STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555069	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Western Convalescent Hospital	2190 W Adams Blvd Los Angeles, CA 90018

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 49906 Based on interview and record review, the facility failed to: 1. Obtain and document informed consent (a process during which residents or caregivers are educated regarding the potential risks and benefits of medication therapy) from the resident or their responsible party (RP - a person delegated to make medical decisions for the resident in the event they are unable to do so) prior to treatment with lorazepam (a medication used to treat mental illness) and sertraline (a medication used to treat mental illness) in one of five residents sampled for unnecessary medications (Resident 83). This deficient practice have prevented Resident 83 or her RP from exercising their right to decline treatment with psychotropic medications. This increased the risk that Resident 83 could have experienced adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) related to psychotropic medications leading to impairment or decline in her mental or physical condition or functional or psychosocial status. 2. Obtain informed consent (agreement from resident for treatment after understanding its nature, potential benefits, risks, and available alternatives) for one of four sampled residents (Residents 46). This deficient practice violated the residents' right to make an informed decision regarding the use of psychoactive medications. Findings: 1). During a review of Resident 83's Admission Record (a record containing diagnostic and demographic resident information), dated 3/20/25, indicated Resident 83 was admitted to the facility on [DATE] with diagnoses including vascular dementia (a condition involving memory loss and thinking problems caused by loss of blood flow to the brain) and anxiety (excessive worry about everyday situations strong enough to interfere with daily activities.) During a review of Resident 83's clinical record, the record indicated she was previously receiving the following psychotropic medications: 1. Lorazepam 0.5 milligrams (mg - a unit of measure for mass) by mouth every six hours as needed for anxiety for 14 days between 2/25/25 and 2/28/25. (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Sertraline 25 mg by mouth in the morning for depression manifested by extreme sadness causing social withdrawal affecting daily living activities between 12/30/24 and 3/10/25. During a review of Resident 83's available informed consent documentation and clinical record indicated there was no documentation that Resident 83 or any responsible party received education regarding the risks and benefits of lorazepam prior to its administration. During a review of Resident 83's available informed consent documentation indicated that informed consent for Resident 83's sertraline was obtained from her RP on 3/20/25, after the medication had been initiated and then subsequently discontinued. During an interview on 3/20/25 at 12:21 PM, with the Director of Nursing (DON), the DON stated the facility failed to obtain informed consent for Resident 83's lorazepam prior to its use and failed to document informed consent completely for Resident 83's sertraline by failing to indicate from whom the consent was obtained. The DON stated failing to obtain informed consent increased the risk that Resident 83 or her representative might not have been able to exercise their right to opt out of treatment with sertraline or lorazepam. The DON stated this increased the risk that Resident 83 could have experienced adverse effects related to the use of sertraline and lorazepam possibly leading to a decline in her quality of life. During a review of the facility's policy Psychotropic Medications, revised March 2023, indicated Residents (and/or representatives) have the right to decline treatment with psychotropic medications. The staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives. During a review of the facility's undated policy Informed Consent, indicated Before initiating the administration of psychotherapeutic drugs . facility staff shall verify that the patient's health record contains documentation that the patient has given informed consent to the proposed treatment . 2). During a review of the Admission Record, the Admission Record indicated Resident 46 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included polyneuropathy (a condition where nerves are damaged or dysfunctional, leading to numbness, tingling, pain, and weakness, often in the hands and feet), hypertension (high blood pressure), and fibromyalgia (a condition causing widespread musculoskeletal pain, fatigue, and tenderness). During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 12/26/2024, the MDS indicated Resident 46 had the ability to express ideas and wants and had the ability to understand others. During a review of the Physician's Order dated 9/6/2023, indicated to give Resident 46 Duloxetine HCL Capsule Delayed Release Sprinkle 30 MG (milligrams) Give 30 mg by mouth one time a day for Peripheral Neuropathy. During an interview on 3/20/2025 at 1:08 pm with RN 1, RN 1 stated there should be an informed consent in Resident 46's paper chart for a duloxetine order. RN 1 confirmed the consent was not in the chart and referred to the Assistant Director of Nursing (ADON) for assistance. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/20/2025 at 1:14 pm with the ADON, the ADON confirmed there was no informed consent for Resident 46's duloxetine order. The ADON stated the physician, and a nurse are responsible for getting the informed consent form signed by the resident before initiating therapy to verify the risks are understood. The ADON also stated there should be a signed document in the chart. During a review of the facility's undated, Policy and Procedure (P&P) titled informed Consent the P&P indicated it was the policy of the facility to verify the resident's health record containing documentation that the resident was given informed consent before initiating treatment.

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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** 49906 Based on observation, interview, and record review, the facility failed to ensure the room windows were able to close in Residents 23, 55, and 102's rooms ensuring the rooms would not be cold. This deficient practice resulted in the residents being cold while in their rooms. Findings: During an initial tour on 3/18/2025 at 11:08 am, in room [ROOM NUMBER], two room windows near Resident 102's bed was open and unable to be closed. One window had a crack in the center from the top to the bottom. During an initial tour on 3/18/2025 at 11:50 am, in room [ROOM NUMBER], the room window near Resident 23's bed had red tape around three of four sides and was open and unable to be closed. During an initial tour on 3/18/2025 at 12:12 pm, in room [ROOM NUMBER], the room window near Resident 55's bed had black tape around three of four sides and was open and unable to be closed. A review of the Admission Record indicated Resident 102 was admitted to the facility on [DATE] with diagnoses that included functional quadriplegia (paralysis, without damage to the brain and spinal cord) and chronic kidney disease (the kidneys do not function properly). A review of the Minimum Data Set (MDS - a resident assessment tool) dated 1/9/2025, indicated Resident 102 rarely made herself understood and was sometimes able to understand others. A review of the Admission Record indicated Resident 55 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included cachexia (significant weight and muscle loss) and protein-calorie malnutrition (deficiency in intake of nutrients). A review of the MDS, dated [DATE], indicated Resident 55 had the ability to be understood and was able to understand others. A review of the Admission Record indicated Resident 23 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing) and pneumonia (an infection/swelling in the lungs). A review of the MDS, dated [DATE], indicated that Resident 23 had the ability to be understood and was able to understand others. During an interview on 3/18/2025 at 11:08 am with Resident102, Resident 102 stated the windows do not close all the way. I wear my husband's sweatshirt at night to stay warm. Resident 102 stated she reported the issue to the Certified Nursing Assistant (CNA) and the Maintenance Aide (MA 1) came to the room to check the window. Resident 102 stated this happened a week ago. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/20/2025 at 1:09 pm with Resident 23, Resident 23 stated, about the windows not closing, I just dress warm. I would be cold if I did not. During a concurrent interview and observation on 3/20/2025 at 2:09 pm in room [ROOM NUMBER] with MA 1, MA 1 stated he was aware of the windows not closing and has requested them to be replaced. MA 1 also stated he is not qualified to replace windows and will need an outside company to replace them. The MA 1 also stated the residents could be cold while the windows do not close. During an interview on 3/2//2025 at 3 pm with the Administrator (Admin), the Admin stated she requested the windows be replaced and is waiting for a work order from the management company. The Admin also stated the windows not being closed could make the residents cold. A review of the facility's policy and procedure revised March 2023, titled Homelike Environment indicated the facility must provide comfortable temperatures.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131 Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 99) was afforded the right to be free from physical restraint (Bed rails) by failing to: 1. Ensure Resident 99 had an order for the use of bed rails. 2. Ensure Resident 99 had a signed informed consent for the use of bed rails. 3. Ensure Resident 99 was not restrained by having four siderails up. These deficient practices had the potential to result in Resident 99 to experience restricted movement while in bed, and not fully understanding the risks and benefits associated with the use of bed rails which could lead to injury. Findings: During a concurrent observation and interview on 3/18/2025 at 10:33 a.m., with Resident 99, Resident 99 was observed lying in bed with all four bed rails up around the bed. Resident 99 stated she did not ask to have the four bed rails up and did not remember falling out of bed recently. During a review of Resident 99's Minimum Data Set (MDS - a resident assessment tool), dated 1/18/2025, the MDS indicated Resident 99 did not have any limitations in range of motion (range of flexibility and joint function) in their upper extremities (related to the arms) and lower extremities (related to the legs) and was able to roll left and right. During a review of Resident 99's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 99 was originally admitted to the facility 10/1/2024 and readmitted on [DATE] with diagnoses that included muscle atrophy (thinning of muscle mass), and muscle weakness. During a review of Resident 99's Order Summary Report, dated 3/16/2025, the Order Summary indicated the facility may use less restricting measures prior to initiating resident with physical restraints. During a review of Resident 99's history and physical (H&P) dated 3/17/2025, the H&P indicated Resident 99 had fluctuating capacity (situations where a person's decision-making ability varies) to understand and make decisions. During a concurrent observation and interview on 3/18/2025 at 10:44 a.m. with physical therapist assistant (PTA) 1, PTA 1 stated Resident 99 required some cueing for safety precautions, but he is currently working with her on strength training. PTA 1 stated he is unsure why Resident 99 had four side rails up in bed. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 99's Side Rail/ Entrapment (being caught or stuck in between something) Assessment/ Care Plan, dated 3/18/2025, it indicated Resident 99 could have half/upper side rails and to educate the resident or representative about the proper use of bed rails. During a concurrent interview and record review on 3/21/2025 at 10:34 a.m. with the Assistant Director of Nursing (ADON), Resident 99's medical chart was reviewed. The ADON stated when a resident needs or would like to use bed rails, an assessment needs to be completed. The facility needs to obtain consent from the resident or their representative and an order would need to be placed. The ADON reviewed Resident 99's medical chart and stated there were no orders seen for the use of siderails and no informed consent was found for the use of bed rails. The ADON stated the informed consent is important because it ensures the resident, or their representative understand the risk and benefits for the use of bed rails. The ADON also stated a doctor's order is needed because it is the standard of practice in the facility and to ensure that all interventions for the resident is accounted for. The ADON reviewed Resident 99's Side Rail Assessment and stated it was appropriate for her to have the upper half side rails in use. The ADON stated if the resident had both the upper and lower side rails in use, it would be inappropriate because that is considered a restraint because it could restrict the movement of their legs and being able to move around freely while in bed. During a review of the facility's policy and procedure (P&P), titled Use of Restraints, dated 3/2023, the P&P indicated a physical restraint is defined as any manual method or physical device or equipment adjacent to the resident's body that the individual cannot remove easily, which restricts the freedom of movement. The P&P indicated the definition of a restraint is based on the functional status of the resident and not the device and if the resident cannot remove the device in the same way the staff applied it given the resident's physical condition and restricts their typical ability to change position or place, that device is considered a restraint. During a review of the facility's policy and procedure (P&P), titled Bed Safety and Bed Rails dated 3/2023, the P&P indicated before the use of bed rails the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The P&P stated the use of bed rails are prohibited unless the criteria for use of bed rails have been met

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49906 Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 46), had a diagnosis of diabetes mellitus (DM - a condition that leads to high levels of sugar in the blood), entered on the residents' Minimum Data Set (MDS- an assessment and care screening tool). This deficient practice had the potential to negatively affect Resident 46's plan of care and delivery of necessary care and services. Findings: A review of the Admission Record indicated Resident 46 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included polyneuropathy (a condition where nerves, often in the hands and feet, are damaged or dysfunctional, leading to numbness, tingling, pain, and weakness), hypertension (high blood pressure), and fibromyalgia (a condition causing widespread musculoskeletal pain, fatigue, and tenderness). A review of the Physician's Order dated 2/1/2024, indicated to give Resident 46 Metformin HCL oral tablet 500 MG (milligram) one tablet by mouth two times a day for DM. A review of the facility's Minimum Data Set (MDS) Coordinator Job Description, dated 6/20/2024, the MDS Coordinator Job Description indicated essential duties and responsibilities to complete and audit all MDS's for accuracy of information entered. A review of the Minimum Data Set (MDS - a resident assessment tool) dated 12/26/2024, the MDS indicated Resident 46 had the ability to express ideas and wants and had the ability to understand others. The MDS did not indicate Resident 46 had a diagnosis of DM. A review of Resident 46's History and Physical dated 3/3/2025, indicated Resident 46 had a diagnosis of DM. During a concurrent interview and record review on 3/20/2025 at 1:45 pm with the MDS Coordinator (MDSC), Resident 46's MDS dated [DATE] and physician order for Metformin dated 2/1/2024 were reviewed. The MDSC stated there was no diagnosis on the MDS indicating Resident 46 had DM. The MDSC stated the diagnosis on the MDS is important to make the care plan.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712 49131 Based on interview, and record review the facility failed to: 1. Ensure one of six sampled residents (Residents 1) received a weekly weight per the physician's order. This deficient practice resulted in inadequate monitoring of the weight of the Resident 2. Ensure one of one sampled resident (Resident 8) had accurate orthostatic blood pressure (a form of low blood pressure that happens when standing after sitting or lying down) readings obtained to determine if the resident had orthostatic hypotension (low blood pressure). This deficient practice had the potential to result in Resident 8 to experience a delay in interventions, if the resident had been positive, for orthostatic hypotension (low blood pressure). Findings: 1). During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hypotension (low blood pressure), diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and asthma (a chronic lung condition characterized by recurrent episodes of wheezing, shortness of breath, and coughing). During a review of Resident 1's History and Physical (H&P), dated 11/4/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 1/2/2025, the MDS indicated Resident 1 was dependent on staff for toileting, showering, and dressing. During a review of Resident 1's Order Summary Report, dated 3/20/2025, the report indicated on 1/13/2025 the physician ordered Weekly weights x4 every Tuesday for weight management. During a concurrent interview and record review on 3/19/2025 at 12:29 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 1's weights were reviewed. LVN2 stated Resident 1's weight was measured on 2/3/2025 and 3/4/2025. LVN 2 stated the weight should have been measured on 1/14/2025, 1/21/2025, 1/28/2025, and 2/4/2025. LVN 2 stated since the weights were not completed staff wouldn't know if the resident was losing weight. During an interview on 3/20/2025 at 11 a.m. with the Director of Staff Development (DSD), the DSD stated when the physician enters a specific frequency for weights, it is done to monitor for changes in condition. Monitoring is needed to check if the resident is losing or gaining weight. The weights are needed to help with possible changes to the diet order. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, Weight Assessment and Intervention, dated March 2022, the P&P indicated residents are weighed upon admission and at intervals established by the interdisciplinary team. Residents are monitored for undesirable or unintended weight loss or gain. 2). During a review of Resident 8's Admission Record, the Admission Record indicated Resident 8 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hypertension (high blood pressure), muscle weakness, and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 8's Order Summary Report, dated 10/24/2023, the Order Summary Report indicated to monitor for orthostatic hypotension during the day shift on Wednesday and to call the doctor if there was a 20 millimeters of mercury (mmHg- unit of measurement) drop in systolic (top number of the blood pressure) blood pressure or a drop of 10 mmHg in the diastolic (bottom number of the blood pressure) pressure between the two readings in the lying and sitting position. During a review of Resident 8's History and Physical (H&P), dated 5/15/2024, the H&P indicated Resident 8 did not have the capacity to understand and make decisions. During a review of Resident 8's Minimum Data Set (MDS - a resident assessment tool), dated 2/12/2025, the MDS indicated Resident 8 had no limitations to their upper extremities (related to the arms) and had limitations to their lower extremities (related to the legs). During a review of Resident 8's Medication Administration Record, dated 2/2025, the following blood pressures were obtained on the following days: 2/5/2025 138/88 Lying 138/88 Sitting 2/12/2025 110/64 Lying 110/64 Sitting 2/19/2025 140/78 Lying 140/78 Sitting 2/26/2025 95/69 Lying 95/69 Sitting During an interview on 3/19/2025 at 3:02 p.m. with LVN 4, LVN 4 stated an orthostatic blood pressure is ordered for residents who are taking psychotropic (drugs that affect a person's mental state) medications. LVN 4 stated the purpose is to determine if the resident on psychotropic medication had hypotension (low blood pressure). LVN 4 stated the procedure for taking orthostatic blood pressure is done by taking the resident's blood pressure in the lying position first, and if necessary, the nurse would take the sitting blood pressure immediately after. LVN 4 stated if the blood pressure in the lying position did not show the resident was hypotensive, then they did not have to take another blood pressure reading in the sitting position and can use the blood pressure in the lying position for the sitting. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/20/2025 at 1:54 p.m. with the Director of Staff Development (DSD), the DSD stated the nurses would take an orthostatic blood pressure to determine orthostatic hypotension in the positions it was ordered for. The DSD stated that could be lying to sitting or lying to standing but usually it is just lying to sitting. The DSD stated the procedure is to have the resident lie down first and take the blood pressure in that position, then they would have the resident sit, wait about 5 minutes and then take another blood pressure in that position. The DSD stated that if there was a change of 20 millimeter of mercury (mmHg- unit of measurement) in the systolic (top number in a blood pressure reading) and or 10 mmHG in the diastolic (bottom number in the blood pressure reading) value, that would indicate the resident is positive for orthostatic hypotension and the nurse would need to notify the doctor to see if there are new orders that would need to be done. During a concurrent interview and record review on 3/20/2025 at 2:02 p.m. with the DSD, Resident 99's Medication Administration Record for 2/2025 was reviewed. The DSD reviewed the blood pressure readings for both lying and sitting and stated the blood pressure for both lying and sitting were the same. The DSD stated it is extremely unlikely the two blood pressures after the resident had changed positions was the same and believes it could be due to the fact the nurses used a manual blood pressure cuff to obtain the blood pressure and they could be rounding the numbers instead of recording the exact reading. The DSD stated this method is incorrect and it would not be able to tell you if the resident had orthostatic hypotension or not. During a review of the facility's policy and procedure (P&P) titled Blood Pressure, Measuring, dated 3/2023, the P&P indicated to note the changes in both the systolic and diastolic measurements compared to the reading taken while the resident was in a seated position. Orthostatic hypotension is defined as a 20 mmHg or greater decline in systolic blood pressure or a 10 mmHg or greater decline in diastolic blood pressure upon standing.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042 48712 Based on observation, interview, and record review the facility failed to: 1. Ensure the low air loss mattress (a pressure relieving mattress for the management of pressure sores) was at the proper setting to maintain skin integrity for one of 25 sampled residents (Resident 96). 2. Ensure one of six sampled residents (Resident 112) had prevalon boots (cushioned boots used to eliminate pressure on the heels) applied per the physician's order. These deficient practices placed Resident 96 at risk to develop new pressure injury, poor wound healing and deterioration of current pressure ulcers. Resident 112 was at risk for new skin breakdown on the heels of her feet. Findings: a). During a review of Resident 96's Admission Record, the Admission Record indicated, Resident 96 was initially admitted to the facility on [DATE] and latest readmission was on 3/13/2025. Resident 96's diagnoses included pressure ulcer/injury Stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of the sacrum (the triangular bone at the base of the spine), chronic respiratory failure (a long-term condition when the airways that carry air to your lungs become narrow and damaged), and hypotension (low blood pressure). During a review of Resident 96's Minimum Data Set (MDS - a resident assessment tool), dated 1/17/ 2025, the MDS indicated Resident 96 was assessed to comprehend (the action or capability of understanding something) most conversations. The MDS indicated Resident 96 was dependent on staff for activities of daily living (ADLs) such as toileting, dressing, roll left and right, showering, and personal hygiene. During a review of Resident 96's Order Summary, an order was placed on 3/13/2025 for Resident 96 to have a low air loss mattress for wound care and management. During a review of Resident 96's History and Physical (H&P), dated 3/15/2025, the H&P indicated Resident 96 did have the capacity to understand and make decisions. During a review of Resident 96's Care plan titled, Wound Management, dated 12/31/2024, indicated resident had a sacrococcyx (the region where the sacrum and the coccyx (the tailbone) meet and join) stage 4 pressure ulcer. The care plan's approach indicated to provide a pressure relieving device as appropriate for size/stage and a low air loss mattress. The care plan's short-term goal indicated the resident's skin ulcer will be kept clean, prevent decline, and free from signs and symptoms of complications daily. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 3/18/2025 at 10:25 a.m. while in Resident 96's room, the low air loss mattress was set at 400 pounds. Resident 96 was small, framed weighing less than 400 pounds. During an interview on 3/19/2025 at 1:15 p.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated the low air loss mattress was used to promote wound healing, if it was on the wrong setting the mattress would be to firm or soft. LVN 3 stated if it was not on the correct setting it would not promote wound healing and not be beneficial to the resident. During an interview on 3/19/2025 at 1:38 p.m. with Wound Care Nurse (WCN) 1, WCN 1 stated if the settings on a low air loss mattress were not correct it would defeat the purpose and be like putting the resident on a regular mattress. WCN 1 stated this would cause the wound to heal slower, get worse or even cause a new pressure ulcer. During an interview on 3/21/2025 at 12 p.m. with Director of Nursing (DON), the DON stated if a resident weighed less than 100 pounds it should not be set at 400 pounds. The DON stated the low air loss mattress would not be effective in wound management due to the firmness of the mattress. During a review of the facility's policy and procedure (P&P) titled, Prevention of Pressure Injuries, dated March 2023, the P&P indicated, the purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable. Review and select medical devices with consideration to the ability to minimize tissue damage, including size, shape, its application and ability to secure the device. During a review of the facility's P&P titled, Wound Care, dated March 2023, the P&P indicated, the purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Make the resident comfortable. Use supportive devices as instructed. b). During a review of Resident 112's Admission Record, the Admission Record indicated Resident 112 was admitted to the facility on [DATE] with diagnoses including seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), hypertension (HTN-high blood pressure), and high cholesterol. During a review of Resident 112's History and Physical (H&P), dated 2/19/2025, the H&P indicated Resident 112 did not have the capacity to understand and make decisions. During a review of Resident 112's Minimum Data Set ([MDS] a resident assessment tool), dated 2/25/2025, the MDS indicated Resident 112 was dependent on staff for toileting, showering, and dressing. Resident 112 is unable to walk. The MDS indicated Resident 112 is at risk of developing a pressure injury. During a review of Resident 112's care plan, dated 3/17/2025, the care plan indicated Resident 112 was at risk for developing a pressure injury and other types of skin breakdown. During a review of Resident 112's Order Summary Report, dated 3/20/2025, the report indicated on 2/19/2025 the physician entered an order for Prevalon boots (help reduce the risk of bedsores by keeping the heel floated, relieving pressure) for offloading and for skin integrity management. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 3/19/2025 at 12:44 p.m. with Licensed Vocational Nurse (LVN) 2 while at the bedside of Resident 112, Resident 112 was observed with her feet resting on the bed. Resident 112 was not wearing prevalon boots. LVN 2 was not able to provide a response for the intended use of Prevalon boots. During an interview on 3/20/2025 at 11:48 a.m. with the Director of Staff Development (DSD), the DSD stated Prevalon boots are ordered to offload the heels to prevent skin breakdown. The resident is at risk of her skin breaking down since she is not wearing the boots.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41379 47042 48712 Based on observations, interviews, and record reviews, the facility failed to provide appropriate services to prevent a decline in joint range of motion (ROM, full movement potential of a joint) for six out of 10 sampled residents (Residents 15, 2, 8, 24, 17, and 67) who had limited ROM by failing to: 1) a. Ensure the Restorative Nursing Aide (RNA, nursing aide program that help residents to maintain their function and joint mobility) staff did not put on Resident 15's right elbow splint (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) and right resting hand splint for more than four hours as ordered by the physician. b. Ensure RNA treatment was completed for Resident 15 as ordered by a physician on 2/27/2025, 3/1/2025, 3/8/2025, and 3/16/2025. 2) a. Ensure RNA treatment was completed for Resident 2 as ordered by the physician on 2/27/2025, 3/1/2025, 3/8/2025, and 3/16/2025. b. Ensure Resident 2 received timely annual Rehabilitation Joint Mobility Assessments (JMA) to monitor changes in joint ROM. 3). Ensure Resident 8 received timely annual Rehabilitation JMA to monitor changes in joint ROM. 4)a. Ensure RNA staff did not put on ankle splints on Resident 24's ankle/foot without a physician's order. b. Ensure Resident 24 received timely annual Rehabilitation JMA to monitor changes in joint ROM. 5). Ensure RNA treatment was completed for Resident 17 seven times a week as ordered by a physician on 3/8/2025 and 3/16/2025. 6). Ensure RNA treatment was completed for Resident 67 seven times a week as ordered by the physician on 2/28/2025, 3/1/2025, 3/8/2025, and 3/16/2025. These deficient practices had the potential to cause further decline in Residents 15, 2, 8, 24, 17, and 67's ROM, functional mobility, ability to perform activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves), and overall quality of life. Cross Reference to F725. Findings: (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 15's Admission Record (AR), the AR indicated Resident 15 was admitted to the facility on [DATE] with diagnoses including but not limited to hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following nontraumatic intracerebral hemorrhage (bleeding in the brain) affecting right dominant side. During a review of Resident 15's CP revised on 8/24/2022, the CP indicated Resident 15 had limitations in bed mobility, ADLs, gait (walking), and balance. The CP goal indicated Resident 15 will develop no complications related to decreased mobility or contractures (loss of motion of a joint). The CP interventions indicated restorative nursing treatment and right UE (RUE) passive range of motion (PROM, movement at a given joint with full assistance from another person) followed by RUE hand and elbow splint two to four hours once a day five times a week or as tolerated. During a review of Resident 15's care plan (CP) revised on 9/4/2023, the CP indicated Resident 15 had an alteration in joint mobility. The CP goal indicated Resident 15 will minimize the risk for further ROM loss daily. The CP interventions indicated to provide RNA program as ordered. During a review of Resident 15's Minimum Data Set (MDS, a resident assessment tool) dated 2/6/2025, the MDS indicated Resident 15 required modified independence for daily decision making. The MDS indicated Resident 15 had functional limitations in ROM on one side of the upper extremity (UE, shoulder, elbow, wrist/hand) and one side of the lower extremity (LE, hip, knee, ankle/foot). The MDS indicated Resident 15 was independent in sit to lying and rolling left and right. The MDS indicated Resident 15 required set up assistance for eating, and personal hygiene. The MDS indicated Resident 15 required supervision assistance for dressing, sit and stand, and chair to bed transfers. During a review of Resident 15's Order Summary Report (OSR) dated 3/19/2025, the OSR indicated the following orders: -RNA to perform ambulation (walking) using hemi walker (type of walking support device used with one hand) with ankle foot orthosis (AFO, an orthotic device designed to correct or address problems with the ankle and foot) on RLE once a day five times a week or as tolerated ordered 12/5/2022. -RNA to perform PROM to RUE in all places as tolerated five times a week ordered 2/6/2025. -RNA program for application of right elbow splint for four hours or as tolerated seven times a week ordered 2/25/2025. -RNA program for application of right resting hand splint for four hours or as tolerated seven times a week ordered 2/25/2025. 1) a. During an observation on 3/19/2025 at 8:23 a.m., Resident 15 was sitting up in a wheelchair in the hallway. Resident 15 was wearing a right resting hand splint and a right elbow splint. During an observation on 3/19/2025 at 2:06 p.m., Resident 15 was sitting up in a wheelchair and was wearing a right resting hand splint and a right elbow splint. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 15's 2/2025 and 3/2025 RNA Documentation Survey Report (DSR), the DSR indicated RNA applied right elbow splint and right resting hand splint for six hours on 2/25/2025, 2/26/2025, 3/3/2025, 3/4/2025, 3/5/2025, 3/6/2025, 3/7/2025, 3/9/2025, 3/10/2025, 3/11/2025, 3/12/2025, 3/13/2025, 3/14/2025, 3/17/2025, 3/18/2025, and 3/19/2025. During an interview on 3/19/2025 at 12:52 p.m., the Director of Rehabilitation (DOR) and the Occupational Therapist (OT 1) stated RNA was a maintenance program to help prevent resident's decline in function, ROM, and prevent worsening of contractures. DOR and OT 1 stated if a resident required a splint or brace, then an RNA order was written for the type of splint and the hours the resident should wear the splint. The DOR and OT 1 stated only therapists had the training to determine the maximum time a resident could safely wear a splint and the risks of wearing a splint for too long. OT 1 stated if a resident wore a splint for longer than the determined maximum and safe wearing time, then the resident could sweat, cause skin issues, and cause pain. OT 1 stated Resident 15 could have decreased sensation on the right upper extremity and if staff allowed Resident 15 to wear the splint for longer than the determined maximum wearing time, then Resident 15 was at risk for harm. DOR and OT 1 stated residents should not wear a splint or brace for longer than the time therapy determined was the maximum safe wearing time. During an interview on 3/20/2025 at 11:09 a.m., the Director of Nursing (DON) stated the RNA program required a specific physician's order and RNAs were to follow the physician's order for RNA as the order was written and ordered. During a review of the facility's undated policy and procedures (P&P) titled, Splinting, the P&P indicated contraindications for splinting included, prolonged immobility from splint can produce limitations in joint ROM and delicate skin that cannot tolerate pressure of a splint without causing skin breakdown. The P&P also indicated when the therapist has determined that the splint has reached maximum benefit to the resident, the therapist will Inservice nursing staff on the proper application and wearing schedule. During a review of the facility's RNA Job Description (JD) dated 8/23/2011, the RNA JD indicated RNA provides residents with routine restorative nursing care and services in accordance with the resident's assessment, care plan and as directed by supervisors. b. During a review of Resident 15's RNA DSR dated 2/2025, the DSR indicated RNA treatment for ambulation using hemi walker five times a week, PROM to RUE in all planes five times a week, application of right elbow splint seven times a week and application of right During a review of Resident 15's RNA DSR dated 3/2025, the DSR indicated RNA treatment for application of right elbow splint and application of right resting hand splint seven times a week was not completed on 3/1/2025, 3/8/2025, and 3/16/2025. During an interview and record review on 3/20/2025 at 9:57 a.m., the Director of Staff Development (DSD) reviewed Resident 15's RNA orders and 2/2025 and 3/2025 RNA DSR and confirmed Resident 15 did not receive RNA treatment as ordered on 2/27/2025, 3/1/2025, 3/8/2025, and 3/16/2025. The DSD stated it was important for residents to receive their RNA treatments as ordered so the resident's contractures did not worsen, or muscles did not weaken. The DSD stated the RNA program was for the residents to improve and thrive and participate in daily activities. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/20/2025 at 11:09 a.m., the Director of Nursing (DON) stated it was important to have sufficient RNA staffing to ensure residents on the RNA programs received their RNA treatments. The DON stated the RNA program was to help prevent contractures and keep the resident's joint mobility stable. During a review of the facility's P&P revised 7/2017 titled, Resident Mobility and Range of Motion, the P&P indicated residents with limited ROM will receive treatment and services to increase and/or prevent further decrease in ROM. During a review of the facility's P&P RNA Job Description (JD), the JD indicated RNAs assists with residents with ROM exercises, and ambulation/transfer exercises per the physician's orders. 2). During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 admitted to the facility on [DATE] with diagnosis including but not limited to hemiplegia and hemiparesis following unspecified cerebrovascular disease (disease of the blood vessels, especially blood vessels to the brain) affecting left non-dominant side and contracture, unspecified joint. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 2 had functional limitations in ROM on one side of the upper extremity and one side of the lower extremity. The MDS indicated Resident 2 required supervision assistance with eating and was dependent on staff for bathing, oral hygiene, lower body dressing and bed to chair transfers. During a review of Resident 2's care plan (CP) revised 1/9/2022, the CP indicated Resident 2 had alteration in joint mobility. The CP goal indicated Resident 2 will minimize the risk for further loss of ROM daily. The CP interventions indicated initial, quarterly, annual assessment of joint mobility or as needed. During a review of Resident 2's CP revised 1/9/2022, the CP indicated Resident 2 had limitations in ROM and contractures, bed mobility, ADL, gait, balance and swallowing/feeding. The CP goal indicated Resident 2 will develop no complications related to decreased mobility or contractures. The CP interventions included RNA to do PROM of left LE (LLE) followed by splinting of left knee for four to six hours seven times a week as tolerated and RNA to perform LUE PROM followed by left hand splinting for joint integrity two to four hours seven times a week or as tolerated. During a review of Resident 2's Order Summary Report (OSR) dated 3/20/2025, the OSR indicated the following orders: -RNA program for PROM exercises on LUE and LLE in all planes of motion as tolerated five times a week, ordered on 2/25/2025. -RNA program for application of left knee extension splint for four hours or as tolerated seven times a week, ordered on 2/25/2025. -RNA program for application of left resting hand splint for four hours or as tolerated seven times a week, ordered on 2/25/2025. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. During a review of Resident 2's RNA Documentation Survey Report dated 2/2025, the DSR indicated RNA treatment for PROM exercises on LUE and LLE in all planes five times a week, application of left knee extension splint seven times a week, and application of left resting hand splint seven times a week were not completed on 2/27/2025. During a review of Resident 2's RNA Documentation Survey Report dated 3/2025, the DSR indicated RNA treatment for application of left knee extension splint and application of left resting hand splint seven times a week were not completed on the following dates 3/1/2025, 3/8/2025, 3/16/2025. During an interview and record review on 3/20/2025 at 10:01 a.m., the Director of Staff Development (DSD) reviewed Resident 2's RNA orders and 2/2025 and 3/2025 RNA DSR and confirmed Resident 15 did not receive RNA treatment as ordered on 2/27/2025, 3/1/2025, 3/8/2025, 3/16/2025. The DSD stated it was important for residents to receive their RNA treatments as ordered so the resident's contractures did not worsen, or muscles did not weaken. The DSD stated the RNA program was for the residents to improve and thrive and participate in daily activities. During an interview on 3/20/2025 at 11:09 a.m., the Director of Nursing (DON) stated it was important to have sufficient RNA staffing to ensure residents on RNA programs received their RNA treatments. The DON stated the RNA program was to help prevent contractures and keep the resident's joint mobility stable. During a review of the facility's P&P revised 7/2017 titled, Resident Mobility and Range of Motion, the P&P indicated residents with limited ROM will receive treatment and services to increase and/or prevent further decrease in ROM. During a review of the facility's P&P RNA Job Description (JD), the JD indicated RNAs assists with residents with ROM exercises, ambulation/transfer exercises per the physician's orders. b. During a review of Resident 2's Occupational Therapy Joint Mobility Screens (OT JMS), the last OT JMS was completed on 9/13/2021. During a review of Resident 2's Physical Therapy Joint Mobility Screens (PT JMS), the last PT JMS was completed on 2/4/2022. During an interview and record review on 3/19/2025 at 12:52 p.m., the DOR and OT 1 reviewed Resident 2's PT and OT JMS and stated there were no PT JMS completed since 2/4/2022 and no OT JMS completed since 9/13/2021. The DOR and OT 1 stated the PT and OT JMS were not completed annually since 2022 and were very late. The DOR stated therapists completed the JMS upon admission, readmission, annually to track and compare a resident's joint ROM and to compare the ROM from last year to see if there was a decline. The DOR stated if there was a decline in ROM, it was important to catch the decline so that therapy staff could intervene. The DOR stated if therapy staff did not complete the JMS annually or upon admission/readmission, then residents could have worsening contractures and joint instability, and staff would not know. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/20/2025 at 11:09 a.m., the DON stated joint mobility screens are to check if residents had contractures and helped to prevent further contractures. The DON stated it was important to screen the residents when it was scheduled because if staff did not screen residents on time, then staff could not assess the resident and would not know if a resident declined in ROM and provide interventions as needed. During a review of the facility's undated P&P titled, Screening, the P&P indicated the Joint Mobility Screening form annual screens coincide with the MDS assessment schedule and are completed by PT and OT. 3). During a review of Resident 8's Admission Record (AR), the AR indicated Resident 8 was admitted to the facility on [DATE] with diagnoses including but not limited to muscle weakness, contracture left ankle, and Alzheimer's disease. During a review of Resident 8's care plan (CP) revised 12/22/2020, the CP indicated Resident 8 had the potential for alteration in joint mobility as evidenced by limitations noted on BLE and BUE. The CP goal indicated Resident 8 will minimize the risk for further loss of ROM daily. The CP interventions indicated initial, quarterly, annual assessment of joint mobility or as needed. During a review of Resident 8's MDS dated [DATE] the MDS indicated Resident 8 had severe cognitive impairments. The MDS indicated Resident 8 had functional limitations in ROM on both sides of the lower extremity and had no impairments in ROM on either side of the upper extremity. The MDS indicated Resident 8 required set up assistance with eating and dependent assistance with dressing, toileting, oral hygiene, and sit to lying. During a review of Resident 8's OT Joint Mobility Screen (JMS), the OT JMS indicated completion dates of 3/7/2022 and 2/5/2025. During a review of Resident 8's PT JMS, the PT JMS indicated completion dates of 3/4/2022 and 2/6/2025. During an interview and record review on 3/19/2025 at 12:52 p.m., the DOR stated therapists completed the JMS upon admission, readmission, annually to track and compare a resident's joint range of motions and to compare the ROM from last year to see if there was a decline. The DOR stated if there was a decline in ROM, it was important to catch the decline so that therapy staff could intervene. The DOR stated if therapy staff did not complete the JMS annually or upon admission/readmission, then residents could have worsening contractures and joint instability, and staff would not know. During an interview and record review on 3/20/2025 at 10:06 a.m., the DOR reviewed Resident 8's OT and PT JMS and stated PT and OT JMS were not completed annually in 2024. DOR stated Resident 8 had contractures and was at risk for further contractures. During an interview on 3/20/2025 at 11:09 a.m., the DON stated joint mobility screens was to check if residents had contractures and helped to prevent further contractures. The DON stated it was important to screen the residents when it was scheduled because if staff did not screen residents on time, then staff could not assess the resident and would not know if a resident declined in ROM and provide interventions as needed. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's undated P&P titled, Screening, the P&P indicated the Joint Mobility Screening form annual screens coincide with the MDS assessment schedule and are completed by PT and OT. 4). During a review of Resident 24's Admission Record (AR), the AR indicated Resident 24 was admitted to the facility on [DATE] with diagnoses of chronic respiratory failure (any condition that affects breathing function and result in lungs not functioning properly) with hypoxia (low oxygen level in tissues), hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. During a review of Resident 24's MDS, the MDS indicated Resident 24 had severe cognitive impairments. The MDS indicated Resident 24 had functional limitations in ROM on both sides of the upper extremity and both sides of the lower extremity. The MDS indicated Resident 24 required dependent assistance with oral hygiene, toileting, bathing, dressing, rolling left and right. The MDS indicated the activities of lying to sitting on side of bed, chair to bed transfers were not attempted. During a review of Resident 24's CP revised 7/3/2023, the CP indicated Resident 24 was at risk for further decline in ADLs and development of contractures. The CP goal indicated Resident 24 will maintain joint mobility status. The CP interventions indicated to provide the RNA program as ordered to minimize decline in joint mobility status and/or maintain mobility. During a review of Resident 24's Order Summary Report dated 3/19/2025, the OSR indicated the following: -RNA to perform active assistive range of motion (AAROM, movement at a given joint with a person's own effort and assistance from an external force or another person) of all joints in both UE to maintain current level of function five times a week or as tolerated, ordered 10/6/2023. -RNA to perform PROM of both LE once a week, five times a week or as tolerated, ordered 1/23/2024. a. During an observation and interview on 3/19/2025 at 8:47 a.m. while in Resident 24's room, RNA 1 performed RNA treatment with Resident 24. RNA 1 performed ROM on Resident 24's right elbow, shoulder, wrist, and fingers followed by ROM on Resident 24's left hip, knee, and ankles. After the ROM exercises on the LLE, RNA 1 put on ankle splints on Resident 24's left ankle/foot. RNA 1 then completed ROM exercises on Resident 24's right hip, knee, and ankle and put on ankle splints on the right ankle/foot. RNA 1 completed ROM exercises on Resident 24's left elbow, shoulder, wrist, and fingers. RNA 1 stated there were no orders to put on both ankle splints, but this was documented on the weekly summary. RNA 1 stated we put on the ankle splints for four to six hours because the order stated to put on the splints for four hours or as tolerated. During a review of Resident 24's Restorative Nursing Weekly Summary - Splint Care (RNA WS) dated 2/28/2025, the RNA WS indicated Resident 24 wore both leg ankle splints for four to six hours five times a week. During a review of Resident 24's RNA WS Splint Care dated 3/7/2025, the RNA WS indicated Resident 24 wore both leg ankle splints for four to six hours five times a week. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 24's RNA WS Splint Care dated 3/14/2025, the RNA WS indicated Resident 24 wore both leg ankle splints for four to six hours five times a week. During an interview and record review on 3/19/2025 at 12:52 p.m., the DOR reviewed Resident 24's RNA orders and confirmed Resident 24 did not have an RNA order to put on both ankle splints and stated there were no RNA tasks for RNAs to put on ankle splints. The DOR stated RNAs should not be putting on any ankle splints for Resident 24 because there was no RNA order to put on ankle splints. The DOR stated if RNAs put on a splint without an order, Resident 24 was at risk for skin breakdown and pain because the splint may not be adjusted and appropriate for the resident. During an interview on 3/20/2025 at 11:09 a.m., the DON stated RNA staff should follow the physician's order for RNA as it was written. During a review of the facility's P&P RNA Job Description (JD), the JD indicated RNAs assists residents with ROM exercises, ambulation/transfer exercises per the physician's orders. b. During a review of Resident 24's OT JMS, the OT JMS indicated a completion date of 10/6/2023. During an interview and record review on 3/19/2025 at 12:52 p.m., the DOR and OT 1 reviewed Resident 24's OT JMS and stated there were no OT JMS completed since 10/6/2023. OT 1 stated OT missed the annual OT JMS in 10/2024. The DOR stated therapists completed the JMS upon admission, readmission, annually to track and compare a resident's joint ROM and to compare the ROM from last year to see if there was a decline. The DOR stated if there was a decline in ROM, it was important to catch the decline so that therapy staff could intervene. The DOR stated if therapy staff did not complete the JMS annually or upon admission/readmission, then residents could have worsening contractures and joint instability, and staff would not know. During an interview on 3/20/2025 at 11:09 a.m., the DON stated joint mobility screens are to check if residents had contractures and helped to prevent further contractures. The DON stated it was important to screen the residents when it was scheduled because if staff did not screen residents on time, then staff could not assess the resident and would not know if a resident declined in ROM and provide interventions as needed. During a review of the facility's undated P&P titled, Screening, the P&P indicated the Joint Mobility Screening form annual screen coincides with the MDS assessment schedule and is completed by PT and OT. 5). During a review of Resident 17's Admission Record, the Admission Record indicated, Resident 17 was initially admitted to the facility on [DATE] and was most recently admitted on [DATE]. Resident 17's diagnoses included chronic respiratory failure (a long-term condition when the airways that carry air to your lungs become narrow and damaged), chronic kidney disease (CKD-condition which the kidneys are damaged and cannot filter blood as well as they should), and seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 17's History and Physical (H&P), dated 1/11/2025, the H&P indicated Resident 17 did not have the capacity to understand and make decisions. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 67's Order Summary Report, dated 3/20/2025, the report indicated on 2/27/2025 the physician entered an order for the RNA to apply a right pressure relieving ankle foot orthosis ([PRAFO]- a splint applied to keep the ankle/foot aligned and supported) for four hours, seven times a week. During a review of the RNA task form for application of the right PRAFO for four hours, dated 2/27/2025 through 3/18/2025, the task indicated the PRAFO was applied on the following dates: 2/27/2025 3/2/2025 3/3/2025 3/4/2025 3/5/2025 3/6/2025 3/7/2025 3/9/2025 3/10/2025 3/11/2025 3/12/2025 3/14/2025 3/15/2025 3/17/2025 3/18/2025 During an interview on 3/21/2025 at 9:19 a.m. with Restorative Nurse's Aide (RNA) 1, RNA 1 stated she provides RNA services including range of motion, splinting, and walking residents. RNA 1 stated if you don't apply splints as ordered a resident can get a contracture. RNA 1 stated sometimes she is removed from RNA duties to work on the floor as a Certified Nurse's Aide ([CNA]- a healthcare professional who provides basic care to patients). During an interview on 3/21/2025 at 10:12 a.m. with the IPN, the IPN stated if RNA services (range of motion and splinting) are not provided as ordered, a resident can become stiff and contracted. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the Restorative Nursing Assistant job description, dated January 2022, the job description indicated the RNA will monitor placement of restorative devices/equipment to ensure proper utilization. The RNA will provide residents with routine restorative nursing care and services in accordance with the resident's assessment, care plan, and as directed by supervisors. During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL's), Supporting, dated March 2023, the P&P indicated the facility will provide care and services to prevent and/or minimize functional decline. During a review of the facility's policy and procedure (P&P) titled, Resident Mobility and Range of Motion, dated July 2017, the P&P indicated residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in range of motion.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042 Based on observation, interview, and record review, the facility failed to ensure an extension cord was free from safety hazards for one out of one sampled resident (Resident 96). This deficient practice had the potential to result in an unsafe environment with a fire hazard risk and a risk for fall and injury. Findings: During a review of Resident 96's Admission Record, the Admission Record indicated, Resident 96 was initially admitted to the facility on [DATE] and was most recently readmitted on [DATE]. Resident 96's diagnoses included pressure ulcer/injury Stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of the sacrum (large, triangle-shaped bone in the lower spine that forms part of the pelvis), chronic respiratory failure (a long-term condition when the airways that carry air to your lungs become narrow and damaged), and hypotension (low blood pressure). During a review of Resident 96's Minimum Data Set (MDS - a resident assessment tool), dated 1/17/2025, the MDS indicated Resident 96 was assessed to comprehend (the action or capability of understanding something) most conversations. The MDS indicated Resident 96 was dependent on staff for activities of daily living (ADLs) such as toileting, dressing, roll left and right, showering, and personal hygiene. During a review of Resident 96's History and Physical (H&P), dated 3/15/2025, the H&P indicated Resident 96 did have the capacity to understand and make decisions. During a concurrent observation and interview on 3/19/2025 at 9:55 a.m. with Licensed Vocational Nurse (LVN) 3 in Resident 96's room, personal chargers were plugged into an extension cord that ran on the ground along next to the resident's bed and was then plugged into another extension cord which the socket end of the extension cord was lying on the ground under resident's bed. LVN 3 stated the extension cords should not be like that. LVN 3 stated this was a fall and fire risk, which was a safety issue that would harm a resident. During an interview on 3/19/2025 at 10:02 a.m. with Maintenance Aide (MA) 1, MA 1 stated that was the wrong type of extension cord to use. MA 1 stated the extension cord should not be plugged into another extension cord and not lying on the ground. MA 1 stated this was a hazard for falls and fire, a safety issue that would harm the resident. During an interview on 3/21/2025 at 12 p.m. with Director of Nursing (DON), the DON stated that it was an unsafe situation to have an extension cord plugged into another extension cord and lying on the ground. The DON stated it was a fall and fire hazard, this was a safety issue. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Electrical Safety for Residents, dated January 2011, the P&P indicated, the resident will be protected from injury associated with the use of electrical devices including electrocution, burns and fire. Extension cords shall not be used as a substitute for adequate wiring in the facility. When extension cords are used the following precaution must be taken, secure extension cords and do not place overhead, under carpets, or where they can cause trips, calls, or overheat. Connect extension cords to only one device. Ensure that the type of cord used is appropriate of the size and type of electrical load and ensure that cords have proper grounding.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 41379 Based on observation, interview, and record review, the facility failed to provide adequate and sufficient nursing staff to provide care for residents requiring Restorative Nursing Aide (RNA, nursing aide program that helps residents to maintain their function and joint mobility) treatments. This deficient practice had the potential for 81 residents with physician's orders for RNA to experience a decline in range of motion (ROM, full movement potential of a joint), mobility, and activities of daily living (ADL, basic activities such as eating, dressing, toileting) function. CROSS REFERENCE TO F688. Findings: During a review of the active physician's orders for residents on RNA services dated 3/19/2025, the physician's orders indicated 81 residents had physician's orders for the RNA to provide treatments and services including but not limited to, ROM exercises to upper extremities (UE, shoulder, elbow, wrist, hand) and lower extremities (LE, hip, knee, ankle, foot), application of splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) or braces (an external device to support, align, or correct a movable part of the body), and ambulation (walking). During a review of the facility's 2/2025 and 3/2025 Nursing Staffing Assignment and Sign-in Sheet for Nurse Assistants, the Sign-in Sheet indicated the following RNA staff assignments for the 7 a.m. to 3:30 p.m. shift: -2/28/2025: one (1) RNA -3/3/2025: two (2) RNAs -3/8/2025: zero (0) RNA -3/16/2025: 0 RNA -3/17/2025: 2 RNAs During an interview on 3/19/2025 at 8:31 a.m., with Restorative Nursing Aide (RNA 1), RNA 1 stated sometimes she was reassigned from RNA duty to have certified nursing assistant (CNA) duties. During an interview on 3/19/2025 at 9:23 a.m., with Restorative Nursing Aide (RNA 2), RNA 2 stated she sometimes was reassigned as a CNA and tried to see as many residents as possible for RNA after her CNA duties. RNA 2 stated if she had CNA assignments, then it was difficult to see all the residents for RNA. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the Director of Staff Development, and concurrent record review of the Nursing Staff Assignments and Sign-In Sheets on 3/19/2025 at 2:31 p.m., the Director of Staff Development (DSD) stated on weekends, there should be one RNA staffed each day, and on weekdays there should be at least three to four RNAs. The DSD reviewed the daily 2/2025 and 3/2025 Nursing Staff Assignment and Sign-In Sheets and confirmed there were not enough RNA staff on the following days: 2/28/2025, 3/3/2025, 3/8/2025, 3/16/2025, and 3/17/2025. The DSD stated the facility was short of CNA staff, and so many times the RNAs were pulled from their RNA duties and given CNA duties. The DSD stated it was important for residents on RNA to receive their RNA treatments as ordered, because the purpose of RNA was to help residents stay mobile, prevent any more contractures, and restore their strength and ADLs. The DSD stated if residents missed their RNA treatments frequently, then residents could revert back to more contractures and become weaker. During an interview on 3/20/2025 at 11:09 a.m., with the Director of Nursing, the Director of Nursing (DON) stated it was important to have sufficient RNA staffing to ensure residents on RNA programs received their RNA treatments. The DON stated the RNA program was to help prevent contractures and keep the resident's joint mobility stable. During a review of the facility's policies and procedures (P&P) revised 8/2022, titled, Staffing, Sufficient and Competent Nursing, the P&P indicated our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 49131 48712 Based on interview and record review, the facility failed to ensure two Licensed Vocational Nurses (LVN) knew what the purpose of checking orthostatic hypotension (a condition where blood pressure drops significantly when a person stands up from a sitting or lying position or sits up from a lying position) was for and how to obtain blood pressure readings, to determine if a resident had orthostatic hypotension. This deficient practice had the potential to place residents at risk for a delay in care and services which could result in falls or injury. Findings: During an interview on 3/19/2025 at 3:02 p.m. with LVN 4, LVN 4 stated orthostatic blood pressure is ordered for residents who are taking psychotropic (drugs that affect a person's mental state) medications. LVN 4 stated the purpose is to determine if the resident on psychotropic medication had hypotension (low blood pressure). LVN 4 stated the procedure for taking orthostatic blood pressure is done by taking the resident's blood pressure in the lying position first, and if necessary, would take the sitting blood pressure immediately after. LVN 4 stated if the blood pressure in the lying position did not show the resident was hypotensive, then they did not have to take another blood pressure reading in the sitting position and can use the blood pressure in the lying position for the sitting. During an interview on 3/20/2025 at 12:51 p.m. with LVN 6, LVN 6 stated orthostatic blood pressures are done for the resident on the day and shift it was ordered for. LVN 6 stated if ordered for lying and sitting, the staff would take it in both of those positions at the resident's convenience. LVN 6 stated if the resident happened to be sitting up in their wheelchair or eating, they could take the blood pressure in the sitting position then and later if they are lying down resting, they could take it then. LVN 6 stated the two blood pressure readings do not need to be taken in a particular timeframe but just that is it done on the shift. During an interview on 3/20/2025 at 1:54 p.m. with the Director of Staff Development (DSD), the DSD stated the nurses would take an orthostatic blood pressure to determine orthostatic hypotension in the positions it was ordered for. The DSD stated that could be lying to sitting or lying to standing but usually it is just lying to sitting. The DSD stated the procedure is to have the resident lie down first and take the blood pressure in that position, then they would have the resident sit, wait about 5 minutes and then taking another blood pressure in that position. The DSD stated that if there was a change of 20 millimeter of mercury (mmHg- unit of measurement) in the systolic (top number in a blood pressure reading) and or 10 mmHG in the diastolic (bottom number in the blood pressure reading) value, that would indicate the resident is positive for orthostatic hypotension and the nurse would need to notify the doctor to see if there are new orders that would need to be done. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's Job Description for LVN, dated 3/7/2024, the Job Description indicated the position is responsible for assuring physicians' orders are followed and quality care is provided on each shift in a skilled care facility.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to monitor blood pressure related to the use of amlodipine (a medication used to treat high blood pressure) with hold parameters (instructions in the medication order to hold the medication if the blood pressure reading is too low) between 3/23/24 and 3/31/24. The deficient practice of failing to monitor blood pressure related to the use of amlodipine increased the risk that Resident 83 could have experienced adverse effects related to receiving amlodipine when her blood pressure was too low possibly resulting in dizziness and falls with injury. Findings: During a review of Resident 83's Admission Record, dated 3/20/25, the Admission Recordindicated she was admitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure.) During a review of Resident 83's available Care Plans (a resident-centered plan of care developed to address a resident's unique health care needs), dated 3/13/24, revised 3/27/24, the care plan indicated Resident 83 was at risk for elevated BP (blood pressure) and to Monitor pulse rate and BP as ordered. During a review of Resident 83's available Care Plans, dated 3/13/24, the care plan indicated she was as risk of falls/injury related to the use of antihypertensive medications and to Assess resident's medication for possible adverse effects . During a review of Resident 83's Order Audit Report (a report with information about a previous medication order), dated 3/20/25, the order summary report indicated Resident 83 received amlodipine 5 mg by mouth one time a day for hypertension - hold for SBP (systolic blood pressure - the top number in a blood pressure reading) less than 120 between 3/15/24 and 1/28/25. During a review of Resident 83's Medication Administration Record (MAR - a record of all medications administered, and monitoring recorded for a resident), for March 2024, the MAR indicated between 3/23/24 and 3/31/24, there were no blood pressure readings documented corresponding to the administrations of amlodipine. During an interview on 3/20/25 at 12:21 PM with the Director of Nursing (DON), the DON stated the facility failed to monitor Resident 83's blood pressure related to her use of amlodipine between 3/23/24 and 3/31/24. The DON stated, although there are some BP readings in the progress notes, the BP would need to be documented consistently in the MAR to be relevant to the hold parameters on Resident 83's order for amlodipine. The DON stated, without the blood pressure readings recorded there, it cannot be determined if the licensed nurses gave Resident 83 the amlodipine within the hold parameters specified by the physician's order. The DON stated this increased the risk that the resident could have consequences of receiving amlodipine when her blood pressure was too low possibly leading to dizziness and falls with injury. (continued on next page)

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	555069	A. Building B. Wing	03/21/2025

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, Specific Medication Administration Procedures, dated April 2008, the P&P indicated .Obtain and record any vital signs as necessary prior to medication administration . During a review of the facility's P&P Documentation of Medication Administration, revised March 2023, the P&P indicated The facility shall maintain a medication administration record to document all medication administered .Documentation must include, as a minimum: .specific medication parameters (e.g. blood pressure .).

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712 40994 Based on interview and record review, the facility failed to: 1. Ensure one of six sampled residents (Resident 1) was not prescribed Seroquel (a drug used to treat a mental health condition) without an appropriate diagnosis. 2. Define and monitor behaviors related to the use with lorazepam (a medication used to treat mental illness) for one of five residents sampled residents (Resident 83). These deficient practices placed Resident 1 and Resident 83 at risk of adverse effects (bad outcome). Findings: A. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hypotension (low blood pressure), diabetes ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), and asthma (a chronic lung condition characterized by recurrent episodes of wheezing, shortness of breath, and coughing). During a review of Resident 1's History and Physical (H&P), dated 11/4/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. The H&P did not indicate Resident 1 had a mental illness. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 1/2/2025, the MDS indicated Resident 1's cognitive (process of thinking and reasoning) skills for daily decision making were moderately impaired. The MDS indicated Resident 1 did not have a mood disturbance. The MDS indicated Resident 1 did not have potential indicators of psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). The MDS indicated Resident 1 did not have a psychiatric/mood disorder. The MDS indicated Resident 1 was dependent on staff for toileting, showering, and dressing. During a review of Resident 1's Psychiatric Evaluation dated 3/10/2025, the evaluation indicated Resident 1 had a diagnosis of Anxiety NOS. Rule out psychosis. During a review of Resident 1's Order Summary Report dated 3/20/2025, the report indicated the physician entered an order on 2/7/2025 to give Seroquel 50 milligrams ([mg] a unit of measure in drug dosing) two times a day for psychosis. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 1's Preadmission Screening and Resident Review ([PASARR] a federal assessment requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are placed in facilities that can provide the appropriate care) dated 3/20/2024, the PASARR indicated Resident 1 did not have a serious mental disorder or symptoms of psychosis. During a concurrent interview and record review on 3/21/2025 at 9:26 a.m. with Registered Nurse (RN) 1, Resident 1's electronic medical record (EMR) was reviewed. RN 1 could not find evidence of a diagnosis of psychosis in the EMR. RN 1 stated a resident should not be taking Seroquel without a mental health diagnosis. RN 1 stated a resident taking Seroquel without an indication could cause drowsiness and decreased function. During a review of the facility's policy and procedure (P&P) titled, Psychotropic (medications that affect brain activities associated with mental process and behavior) Medication Use dated 3/2023, the P&P indicated psychotropic medications are not prescribed or given to residents unless it is determined to be necessary to treat a specific condition that is diagnosed and documented in the medical record. B. During a review of Resident 83's Admission Record, the Admission Record indicated Resident 83 was admitted to the facility on [DATE] with diagnoses including vascular dementia (a condition involving memory loss and thinking problems caused by loss of blood flow to the brain) and anxiety (excessive worry about everyday situations strong enough to interfere with daily activities). During a review of Resident 83's Order Audit Report dated 3/20/25, the Report indicated Resident 83 received lorazepam 0.5 mg. by mouth every four hours as needed for moderate anxiety between 3/15/24 and 4/19/24. During a review of Resident 83's Care Plan dated 3/27/24, the Care Plan indicated Resident 83 was at risk for adverse effects related to the use of lorazepam to treat anxiety. The Care Plan indicated nursing interventions included to monitor and record episodes of behaviors per psychotropic policy. During a review of Resident 83's Medication Administration Record (MAR) dated 3/2024, the MAR did not indicate behaviors were defined or monitored and documented between 3/23/24 and 3/31/24 related to the administration of lorazepam. During an interview on 3/20/25 at 12:21 p.m. with the Director of Nursing (DON), the DON stated the facility failed to monitor or define Resident 83's behaviors between 3/23/24 and 3/31/24. The DON stated the order indicated lorazepam was for moderate anxiety but did not specify any behavioral manifestation that could be objectively monitored and documented by licensed staff. The DON stated the MAR from 3/2024 indicated there was no monitoring of any behaviors related to the use of lorazepam done during that time. The DON stated monitoring and defining behaviors related to psychotropic medication use was important to help the facility and prescribers to assess whether the medication was effective at controlling behaviors and adequately treating the condition for which they were indicated. The DON stated failing to monitor for behaviors increased the risk that Resident 83 could have experienced adverse effects of lorazepam or experienced untreated symptoms of anxiety possibly leading to a decline in the resident's quality of life. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Psychotropic Medication Use dated 3/2023, the P&P indicated Residents, families, and/or the representative are involved in the medication management process. Psychotropic medication management includes adequate monitoring for efficacy.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on observation, interview, and record review, the facility failed to ensure its medication error rate was less than five percent (%). Two medication errors out of 33 total opportunities contributed to an overall medication error rate of 6.06 % affecting two of six residents observed for medication administration (Residents 4 and 83). The facility failed to: 1. Administer the correct strength of cranberry (a supplement) supplement to Resident 4. 2. Administer the correct formulation of multivitamins (a vitamin supplement) to Resident 83. The deficient practices of failing to administer medications in accordance with the physician's orders increased the risk that Residents 4 and 83 may have experienced medical complications possibly resulting in hospitalization . Findings: 1). During a review of Resident 4's Admission Record, dated 3/20/25, the Admission Record indicated she was admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses including personal history of traumatic brain injury (an injury to the head causing difficulty in everyday activities.) During a review of Resident 4's History and Physical (H&P - a record of a comprehensive physician's assessment), dated 9/17/23, the H&P did not indicate whether she had the capacity to understand and make decisions. During a review of Resident 4's Order Audit Report (a report with information about a previous medication order), dated 3/25/25, the order audit report indicated Resident 4 was prescribed cranberry 425 milligrams (mg - a measure of unit for mass) between 3/2/25 and 3/19/25. During an observation on 3/19/25 at 8:05 AM with the Licensed Vocational Nurse (LVN 4), LVN 4 was observed preparing Cranberry 450 mg supplement for Resident 4 by crushing the tablet and mixing it with a small amount of applesauce. During an observation on 3/1/25 at 8:30 AM, Resident 4 was observed taking the Cranberry 450 mg by mouth by spoon feeding herself the crushed medication and applesauce mixture. 2). During a review of Resident 83's Admission Record, dated 3/20/25, the Admission Record indicated she was admitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure.) During a review of Resident 83's Order Audit Report, dated 3/25/25, rhe order audit report indicated Resident 83 was prescribed Centrum Oral Liquid (a liquid multivitamin formulation) to take 15 milliliters (ml - a unit of measure for volume) by mouth one time a day between 3/15/24 and 3/19/25. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 3/19/25 at 9:01 AM, LVN 4 was observed preparing one tablet of multivitamins with minerals for Resident 83 by crushing the tablet and mixing with a small amount of applesauce. During an observation on 3/19/25 at 9:17 AM, LVN 4 was observed spoon feeding the crushed multivitamin with minerals tablet and applesauce mixture to Resident 83. During an interview on 3/19/25 at 12:07 PM with LVN 4, LVN 4 stated she failed to give the correct dose of Cranberry to Resident 4 by administering a 450 mg tablet when the order was for 425 mg. LVN 4 stated she failed to ensure the dose of the product she administered matched the physician's order. LVN 4 stated she should have clarified the order with the physician to allow for administering the product on hand before administering a different strength. LVN 4 stated she administered the incorrect formulation of multivitamins to Resident 83 by administering the tablet instead of the liquid formulation specified in the physician's order. LVN 4 stated she thought they were substitutable but didn't realize they contain a completely different formulation and strengths of the vitamins. LVN 4 stated following the physician's order is important to ensure residents received exactly what they were prescribed. LVN 4 stated failing to follow the physician order regarding medication strength or formulation could have increased the risk that Residents 4 and 83 could have experienced medical complications from receiving medications incorrectly. During a review of the facility's policy and procedure (P&P) titled, Medication Administration - General Guidelines, revised October 2017, the P&P indicated .Medications are administered in accordance with the written orders of the attending physician . During a review of the facility's P&P titled, Specific Medication Administration Procedures, dated April 2008, the P&P indicated To administer medication in a safe and effective manner . read medication label before administering .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to ensure its residents were free from significant medication errors by administering amlodipine (a medication used to treat high blood pressure) outside of the hold parameters (instructions in the medication order to hold the medication if the blood pressure reading is too low) a total of 81 times between 4/1/24 and 1/28/25 affecting one of five residents sampled for unnecessary medications (Resident 83.) The deficient practice of failing to administer amlodipine in accordance with hold parameters as specified in the physician order contributed to two falls resulting in injuries to Resident 83's face and hands on 4/10/24 and 6/20/24 and increased the risk that Resident 83 may have experienced other adverse effects of low blood pressure such as dizziness, possibly resulting in a decline in her quality of life. Findings: During a review of Resident 83's Admission Record, dated 3/20/25, the Admission Record indicated Resident 83 was admitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure.) During a review of Resident 83's available Care Plans, dated 3/13/24, revised 3/27/24, the care plan indicated Resident 83 was at risk for elevated BP (blood pressure) and to monitor pulse rate and BP as ordered. During a review of Resident 83's available Care Plans, dated 3/13/24, the care plan indicated she was as risk of falls/injury related to the use of antihypertensive medications and to assess resident's medication for possible adverse effects . During a review of Resident 83's available Care Plans, dated 4/10/24, the care plan indicated Resident 83 had actual falls on 4/10/24 and 6/20/24 related to antihypertensive medication, cognitive impairment, history of falls, and unsteady gait but contained no interventions specific to antihypertensive medications. During a review of the consultant pharmacist's recommendation, dated 12/30/24, concerning Resident 83's order for amlodipine, the recommendation indicated please consistently acknowledge SBP hold parameter . During a review of Resident 83's Order Audit Report (a report with information about a previous medication order), dated 3/20/25, the order audit report indicated Resident 83 received amlodipine 5 mg by mouth one time a day for hypertension - hold for SBP (systolic blood pressure - the top number in a blood pressure reading) less than 120 between 3/15/24 and 1/28/25. During a review of Resident 83's Medication Administration Record (MAR - a record of all medications administered, and monitoring recorded for a resident), between 4/1/24 and 1/28/25, the MAR indicated licensed staff administered Resident 83's amlodipine when her SBP was less than 120 a total of 81 times including on 4/10/24 and 6/20/24 (the days Resident 83 experienced falls with injuries.) (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 83's Change of Condition (COC - a record of a change in a resident's health due to a new illness, fall, unusual behavior, or worsening of an existing condition form, dated 4/10/24, the COC indicated on 4/10/24 at 3:30 PM, Resident 83 was found lying on the floor with a small cut on her forehead and pain in her left wrist. During a review of Resident 83's COC, dated 6/23/24, the COC indicated on 6/20/24 at 10:30 AM, Resident 83 was found on the floor with right side facial swelling. During an interview on 3/20/25 at 12:21 PM with the Director of Nursing (DON), the DON stated hold parameters on blood pressure medications are added so the residents do not receive blood pressure lowering medication when their blood pressure is already too low. The DON stated giving blood pressure medication to a resident with low blood pressure increases the risk of dizziness and falls which may result in injury. The DON stated the facility failed to ensure licensed staff observed the hold parameters for Resident 83's amlodipine 81 times between 4/1/24 and 1/28/25 by administering the medication with a systolic blood pressure reading lower than 120. The DON stated the licensed nurses might not have carefully checked the hold parameter on Resident 83's amlodipine order as it seems like they were usually holding the medication when the SBP was less than 110. The DON stated Resident 83's care plan for falls indicated she was at increased risk of falls related to her use of antihypertensive medication and giving amlodipine outside of the medication's hold parameters could have contributed to her falls on 4/10/24 and 6/20/24. The DON stated on 4/10/24 amlodipine was administered outside of parameters and on 6/19/24, 6/20/24, and 6/21/24 amlodipine was also administered outside of parameters. The DON stated the timing of these administrations could have contributed to Resident 83's falls and injuries around those times. During a review of the facility's policy and procedure (P&P) titled, Medication Administration - General Guidelines, revised October 2017, indicated .Medications are administered in accordance with the written orders of the attending physician . During a review of the facility's P&P titled, Specific Medication Administration Procedures, dated April 2008, indicated To administer medication in a safe and effective manner . read medication label before administering . During a review of the facility's P&P titled, Hypertension - Clinical Protocol, revised March 2023, indicated The staff and physician will monitor for complications of blood pressure treatments such as .dizziness .falling . Over-treating blood pressure may increase the risk of significant side effects and complications, such as falling and fractures, especially in compromised or frail individuals .

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131 Based on interview, and record review, the facility failed to ensure one of four sampled residents (Resident 8) had the correct laboratory tests done as ordered by the physician. This deficient practice had the potential to result in Resident 8 to experience a delay in services due to incomplete laboratory results. Findings: During a review of Resident 8's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 8 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included hyperlipidemia (high levels of fats in the blood), and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 8's Care Plan, dated 9/20/2019, the Care Plan indicated Resident 8 was a risk for dehydration due to the use of medications for bipolar disorder and interventions included to perform laboratory tests as ordered and to notify the doctor for abnormal values. During a review of Resident 8's History and Physical (H&P), dated 5/15/2024, the H&P indicated Resident 8 did not have the capacity to understand and make decisions. During a review of Resident 8's Minimum Data Set (MDS - a resident assessment tool), dated 2/12/2025, the MDS indicated Resident 8 had no limitations to their upper extremities (related to the arms) and had limitations to their lower extremities (related to the legs). During a review of Resident 8's Consultant Pharmacist's Medication Regimen Review (CPMRR-an assessment of a patient's current medication list to identify potential drug interactions, adverse effects, and opportunities for optimization), dated 1/2025, the CPMRR indicated to follow up with the doctor to consider a thyroid panel (a group of blood test to assess the function of the thyroid gland [a gland that makes and releases hormones]) for the next convenient laboratory tests. During a review of Resident 8's Order Summary Report, dated 1/28/2025, the Order Summary Report indicated a thyroid panel was ordered per the pharmacist's recommendation. During a review of Resident 8's Laboratory Results Report, dated 1/30/2025, the Laboratory Results Report indicated that a thyroid peroxidase (an enzyme found in the thyroid gland) and thyroglobulin antibody (an antibody [proteins produced by the immune system in response to foreign substances] that targets a protein produced by the thyroid gland) test was performed. During a concurrent interview and record review on 3/20/2025 at 2:15 p.m. with Registered Nurse (RN) 2, Resident 8's Laboratory Results Report, Order Summary Report, and CPMRR was reviewed. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	RN 2 stated a thyroid panel laboratory test was recommended by the pharmacist in the CPMRR, and a thyroid panel laboratory test was ordered on 1/28/2025 as indicated on the Order Summary Report. RN 2 stated a thyroid panel was ordered for Resident 8 because she was taking Seroquel (a medication that treats several kinds of mental health conditions such as bipolar disorder), and Seroquel can cause a decrease in thyroid function. Resident 8's Laboratory Test Results were reviewed on 1/30/2025 and RN 2 stated a thyroid peroxidase and thyroglobulin antibody was done and a thyroid panel was not done. RN 2 stated the thyroid panel will test for triiodothyronine (T3- a thyroid hormone that plays a role in growth, and development), thyroxine (T4- another thyroid hormone that plays a role in growth, and development), and thyroid stimulating hormone (TSH- a hormone that regulates the function of the thyroid gland). RN 2 stated a thyroid panel was not done and a thyroid peroxidase and thyroglobulin are not the same as a thyroid panel and therefore would not produce the same results as a thyroid panel. RN 2 stated this could cause the doctor to not know if Resident 8 had issues with the thyroid gland. During a review of the facility's policy and procedure (P&P), titled Lab and Diagnostic Test Results - Clinical Protocol, dated 3/2024, the P&P indicated the physician will identify and order lab testing based on the resident's diagnostic and monitoring needs and the staff will process and arrange for tests to be done. Physician and nurses who have concerns about how test results had been handled or reported should communicate concerns to the Director of Nursing or Medical Director.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 38740 Based on observation, interview and record review, the facility failed to ensure the standardized recipes for the lunch menu was followed on 3/18/2025 by failing to: 1. Ensure Eighteen (18) residents on a soft and bite size diet (Diet for people who are not able to bite off pieces of food safely but are able to chew bite sized pieces down into little pieces that are safe to swallow/Bite sized pieces no bigger than 1/2 x 1/2 inches) did not receive whole bread instead of bread that is cut into smaller pieces. 2. Ensure the menu included the texture modified diet (diets that are altered in texture to accommodate resident chewing or swallowing problems includes diets such as Soft and Bite size and Minced and Moist) that was ordered for residents. The menu did not indicate the serving guide for the bread at each meal. These Deficient practices had the potential to result in meal dissatisfaction, decreased nutritional intake and increased choking risk in 18 residents on a soft and bite size diet. Findings: According to the facility lunch menu on 3/18/2025, the following items would be served on a regular diet: BBQ chicken, Potato Salad, Fresh carrots, wheat Roll with Margarine, Strawberry Gelatin and milk. During an observation in the kitchen on 3/18/2025 at 11:42 a.m., Cook1 stated for residents on a soft and bite size diet we serve them a mechanical soft diet per our menu. During an interview with the Dietary Supervisor (DS) on 3/18/2025 at 11:45 a.m., the DS stated our menu is still following old standards for diet textures and the menu does not have Soft and bite size diet, but the physician diet orders are based on new IDDSI (Internation dysphagia Diet standardization Initiative-Standards developed to facilitate safe consumption of food and drinks by people with eating and drinking difficulties (dysphagia). It describes the characteristics of foods and drinks and is accompanied with testing methods to determine if the food or drink conforms to the IDDSI standards). The DS stated for residents who are on a soft and bit size diet we use the mechanical soft diet menu. The DS stated a mechanical soft diet and a soft and bite size diet is the same. During an observation of the tray line service for lunch (a system of food preparation, in which trays move along an assembly line) on 3/18/2025 at 11:50 a.m. Cook1 served residents who were on a soft and bite size diet order, a whole piece of wheat bread roll following the mechanical soft diet menu and serving guide. During a concurrent interview and review of the menu with Cook1, Cook1 stated whole wheat bread roll is ok for the residents on a soft and bite size diet. (continued on next page)

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	555069	A. Building B. Wing	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Western Convalescent Hospital	2190 W Adams Blvd Los Angeles, CA 90018

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with Registered Dietitian (RD1) and (RD2) on 3/18/2025 at 2p.m., RD1 stated the facility menu is transitioning into the new IDDSI menu. RD1 stated diet orders have already transitioned into the IDDSI but not the menu. RD1 stated the facility has a clarification letter that explains the mechanical soft diet (foods that are easily chewed. Foods are modified in texture by chopping, dicing and grinding) is equivalent to the soft and bite size diet. RD1 stated we are following the menu which has not changed yet to include the soft and bite size diet. RD stated the facility does not have the recipe to make the soft and bite size diet bread. RD1 stated the physician diet orders are not matching the diets that are on the menu. RD 1 stated the diet orders should match the diet on the menu to provide the correct food texture. RD stated the diet manual does not have the new IDDSI diets. During an interview with the Speech and Language Therapist (ST) on 3/19/2025 at 12 p.m. the ST stated a soft and bite size diet is for residents who cannot bite but can chew. The ST stated the size is the real importance here. The ST said the food should be cut to about 1.5 centimeters (cm) or 1/2 inch. The ST stated the facility menu is currently in transition and the menu is still on old dysphagia diet such as the mechanical soft diet. The ST stated the diet orders have changed to reflect the new terminology of IDDSI but menus have not changed. The ST stated he orders diets based on IDDSI. During the same interview the ST stated for a soft and bite size diet the bread has to be cut to smaller pieces. The ST stated the diet order is soft and bite size, and the kitchen should provide the food in the soft and bite size diet texture. The ST stated the diets should be ordered consistent with the approved diet manual and menu. The ST stated the facility diet manual does not include IDDSI terminology. (The Diet manual serves as a guide in prescribing diets, helps in planning regular and therapeutic diet menus, and as a reference for developing recipes and preparing diets. Diet manuals are reviewed annually). During a review of facility's undated policy titled Menu indicated, The menus will be prepared as written using standardized recipes. The Dietary supervisor and cooks are trained and responsible for the preparation and service of therapeutic diets prescribed. During a review of the facility undated policy titled Diet Orders, the policy indicated, The physician will prescribe diets in accordance with the approved Diet Manual. A written order must appear on the medical records before the resident may be served. The physician will be asked to order diets in accordance with the approved diet manual. During a review of the facility's diet manual dated 2020, the diet manual did not have a soft and bite size diet description or plan.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38740 Based on observation, interview and record review, the facility failed to ensure safe and sanitary food preparation practices were followed in the kitchen when one can opener blade was dirty with dry brown sticky residue and when the blade was worn with the potential to spread harbor harmful bacteria. This deficient practice had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to food borne illness in 47 out of 109 residents who received food from the facility. Findings: During an observation in the kitchen food preparation area on 3/18/2025 at 9:30 a.m. one can opener blade was noted to be dirty and worn out. The blade was stained, covered with brown residue. During a concurrent observation and interview with the Dietary Supervisor (DS) on 3/18/2025 at 9:35 a.m., the DS verified that there is only one can opener in the kitchen. The DS verified that the blade had brown sticky residue. The DS did not know what the dark brown color residue was. DS stated it could be removed with washing. The DS did not know when the last time the blade was washed. During a review of the facility's undated policy and procedure (P&P) titled, Sanitizing Equipment and surfaces, the P&P indicated, Dietary staff should ensure that all equipment, shelves, serving utensils and surface areas are clean and in good condition. During a review of the 2022 U.S. Food and Drug Administration Food Code titled, Good Repair and proper adjustment Code # 4-501.11(C), indicated, Cutting or piercing parts of Can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate food when the container is opened. During a review of 2022 Food Code titled, Can Openers Code# 4-202.15, indicated, Once can openers become pitted or the surface in any way becomes uncleanable, they must be replaced because they can no longer be adequately cleaned and sanitized.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 38740 Based on observation, interview, and record review, the facility's policy on food from outside and brought by family-visitors did not address how to store and reheat food to ensure safe and sanitary food storage, handling and consumption. For residents who have leftover food brought from outside the facility, the facility policy does not have a procedure for safe food handling. This had the potential to cause food borne illness in residents in the facility who were served the food brought by family or visitors. Findings: During an interview with Dietary Supervisor (DS) on 3/18/2025 at 10:30 a.m. the DS stated resident's families are encouraged not to bring anything that needs to be stored. The DS stated residents can have food from outside for one meal because there is no space to store the resident's leftover food from visitors. The DS stated anything leftover will be discarded per our policy. During an interview with charge nurse (LVN2) on 3/18/2025 at 11a.m., LVN2 stated there is no refrigerator for residents at the nursing station. LVN2 stated there are some residents who receive food from outside but there is no refrigerator for residents to store leftover perishable food. During an interview with the treatment nurse (LVN5) on 3/18/2025 at 11:15 a.m. LVN5 stated she has not seen any resident refrigerator in the facility. During an interview with the DON on 3/19/2025 at 9:34 a.m., the DON stated our policy is that no outside food for residents will be stored. The DON stated the facility does not have a refrigerator to store residents' food from family or visitors. The DON stated the facility only allows family to bring enough food to consume for one meal and the family needs to discard or take leftovers back. The DON stated she is not aware of any residents who request for food to be stored for later consumption or have food from outside. The DON stated if residents want to store the food, the facility does not have the policy and procedure that address how and where to store food safely. During an interview with Adminstrator (ADM) on 3/19/2025 at 10 a.m., the ADM stated the facility policy does not have a procedure on how and where to store resident food brought from outside. During a review of the facility's policy and procedure (P&P) titled, Food From Outside Sources, undated, the P&P indicated, Food from outside sources is discouraged due to concerns with food safety and infection control and maintaining control of therapeutic diet orders .If outside food is brought in, the facility is not liable for any food safety and infection control . The charge nurse must be notified if any outside food is brought in . The staff will discard any leftover.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48712 Based on observation, interview, and record review, the facility failed to implement its infection control program by failing to: 1. Ensure the Laundry Aide (LA) performed hand hygiene, changed gown and gloves after sorting dirty linen and prior to handling clean linen. This deficient practice put all the residents at risk for cross contamination (movement of bacteria from one place to another) and infection. 2. Refrigerate opened food item, as indicated in the bottle container, for one of three sampled residents (Resident 93). This deficient practice had the potential for Resident 93 to experience foodborne illnesses (food poisoning). Findings: 1. During a concurrent observation and interview on 3/19/2025 at 11:54 a.m. with the LA in the laundry room, the LA was observed sorting dirty linen from the laundry chute. The LA then went to the clean area and rolled a large cart containing clean linen to the middle of the floor, without performing hand hygiene and removing contaminated gloves and gown, after sorting the dirty linens. The LA stated she should have changed her gown and gloves after touching the dirty linen. The LA stated touching dirty linen, then clean linen can cause cross contamination and lead to infection. During an interview on 3/19/2025 at 12:49 p.m. with the Infection Prevention Nurse (IPN), the IPN stated after sorting the dirty linen and loading dirty linen in the washer, the LA should have changed her gown/gloves, before touching the clean linen to prevent cross contamination. The IPN stated, urine and feces from the dirty linen can be transferred to the clean linen and can lead to infection. During a review of the facility's undated policy and procedure (P&P) titled, Laundry Route & Process, the P&P indicated staff should wash hands after handling soiled linens. The P&P indicated, infection control techniques should be used to prevent cross-contamination of linen and to protect the spread of infection. 49131 2. During a review of Resident 93's Admission Record, the Admission Record indicated Resident 93 was admitted to the facility on [DATE] with diagnoses including hyperlipidemia (elevated levels of fats in the blood), and hypertension (high blood pressure). During a review of Resident 93's History and Physical (H&P), dated 6/26/2024, the H&P indicated Resident 93 had the ability to understand and make decisions. During a review of Resident 93's Minimum Data Set (MDS- a resident assessment tool), dated 12/26/2024, the MDS indicated Resident 93 did not have any limitations to the upper and lower extremities (arms and legs). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 3/18/2025 at 9:38 a.m. in Resident 93's room, Resident 93 had a bottle of opened and halfway used, bottle of strawberry jam on the bedside table. The label on the strawberry jam stated to Refrigerate After Opening. During a concurrent observation and interview on 3/19/2025 at 12:19 p.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 observed Resident 93's used bottle of strawberry jam on the bedside table. LVN 4 stated the facility did not have a refrigerator to store the resident's personal food items. LVN 4 read the label on the bottle of strawberry jam, and LVN 4 stated the label indicated to refrigerate the bottle of strawberry jam after opening. LVN 4 stated it was not known when the strawberry jam was brought in or when it was opened. LVN 4 stated not refrigerating the product after opening and consuming it later, had the potential to cause food poisoning. During a review of the facility's undated P&P, the P&P indicated food from outside sources is discouraged due to concerns with food safety and infection control.