STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555218	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Andrews	2300 W. Washington Blvd. Los Angeles, CA 90018

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51221 Based on observation, interview, and record review, the facility failed to provide assistance to one of three sampled residents (Resident 8) who had ill-fitting clothing, exposing the resident's buttocks. This failure had the potential to negatively affect Resident 8's sense of self-worth and self- esteem. Findings: During a review of Resident 8's Admission Record, the Admission Record indicated the facility admitted Resident 8 on 5/15/2017 and was readmitted on [DATE] with diagnoses including Parkinson's disease (a progressive of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), idiopathic peripheral autonomic neuropathy (nerve damage in hands and feet) restless leg syndrome (an overwhelming urge to move legs often, accompanied by uncomfortable sensations in the legs), right hand, right elbow, left hand contractures (a stiffening/shortening at any joint, that reduces joint's range of motion), and polyosteoarthritis (arthritis that affects five or more joints simultaneously). During a review of Resident 8's Minimum Data Set (MDS - a resident assessment tool), dated 8/19/2024, the MDS indicated Resident 8 had no cognitive (ability to think and reason) impairment and required substantial/maximal assistance (helper does more than half the effort) from the staff with dressing, toileting hygiene, oral hygiene bathing, lower/upper body dressing, putting on/taking off footwear. During on observation on 4/15/2025 at 10:10 a.m. in Resident 8's room, Resident 8 was walking towards his wheelchair, while holding up loose fitting pants that were exposing both bare buttocks. Resident 8 was observed getting up and trying to adjust pants to waistline and sitting back in wheelchair six times to cover exposed buttocks while staff walked by in hallway. During an interview on 4/15/2025 at 1:55 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 11 required help with dressing. RN 1 stated if staff noticed resident needed help, staff would assist resident, and report to the nurse and the social worker. RN 1 stated has noticed that some of the resident's pants were old and his pajamas are loose. RN 1 stated having the resident's buttocks exposed was not right or respectful. (continued on next page)

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

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/15/2025 at 2:17 p.m. with Social Service Designee Worker (SSD), SSD stated if a resident needed clothes, the facility had extra clothes for residents in need or would call next of kin if available. The SSD stated, it was not appropriate for resident to have his buttocks exposed. During an interview on 4/16/2025 at 9:17 a.m. with Resident 8 stated, my pants are loose and I'm trying to get them over my knees all the time. During a review of the facility's policy and procedure (P&P) titled, Dignity, undated, the P&P indicated, Residents are treated with dignity and respect at all times. Individual needs . of the resident are identified through the assessment process. Staff are expected to promote dignity and assist residents.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832 Based on observation interview and record review, the facility failed to honor snack preferences for one of five sampled residents (Resident 34). This deficient practice resulted in Resident 34 not being able to make choices about his preference for food. Findings: During a review of Resident 34's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 34 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included obesity (the state or condition of being very fat or overweight), chronic pulmonary edema (a condition where there is a persistent buildup of fluid in the lungs, leading to difficulty breathing), type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing) and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body). During a review of Resident 34's physician orders, dated 12/7/2023, the physician order indicated to give only healthy snacks like fruit, cheese, crackers, and to avoid junk food like chips, candy bars. The physician order continued, If resident wants more snacks tell him they ran out. During a review of Resident 34's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/31/2025, the MDS indicated Resident 34's cognitive (thinking) skills were intact. The MDS also indicated Resident 34 was dependent on staff with Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 34's interdisciplinary team (IDT) note, dated 1/31/2025, the IDT note indicated resident enjoyed eating ice cream and snacks. During an interview, on 4/15/2025, at 11:10 a.m., with Resident 34, Resident 34 stated he would have liked to receive more snacks. Resident 34 stated he was sometimes told the facility ran out of snacks when he asks for more. Resident 34 stated it caused him to feel frustrated as the facility wanted him to lose weight. During a concurrent interview and record review, on 4/17/2025, at 11:40 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated all residents had the right to receive snacks. LVN 1 stated the facility had never run out of snacks for residents. LVN 1 stated if a resident asks for another snack, staff should not tell the resident there wasn't more. LVN 1 observed Resident 34's physician order and stated the order was inappropriate. LVN 1 stated the risk of informing a resident there weren't any snacks when there was could result in disallowing a resident to make a decision/choice on any snack alternatives. LVN 1 stated We are supposed to give the residents snacks when they ask and during snack time. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedures (P&P), titled Residents Rights, revised 12/2016 the P&P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: exercise his or her rights as a resident of the facility. During a review of the facility's P&P, titled Dignity, revised 2/2021, the P&P indicated 'when assisting with care, residents are supported in exercising their rights. For example, residents are allowed to choose when to sleep, eat and conduct activities of daily living.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51221 Based on observation, interview, and record review, the facility failed to notify the physician for one of three sampled resident (Resident 11) who was refusing range of motion (ROM- full movement potential of a joint where two bones meet) therapy. This failure had the potential for Resident 11 to decline in physical functioning and resulted in delayed continuity of care due to the physician not being notified in a timely manner. Findings: During a review of Resident 11's Admission Record, the Admission Record indicated the facility admitted Resident 11 on 10/19/2011 and was readmitted on [DATE] with diagnoses including cerebral vascular accident (stroke), right hemiplegia(total paralysis of the arm, leg, and trunk on the same side of the body) left hip contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion), and right hip contracture. During a review of Resident 11's Minimum Data Set (MDS- a resident assessment tool), dated 3/18/2025, the MDS indicated Resident 11 had severe cognitive (ability to think, understand, learn, and remember) impairment, was dependent (helper does all of the effort) on the staff with dressing, oral hygiene, toileting hygiene, bathing, lower/upper body dressing, rolling, sitting or moving from a bed to a chair and had unclear speech (slurred or mumbled words). During a review of Resident 11's History and Physical (H&P), dated 11/12/2024, the H&P indicated, the resident does not have the capacity to understand and make decisions. During a review of Resident 11's Physician Orders, dated 6/12/2017, the Physician Orders indicated for Restorative Nurse Assistant (RNA) to provide passive ROM (the movement of a joint where an external force, from a therapist or a machine, is responsible for the movement, not the person's own muscles) exercises to both legs, five times per week as tolerated, and passive ROM on right upper extremity five times per week, then to apply right hand splint (device used to hold bones and joints in place) up to four hours every day five times per week or as tolerated to minimize risk for further contracture. During a review of Resident 11's Care Plan, dated 6/20/22 indicated, to notify the physician, and resident representative of resident's refusal of treatment. During a review of the facility's RNA Weekly Summary dated 4/10/2025, the weekly summary indicated Resident 11 refused ROM exercises for the following dates: 4/10/2025, 4/11/2025, 4/12/2025, 4/13/2025, 4/14/2025, 4/15/2025, 4/16/2025 and 4/17/2025. During on observation on 4/15/2025 at 10 a.m. in Resident's 11 room, Resident 11 was awake, in bed responded to name by moving head and eyes toward the direction of voice heard. Resident 11 arms or legs were not moving. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/16/2025 at 9:04 a.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated the physician and family were not notified of Resident 11's refusal for ROM therapy. LVN 2 stated Resident 11's physician should have been notified to be aware of resident's status. LVN 2 stated when residents refuse therapy ordered by a physician, the physician should be notified as indicated by the facility's policy. There was no documentation found notifying physician and/or family in the resident's clinical record. During an interview on 4/16/2025 at 9:10 a.m. with the Director of Nursing (DON), the DON stated the facility's policy was to notify the physician when a resident refuses treatment so the physician iwas aware. The DON stated the resident's condition might get worse as a consequence of not reporting. During a review of the facility's policy and procedure (P&P) titled, Refusal of Prescribed Treatment Plan, undated, the P&P indicated, Notify the physician of the resident's refusal of treatment. Document information in the Nursing notes. Obtain physician's orders for an alternate treatment or procedure, if indicated. During a review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, undated, the P&P indicated, The nurse will notify the resident's Attending Physician or physician on call when there has been a refusal of treatment .two or more consecutive times.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832 Based on observation interview and record review, the facility failed to ensure the responsible party/Power of Attorney was notified of Medi-Cal approval for one of five sampled residents (Resident 46). This deficient practice had the potential to result in the responsible party not being able to make medical decisions for the resident. Findings: During a review of Resident 46's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 46 was admitted to the facility on [DATE], with diagnoses that included myalgia (pain in a muscle or group of muscle), unspecified dementia (a progressive state of decline in mental abilities), unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) and toxic encephalopathy (brain dysfunction caused by toxic exposure). During a review of Resident 46's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 2/11/2025, the MDS indicated Resident 46's cognitive (thinking) skills were severely impaired. The MDS also indicated Resident 46 required maximal assistance by staff with Activities of Daily Living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent interview and record review, on 4/17/2025, at 9:24 a.m., with the Social Service Director (SSD), the SSD stated she and the Business Office Manager (BOM) were responsible for applying for Medi-Cal insurance approval for all residents. The SSD stated when a resident's Medi-Cal insurance was approved, the resident or their responsible party were to be notified as soon as possible. The SSD stated Resident 46's Medi-Cal insurance was approved in August 2024. The SSD stated she called and notified Resident 46's responsible party in March 2025 due to Resident 46's outstanding share of cost balance. The SSD stated the risk of not notifying a resident's responsible party of Medi-Cal approval could result in violating residents' rights and a delay in necessary medical services. During a concurrent interview and record review, on 4/17/2025, at 9:33 a.m., with the BOM, the BOM stated she called Resident 46's responsible party in October 2024 to notify her of Resident 46's Medi-Cal approval which was retroactive to August 2024 and of Resident 46's share of cost. The BOM stated Resident 46' responsible party did not answer the phone. The BOM stated although Resident 46's responsible party visits the resident at the facility often and calls the facility, Resident 46's responsible party was not notified that Resident 46's Medi-Cal insurance was approved nor informed about the share of cost. The BOM stated she was hoping Resident 46's responsible party would just pay the share of cost balance. (continued on next page)

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's undated, policy and procedures (P&P), titled Social Services Designee, the P&P indicated the role of the Social Services Designee included to provide information to resident/families as to Medicare/Medicaid, and other financial assistance programs available to the resident.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923 Based on interview and record review, the facility failed to: 1. Transmit the Minimum Data Set ([MDS]- a resident assessment tool) within 14 days after completion to the Center of Medicare and Medicaid Services (CMS) for one of 20 sampled residents (Resident 53). This deficient practice had the potential to result in a billing error and inaccurate data on resident care needs. Findings: During a review of Resident 53's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 53 was admitted to the facility on [DATE]. Resident 53's diagnoses included urinary tract infection ([UTI] - an infection in the bladder/urinary tract), diabetes mellitus ([DM] - a disorder characterized by difficulty in blood sugar control and poor wound healing), and cerebrovascular accident ([CVA] - stroke, loss of blood flow to a part of the brain). During a review of Resident 53's History and Physical (H&P), dated 11/28/2024, the H&P indicated, Resident 53 could make needs known but cannot make medical decisions. During a review of Resident 53's MDS assessment, dated 11/29/2024, the MDS indicated, Resident 53 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 53 was totally dependent (Resident does none of the effort to complete the activity) upon staff for toileting hygiene, upper body dressing, and lower body dressing. During a review of the CMS MDS 3.0 NH Validation Report, the CMS MDS 3.0 NH Validation Report, indicated Resident 53's MDS assessment was submitted more than 14 days after the Assessment Reference Date ([ARD] - the specific date used as the endpoint of the observation period when assessing resident's condition). During a concurrent interview and record review on 4/16/2025 at 3:49 p.m., with the Minimum Data Set Nurse (MDSN), Resident 53's MDS 5-day scheduled assessment, dated 11/29/2024 was reviewed. The MDSN stated Resident 53's MDS Assessment Reference Date (ARD) was 11/29/2024 and was submitted late to the CMS on 2/28/2025. The MDSN stated Resident 53's MDS 5-day scheduled assessment should had been submitted to the CMS within 14 days from the ARD. The MDSN stated it was a federal requirement to complete, submit and transmit any MDS assessment in a timely manner to be compliant with the regulation, for accurate billing purposes and facility reimbursement. (continued on next page)

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F 0640 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, Electronic Transmission of the MDS, dated , d+[DATE], the P&P indicated, All MDS assessments (e.g., admission, annual, significant change, quarterly review, etc.) and discharge and reentry records are completed and electronically encoded into our facility's MDS information system and transmitted to CMS IQIES Assessment Submission and Processing (ASAP) system in accordance with current OBRA regulations governing the transmission of MDS data. During a review of the facility's P&P titled, MDS Completion and Submission Timeframes, dated 7/2017, the P&P indicated, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.

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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** 47923 Based on interview and record, the facility failed to ensure an accurate Minimum Data Set ([MDS] - a resident assessment tool) assessment was completed accurately for two of 20 sampled residents (Resident 3 and 27) by failing to: 1. Esure Resident 3's Trazodone (medication used to treat depression) was not encoded as a hypnotic (a class of psychoactive drugs that treat insomnia and help people fall asleep) under MDS Section N (N0415 High-Risk Drug Classes) for medication. 2. Ensure Resident 27's weight loss was not encoded as significant weight loss (loss of 5 percent ([%] - out of each 100) or more in the last month or loss of 10% or more in last 6 months) under MDS Section K (K0300 Weight Loss). This deficient practice resulted in incorrect data being transmitted to the Center for Medicare and Medicaid Services (CMS) and had the potential to negatively affect the plan of care and delivery of care and services for Resident 3 and 27. Findings: a). During a review of Resident 3's Admission Record, the Admission Record indicated, Resident 3 was admitted to the facility on [DATE]. Resident 3's diagnoses included anxiety disorder (a condition that involves excessive and persistent feelings of fear, dread, and worry that can interfere with daily life), hypertension ([HTN] - high blood pressure), and generalized muscle weakness. During a review of Resident 3's History and Physical (H&P), dated 9/24/2024, the H&P indicated, Resident 3 could make needs known but could not make medical decisions. During a review of Resident 3's MDS quarterly assessment, dated 2/21/2025, the MDS indicated, Resident 3's cognitive (ability to think and reason) skills for daily decision making were severely impaired (never/rarely made decisions). The MDS indicated, Resident 3 required maximal assistance (helper does more than half the effort) from staff with oral hygiene, upper body dressing, and personal hygiene. During a review of Resident 3's Order Summary Report (a document containing active orders), dated 4/18/2025, the Order Summary Report indicated, the physician placed a telephone order on 7/1/2024 for Resident 3 to start on Trazodone and to give 50 milligrams ([mg) - metric unit of measurement, used for medication dosage and/or amount) by mouth one tablet by mouth at bedtime (9 p.m.) for insomnia manifested by inability to sleep. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/16/2025 at 9:33 a.m., with the MDS Nurse (MDSN), Resident 3's MDS quarterly assessment, dated 2/21/2025, was reviewed. The MDSN stated Resident 3's MDS quarterly assessment was completed inaccurately. The MDSN stated there was a wrong entry on MDS section N (Medications). The MDSN stated there should be no check marked on section N0415 under hypnotic. The MDSN stated Resident 3 was taking Trazodone which is considered as an anti-depressant medication not a hypnotic. The MDSN stated the coding of medication in the MDS assessment should be based on the classification of the medication not how they are being used. The MDSN stated he will modify the MDS assessment of Resident 3 to reflect the correct assessment. The MDSN stated it was important to encode each sections of the MDS accurately because it could affect the delivery of care and services to residents. b). During a review of Resident 27's Admission Record, the Admission Record indicated, Resident 27 was admitted to the facility on [DATE]. Resident 3's diagnoses included chronic kidney disease ([CKD] - a condition where the kidneys gradually lose their ability to filter waste products from the blood, leading to a buildup of toxins and other substances in the body, hypertension ([HTN] - high blood pressure), and generalized muscle weakness. During a review of Resident 27's H&P, dated 6/30/2024, the H&P indicated, Resident 27 did not have the capacity to understand and make decisions. During a review of Resident 27's MDS assessment, dated 1/2/2025, the MDS indicated, Resident 27's cognitive skills for daily decision making were severely impaired. The MDS indicated, Resident 27 required maximal assistance from staff with oral hygiene, toileting hygiene, and personal hygiene. During a review of Resident 27's Weights and Vitals Summary from 7/1/2024 to 1/8/2025, the Weights and Vitals Summary indicated the following: 1. On 7/1/2024 - 168 pounds ([lbs.] - unit of weight) 2. On 8/9/2024 - 164 lbs. 3. On 10/5/2024 - 160 lbs. 4. On 11/5/2024 - 160 lbs. 5. On 12/5/2024 - 165 lbs. 6. On 1/8/2025 - 159 lbs. During a review of Resident 27's Nutritional Review Progress Notes, dated 1/10/2025, the Nutritional Review Progress Notes indicated, Resident 27's had weight loss of six lbs. in one month or 3.6%, and weight loss of nine lbs. in six months or 5.4%. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/17/2025 at 8:29 a.m., with MDSN, Resident 27's MDS assessment, dated 1/2/2025, was reviewed. The MDSN stated Resident 27's MDS was completed inaccurately. The MDSN stated Resident 27's MDS, Section K0300 was coded 2 (Yes), however, it should have been coded as zero 0 (No) because the resident did not have a significant weight loss of 5% in one month or 10% in six months. The MDSN stated by not coding the accurate information on the MDS, it would affect the care and interventions provided to the resident. During a review of the facility's policy and procedure (P&P), titled Certifying Accuracy of the Resident Assessment, dated 11/2019, the P&P indicated Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment Instrument) must sign and certify the accuracy of that portion of the assessment.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923 Based on interview and record review, the facility failed to complete and re-submit the Preadmission Screening and Resident Review ([PASARR - a tool to determine if the person had, or was suspected of having a mental illness, intellectual disability, or related condition) Level one (I) screening and refer one of three sampled residents (Resident 33) who had a diagnoses of anxiety disorder (a condition that involves excessive and persistent feelings of fear, dread, and worry that can interfere with daily life) and major depressive disorder ([MDD] - a mood disorder that causes a persistent feelings of sadness and loss of interest) to the appropriate state-designated authority for PASARR Level two (II) evaluation and determination. This deficient practice had the potential to result in Resident 33 to not receive the appropriate medical treatments for mental illness diagnoses. Findings: During a review of Resident 33's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record, indicated, Resident 33 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 33's diagnoses included MDD, anxiety disorder, and congestive heart failure ([CHF] - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 33's History and Physical (H&P), dated 11/29/2024, the H&P indicated, Resident 33 had the capacity to understand and make decisions. During a review of Resident 33's Minimum Data Assessment ([MDS] - a resident assessment tool), dated 1/22/2025, the MDS indicated, Resident 33 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 33 required setup assistance (helper sets up, resident completes activity) from staff with eating, oral hygiene and supervision (helper provides verbal cues) with personal hygiene. During a review of Resident 33's Order Summary Report (a document containing active orders), dated 4/18/2025, the Order Summary Report indicated, the physician placed a telephone order on 3/13/2025 for Resident 33 to start on Buspirone HCl (medication used to relieve anxiety) to give 10 milligrams ([mg) - metric unit of measurement, used for medication dosage and/or amount) by mouth three times a day for anxiety manifested by unrealistic fear due to diagnosis of leukemia (type of cancer that affects the blood cells). The Order Summary Report indicated, the physician placed a telephone order on 3/14/2025 for Resident 33 to start on Sertraline HCl (medication used to treat depression) and to give 50 mg one tablet by mouth daily for depression manifested by inability to sleep. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/16/2025 at 12:13 p.m., with the Minimum Data Set Nurse (MDSN), Resident 33's PASARR level I Screening completed by another facility on 10/16/2023, was reviewed. The MDSN stated the PASARR Level 1 screening indicated, Resident 33 had no serious mental illness diagnoses and was not receiving psychotropic medications (any drug that affects brain activities associated with mental processes and behavior). The MDSN stated the PASARR Level 1 screening also indicated, Resident 33's case was closed, and a PASARR level II mental health evaluation was not required. The MDSN stated the facility should have completed and resubmitted a new PASARR Level I screening based on Resident 33's diagnoses of anxiety disorder and MDD which were considered as mental illness, and that Resident 33 was currently taking psychotropic medications. The MDSN stated a positive Level I screening would trigger a Level II mental health evaluation. The MDSN stated it was important to refer Resident 33 to the state mental health agency so she could avail additional resources and treatment recommendations for her anxiety disorder and depression. During a review of the facility's policy and procedure (P&P) titled, Behavioral Assessment, Intervention and Monitoring, dated 3/2019, the P&P indicated, New onset or changes in behavior that indicate newly evident or possible serious mental disorder, intellectual disability, or a related disorder will be referred for a PASARR Level II evaluation. During a review of PASRR reference manual, dated 2/2023, the PASRR reference manual indicated, An additional requirement has been added for NF's to promptly notify the state mental health and/or intellectual or developmental disability authority, as applicable, if there is a significant change in the physical or mental condition of an individual who is mentally ill or has an intellectual or developmental disability. This would warrant a re-evaluation to determine if a NF is still the most appropriate setting and/or if the individual could benefit from specialized services for his/her mental illness or intellectual disability.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131 Based on interview and record review, the facility failed to properly obtain an accurate orthostatic blood pressure (a form of low blood pressure that happens when standing after sitting or lying down) readings for one of one sampled resident (Resident 10). This deficient practice had the potential to result in Residents 10 experiencing a delay in interventions if they were positive for orthostatic hypotension (low blood pressure). Findings: During a review of Resident 10's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 10 was admitted on [DATE] with diagnoses that included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), muscle weakness, and lack of coordination. During a review of Resident 10's History and Physical (H&P), dated 2/8/2025, the H&P indicated Resident 10 had the ability to understand and make decisions. During a review of Resident 10's Minimum Data Set (MDS - a resident assessment tool) dated 2/21/2025, the MDS indicated Resident 10 was cognitively intact (ability to learn, reason, remember, understand, and make decisions) and had no issues with moving upper extremities (related to the arms) and lower extremities (related to the legs). During a review of Resident 10's Order Summary Report, dated 4/17/2025, the Order Summary Report indicated to monitor for orthostatic hypotension and to monitor the blood pressure lying and standing on Saturdays on the 7a.m.- 3 p.m. shift. During a review of Resident 10's Consultant Pharmacist's Medication Regimen Review (MRR- a document from a pharmacist that shows a thorough examination of a patient's medications to identify and address potential problems, and ensure patient safety), dated 3/1/2025, the MRR indicated to monitor for orthostatic hypotension weekly by taking the blood pressure in two different positions, 3-5 minutes apart (sitting, standing) and to notify the doctor if there was a decline of 20 millimeter of mercury (mmHg- unit of measurement) in the systolic blood pressure (SBP- top number of a blood pressure reading) or a 10 mmHg in the diastolic blood pressure (DBP- bottom number of a blood pressure reading). During a review of Resident 10's Medication Administration Records (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), dated 3/2025-4/2025, the following blood pressures were recorded to monitor Resident 10's orthostatic hypotension: 3/1/2025 lying: 118/76 sitting: 118/76 3/8/2025 lying: 122/74 sitting: 122/74 (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/15/2025 lying: 112/69 sitting: 112/69 3/22/2025 lying: 125/71 sitting: 125/71 3/29/2025 lying: 116/67 sitting: 116/67 4/5/2025 lying: 114/69 sitting: 114/69 4/12/2025 lying: 114/70 sitting: 114/70 During a concurrent interview and record review on 4/17/2025 at 11:58 a.m. with the Director of Staff Development (DSD), Resident 10's MAR was reviewed. The DSD stated orthostatic hypotension was determined by monitoring the blood pressure. The nurse would take a blood pressure while the resident was lying down, and then they would have the resident sit up, wait about 3-5 minutes and then take another blood pressure reading. The resident would have orthostatic hypotension if there was a drop of 20 mmHg or more in the SBP or a 10 mmHg or more in the DBP, and the nurse would have to notify the doctor of the findings and wait for further orders. The DSD reviewed Resident 10's MAR and the lying and sitting blood pressures taken on Saturday. The DSD stated on all the orthostatic blood pressure readings in both lying and sitting positions, the blood pressure was the exact same. The DSD stated that was very suspicious and questionable that both readings are the same with no variations because there would always be a change, even if it was a small change. The DSD stated it was unknown if the nurse did not know how to document or take the blood pressure readings, or if there was an issue with the charting system, but the current documentation would not allow the doctor to determine if the resident had orthostatic hypotension or not. During a review of the facility's policy and procedure (P&P), titled Blood Pressure, Measuring, revised 9/2010, the P&P indicated orthostatic hypotension was defined as 20 millimeters of mercury (mmHg- unit of measurement0 decline in systolic blood pressure (the contraction phase of the hear) or a 10-mmHg decline in diastolic blood pressure (relaxing phase of the heart) upon standing. To measure orthostatic hypotension, note the changes in both the systolic and diastolic blood pressure in the standing position compared to the sitting position.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832 Based on observation, interview and record review, the facility failed to ensure the low air loss mattress settings were correct for one of five sampled residents (Resident 5). This deficient practice had the potential to result in further skin breakdown. Findings: During a review of Resident 5's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 5 was admitted to the facility on [DATE] with diagnoses which included an unstageable pressure ulcer of the back (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence), pressure induced deep tissue damage (damage to the deeper layers of the skin and underlying tissues, like muscle and fat, caused by pressure), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and nausea (a feeling of sickness with an inclination to vomit). During a review of Resident 5's Minimum Data Set (MDS-?), dated 2/13/2025, the MDS indicated Resident 5's cognitive (thinking) skills were severely impaired. The MDS also indicated Resident 5 was dependent on staff for Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent observation and interview, on 4/17/2025, at 11:40 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated the low air loss mattress setting was based on a resident's weight. LVN 1 stated Resident 5 weighed 76 lbs. LVN 1 stated Resident 5's low air loss mattress was set to 320 pounds. LVN 1 stated the low air loss mattress was on the wrong setting for Resident 5. LVN stated the risk of setting a low air loss mattress on the wrong setting could result in skin breakdown and wounds. During a review of the undated Dynarex Corporation (manufacturer) low air loss mattress instructions, the manufacturer instructions indicated to Turn the Pressure Adjust to set a comfortable pressure level by using the weight scale as a guide.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 47923 Based on observation, interview, and record review, the facility failed to provide appropriate services to prevent a decline in joint range of motion ([ROM] - full movement potential of a joint) for one of four sampled residents (Resident 50) who had limited range of motion by failing to: 1. Provide a left-hand roll (a device that prevents fingers from curling up tightly). This deficient practice had the potential to result in further decline in Resident 50's ROM and overall quality of life. Findings: During a review of Resident 50's Admission Record (front page of the chart that contains a summary of basic information about the resident), the Admission Record indicated, Resident 50 was admitted to the facility on [DATE]. Resident 50's diagnoses included a contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of the muscle of the left forearm, cerebrovascular accident ([CVA] - stroke, loss of blood flow to a part of the brain), and hypertension ([HTN] - high blood pressure). During a review of Resident 50's Minimum Data Set ([MDS] - a resident assessment tool) assessment, dated 2/11/2025, the MDS indicated, Resident 50 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 50 required maximal assistance (helper does more than half the effort) from staff with toileting hygiene, upper body dressing, and lower body dressing. The MDS indicated, Resident 50 had an impairment in functional limitation in ROM on one side of the upper extremity (UE, shoulder, elbow, wrist, hand). During a review of Resident 50's Joint Mobility Evaluation, dated 2/11/2025, the Joint Mobility Evaluation indicated, Resident 50 had severe joint mobility limitation on the left hand/fingers. During an observation on 4/16/2025 at 11:23 a.m. while in Resident 50's room, Resident 50 was observed sitting in a reclining wheelchair. Resident 50 had a contracture on the left hand, with no adaptive equipment in place (any device designed to assist individuals with disabilities in performing daily tasks and improving their quality of life). During an interview on 4/16/2025 at 11:29 a.m., with Restorative Nursing Assistant 1 ([RNA 1] - nursing assistant who has additional training in rehabilitation technique), RNA 1 stated Resident 50 was receiving ROM exercises on the left UE. RNA 1 stated Resident 50 had severe stiffness on the left hand, and he reported to the Director of Rehab (DOR) last month that Resident 50 needs to have a hand roll to prevent further stiffness. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/16/2025 at 11:40 a.m., with the DOR, the DOR stated RNA 1 reported to her last month that Resident 50 needs to have a hand roll on his left hand. The DOR stated it was an oversight on her part by not recommending an RNA program to place a hand roll on Resident 50's left hand. The DOR stated Resident 50 would benefit from having a hand roll because further contractures would result in pain, skin breakdown, and the facility staff would not be able to provide proper hygiene and would affect the resident's quality of life. During a review of the facility's policy and procedure (P&P), titled Restorative Nursing Services, dated 7/2017, the P&P indicated Residents will receive restorative nursing care as needed to help promote optimal safety and independence. During a review of the facility's undated P&P, titled Prevention of Hand Contractures - Application of Hand rolls and Splints, the P&P indicated The facility is committed to preventing hand contractures and maintaining optimal hand function in residents.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832 Based on observation, interview and record review, the facility failed to ensure a driver's license was renewed in a timely manner for one of five sampled residents (Resident 46). This deficient practice had the potential to result in a delay in the delivery of care and services. Findings: During a review of Resident 46's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 46 was admitted to the facility on [DATE] with diagnoses that included myalgia (pain in a muscle or group of muscle), unspecified dementia (a progressive state of decline in mental abilities), unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) and toxic encephalopathy (brain dysfunction caused by toxic exposure). During a review of Resident 46's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 2/11/2025, the MDS indicated Resident 46's cognitive (thinking) skills were severely impaired. The MDS also indicated Resident 46 required maximal assistance by staff with Activities of Daily Living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent interview and record review, on 4/17/2025, at 9:24 a.m., with the Social Services Director (SSD), the SSD stated she was responsible for applying for and renewing resident's identification card and driver's licenses. The SSD stated she was informed that Resident 46 needed to renew his driver's license in June 2024. The SSD stated she reached out to the Department of Motor Vehicles (DMV) in November 2024 and was informed to fill out a renewal application for Resident 46's driver license. The SSD stated she filled out the application via email in February 2025. The SSD stated she did not follow up with DMV regarding Resident 46's driver's license renewal and figured his responsible party did. The SSD stated the risk of not renewing a resident's driver's license could result in a delay in obtaining medical and necessary services. During a review of the facility's undated policy and procedures (P&P), titled Social Services Designee, the P&P indicated the role of the Social Services Director was to assist in making appointments for the resident/family as requested or appropriate.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **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 four sampled residents (Resident 3) did not receive an opened capsule of Duloxetine (a medication used for depression and nerve pain). This deficient practice had the potential to result in Resident 3 to experience adverse effects due to the nurse not following the medication manufacturer's directions. Findings: During an observation on 4/17/2025 at 8:59 a.m., Licensed Vocational Nurse (LVN) 2 opened the Duloxetine Delayed Release (DR- allows the medication to bypass certain areas of the digestive system) 30 milligrams (mg- unit of measurement) Capsule, poured the contents into a medication cup, mixed it with apple sauce, and gave it to Resident 3 to take. A sticker on the Duloxetine Capsule indicated Do Not Crush. During a review of Resident 3's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included anxiety (a mental health disorder characterized by excessive worrying and fear), ataxic gait (an unsteady walking pattern characterized by a irregular steps, and difficulty maintaining balance), and muscle weakness. During a review of Resident 3's History and Physical (H&P), dated 9/24/2024, the H&P indicated Resident 3 could make Resident 3's needs known but unable to make medical decisions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 2/21/2025, the MDS indicated Resident 3 had severely impaired cognition (ability to learn, reason, remember, understand, and make decisions) and had no issues with moving her upper extremities (related to the arms) and lower extremities (related to the legs). During a review of Resident 3's Order Summary Report, dated 4/17/2025, the Order Summary Report indicated to administer Duloxetine Capsule DR Particles 30mg to be taken by mouth in the morning for nerve pain. The Order Summary Report also indicated all crushable medications could be crushed and mixed with apple sauce. During an interview on 4/17/2025 at 1:56 p.m. with LVN 2, LVN 2 stated when she administered the Duloxetine Capsule, she opened the capsule and mixed it with apple sauce to give to Resident 3. LVN 2 stated Resident 3 had a hard time swallowing medications and the nurses crushed her medications to give to her. LVN 2 looked at the package for Resident 3's Duloxetine Capsule and stated it was a delayed release medication and should not be crushed or opened because it could cause stomach upset and affect the way the medication was absorbed. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the manufacturer's medication guide titled, Medication Guide for Duloxetine Delayed-release Capsules, revised 5/2014, the medication guide indicated to take Duloxetine DR Capsules as prescribed and to not open, break, or chew the capsule; it must be swallowed whole.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 follow the physicians orders to draw monthly labs for a Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP) and Keppra level for one of two sampled residents (Resident 25). This deficient practice had the potential to result in a delay in care and services due to missing laboratory results. Findings: During a review of Resident 25's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 25 was admitted to the facility on [DATE] with diagnoses that included seizures (a sudden, uncontrolled electrical disturbance in the brain which could cause uncontrolled jerking, blank stares, and loss of consciousness), chronic kidney disease (a condition where the kidneys lose their ability to filter waste and excess fluid from the blood), and diabetes mellitus type 2 (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 25's History and Physical (H&P), dated 8/26/2024, the H&P indicated Resident 25 could make their needs known but unable to make medical decisions. During a review of Resident 25's Minimum Data Set (MDS - a resident assessment tool) dated 3/6/2025, the MDS indicated Resident 25 was cognitively intact (the ability to learn, reason, remember, understand, and make decisions) and had no issues with moving upper extremities (related to the arms) and lower extremities (related to the legs). During a review of Resident 25's Order Summary Report, dated 4/17/2025, the Order Summary Report indicated an order to draw a Complete Blood Count (CBC- a blood test that analyzes the different types and quantities of blood cells in a blood sample), Comprehensive Metabolic Panel (CMP- a blood test that measures 14 different substances in your blood, providing information about your body's fluid balance, electrolytes, liver function, and kidney function), and Keppra (a prescription medicine used to treat certain types of seizures) blood level drawn monthly. During a concurrent interview and record review on 4/18/2025 at 9:24 a.m. with Licensed Vocational Nurse (LVN) 3, Resident 25's Laboratory Results and Order Summary Report were reviewed. LVN 3 stated Resident 25 had orders to draw a monthly CBC, CMP and Keppra blood level because Resident 25 had kidney issues and was taking Keppra for a history of seizures. Resident 25's laboratory results were reviewed and LVN 3 stated Resident 25 did not have a CBC, CMP and Keppra level drawn for the months of July, August, September, and November. LVN 3 stated it was important for Resident 25's Keppra levels to be drawn to ensure the levels were not too high or too low and if it was, the medication dosage may have to be changed. LVN 3 stated it was also important to let the doctor and the kidney doctor know about any significant changes in Resident 25's CBC and CMP so they could add new interventions if needed. (continued on next page)

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	555218	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Andrews	2300 W. Washington Blvd. Los Angeles, CA 90018

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F 0770 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 Test Results, dated 4/2017, the P&P indicated the resident's doctor would be notified of the results of the diagnostic tests.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832 Based on observation, interview and record review, the facility failed to store food in accordance with professional standards for food service safety by failing to: 1. Ensure food items were labeled in Refrigerator 1, Refrigerator 2, Refrigerator 3 and Freezer 2 in the kitchen. 2. Ensure expired food was discarded from Refrigerator 2 in the kitchen. 3. Ensure a dented can sign was on display in the dry storage area. 4. Ensure the kitchen mixer and processer was clean. 5. Ensure the juice dispensing nozzle was clean. This deficient practice had the potential to result in in foodborne illness and contamination. Findings: During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 8:44 a.m., with the Dietary Supervisor (DS), an opened bag of parmesan cheese was noted to not have a dated label in Refrigerator #1. The DS stated food items in the refrigerator are required to have an open date. The DS stated the risk of not labeling the bag of parmesan cheese could result in residents consuming expired food. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 8:48 a.m., with the DS, a bag of expired parsley was observed in Refrigerator 2 covered in brown liquid. The DS stated the bag of parsley should had been thrown away. The DS stated the risk of having expired parsley in refrigerator 2 could cause foodborne illness. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 8:51 a.m., with the DS, an opened bag of lettuce, celery and zucchini was labeled with an open date of [DATE] in Refrigerator 2. The DS stated the lettuce, celery and zucchini were labeled with the wrong date. The DS stated the risk of labeling the wrong date on food items could result in not knowing when the item was opened and expired food. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:01a.m., with the DS, an opened pack of roast beef in a metal container was observed in Refrigerator 3 with no label. The DS stated the roast beef was to have a label. The DS stated the risk of not labeling roast beef could result in not knowing what the contents were. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:03 a.m., with the DS, a clear container containing red jelly was observed with an expiration date of [DATE] in Refrigerator 3. The DS stated the jelly should had been thrown away. The DS stated the risk of not discarding expired jelly could result in residents becoming ill. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:06 a.m., with the DS, a bottle of lemon juice was observed in Refrigerator 3 with no open date. The DS stated the risk of not labeling the lemon juice bottle could result in not knowing if or when it expired. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:14 a.m., with the DS, an opened bag of tamales was observed in Freezer 2 with no label. The DS stated the risk of not labeling the opened bag of tamales could result in not knowing if or when it expired. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:22 a.m., in the dry storage, with the DS, it was observed there was no designated place or label for the dented cans area. The DS stated there should had been a label on the bottom of the shelf indicating a dented can area. The DS stated the risk of not having a designated dented can area could result in possible contamination of bacteria. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:28 a.m., with the DS, a mixer and mixer whisks was observed to be uncleaned with a white residue. The DS stated the mixer and mixer whisks were dirty with leftover food. The DS stated the mixer was to be cleaned after every use. The DS stated the risk of having an uncleaned mixer could result in a growth of bacteria. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:35 a.m., with the Dietary [NAME] (DC), the food processor was observed with debris in its container. The DC stated the food processor should had been free of debris. The DC stated the risk of having debris in the food processor could result in an infection control issue. During a concurrent observation and interview, of the initial kitchen tour, on [DATE], at 9:46 a.m., with the DS, the juice dispenser was observed with an orange residue on the nozzle. The DS stated the residue was a permanent stain. The DS wiped the nozzle and observed it was unclean. The DS stated the juice nozzles were to be cleaned after each use. The DS stated the risk of not cleaning the juice nozzle could result in an infection control problem. During a review of the facility's policy and procedures (P&P), titled Labeling and Dating of Foods, dated 2020, the P&P indicated Newly opened food items will need to be closed and labeled with an open date and used by date. During a review of the facility's policy and procedures (P&P), titled Procedure of Refrigerated Storage, dated 2018, the P&P indicated Food items should be arranged so that older items will be used first and Produce will be delivered frequently and rotated in the order it is delivered to assure that a fresh product is used, free of any wilting or spoilage. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedures (P&P), titled Storage of Food and Supplies, dated 2017, the P&P indicated Have a separate area labeled for dented cans and damaged food items, and All dented cans and rusty cans are to be separated from the remaining stock and placed in a specified labeled area for return to purveyor for refund. During a review of the facility's policy and procedures (P&P), titled Electrical Food Machines, dated 2018, the P&P indicated, Mixing Machines: Wash bowl and beater after each use. and Food Grinders: Wash after each use. The facility did not have a policy indicating how often the kitchen juice nozzles was to be cleaned.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. 47923 Based on interview and record review, the facility failed to revise and provide an updated average daily census of the Facility Assessment Tool (a process for evaluating a facility's resident population and identifying the resources needed to provide care and services). This deficient practice had the potential to place residents at risk for delay of care and treatment services. Findings: During a review of the facility census for 4/15/2025, indicated 54 residents resided in the facility. During a concurrent interview and record review on 4/16/2025 at 8:21 a.m., with the Administrator (ADM), the Facility Assessment Tool, was reviewed. The ADM stated the Facility Assessment Tool was last updated on 12/6/2024. The ADM stated the assessment provided was an average daily census of 51 residents. The ADM stated the average daily census recorded on the Facility Assessment Tool did not match with the current census. The ADM stated the Facility Assessment Tool was not accurate because of the average daily census which is below the actual census. The ADM stated there were three residents who were not accounted for on the Facility Assessment Tool. The ADM stated he was responsible for updating the Facility Assessment Tool. The ADM stated the Facility Assessment Tool should be updated and revised yearly and as necessary if there was a change in the resident population and operation of the facility in order to provide the needs of the residents. The ADM stated it was important to indicate the correct average daily census in the Facility Assessment Tool for the facility to plan adequately for staffing needs and to be able to accommodate and determine what resources are necessary to provide the care services of the residents. During a review of the facility's policy and procedure (P&P) titled, Facility Assessment, dated 10/2018, the P&P indicated, The Facility Assessment is reviewed and updated annually, and as needed. Facility or resident changes or modifications that may prompt a reassessment sooner include a significant change in the resident census and/or overall acuity of our residents. During a review of Centers for Medicare and Medicaid Services (CMS), reference QSO-24-13-NH, dated 6/18/2024, titled Revised Guidance for Long-Term Care Facility Assessment Requirements, indicated the new requirements specify that the facility assessment must include an evaluation of diseases, conditions, physical or cognitive limitations of the resident population, acuity (the level of severity of residents' illnesses, physical, mental, and cognitive limitations, and conditions) and any other pertinent information about the resident population as a whole that may affect the services the facility must provide. The facility must also review and update the assessment whenever there is, or the facility plans, for any change that would require a substantial modification to any part of the assessment.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 47923 Based on observation, interview, and record review, the facility failed to provide at least 80 square feet ([sq. ft.] unit of measurement) per resident in multiple resident bedrooms for 11 out of 23 resident rooms. The insufficient space had the potential to result in and lead to inadequate nursing care to the residents. Findings: During a facility tour on 4/17/2025 at 3:15 p.m., it was observed that residents in Rooms 1, 3, 4, 5, 6, 7, 8, 9, 10, 14, and 16 were able to move in and out of their rooms, and there was space for the beds, side tables, and resident care equipment. During an interview on 4/17/2025 at 3:35 p.m., with the Maintenance Supervisor (MS), the MS confirmed they had resident rooms with less than the required 80 sq. ft. per resident. The facility's letter requesting a Room Size Waiver, dated 4/17/2025, submitted by the Administrator (ADM), for 11 resident rooms was reviewed. The waiver request letter indicated there were no problems with resident safety nor was there a problem with physical accommodation of needs, including handicapped equipment accessibility, which was observed in these rooms. The following room provided less than 80 sq. ft. per resident: Rooms # beds sq. ft 1 3 224.40 3 3 216.00 4 3 216.00 5 3 216.00 6 3 216.00 7 3 216.00 8 3 216.00 9 3 216.00 10 3 216.00 (continued on next page)

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	14 3 231.24 16 3 231.24 The minimum sq. ft. for a three-bedroom room was 240 sq. ft. The Department of Public Health recommends a room waiver.