

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>02/12/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                 |
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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the safe use of medications when: Controlled substance (controlled medications, those with high potential for abuse and addiction) waste procedures were not implemented for five of seven randomly selected residents (Resident 50, 2, 5, 29, and 24); The Controlled Substance Records (CSR, accountability records) for two of four randomly selected residents (Residents 24 and 2) did not reconcile with the Medication Administration Records (MAR, daily documentation record used by nurses to document medications and treatments given to a resident); and Prescription medications were used for multiple residents when one medication at one of one reviewed medication carts was shared between two residents (Residents 10 and 16). These failures resulted in inaccurate accountability of controlled medications and the potential for duplicate doses and possible abuse or diversion of controlled medications. In addition, the failure to ensure prescription medications were only used for the ordered resident had the potential for medication errors. Findings: 1a. A review of Resident 50's MAR, dated December 2025, indicated Resident 50 had orders for hydrocodone with acetaminophen (generic for Norco, a controlled narcotic medication for pain) 5-325 milligrams (mg), dated 10/26/25, Give 1 tablet by mouth every 6 hours as needed. A review of Resident 50's Norco controlled substance record (CSR), dated 11/15/25, indicated a tablet of Norco was wasted on the following dates and times: - 12/11/25 at 6:00 AM - 12/11/25 at 12:00 PM - 12/12/25 at 4:00 AM - 12/12/25 at 6:00 PM - 12/13/25 at 12:00 AM There were no witnesses documented for the Norco waste. 1b. A review of Resident 2's Order Summary Report, dated 2/1/26, indicated Resident 2 had a physician's order, dated 12/10/25, for lacosamide (generic for Vimpat, controlled medication for seizures) 50 mg, Give 1 tablet by mouth two times a day for anticonvulsant [seizure prevention]. A review of Resident 2's lacosamide CSR, dated 1/20/26, indicated a tablet of lacosamide was wasted on 2/5/26 at 5:50 PM with no witness documented. During a concurrent interview and record review on 2/10/26 at 10:38 AM with Licensed Vocational Nurse 1 (LVN 1), Resident 50's Norco CSR, dated 11/15/25, and Resident 2's lacosamide CSR, dated 1/20/26, were reviewed. LVN 1 stated only one nurse worked the overnight shift so no one was available to witness controlled substance (CS) waste during those hours. LVN 1 stated there would be a witness to waste Norco during the day shifts and the witness was never documented. LVN 1 stated a witness was not required to waste doses of lacosamide. 1c. A review of Resident 5's physician's orders, dated 12/14/25, indicated Resident 5 had orders for Norco 5-325 mg, Give 1 tablet by mouth every 6 hours as needed for L Hip [left hip] pain. A review of Resident 5's Norco CSR, dated 12/16/25, indicated a tablet of Norco was wasted on the following dates and times: - 12/21/25 at 9:00 PM - 1/8/26 at 12:00 AM There were no witnesses documented for the Norco waste. 1d. A review of Resident 29's physician's orders, dated 12/31/25, indicated Resident 29 had orders for Norco 5-325 mg, Give 1 tablet by mouth every 6 hours as needed for Severe pain. A review of Resident 29's Norco CSR, dated 12/31/25, indicated a tablet of Norco was wasted on the following dates and times: - 1/7/26, time not documented - 1/8/26, time not documented There were no witnesses documented for the Norco waste. During a concurrent interview and record review on 2/10/26 at 11:26 AM with LVN 2, Resident 5's Norco CSR, dated 12/16/25, and Resident 29's Norco CSR, dated 12/31/25, were (continued on next page)</p> |                                                                                        |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>reviewed. LVN 2 stated there were no witnesses documented for the wasted CS. LVN 2 verified it would be impossible to know who witnessed the waste without initials. LVN 2 stated there was supposed to be a witness documented in the CSR when wasting CS.1e. A review of Resident 24's Order Summary Report, dated 2/10/26, indicated Resident 24 had an active physician's order, dated 1/24/26, for Norco 5-325 mg, Give 1 tablet by mouth every 6 hours for Severe chronic pain.A review of Resident 24's Norco CSR, dated 1/24/26, indicated a tablet of Norco was wasted on 1/28/26 at 6:00 PM with no witness documented.During an interview on 2/10/26 at 3:15 PM with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC), the DON-MDSC stated the nurse needed to waste CS with another nurse. The DON-MDSC stated the waste and witness needed to be documented on the CSR. The DON-MDSC stated a witness was needed because of drug abuse and to ensure nobody's taking medications.A review of the facility's policy and procedure (P&amp;P) titled, Proper Wasting and Documentation of Narcotic Medication, dated May 2017, indicated, Wasting Process.A second licensed staff member must be physically present. and Required documentation.Date and time.Medication name, strength, and amount wasted.Reason for waste.Signatures of both licensed staff.2a. A review of Resident 24's Order Summary Report, dated 2/10/26, indicated Resident 24 had an active physician's order, dated 1/24/26, for Norco 5-325 mg, Give 1 tablet by mouth every 6 hours for Severe chronic pain.During a concurrent interview and record review on 2/10/26 at 3:49 PM with the DON-MDSC, Resident 24's MAR, dated January 2026, and Norco CSR, dated 1/25/26, were reviewed. The DON-MDSC confirmed the nursing staff documented Norco administration in the MAR but did not sign out the medication on the CSR on 1/24/26 at 6:00 PM and 1/25/26 at 12:00 AM. The DON-MDSC acknowledged the records did not account for two doses of Resident 24's Norco.2b. A review of Resident 2's Order Summary Report, dated 2/1/26, indicated Resident 2 had an active physician's order, dated 12/10/25, for lacosamide 50 mg, Give 1 tablet by mouth two times a day for anticonvulsant [seizure prevention].During a concurrent interview and record review on 2/10/26 at 3:30 PM with the DON-MDSC, Resident 2's MAR, dated January 2026, and lacosamide CDR, dated 1/20/26, were reviewed. The DON-MDSC confirmed the nursing staff documented lacosamide administration in the MAR but did not sign out the medication on the CSR on the following dates and times: - 1/22/26 at 9:00 AM - 1/23/26 at 9:00 AM and 5:00 PM - 1/24/26 at 9:00 AM - 1/25/26 at 9:00 AM - 1/26/26 at 5:00 PM - 1/28/26 at 9:00 AM and 5:00 PM - 1/30/26 at 5:00 PMA total of nine lacosamide doses were not accounted for in Resident 2's records.During an interview on 2/10/26 at 11:26 AM with LVN 2, LVN 2 stated the nurse was supposed to check the MAR and CSR before giving narcotic medications to the resident to make sure the right amount of time had passed between doses. LVN 2 verified the nurse was supposed to fill out both the MAR and CSR when giving CS to residents.During an interview on 2/10/26 at 3:15 PM with the DON-MDSC, the DON-MDSC stated the expectation was for the nurse to document the CS was given on both the CSR and MAR. The DON-MDSC stated the residents' MAR and CSR should match. The DON-MDSC stated if the MAR and CSR didn't match, it meant the medication wasn't given.A review of the facility's P&amp;P titled, Charting and Documentation, dated July 2017, indicated, The following information is to be documented in the resident medical record.Medications administered. and Documentation in the medical record will be.complete, and accurate.A review of the facility's P&amp;P titled, Controlled Substances, dated December 2012, indicated, The Director of Nursing Services shall investigate any discrepancies in narcotics reconciliation.3. During a concurrent observation and interview on 2/10/26 at 10:06 AM with LVN 1 at Medication Cart 1, the cart contained an empty box of lactulose (generic for Enulose, a liquid medication to treat constipation) labeled for Resident 10. LVN 1 stated the box was empty because she gave the medication to LVN 2 to use for a different resident.During an interview on 2/10/26 at 11:33 AM with LVN 2, LVN 2 stated she requested a refill of Resident 16's lactulose from the pharmacy on 2/9/26. LVN 2 stated she gave Resident 10's lactulose to Resident 16 during the morning medication pass on 2/9/26 and 2/10/26 because Resident 16 needed the medication. LVN 2 stated she did not know when Resident 16 first ran out of (continued on next page)</p> |                                                                                        |                                                 |

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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | lactulose. During an interview on 2/10/26 at 3:59 PM with the DON-MDSC, the DON-MDSC stated it was definitely not facility practice to use one resident's medications for another resident. The DON-MDSC stated the expectation was prescription medication was only used for one specific resident. A review of Resident 10's physician's orders, dated 1/9/26, indicated Resident 10 had orders for lactulose solution 10 grams (gm) per 15 milliliters (ml), Give 30 ml by mouth four times a day for ESRD [end stage renal disease, longstanding kidney failure]. A review of Resident 16's Order Summary Report, dated 2/11/26, indicated Resident 16 had an active physician's order, dated 1/17/26, for lactulose, strength not indicated, Give 30 ml by mouth two times a day for Cirrhosis [liver damage]. A review of Resident 16's MAR, dated February 2026, indicated Resident 16 received lactulose on 2/9/26 at 9:00 AM and 5:00 PM, and on 2/10/26 at 9:00 AM, after the facility ran out of the medication. A review of the facility's policy and procedure (P&P) titled, Administering Medications, dated April 2019, indicated, Medications ordered for a particular resident may not be administered to another resident. |                                                                                        |                                                 |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility had a medication error rate of 11.67% when seven medication errors occurred out of 60 opportunities during the medication administration observation for five of ten residents (Residents 44, 42, 3, 13, and 2). These failures resulted in medications not given according to the physician's orders and had the potential for residents to experience side effects such as loose stools or inadequate management of conditions. Findings: 1. During a medication pass observation on 2/9/26 at 8:16 AM at Resident 44's bedside, Licensed Vocational Nurse 2 (LVN 2) was observed administering two medications to Resident 44. The medications included one tablet of enteric coated (EC, coating to protect medications from stomach acid and allow absorption from the intestines) aspirin (blood thinner) 81 milligrams (mg). A review of Resident 44's Order Summary Report, dated 2/10/26, indicated Resident 44 had a physician's order, dated 7/25/25, for aspirin 81 mg capsule, Give 1 capsule by mouth one time a day related to CEREBRAL INFARCTION [type of stroke]. During an interview on 2/9/26 at 3:00 PM with LVN 2, LVN 2 stated she gave EC aspirin tablets to residents during the morning medication pass. LVN 2 stated they didn't have any aspirin capsules at the facility. 2. During a medication pass observation on 2/9/26 at 8:33 AM at Resident 42's bedside, LVN 2 was observed administering six medications to Resident 42. The medications included one 81 mg tablet of EC aspirin. A review of Resident 42's Order Summary Report, dated 2/10/26, indicated Resident 42 had a physician's order, dated 9/19/25, for Aspirin 81 Oral [by mouth] Tablet Chewable, Give 1 tablet by mouth one time a day for CAD [coronary artery disease, buildup of plaque in the heart's arteries that could lead to heart attack or stroke]. During an interview on 2/9/26 at 3:00 PM with LVN 2, LVN 2 stated she did not give chewable aspirin to any residents during medication pass. LVN 2 stated she gave EC aspirin to Resident 42 and acknowledged Resident 42's orders were for chewable aspirin. 3. During a medication pass observation on 2/9/26 at 8:38 AM at Resident 3's bedside, LVN 2 was observed administering seven medications to Resident 3. The medications included one 81 mg tablet of EC aspirin and one 100 mg tablet of docusate (generic for Colace, a medication to treat constipation). LVN 2 crushed Resident 3's tablets before giving the medications to Resident 3. A review of Resident 3's Order Summary Report, dated 2/10/26, indicated Resident 3 had a physician's order, dated 5/23/24, for docusate 100 mg capsule, Give 1 capsule by mouth two times a day for constipation. The record further indicated Resident 3 had orders, dated 5/23/24, May crush medication if not contraindicated. A review of Resident 3's February 2026 Medication Administration Record (MAR, daily documentation record used by nurse to document medications), dated 2/10/26, indicated Resident 3 had a physician's order, dated 12/29/25, for aspirin EC 81 mg tablet, Give 1 tablet by mouth one time a day for cva [cerebrovascular accident, type of stroke]. During an interview on 2/9/26 at 3:00 PM with LVN 2, LVN 2 stated she was not supposed to crush EC aspirin tablets. LVN 2 stated Resident 3 needed orders for chewable aspirin so the medication could be crushed. LVN 2 also stated she gave a docusate tablet to Resident 3 instead of the ordered docusate capsule. During a telephone interview on 2/11/26 at 2:18 PM with the Consultant Pharmacist (CP), the CP stated EC aspirin needed to be swallowed whole, can't be crushed. 4. During a medication pass observation on 2/9/26 at 8:57 AM at Resident 13's bedside, LVN 3 was observed administering seven medications to Resident 13. The medications included one tablet of daily multivitamin. During a concurrent interview and record review on 2/9/26 at 3:22 PM with LVN 3, Resident 13's February 2026 MAR, dated 2/9/26, was reviewed. LVN 3 stated Resident 13 did not have orders for multivitamin tablets. During an interview on 2/10/26 at 4:06 PM with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC), the DON-MDSC stated physician's orders were required to administer a multivitamin tablet to a resident. A review of the facility's policy and procedure (P&amp;P) titled, Policy and Procedure on Physician Orders, dated December 2025, indicated, All aspect of resident's care, including the following shall only be provided if ordered by the physician. Medications. 5a. During a medication pass observation on 2/9/26 at 9:03 (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>02/12/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>AM in the dining room, LVN 3 was observed administering five medications to Resident 2. The medications included one 100mg tablet of docusate. LVN 3 stated she could not administer Resident 2's lacosamide (generic for Vimpat, seizure medication) because the facility was out of the medication. A review of Resident 2's Order Summary Report, dated 2/1/26, indicated Resident 2 had an active physician's order, dated 12/10/25, for lacosamide 50 mg tablet, Give 1 tablet by mouth two times a day for anticonvulsant [seizure prevention]. A review of Resident 2's Progress Notes, dated 2/9/26 at 9:14 AM, indicated Lacosamide Oral Tablet 50 MG drug unavailable at this time will call pharmacy to check on medication. During an interview on 2/10/26 at 3:39 PM with the DON-MDSC, the DON-MDSC stated facility staff did not know where lacosamide was stored in the medication cart. The DON-MDSC stated this did not excuse Resident 2's missed dose of lacosamide. The DON-MDSC acknowledged Resident 2's lacosamide was available for the morning medication pass on 2/9/26. During a telephone interview on 2/11/26 at 2:09 PM with the CP, the CP stated it was important to take lacosamide doses as ordered to avoid any risk of seizures. 5b. A review of Resident 2's Order Summary Report, dated 2/1/26, indicated Resident 2 had an active physician's order, dated 12/9/25, for Docusate Sodium Oral Capsule 50 MG, Give 1 capsule by mouth two times a day for constipation prevention. During a concurrent interview and record review on 2/9/26 at 3:27 PM with LVN 3, Resident 2's February 2026 MAR, dated 2/9/26, was reviewed. LVN 3 stated she gave Resident 2 one tablet of docusate 100 mg. LVN 3 stated she was supposed to give Resident 2 one capsule of docusate 50 mg. During an interview on 2/10/26 at 4:06 PM with the DON-MDSC, the DON-MDSC stated nurses needed to identify the right resident, dose, and route of administration when giving medications to residents. The DON-MDSC stated it was not acceptable to switch capsules and tablets without a physician's order. During a telephone interview on 2/11/26 at 2:18 PM with the CP, the CP stated nurses needed to follow the physician's orders. The CP stated nurses were supposed to make sure they were following the physician's orders. The CP stated EC aspirin and chewable aspirin were not interchangeable. A review of the facility's P&amp;P titled, Administering Medications, dated April 2019, indicated, Medications are administered in accordance with prescriber orders, and The individual administering the medication checks the label to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. A review of the facility's P&amp;P titled, Policy and Procedure on Physician Orders, dated December 2025, indicated, It shall be this facility's policy to provide care and services to the resident in accordance with physician orders.</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and record review the facility failed to ensure food items were stored in a sanitary manner in two of two refrigerators (Refrigerator 1 and Resident's Refrigerator), three of four freezers (Freezers 1, 2, and 3), and the kitchen counter by failing to:a. Label received food items,b. Indicate the use by date (the last date recommended for the use of the product) and/ or the open date,c. Discard food beyond the use by date.These deficient practices had the potential to cause food-borne diseases to 47 residents receiving food from the kitchen.Findings:During an initial observation tour of the kitchen and utility room, and interview, on 2/9/26, at 7:53 AM, with the Kitchen Staff (KS), the following were observed:a. One (1) opened whipped topping with no opened date in Refrigerator 1.b. One (1) opened container of canola oil with no opened date on the kitchen counter.c. One (1) opened can of thickener with no opened date on the kitchen counter.d. One (1) box French toast with no use by date inside Freezer 1.e. One (1) plastic bag of hashbrowns with no date labeled inside Freezer 2.f. One (1) plastic bag of chicken patties with no date labeled inside Freezer 3.g. Two (2) bags of chicken strips with no date labeled inside Freezer 3.h. Three (3) plastic bags of sandwiches were found beyond use by date in the Resident's Refrigerator.KS confirmed that all food in the kitchen needed to be labeled and all food in the refrigerators and freezers needed to have date opened and use by date labeled. KS also confirmed that all food not labeled and food beyond use by date or no date opened needed to be discarded.A review of the facility diet log, titled Diets/Nourishments, dated 2/7/25, indicated 47 residents were receiving food from the kitchen.A review of the facility's policy and procedure (P&P) titled, Food Receiving and Storage revised 10/2017, indicated . 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated ( use by date).A review of the facility's P&P titled, Refrigerators and Freezers revised 10/2017, indicated, .7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened.A review of the facility's P&P titled, Foods Brought by Family/Visitors revised 10/2017 indicated, .5.b. Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the use by date. |                                                                                        |                                                 |

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| <p>F 0848</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide a convenient venue to both parties in the Arbitration Agreement to four of 23 sample residents (Residents 16, 26, 41, and 55). This deficient practice had the potential to prevent residents from resolving their dispute with the facility in a proper and convenient location. Findings: 1. A review of Resident 16's admission Record indicated Resident 16 was admitted to facility on 3/6/25, with diagnoses which included major depressive disorder (severe loss of interest in activities) and anxiety (feeling of fear and worry). A review of Resident 16's History and Physical (H&amp;P), dated 6/29/25, indicated Resident 16 had the capacity to understand and make decisions. A review of Resident 16's quarterly Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 1/24/26, Section C- Cognitive Pattern, indicated Resident 16's Brief Interview for Mental Status (BIMS) score was 15 out of 15, which indicated Resident 16 had no memory impairment. A review of the facility contract titled Resident-Facility Arbitration Agreement entered between the facility and Resident 16 on 3/6/25, indicated the venue was not provided in the contract to settle the dispute between the facility and Resident 16. During an interview on 2/10/26, at 10:35 AM, with Resident 16, Resident 16 confirmed he voluntarily signed the agreement on 3/6/25. 2. A review of Resident 26's admission Record indicated Resident 26 was admitted on [DATE], with diagnoses which included cerebral infarction (disruptive blood flow to the brain). A review of Resident 26's H&amp;P, dated 3/1/23, indicated Resident 26 had the capacity to understand and make decisions. A review of Resident 26's quarterly MDS, dated [DATE], Section C- Cognitive Pattern, indicated Resident 26's BIMS score was 15 out of 15 which indicated Resident 26 had no memory impairment. A review of the facility contract titled Resident-Facility Arbitration Agreement entered between the facility and Resident 26 on 1/9/23, indicated the venue was not provided in the contract to settle the dispute between the facility and Resident 26. During an interview on 2/10/26 at 10:31 AM with Resident 26, Resident 26 confirmed that he voluntarily signed the agreement on 1/9/23. 3. A review of Resident 41's admission Record indicated Resident 41 was admitted on [DATE], with diagnoses which included major depressive disorder. A review of Resident 41's H&amp;P, dated 7/1/25, indicated Resident 41 had the capacity to understand and make decisions. A review of Resident 41's quarterly MDS, dated [DATE], Section C- Cognitive Pattern, indicated Resident 41's BIMS score was 15 out of 15 which indicated Resident 41 had no memory impairment. A review of the facility contract titled Resident-Facility Arbitration Agreement entered between the facility and Resident 41 on 6/14/25, indicated no venue was provided in the contract to settle the dispute between the facility and Resident 41. During an interview on 2/10/26 at 10:34 AM with Resident 41, Resident 41 confirmed that he voluntarily signed the agreement on 6/14/25. 4. A review of Resident 55's admission Record indicated Resident 55 was admitted on [DATE], with diagnoses which included adult failure to thrive (a syndrome of physical decline). A review of Resident 55's H&amp;P, dated 2/8/26, indicated Resident 55 had fluctuating capacity to understand and make decisions. A review of Resident 55's comprehensive MDS, dated [DATE], Section C- Cognitive Pattern, indicated Resident 55's BIMS score was 13 out of 15 which indicated Resident 55 had mild memory impairment. A review of the facility contract titled Resident-Facility Arbitration Agreement entered between the facility and Resident 55 on 2/10/26, indicated no venue was provided in the contract to settle the dispute between the facility and Resident 55. During an interview on 2/10/26, at 11:00 AM, with Resident 55, Resident 55 confirmed he voluntarily signed the agreement on 2/10/26. During an interview on 2/10/26, at 11:04 AM, with the Administrator (ADM), ADM confirmed the arbitration agreement of Residents 16, 26, 41 and 55 did not contain the venue in the event of a dispute between the facility and the residents. ADM also confirmed that it would be disadvantageous for the residents if the dispute was resolved in a place that was not convenient for them. A review of the facility's policy and procedure titled Arbitration Agreement revised 4/2021 indicated, .4. The facility will ensure that the agreement provides for the selection of a venue that is convenient to both parties.</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 2) was free from unnecessary psychotropic medications (medications that affect brain activities associated with mental processes and behavior) when: One resident (Resident 2) received an as needed (PRN) antipsychotic medication (type of psychotropic medication to treat mental illness) without required documentation of behavior or attempted non-pharmacological interventions (treatment or method used to improve symptoms without taking medication); and One resident (Resident 2) received an antipsychotic medication without specific targeted behavior. These failures resulted in one resident (Resident 2) with dementia (memory loss that gets worse over time) receiving unnecessary psychotropic medications with Black Box Warnings (required drug labeling indicating the medication has a significant risk of serious or life-threatening adverse events) and had the potential for medication side effects, such as sedation and falls. Findings: 1. A review of Resident 2's admission Record, dated 2/10/26, indicated Resident 2 was initially admitted to the facility on [DATE]. The admission record further indicated diagnoses of dementia and psychosis [symptoms caused by loss of contact with reality] with an Onset Date of 11/6/25. A review of Resident 2's physician's orders, dated 11/19/25, indicated Resident 2 had orders for haloperidol lactate (generic for Haldol, an injectable antipsychotic), to inject 5 milligrams (mg) into the muscle every 24 hours as needed [PRN] for Angry outburst towards staff and other residents for 14 days. A review of Resident 2's Psychotropic Medication Assessment, dated 11/19/25, indicated Resident 2 had a Behavior Problem of Angry outbursts. The record indicated the physician ordered haloperidol 5 mg injection as needed. A review of Resident 2's Medication Administration Record (MAR, daily documentation record used by nurses to document medications and treatments given to a resident), dated November 2025 indicated Resident 2 received a haloperidol 5 mg injection on 11/27/25 at 1:49 AM. During a concurrent interview and record review on 2/11/26 at 11:37 AM with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC), Resident 2's Licensed Progress Notes, dated November 2025, and PRN [as needed] Non-Pharmacological Intervention and Medication Flowsheet, dated November 2025, were reviewed. The DON-MDSC stated non-pharmacologic behavioral interventions were attempted before giving PRN antipsychotics like haloperidol and supposed to be documented. The DON-MDSC further stated the resident's behavior before giving PRN antipsychotics also needed to be documented. The DON-MDSC verified Resident 2's records did not include the required documentation related to the PRN haloperidol injection on 11/27/25. A review of the Prescribing Information (PI, detailed description of a medication available to clinicians) for haloperidol lactate injection, dated 1/25/22, retrieved from DailyMed, indicated a Black Box Warning, Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Haloperidol Injection is not approved for the treatment of patients with dementia-related psychosis. A review of the facility's policy and procedure (P&amp;P) titled, Psychotropic Drug Treatment, dated December 2016, indicated, Residents will not receive PRN doses of psychotropic medications unless that medication is necessary to treat a specific condition that is documented in the clinical record. The record also indicated, Facility staff will document episodes of behavior, the impact of medication on behavior, and Other non-pharmacological interventions will be identified and implemented. 2. A review of Resident 2's physician's orders, dated 11/13/25, indicated Resident 2 had orders for quetiapine (generic for Seroquel, an antipsychotic medication) 50 mg, to give one tablet by mouth two times a day for psychosis manifested by delusional (having false or unrealistic beliefs) behaviors. During an interview on 2/11/26 at 10:13 AM with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 2's psychosis behaviors included acting out, sundowning (increased confusion and agitation in the evening for people with dementia), trying to get out of her wheelchair, falls, and talking to people who (continued on next page)</p> |                                                                                        |                                                 |



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| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>weren't there. During a concurrent interview and record review on 2/11/26 at 11:05 AM with the DON-MDSC, Resident 2's Psychotropic Medication Assessment, dated 11/12/25, was reviewed. The record indicated Resident 2 had a Behavior Problem of Delusional bx [behaviors]. The record indicated the physician ordered quetiapine 50 mg two times a day. The DON-MDSC stated delusional behaviors meant the resident was out of touch with reality and was a non-specific behavior. During a concurrent interview and record review on 2/11/26 at 11:39 AM with the DON-MDSC, Resident 2's MAR, dated November 2025, was reviewed. The November 2025 MAR indicated orders, dated 11/6/25, to monitor episodes of psychosis manifested by delusional behaviors every shift, three shifts per day, for Resident 2. The MAR indicated zero episodes of delusional behaviors in November 2025. The DON-MDSC stated I know how it looks. The DON-MDSC acknowledged Resident 2's records did not include evidence of psychosis behaviors requiring quetiapine in November 2025. During a telephone interview on 2/11/26 at 2:11 PM with the Consultant Pharmacist (CP), the CP stated indications for antipsychotic medications needed to include specific, measurable, detectable, observable behaviors. The CP stated delusional behaviors meant the resident could be harming others and he didn't know too much else. The CP stated delusional behaviors needed to be a little more clarified to be more specific. A review of the PI for quetiapine tablets, dated 5/28/25, retrieved from DailyMed, indicated the following Black Box Warning, Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Quetiapine is not approved for the treatment of patients with dementia-related psychosis. The quetiapine PI further indicated the following adverse reactions (side effects) associated with quetiapine: Falls, Somnolence [sleepiness], and Dizziness. A review of the facility's P&amp;P titled, Psychotropic Drug Treatment, dated December 2016, indicated, The purpose is to provide psychotropic drug treatment for a resident with a specific condition as diagnosed and documented in the clinical record.</p> |                                                                                        |                                                 |

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| <p>F 0636</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the Comprehensive admission Minimum Data Set (MDS - a federally mandated resident assessment tool) Assessment was not completed more than 14 days after admission for one of 18 sampled residents (Resident 24). This deficient practice had the potential to delay the care planning process to meet Resident 24's comprehensive and individualized care needs. Findings: A review of Resident 24's admission Record (document which contains demographic and medical information) indicated she was admitted to the facility on [DATE]. During a concurrent interview and record review with the Director of Nursing/Minimum Data Set Coordinator (DON-MDSC) on 2/9/26, at 2:48 PM, the DON-MDSC reviewed Resident 24's Comprehensive admission MDS Assessment with an Assessment Reference Date (ARD) of 2/6/26 and stated it should be completed and signed today. A review of Resident 24's Comprehensive admission MDS Assessment, with an ARD of 2/6/26, indicated Section Z0500B. Date RN Assessment Coordinator signed assessment as complete 02-09-2026. During a concurrent interview and record review with the DON-MDSC, on 2/12/26, at 10:24 AM, the DON-MDSC reviewed Resident 24's Comprehensive admission Assessment and acknowledged that it was not completed timely. DON-MDSC also stated the Comprehensive admission MDS Assessment should have been completed within 14 days of admission. DON-MDSC stated in this situation the facility did not follow its policy and procedure on Resident Assessment and the RAI (Resident Assessment Instrument-comprehensive assessment and care planning process used by nursing home) guidelines. DON-MDSC also stated it was important for the Comprehensive admission Assessment to be completed in a timely manner to identify care areas that need to be addressed in the care plan. The DON-MDSC stated she missed signing the assessment on 2/6/26. The DON-MDSC stated the facility's policy and procedure, and RAI guidelines were not followed. A review of the facility's policy titled, Resident Assessment, revised November 2019, indicated, 1. The Resident Assessment Coordinator is responsible for ensuring timely and appropriate resident assessment. a. (1) Initial Assessment (Comprehensive) conducted within fourteen (14) days of the resident admission to the facility. The Centers for Medicare &amp; Medicaid Services (CMS)'s Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2025, indicated Comprehensive assessments are completed upon admission, annually, and when a significant change in a resident's status has occurred. 01. admission Assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed on the end of day 14, counting the date of admission to the nursing home as day 1. The MDS completion date (item Z0500B) must be no later than day 14 days.</p> |                                                                                        |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop an individualized care plan for one of three residents (Resident 50), to address the behavior of removing the nasal cannula (NC-flexible tube to deliver oxygen into the nose) used for oxygen therapy. This failure had the potential to place Resident 50 at risk for ineffective oxygen therapy and potential respiratory compromise. Findings: A review of Resident 50's admission Record (contains demographic and medical information), indicated Resident 50 was admitted to the facility on [DATE], with diagnoses which included, chronic obstructive pulmonary disease (a progressive lung disease that makes it difficult to breathe), Type 2 diabetes mellitus (a long term condition that causes high blood sugar levels), and muscle weakness (a reduced ability to move or exert force). During an observation on 2/10/26, at 10:18 AM., in Resident 50's room, Resident 50 was observed asleep in bed with audible wheezing sounds noted. NC tubing was lying beside her face and not in her nares (openings of the nose), while the oxygen concentrator (medical device used to deliver oxygen) was on at 2 Liters Per Minute (LPM- unit of measurement). A review of Resident 50's Order Summary Report dated 4/27/25, indicated, O2 [oxygen] on 2L per NC PRN [as needed] for shortness of breath. During an interview with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC) on 2/11/26, at 11:23 AM, DON-MDSC stated Resident 50 had been residing in the facility for some time and had a habitual behavior of removing her NC tubing. The DON-MDSC further stated that although this behavior was common for Resident 50, there was no prohibition on the action as it was the resident's right. When asked whether this behavior was addressed in Resident 50's care plan, the DON-MDSC confirmed that it was not. During a follow-up observation on 2/11/26, at 11:39 AM., in Resident 50's room, Resident 50 was observed gasping for breath while talking. The NC tubing was next to her in the bed and the oxygen concentrator was on. During an interview with the DON-MDSC on 2/12/26, at 9:43 AM, the DON-MDSC stated Resident 50's behavior of removing her NC tubing should be addressed in the care plan to ensure effective oxygen therapy. During a concurrent interview and record review on 2/12/26, at 10:06 AM, with the DON-MDSC, the facility's policy and procedure (P&P) titled, Care Planning, revised September 2013, was reviewed. The P&P indicated, .facility's Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident. 1. A comprehensive care plan for each resident is developed within seven (14) days of completion of the resident assessment. 2. The care plan is based on the resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team. The DON-MDSC stated that the facility did not follow the policy. |                                                                                        |                                                 |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to meet professional standards when one of five sampled residents (Resident 8) did not have documentation to support a diagnosis of schizophrenia (a mental illness characterized by disturbances in thought) in a resident with dementia (memory loss that gets worse over time). This failure had the potential for unnecessary use of antipsychotic medications (medications to treat mental illness like schizophrenia). Findings: A review of Resident 8's admission Record, dated 2/11/26, indicated Resident 8 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. The admission record further indicated diagnoses of dementia and schizophrenia with an Onset Date of 9/21/24. A review of Resident 8's Preadmission Screening and Resident Review (PASARR) Level I Screening [federal assessment requirement to ensure individuals with mental disorder or intellectual disabilities are placed in facilities that can provide appropriate care], dated 2/20/24, completed by the facility, indicated Resident 8 did not have a serious diagnosed mental disorder such as Schizophrenia. A review of Resident 8's History and Physical Examination, dated 2/26/24, indicated a diagnosis of Dementia [with] psychosis and did not include schizophrenia. A review of Resident 8's Minimum Data Set (MDS, a resident assessment tool), dated 11/28/25, indicated Resident 8's active diagnoses included schizophrenia. During a concurrent interview and record review on 2/11/26 at 4:24 PM with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC), Resident 8's hospital Discharge Summary Note, dated 9/21/24, was reviewed. The record indicated Resident 8's past medical history included dementia and schizophrenia. The DON-MDSC stated the schizophrenia diagnosis was added to the medical record after Resident 8 was discharged from the hospital on 9/21/24. The DON-MDSC stated she was unable to confirm whether there was clinical documentation in the medical record supporting Resident 8's schizophrenia diagnosis on 9/21/24. During an interview on 2/11/26 at 4:22 PM with the DON-MDSC, the DON-MDSC stated the facility did not have a policy addressing clinical or documentation requirements for diagnosis of schizophrenia. A review of the facility's policy and procedure (P&amp;P) titled, Charting and Documentation, dated July 2017, indicated, .any changes in the resident's medical condition, shall be documented in the resident's medical record. and Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>02/12/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Blythe Post Acute LLC                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>285 West Chanslor Way<br>Blythe, CA 92225 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure oxygen therapy was administered as ordered for one of three sampled residents (Resident 50), when the nasal cannula (NC- flexible tube to deliver oxygen into the nose) tubing was not positioned in the resident's nares (openings of the nose). This failure had the potential to result in ineffective oxygen therapy and potential respiratory compromise for Resident 50. Findings: A review of Resident 50's admission Record (demographic clinical information), indicated Resident 50 was admitted to the facility on [DATE], with diagnoses which included, chronic obstructive pulmonary disease (a progressive lung disease that makes it difficult to breathe), Type 2 diabetes (a long term condition that causes high blood sugar levels), and muscle weakness (a reduced ability to move or exert force). A review of Resident 50's Order Summary Report dated 4/27/25, indicated, O2 [oxygen] at 2L per NC PRN [as needed] for shortness of breath. During an observation on 2/10/26, at 10:18 AM., in Resident 50's room, Resident 50 was observed asleep in bed with audible wheezing sounds noted. NC tubing was lying beside her face and not in her nares, while the oxygen concentrator (medical device used to deliver oxygen) was on at 2 Liters Per Minute (LPM- unit of measurement). During a follow-up observation on 2/11/26, at 9:00 AM., in Resident 50's room, the Licensed Vocational Nurse (LVN 1) was observed leaving Resident 50's room. Resident 50 was observed gasping for breath while talking. The NC tubing was next to her in the bed and the oxygen concentrator was on. During an interview with LVN 1 on 2/11/26, at 9:11AM., LVN 1 stated Resident 50 removed her NC tubing at times. LVN 1 stated she did not check if Resident 50's NC tubing was in place and properly positioned in the nares. LVN 1 acknowledged that the NC tubing placement should have been checked prior to leaving the room to ensure the resident was receiving ordered oxygen therapy. During an interview with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC) on 2/12/26, at 10:39 AM., the DON-MDSC stated the oxygen NC tubing should be positioned in Resident 50's nares to ensure the resident received ordered oxygen therapy. A review of the facility's policy and procedure (P&amp;P) titled, Oxygen Therapy, revised January 2019, indicated, .Oxygen therapy shall be administered as ordered by the physician.1. Administration of oxygen shall be with physician's order .6. Licensed nurse should check and ensure that correct oxygen flow rate is administered in accordance with physician's order.</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of ten residents (Resident 2) was free of a significant medication error when the facility did not give lacosamide (generic for Vimpat, seizure medication) doses to Resident 2 as ordered on four of 10 days. This failure had the potential for Resident 2 to experience worsening of her medical conditions, including seizures. Findings: During a medication pass observation on 2/9/26 at 9:03 AM in the dining room, Licensed Vocational Nurse 3 (LVN 3) was observed administering five medications to Resident 2. LVN 3 stated she could not administer Resident 2's lacosamide because the facility was out of the medication. A review of Resident 2's Order Summary Report, dated 2/1/26, indicated Resident 2 had an active physician's order, dated 12/10/25, for lacosamide 50 milligram (mg) tablet, Give 1 tablet by mouth two times a day for anticonvulsant [seizure prevention]. During an observation on 2/10/26 at 10:20 AM at Medication Cart 1, the Medication Cart 1 locked narcotic drawer was opened with LVN 1. The drawer contained one opened blister pack (a card that packages doses of medication within small plastic bubbles or blisters) of Resident 2's lacosamide 50 mg tablets, labeled 1/20/26 by pharmacy, with one lacosamide tablet remaining. The drawer also contained one additional opened blister pack of Resident 2's lacosamide, labeled 1/7/26 by pharmacy, with 14 lacosamide tablets remaining. The drawer contained two unopened blister packs, labeled 2/2/26 by pharmacy, each with 15 lacosamide tablets. During an interview on 2/10/26 at 2:17 PM with LVN 1, LVN 1 stated the facility had enough supply of Resident 2's lacosamide for at least the past two weeks based on the contents on Medication Cart 1. LVN 1 stated two of Resident 2's lacosamide blister packs were sent to the facility on 2/2/26 and the other two blister packs were in the medication cart since January 2026. During a concurrent interview and record review on 2/10/26 at 3:30 PM with the Director of Nursing-Minimum Data Set Coordinator (DON-MDSC), Resident 2's Medication Administration Record (MAR, daily documentation record used by nurses to document medications and treatments given to a resident), dated January 2026, was reviewed. The January 2026 MAR indicated Resident 2 did not receive the evening dose of lacosamide on 1/31/26. The DON-MDSC stated the record indicated the medication was not given because lacosamide was not available. During a continued concurrent interview and record review on 2/10/26 at 3:30 PM with the DON-MDSC, Resident 2's MAR, dated February 2026, was reviewed. The February 2026 MAR indicated Resident 2 did not receive the morning dose of lacosamide on 2/3/26, 2/4/26, or 2/9/26. The DON-MDSC stated the record indicated the medication was not given because lacosamide was not available. During an interview on 2/10/26 at 3:39 PM with the DON-MDSC, the DON-MDSC stated facility staff did not know where lacosamide was stored in the medication cart. The DON-MDSC stated this did not excuse Resident 2's missed doses of lacosamide. The DON-MDSC acknowledged Resident 2's lacosamide was available in January and February 2026. During an interview on 2/11/26 at 12:11 PM with the DON-MDSC, the DON-MDSC stated the risk of missed lacosamide doses was seizures. During a telephone interview on 2/11/26 at 2:09 PM with the CP, the CP stated it was important to take lacosamide doses to avoid any risk of seizures. The CP stated lacosamide was a medication that shouldn't be missed or skipped. A review of Resident 2's Progress Notes, dated 2/3/26 at 9:40 AM, indicated Lacosamide Oral [by mouth] Tablet. awaiting delivery from pharmacy. A review of Resident 2's Progress Notes, dated 2/4/26 at 9:43 AM, indicated Lacosamide Oral Tablet. awaiting pharmacy. A review of Resident 2's Progress Notes, dated 2/9/26 at 9:14 AM, indicated Lacosamide Oral Tablet. drug unavailable at this time will call pharmacy to check on medication. A review of the facility's policy and procedure (P&amp;P) titled, Administering Medications, dated April 2019, indicated, Medications are administered in accordance with prescriber orders, including any required time frame. A review of the facility's P&amp;P titled, Policy and Procedure on Physician Orders, dated December 2025, indicated, It shall be this facility's policy to provide care and services to the resident in accordance with physician orders.</p> |                                                                                        |                                                 |

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| F 0814<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Dispose of garbage and refuse properly.<br><br>Based on observation, interview and record review, the facility failed to properly close one of four metal dumpsters which exposed the overflowing trash inside. This deficient practice had the potential to attract pests which could spread disease to residents and staff in the facility. Findings: During a concurrent observation tour and interview, on 2/9/26, at 7:53 AM, with the Kitchen Staff (KS) at the facility's outside garbage area, one metal dumpster was not completely closed and had trash piled above the top of the container. KS confirmed the metal dumpster was partially opened with trash exposed. KS also stated the dumpsters must always be closed to prevent harboring rodents. A review of the facility's policy and procedure (P&P) titled, Food-Related Garbage and Refuse Disposal, revised 10/2017, indicated, . 5. Garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pests. 7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter. |                                                                                        |                                                 |

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| <p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure multi-resident bedrooms provided the required minimum of 80 square feet of livable space per resident in eight of 18 rooms (room [ROOM NUMBER], 6, 7, 8, 9, 10, 11, 12). This failure limited residents' available personal space and had the potential to affect residents' ability to move safely and freely within the room.</p> <p>Findings: During a concurrent interview and record review with the Administrator (ADM), on 2/10/26, at 9:16 AM, the facility's room waiver request approval letter, dated 4/24/25 was reviewed. The ADM stated the facility had a room waiver for Rooms 5, 6, 8, 9, 10, 11 and 12. The ADM stated the facility submitted a letter requesting re-approval of the room waiver on 1/5/26, for the 2026 waiver period. During an observation on 2/10/26, at 8:44 AM, in room [ROOM NUMBER], three beds were observed in the room and two were occupied with residents. During an environmental observation tour with the Maintenance Supervisor (MS), on 2/12/26, at 2:38 PM, seven resident rooms had three beds each. The residents' rooms and their measurements of livable space were noted as follows: I. room [ROOM NUMBER] (3 beds) measured: 238 sq. ft. [square feet] (79.33 sq. ft. per resident) II. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) III. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) IV. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) V. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) VI. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) VII. room [ROOM NUMBER] (3 beds) measured: 239 sq. ft. [square feet] (79.66 sq. ft. per resident) The rooms were not crowded with furniture and no safety hazards were observed. During a follow-up interview with the ADM, on 2/12/26, at 3:05 PM, the ADM confirmed the measurements for Rooms 5, 6, 8, 9, 10, 11, and 12 did not meet the accommodation requirement per room. During the survey days from 2/9/26 to 2/12/26, no negative impacts on the health, safety, and comfort of the residents were observed. Residents residing in Rooms 5, 6, 7, 8, 9, 10, 11, and 12 who were interviewed stated they were comfortable in their rooms. There were no complaints about space or room issues from the residents occupying these rooms. A review of the room waiver approval letter, dated 12/3/24, indicated Currently, Rooms 5,6,7,8,9,10,11, and 12 are less than 80 square feet per resident in a three bed room. These rooms can be approved for the room waiver. The survey team recommends the approval of the room waiver request for the rooms listed in this deficiency.</p> |                                                                                        |                                                 |