, or the position didn't get filled that day. Example 8 R38 was admitted to the facility on [DATE]. R38's Minimum Data Set, dated dated dated [DATE] indicates R38 has a brief interview of mental status score of 08 out of 15, indicating R38 is moderately cognitively impaired. On 2/16/25 at 2:18 PM, R38 indicated she needs assistance with eating meals. Surveyor asked R38 if the CNA often got pulled to answer call lights or help others during mealtime? R38 stated yes. Surveyor asked if R38 often waits for assistance to eat? R38 indicated yes. R38 indicated staffing is a concern and there is often not enough staff down R38's hallway. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 9 On 2/16/25 at 2:45 PM, CNA AA indicated it is common that there is only one CNA down D hallway. CNA AA indicated staffing is a concern. Example 10: On 2/17/25 at 2:18 PM, CNA BB (certified nursing assistant) indicated staffing is a concern. CNA BB indicated there is often one CNA down D hallway and with the population they serve down D hallway it gets very chaotic. There are not activity aides or any activities during the weekends. CNA BB indicated the activities are not geared for residents with dementia. CNA BB indicated she has voiced these concerns, and nothing changed. CNA BB indicated more activities would benefit everyone down D hallway. CNA BB indicated there are times she can't get to everyone at the end of the shift to assist with repositioning and going to the bathroom. CNA BB indicated the float is not usually down D hallway and recently two minors were working on A hallway alone and neither of them can use the Hoyer lift. CNA BB indicated she is often very rushed, and the residents can feel that. 50285 Example 11: R12 was admitted to the facility on [DATE] with diagnoses that include, in part: Muscle Weakness, Type 2 Diabetes Mellitus, Emphysema Unspecified (a chronic lung disease that makes it difficult to breathe), Major Depressive Disorder, and Chronic Pain. R12's MDS (Minimum Data Set) with a target date of 2/10/25, indicates, in part: BIMS (Brief Interview of Mental Status) score of 14 out of 15, indicating R12 is cognitively intact. R12's Care Plan, dated 1/16/25, states, in part: Focus: ADL (Activities of Daily Living) self-care deficit as evidenced by: total assist related to: progressive generalized weakness, severe . Goal: Will receive assistance to meet ADL needs . Interventions: Bed Mobility: Assist of 2 for bed mobility able to reposition self slightly . Dressing: Requires extensive assist of 1 staff to dress . Locomotion: requires total assist with locomotion . Personal Hygiene: Assist of 1 to wash own face and hands . Toileting: Assist of 2 using bedside commode and use of shower sling for transfers. Generally continent of bowel, occasionally incontinent of bladder . Transfer: Assist of 2 staff and use of mechanical lift . On 2/16/25 at 10:18 AM, Surveyor interviewed R12, who stated, the people work very hard here, but they don't have enough staff. R12 indicated that he has had to wait a long time for staff assistance. R12 stated that last night he waited a half hour to use the commode, but that sometimes it is over an hour. R12 indicated that the staff have to use the Hoyer lift to get him to the commode, and that sometimes they can't find anyone to help, so that he has to wait longer. R12 stated that it was very difficult to wait that long to go to the bathroom, and that he felt, like I'm not very important. Example 12: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R1 was admitted to the facility on [DATE] with diagnoses that include, in part: Alzheimer's Disease with late onset, Dementia in other diseases classified elsewhere, moderate, and Major Depressive Disorder. R1's admission MDS with a date of 11/25/24, indicates, in part: a BIMS score of 9 out of 15, indicating R1 has moderate cognitive impairment. R1's Care Plan, dated 2/15/21, states, in part: Focus: ADL self-care deficit related to: physical limitation, dementia with behaviors . Goal: Will be clean, dressed and well groomed daily to promote dignity and psychosocial wellbeing . Interventions: Ambulation: [Resident Name] is non ambulatory at this time . Bathing: [Resident Name] requires extensive to near total assist with showering . Bed Mobility: [Resident Name] requires extensive assist of 1 staff with repositioning . Dressing: [Resident Name] requires extensive assist of 1 staff for dressing . Eating: [Resident Name] requires set up assist with meals . Locomotion: [Resident Name] requires extensive assist of 1 staff for locomotion in wheelchair . Personal Hygiene: [Resident Name] requires extensive assist with personal hygiene . Toileting: [Resident Name] requires extensive assist of one staff with toileting and is frequently incontinent of bladder and bowel . Transfers: [Resident Name] requires extensive assist with transfers with 2 staff and use of EZ-stand . On 2/16/25 at 10:52 AM, Surveyor interviewed R1, who stated that sometimes she has to wait an hour for her call light to be answered. R1 stated that it makes her feel anxious to wait that long to have to use the bathroom, as she is unable to do it by herself. Example 13: R316 was admitted to the facility on [DATE] with diagnoses that include, in part: Weakness, Hemiplegia (a neurological condition that causes paralysis or weakness on one side of the body), Hemiparesis (one-sided muscle weakness), and Personal History of Urinary Tract Infections. R316's Care Plan, dated 2/12/25, states, in part: Focus: ADL self-care deficit as evidenced by: right sided deficit/weakness related to: stroke . Goal: Will improve current level of function in ADLs (activities of daily living) through the review date . Interventions: Ambulation/Locomotion: with device wheelchair . Bathing/Showering: Assist of 1 staff . Personal Hygiene: Assist of 1 staff . Toileting: Assist of 1 staff . Transfer: Assist of 2. Transfer with EZ-stand for all transfers with 2 staff . On 2/16/25 at 10:28 AM, Surveyor interviewed R316, who indicated that usually he has to wait a long time for his call light to be answered. R316 stated that he requires assistance from staff to get up and then to lay back down, and that he had to wait a half hour this morning. R316 stated he felt extremely frustrated having to just sit and wait, and that at times they are so short staffed he has to wait an hour. Example 14: R15 was admitted to the facility on [DATE] with diagnosis that include, in part: Seizures, Contracture of Muscles, multiple sites, Weakness, and Unspecified Atrial Fibrillation (a common heart rhythm disorder where the upper chambers of the heartbeat irregularly and rapidly). (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R15's admission MDS with a date of 1/21/25, indicates, in part: a BIMS score of 13 out of 15, indicating R15 is cognitively intact. R15's Care Plan, dated 7/15/24, states, in part: Focus: ADL self-care deficit as evidenced by: need for staff assist . Goal: Will improve current level of function in ADLs through the review date . Interventions: Ambulation/Locomotion: [Resident Name] is non-ambulatory at this time. Requires extensive assist with locomotion . Bathing/Showering: Assist of 1 to shower or bathe . Bed Mobility: Requires assist of 1 for bed mobility . Dressing: Assist of 1 for dressing . Personal Hygiene: Assist of 1 to set up and encourage her to wash her own face and hands . Toileting: Assist of 1 for toileting. Continent of both bowel and bladder with occasional episodes of bladder incontinence . Transfer: Transfer with 1 staff, walker and gait belt . On 2/16/25 at 10:36 AM, Surveyor interviewed R15, who indicated that call lights are not answered right away, sometimes she has to wait because the staff are busy. R15 indicated she did not know how long she has to wait, but at times it can be quite long. R15 stated she is angry when she has to wait to go to the bathroom and she sometimes has accidents if she has to wait too long due to their not being enough staff. Example 15: On 2/16/25 at 2:13 PM, Surveyor interviewed Staff Member F, who wished to remain anonymous. Staff Member F told Surveyor that she does not feel like there is enough staff to meet the residents needs. Staff Member F stated that sometimes she is scheduled to work A wing by herself with over 20 residents to care for, and that she doesn't feel like that is safe. Staff Member F indicated that when they are short staffed, they are not able to get resident's showers completed, do oral cares, or toilet and reposition every two hours. Staff Member F stated that this happens frequently. Example 16: On 2/18/25 at 10:57 AM, Surveyor interviewed CNA E who stated that they are short staffed a couple times a week, mostly on PM shift. CNA E stated that when they don't have enough staff they can't get to toileting or repositioning the residents frequently enough. Cross Reference: F686

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285 Based on observation, interview, and record review, the facility did not ensure a resident who displays or is diagnosed with dementia receives the appropriate treatment and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being for 1 of 2 residents (R50) reviewed for dementia care out of a total sample of 20 residents. R50 has a diagnosis of dementia. R50 has a history of exhibiting verbally aggressive and socially inappropriate/disruptive behavior towards staff and other residents. The facility staff did not provide person-centered services to maintain R50's highest practicable physical, mental, and psychosocial well-being. Evidenced by: The facility policy titled Dementia Care, dated 4/23/24, states, in part: Policy: It is the policy of this facility to provide the appropriate treatment and services for residents who display signs of, or are diagnosed with dementia, to meet his or her highest practicable physical, mental, and psychosocial well-being . Policy Explanation and Compliance Guidelines: 1. The facility will assess, develop, and implement care plans through an interdisciplinary team (IDT) approach that includes the resident, their family, and/or resident representative, to the extent possible . 2. The care plan goals will be achievable, and the facility will provide resources necessary for the resident to be successful in meeting their goals. 3. The care plan interventions will relate to each resident's individual symptomology. 4. Care and services will be person-centered and reflect each resident's individual goals while maximizing the resident's dignity . 7. The care plan goals and interventions will be monitored on an ongoing basis for effectiveness and will be reviewed/revised as necessary. 8. Appropriate referrals will be made if current interventions are ineffective . (i.e. physician, mental health provider, licensed counselor, pharmacist, social worker) . R50 was admitted to the facility on [DATE] with a diagnosis of Unspecified Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. R50's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/28/24, indicates R50 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R50 is cognitively intact. Of note, R50's comprehensive care plan does not include her Dementia diagnosis or include goals or interventions for her care. R50's Behavior Monitoring Report for January 2025, states in part: Monitor - Behavioral Symptoms. Symptoms are to be monitored every shift, three times per day. On 1/4/25 at 12:11 PM, R50's Behavior Documentation states 3= Yelling and Screaming and 8 = Abusive Language. A Y is indicated that R50 has exhibited this behavior before. Ten times the behavior charting is left blank. All other days and shifts are marked as 12 = None of the behaviors occurred. (continued on next page)

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R50's Behavior Monitoring Report for February 2025, states in part: Monitor - Behavioral Symptoms. Symptoms are to be monitored every shift, three times per day. On 2/14/25 at 12:32 PM, R50's Behavior Documentation states 8 = Abusive Language. A Y is indicated that R50 has exhibited this behavior before. Eleven times the behavior charting is left blank. All other days and shifts are marked as 12 = None of the behaviors occurred. The State Operations Manual, Appendix PP, states in part: Behavioral or psychological expressions are occasionally related to the brain disease in dementia; however, they may also be caused or exacerbated by environmental triggers. Such expressions or indications of distress often represent a person's attempt to communicate an unmet need, discomfort, or thoughts that they can no longer articulate. On 2/17/25 at 10:02 AM, Surveyor introduced self to R50. R50 was seated at a table in the common room (called the bird room due to the aviary being in that room). R50 had papers spread on the table in front of her and was using an electronic tablet. R50 did not return Surveyor's greeting or answer any questions. On 2/17/25 at 2:27 PM, Surveyor interviewed CNA W (Certified Nursing Assistant) about R50's behaviors. CNA W indicated that R50 sits in the bird room all day and calls it her office, hoards items such as toilet paper rolls, refuses all showers and cares, and wears the same clothes all the time. CNA W stated that R50 swears at staff every day. Surveyor asked CNA W what interventions were in place for R50's behaviors. CNA W stated that she just doesn't engage R50 when she gets like that. Surveyor asked CNA W if any of R50's behaviors were on her CNA Kardex. CNA W indicated there was nothing on the Kardex about R50's behaviors. Surveyor asked CNA W how R50's behaviors were being monitored. CNA W indicated they are charted in PCC (Point Click Care) online charting system. Surveyor asked CNA W what it meant if there were blanks in the charting. CNA W indicated blanks meant that someone forgot to do the task or forgot to chart on it. On 2/18/25 at 9:34 AM, Surveyor interviewed RN P (Registered Nurse) about R50's behaviors. RN P indicated that R50 refuses to do anything including take medications and allow vital sign monitoring. RN P said that R50 often just tells her to go away. RN P indicated that R50 watches news all day in the bird room, and if any other resident comes into the bird room, R50 will yell at them to get out, or she will turn the volume up extremely loud to try to force the other resident to leave. On 2/18/25 at 10:05 AM, Surveyor interviewed LPN X (Licensed Practical Nurse) about R50's behaviors. LPN X stated that R50 is very uncooperative, and they are unable to give her the care that she needs. LPN X indicated she has seen R50 completely take over the bird room, and she yells at other residents when she comes in there. LPN X stated that R50 will become really aggressive if anyone tries to open the window shades when she wants them closed. LPN X stated that some of the other residents used to go into the bird room to play cards, watch TV, or attend bible study, but now they don't feel comfortable going in there anymore. Surveyor asked LPN X what interventions were in place for R50's behaviors. LPN X stated that they just give R50 her space. (continued on next page)

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/18/25 at 3:41 PM, Surveyor interviewed CNA/MT Y (Certified Nursing Assistant/Medication Technician) about R50's behaviors. MT Y indicated that R50 completely believes that the bird room is her office. MT Y stated R50 will yell at anyone who attempts to change the channel, and that people used to hang out in there and they don't anymore because of R50's behavior. MT Y indicated that R50 wants her to just leave her medications next to her and not take them right away. MT Y stated that if she does not do that, R50 will shake her fist at her and yell at her to go away. Surveyor asked MT Y what interventions were in place for R50's behaviors. MT Y stated she just gives her space and walks away, because if she doesn't, R50 will just continue yelling and yelling until you leave her alone. On 2/19/25 at 10:26 AM, Surveyor interviewed RN I (Registered Nurse) about R50's behaviors. RN I indicated there have been many days that R50 has screamed at her over the TV channel or the lights being on when she wants them off. RN I stated that R50 will target certain residents and yell at them if she thinks they are taking her things out of the bird room. RN I stated that R50 has also chased family members out of the room by screaming at them, and that R50 screamed and cussed at a volunteer who came to do bible study in the bird room. RN I indicated bible study and other activities had to be moved to another area of the community, because other residents are intimidated by R50. RN I stated that R50 also refuses all nursing care. Surveyor asked RN I what interventions are in place for R50's behaviors. RN I stated that they just give her space because she is not agreeable to anything. RN I stated that the more they try to talk to R50, the more she ignores them like they don't exist, or she explodes to screaming and yelling. RN I indicated that this behavior has been going on for months. On 2/19/25 at 1:06 PM, Surveyor interviewed DON B (Director of Nursing) about R50's behaviors. Surveyor asked if a resident has behaviors, should they be on their care plan. DON B stated yes, behaviors should be listed on the care plan. Surveyor asked DON B what kind of behaviors R50 was having. DON B indicated that R50 acts like the bird room is her office. DON B stated that R50 knows it is not her office but she feels that she is entitle to use it as her office. DON B stated that R50 has never been physically aggressive but can become very argumentative with staff and other residents. Surveyor asked DON B if a resident has a diagnosis of dementia, should that be on their care plan, along with triggers and interventions for behaviors. DON B stated yes, dementia should be on R50's care plan. Surveyor asked DON B if R50's dementia diagnosis, her behaviors, and any interventions were not on R50's care plan, how would a new employee know how to care for R50. DON B indicated that it would be hard for a new employee to know how to de-escalate R50's behaviors. DON B stated it was his expectation that R50's dementia including her behaviors and interventions should be in place on R50's care plan and CNA Kardex. The facility failed to assess, develop, and implement an individualized care plan to ensure that R50's dementia care needs were met. Cross Reference: F609 & F610.

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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. 44552 Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 68 residents who reside at the facility. Surveyor observed dietary aide without a beard restraint in the kitchen. Surveyor observed garbage cans near the food prep area without lids. Surveyor observed spilled food or drink in the walk-in fridge. Evidenced by: The facility policy, Employee Sanitary Practices- Food and Nutrition Services, dated, 7/27/22, states, in part; . All food and nutrition services employees will practice good personal hygiene and safe food handling procedures .1. Wear hair restraints (hairnet, beard restraint) to prevent hair from contacting exposed food . On 2/16/25 at 9:45 AM, Dietary Manager K (DM) and Surveyor toured the kitchen. Surveyor observed Dietary Aide L (DA) in the kitchen not wearing a beard restraint. Surveyor observed garbage cans near the food prep area without lids. Surveyor observed yellow substance spilled in the walk-in refrigerator. DM K indicated she will ask staff to clean up the spill and it most likely was eggs. On 2/19/25 at 1:20 PM, Nursing Home Administrator A (NHA) indicated he would expect staff to wear a beard restraint when in the kitchen and when handling food. NHA A indicated understanding with the spilled food and need for lids on garbage cans near food and food prep area. The facility failed to maintain a safe and sanitary environment in which food is prepared, stored, and distributed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49436 Based on observations, interview, and record review the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 68 residents (R) residing in the facility. The facility's outbreak that started in October 2024 was resolved too early. Facility staff were unaware of their current outbreak and were not following proper source control during the outbreak. Staff surveillance was not complete for staff illnesses and staff returned to work too early from illnesses. This is evidenced by: The facility's policy titled Infection Prevention and Control Program, dated 7/23/24, states in part: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections as per accepted national standards and guidelines. The designated Infection Preventionist is responsible for oversight of the program and serves as a leader to our staff on infectious disease, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all resident, staff .based upon a facility assessment and accepted national standards. The infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings and any corrective actions made by the facility . All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE. The facility's policy titled Infection Outbreak Response and Investigation, dated 2/26/23, states in part: Definitions: Outbreak generally refers to the occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a particular period of time. If a condition is rare or has serious health implications, an outbreak may involve only one case. The following triggers shall prompt an investigation as to whether an outbreak exists: .A single case of a rare or serious infection (i.e. COVID-19). Implementation of infection control measures: .Symptomatic employees will be screened by the Infection Preventionist, or designee . Transmission-based precautions will be implemented as indicated for the particular organism. Staff should be educated on the mode of transmission of the organism, symptoms of infection and isolation or other special procedures. This includes special environmental infection control measures that are warranted based on the organism and current CDC guidelines. The incubation period, period of contagiousness, and date of most recent case will be used in making the determination that the outbreak is resolved. Example 1 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility document titled Covid Outbreak Time Log 10/1/24 to 11/17/24, states in part: On 10/2/24, the facility initiated a COVID outbreak. On 11/2/24, R1 tested positive for COVID. On 11/17/24, the facility ended their outbreak status and discontinued universal masking. According to dhs.wisconsin.gov, respiratory outbreaks can be closed after two incubation periods have passed with no new cases being identified. For COVID-19 outbreaks, this is 28 days . Of note, the facility ended their outbreak on day 15. Example 2 On 2/16/24 at 9:20 AM, Surveyors entered the facility. Posted on the front entrance door was a sign titled Attention Visitors. The sign states in part: Attention Visitors We are currently experiencing a COVID outbreak . If you choose to visit during this outbreak, please review the following: .Facemasks should be worn at all times during your visit. On 2/16/25 at 9:30 AM, Surveyor observed DA L (Dietary Aide) delivering a drink cart on the hallway without a mask on. On 2/16/25 at 12:54 PM, Surveyor interviewed DA L regarding the COVID outbreak. During the interview, Surveyor observed DA L did have a mask on. DA L was not wearing the mask appropriately as the mask was below his nose during the interview. DA L indicated he was not aware the facility was in outbreak and that is why he had not been wearing a mask earlier. Surveyor asked DA L if he had education on the correct way to wear a mask and DA L indicated he was aware of the correct way to wear a mask. Surveyor asked DA L if he was wearing the mask correctly and DA L indicated he was not wearing the mask correctly. On 2/16/25 at 9:32 AM, Surveyor observed CNA O (Certified Nursing Assistant) sitting in the center hub of the facility without a mask on. On 2/16/25 at 12:54 PM, Surveyor interviewed CNA O regarding the COVID outbreak. CNA O indicated she should have been wearing a mask earlier but was not. Surveyor observed CNA O during the interview wearing her mask correctly. On 2/16/25 at 11:10 AM, Surveyor interviewed LPN N (Licensed Practical Nurse) regarding COVID outbreak. LPN N indicated the facility was not in outbreak and staff were wearing mask as a precaution. On 2/17/25 at 12:55 PM, Surveyor observed RN P (Registered Nurse) standing in the hallway wearing her mask below her chin while talking to visitors. Surveyor interviewed RN P regarding the correct way to wear a mask. RN P indicated she was not wearing the mask correctly. RN P indicated she believed there had only been one staff member who tested positive for COVID, and it was past 10 days so she is unsure if the facility was still in outbreak. On 2/16/25 at 12:51 PM, DON B (Director of Nursing) indicated the facility had been in COVID outbreak status since 2/4/25. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 2/17/25 at 8:23 AM, Surveyor observed DA Q walk into the dining room from an outside entrance and walk into the kitchen not wearing a mask. When surveyor went to interview DA Q, she had already left the facility. On 2/17/25 at 8:25 AM, Surveyor observed PC R (Pest Control Contractor) walk out of the kitchen, through the dining room where residents were eating breakfast and to the center hub of the facility. PC R was not wearing a mask. Surveyor observed PC R speaking with NHA A (Nursing Home Administrator). Surveyor interviewed PC R regarding not wearing a mask. PC R indicated he was not aware there was a mask mandate in the facility. PC R indicated he did not notice the sign on the front door indicating the facility was in a COVID outbreak. PC R indicated no staff member told him the facility was in outbreak. PC R indicated no staff member asked him to put on a mask. On 2/17/25 at 8:25 AM, Surveyor interviewed NHA A regarding contractors wearing a mask while in the facility. NHA A indicated the facility recommends contractors wear a mask. NHA A indicated there is a sign at the front door stating the facility is in a COVID outbreak. On 2/18/25 at 12:30 PM, Surveyor interviewed DON B regarding the COVID outbreak. DON B indicated staff should be aware of the outbreak and should wear their mask correctly. Example 3 Surveyor reviewed the facility's staff line list for November 2024, December 2024, and January 2025. November 2024 staff line list states in part: 11/19/24 LPN EE (licensed practical nurse) called in with symptoms of fatigue, nausea, emesis, and diarrhea. Return to work date of 11/22/24. Of note, there is no date symptoms resolved. December 2024 staff line list states in part: 12/7/24 HA FF (Hospitality Aide) called in with symptoms of headache, nausea, and emesis. Return to work date of 12/8/24. Of note, there is no date symptoms resolved, and the return-to-work date is 24 hours after GI (gastrointestinal) symptoms. 12/10/24 CNA GG called in with symptoms of nausea, emesis, and diarrhea. Return to work date of 12/11/24. Of note, there is no date symptoms resolved, and the return-to-work date is 24 hours after GI symptoms. 12/16/24 UC J (Unit Clerk) called in with symptoms of myalgia (muscle pain), headache, and sore throat. Of note, there are no testing results listed, and no date symptoms resolved. 12/20/24 HA FF called in with symptoms of emesis. Return to work date of 12/21/24. Of note, there is no date symptoms resolved, and the return-to-work date is 24 hours after GI symptoms. 12/23/24 HA HH called in with symptoms of nausea and emesis. Of note, there is no date symptoms resolved. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	January 2025 staff line list states in part: 1/2/25 HA FF called in with symptoms of fever, emesis, and diarrhea. Of note, there is no date symptoms resolved. 1/2/25 RN I called in with symptoms of myalgia, headache, sore throat, cough and diarrhea. Of note, there is not testing results listed, and no date symptoms resolved. 1/5/25 CNA DD called in with symptoms of emesis and diarrhea. Of note, there is no date symptoms resolved. 1/7/25 MN II (Maintenance) called in. Return to work date of 1/8/25. Of note, there are no symptoms listed. 1/21/25 HO JJ (Housekeeper) called in with symptoms of fever, headache, sore throat, rhinorrhea (runny nose), and itching. Testing results listed Influenza. Comments section states return to work 1/25/25 if fever free without medication and symptoms improve. Of note, there is no date symptoms resolved. 1/28/25 CNA KK call in with symptom of sore throat. Return to work date 1/7/25 [sic]. Of note, there is no date symptoms resolved. 1/28/25 CNA LL called in with symptoms of nausea, emesis, and diarrhea. Of note, there is no date symptoms resolved. On 2/18/25 at 12:30 PM, Surveyor interviewed IP S (Infection Preventionist) regarding staff surveillance. DON B was also present for the interview. IP S indicated staff should remain out of the facility if they have GI symptoms for 48 hours after symptoms have resolved. IP S indicated without completing the section of when symptoms resolved it is hard to determine if staff returned to work too early. IP S indicated HA FF and CNA GG returned to work too early. IP S indicated COVID testing should be completed if staff have symptoms of COVID and it should be documented on the line listing. IP S indicated RN I and UC J should have had testing completed. IP S indicated MN II should have had documented symptoms when he called in. IP S indicated the staff line listing should be filled out completely and was not.