STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699 46537 Based on observation, interview and record review, the nursing staff member failed to provide reasonable accommodation to meet the resident's needs for five of five sampled residents (Resident 442, Resident 19, Resident 441, Resident 32, and Resident 192 by: A. Failing to adjust the side rails as resident requested on 3/2024 for Resident 442. B. Failing to place call light within reach for Resident 442, 19, 32 and 192. These failures had the potential to resulted in residents not being able to summon staff for assistance with care, and negatively impacting the psychosocial well-being of the residents or result in delayed provision of services. Findings: A. During a review of Resident 442's Admission Record, the Admission Record indicated, Resident 442 was initially admitted to the facility on [DATE] and last readmission was on 4/25/2024 with diagnosis including paraplegia (an impairment in motor or sensory function of the lower extremities), muscle weakness, and wedge compression fracture of lumbar vertebra (This fracture usually occurs in the front of the vertebra, collapsing the bone in the front of the spine and leaving the back of the same bone unchanged, which results in the back bone taking on a wedge shape). During a review of Resident 442's History and Physical (H&P), dated 5/5/2023, the H&P indicated, Resident had the capacity to understand and make decisions. During a review of Resident 442's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated 4/21/2024, the MDS indicated Resident 442 required dependent assistance (Helper does all of the effort) from two or more staff for shower/bathe self, lower body dressing, putting on/taking off footwear, lying to sitting on side of bed, toilet transfer, tub/shower transfer, maximal assistance (helper does more than half the effort) from one staff for toileting hygiene, upper body dressing, roll left and right, sit to lying, and setup or clean-up assistance (Helper sets up or cleans up, resident complete activity) from one staff for eating, oral hygiene, personal hygiene. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 7/23/2024, at 3:07 p.m., with Resident 442 in her room, Resident 442 was observed in her bed, and she was trying to reposition herself by using side rails. Resident 442 stated her upper body was stronger than lower and she was able to grab side rails to adjust her position. Resident 442 stated, the side rails were placed too high, and her shoulders and arms had to be in an awkward position to use them. Resident 442 stated, she's been requesting to adjust the siderails. During a concurrent interview and record review on 7/25/2024, at 3:06 p.m. with Maintenance Supervisor (MS), the facility's Maintenance Request Log (MRL), dated from 1/8/2024 to 7/25/2024 was reviewed. The MRL indicated, there was no maintenance request on 3/2024. MS stated, he did not recall anyone having complained about side rails. During a concurrent observation and interview on 7/25/2024, at 3:14 p.m., with MS in the Resident 442's room, MS stated, he totally forgot about Resident 442's complaint regarding side rails. MS stated, he should have documented in Maintenance Log and follow up, but he forgot after dealing with other maintenance issues. MS stated, Resident 442 did remind him few weeks ago, but he forgot again. MS stated, it was his responsibility to accommodate resident's need as soon as possible. During an interview on 7/26/2024, at 12:11 p.m., with Director of Nursing (DON), DON stated, she agreed side rails were placed high and it should be lower to prevent straining the resident 's arms and back. DON stated, MS should have kept his log and follow up with requests daily. DON stated, all staff should accommodate residents' needs. During a review of the facility's Policy and Procedure (P&P) titled, Resident Rights-Accommodation of Needs, revised 1/2012, the P&P indicated, The Facility's environment is designed to assist the resident in achieving independent functioning and maintaining the resident's dignity and well-being. Facility Staff will assist residents in achieving these goals . III. Residents' individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, are evaluated upon admission and reviewed on an ongoing basis . to accommodate residents' individual needs and preferences, Facility Staff attitude and behavior are directed towards assisting the residents in maintaining independence, dignity and well-being to the extent possible according to residents' wishes. B. During a review of Resident 19's Admission Record, the Admission Record indicated, Resident 19 was initially admitted to the facility on [DATE] and last readmission was on 4/16/2024 with diagnosis including dementia (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities), generalized muscle weakness, metabolic encephalopathy (a condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body) and glaucoma (a group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of the eyes). During a review of Resident 19's History and Physical (H&P), dated 4/16/2024, the H&P indicated, Resident did not have the capacity to understand and make decisions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 19's MDS dated [DATE], the MDS indicated Resident 19 required dependent assistance from two or more staff for oral hygiene, toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear, personal hygiene, lying to sitting on side of bed, toilet transfer, tub/shower transfer, sit to stand, maximal assistance from one staff for upper body dressing, moderate assistance) from one staff for roll left and right, sit to lying, and setup or clean-up assistance (from one staff for eating). During a concurrent observation and interview on 7/23/2024, at 2:29 p.m., with Certified Nurse Assistant (CNA) 6 in Resident 19's room, call light was wrapped around the right side of siderail tightly. Resident 19 's siderails were above Resident 19's head. CNA 6 stated, Resident 6's siderails were placed high and call light would be hard to reach if it was wrapped around the siderails. CNA 6 stated, call light should be within reach all time for emergency. C. During a review of Resident 441's Admission Record, the Admission Record indicated, Resident 441` was admitted to the facility on [DATE] with diagnosis including displaced fracture of left femur (broken left thigh bone that the trauma moves the bone fragments out of alignment), pain in left hip, and history of falling. During a review of Resident 441's History and Physical (H&P), dated 7/18/2024, the H&P indicated, Resident had the capacity to understand and make decisions. During a review of Resident MDS dated [DATE], the MDS indicated Resident 441 required dependent assistance) from two or more staff for oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair /bed to chair transfer, and setup or clean up assistance from one staff for eating. During a concurrent observation and interview on 7/23/2024, at 11:28 a.m., with Resident 441 in Resident 441's room, call light was placed top of the metal frame of the head of the bed. Resident 441 stated, she could not see where it was placed, and she could not reach it. Resident 441 stated, she felt like staff did intentionally place the call light where she could not reach and use it. Resident 441 stated, this made her feel unwanted. During an interview on 7/23/2024, at 11:32 a.m., with CNA 7, CNA 7 stated, Resident 441's call light was out of reach, and it should be placed within reach for getting help and emergency. d. During a review of Resident 32's Admission Order, the Admission Record indicated Resident 32 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including type 2 diabetes mellitus (high blood sugar), essential hypertension (high blood pressure), and abnormalities of gait and mobility. During a review of Resident 32's MDS dated [DATE], the MDS indicated Resident 32 had severe cognitive impairment (ability to learn, understand, and make decisions) and requires assistance for all activities of daily living. e. During an observation on 07/23/2024 at 10:49 a.m., and 11:58 a.m., observed Resident 32's call light hanging at the side of the bed and Resident 32 cannot reach it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 192's Admission Order, the Admission Record indicated Resident 192 was admitted to the facility on [DATE], with diagnoses including dysphagia (difficulty of swallowing), muscle weakness and essential hypertension. During a review of Resident192's MDS dated [DATE] Indicated Resident 192 had severe cognitive impairment and requires assistance for all activities of daily living. During an observation on 07/23/2024 at 10:51 a.m., and 11:59 a.m., observed Resident 192's call light hanging at the side of the bed and Resident 192 cannot reach it. During an interview on 07/25/2024 at 10:12 a.m., Certified Nursing Assistant (CNA 3) stated call light must be within reach to be able to call for help so that needs can be provided, if resident will try to reach the call light, it makes the resident high risk for fall and injury. During an interview on 07/25/2024 at 12:22 p.m., CNA 4 stated call light should be within reach to prevent fall and injury and Resident 32 and 192's needs will be provided in a timely manner. During an interview on 6/11/2024 at 2:50 p.m., the Registered Nurse (RN 1) stated if resident cannot reach the call light to ask for help, it will frustrate them and affect their psychosocial wellbeing and may feel like less important and unwanted and can lead to fall and injury. During an interview on 7/26/2024, at 11:20 a.m., with Director of Staff Development (DSD), DSD stated, call light should be within reach, and within a reach means where residents could easily reach. DSD stated the reason that call light should be within reach of residents was to accommodate their needs and emergency. During an interview on 7/26/2024, at 12:11 p.m., with Director of Nursing (DON), DON stated, call light considered unreachable if the resident could not use or reach it even though it placed near the bed or on the bed. DON stated, call light should be within reach of resident to accommodate their needs and emergency. DON stated, all staff should ensure call light was accessible to residents. During a review of the facility's Policy and Procedure (P&P) titled, Communication-Call System, revised 1/1/2012, the P&P indicated, provide a mechanism for residents to promptly communicate with Nursing Staff . Procedure . II. Call cords will be placed within the resident's reach in the resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699 Based on interview and record review, the facility failed to implement the care plan interventions for two of three sampled residents (Resident 293 and Resident 193). The facility failed to: 1.Implement interventions for smoking for Resident 293. 2.Treat and provide pain medication for Resident 193. These deficient practices had the potential for delayed provision of necessary care and services. a. During a review of the Resident 293's Face Sheet (Admission Record), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including osteomyelitis (inflammation or swelling in the bone) of the right ankle and foot, type 2 diabetes mellitus (a condition in which the body fails to metabolize (process) glucose (sugar) correctly with foot ulcer (open sore or lesion that has difficulty healing), difficulty in walking, peripheral vascular disease ([PVD] circulatory condition that is caused by the narrowing of the blood vessels) and hypertension (high blood pressure). During a review of Resident 293's History and Physical (H&P) dated 7/12/2024, indicated Resident 293 has the capacity to understand and make decisions. During a review of Resident 293's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 7/17/2024, the MDS indicated Resident 293's cognitive skills (ability to think, understand, learn, and remember) were intact. The MDS indicated Resident 293 utilizes a wheelchair and required moderate assistance for toilet hygiene, sit to lying, bathing, and dressing the lower body, required set up for oral hygiene and dressing the upper body, and is dependent on transferring from chair/bed-to-chair. During a record review of Resident 293's Smoking Safety Evaluation dated 7/15/2024, the smoking and safety evaluation indicated supervision was provided when Resident 293 was smoking. During a record review of Resident 293's care plan untitled, initiated on 7/15/2024, the care plan indicated Resident 293 was a smoker. The care plan interventions included observing resident for unsafe smoking behaviors or practices, storage of cigarettes, lighter, and matches as designated, and supervision provided during smoking schedule. During an observation on 7/24/2024 at 2:15p.m. in the rear entrance of the facility, Resident 293 was sitting in his wheelchair close to gate. Resident 293 was observed smoking in a non-smoking area with no staff present. During an interview on 7/26/2024 at 9:47 a.m. with Resident 293, Resident 293 stated he was independent and can smoke on his own, keeps his own cigarettes, and goes smoking out in the back. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/26/2024 10:00 a.m. with Activities Director (AD), AD stated upon admission, if a resident smoke, they will show them the smoking patio and instructed that they cannot keep their smoking paraphernalia. AD stated the Activity staff will keep it in a safe box with the resident's name on it. AD stated there was only one smoking patio and facility staff was always present. AD stated when Resident 239 was informed of where he could smoke, he responded that he was not a child and will smokes in an area that was a non-smoking area. AD stated the risks and benefits of smoking were explained to Resident 293, however, he was noncompliant and carries his cigarettes with himself. AD stated Resident 293 does not have to be supervised as he can light a cigarette and does not have any issues with his hands. During a concurrent interview and record review of the smoking assessment on 7/26/2024 at 10:09 a.m. with AD, AD stated the smoking assessment dated [DATE] indicated supervision was provided during smoking. AD stated despite Resident 293 having the ability to hold cigarettes, he still needs to be supervised as there was a potential to drop ashes to himself. AD stated Resident 293 prefers to smoke in the rear end patio which was nonsmoking area, and no one will be there to supervise Resident 293. During an interview on 7/26/2024 at 1:07 p.m. with AD, AD stated Resident 293 prefers to keep his smoking paraphernalia with himself and facility allows him to keep his items even though that was not the standard practice of the facility. During an interview on 7/26/2024 at 2:52p.m. with Registered Nurse 2 (RNS 2), RNS 2 stated allowing smokers to smoke wherever they want may cause the facility to burn and it was important for residents who smoke to be supervised and smoke in the designated area. 46415 b. During a review of Resident 193's Admission Order, the Admission Record indicated Resident 193 was admitted to the facility on [DATE], with diagnoses including type 2 diabetes mellitus, dysphagia (difficulty of swallowing), and epilepsy. During a review of Resident 193's Physician Order Summary Report dated 07/26/2024, indicated to give acetaminophen extra strength (a drug used to treat mild to moderate pain) tablet 500 milligram (mg unit of measurement) by mouth every six hours as needed for moderate pain between 5-7 out of ten (pain rating scale). During a review of Resident 193's Physician Order Summary Report dated on 07/23/2024, indicated to give gabapentin (a class of medications called anticonvulsants to treat seizures by decreasing abnormal excitement in the brain) capsule 300 mg two capsule by mouth three times a day for nerve pain. During a review of Resident 193's Physician Order Summary Report started date on 07/23/2024, it indicated to give Tylenol oral tablet 325 mg one tablet by mouth in the morning for pain management 30 minutes prior to wound treatment. During a review of Nursing Progress Notes dated 07/23/2024 at 8:05 a.m. indicated to give morphine sulfate (narcotic pain medication) oral tablet 15 mg one tablet by mouth two times a day for severe pain of 8-9 out of ten pain scale. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 193's care plan titled The resident has osteoporosis/osteoarthritis (condition in which bones become weak and brittle) and at risk for pain and immobility indicated it was not developed until 07/26/2024. During a review of Resident 193's care plan titled The resident has high risk for pain/discomfort related to osteoarthritis and osteoporosis indicated it was not developed until 07/26/2024. During a review of Resident 193's Medication Administration Record (MAR) for 07/2024, indicated that pain medication was not given until 07/23/2024 at 11:39 a.m. During an observation on 07/23/2024 at 8:49 a.m., Resident 193 complained of lower back pain and both hips area. During an interview on 07/26/2024 at 12:16 p.m., the MDS coordinator stated when resident was admitted to the facility, baseline care plan must be generated right away or within forty-eight hours upon admission so that it does not delay provision of care to the resident. During a concurrent interview and record review on 07/26/2024 at 12:19 p.m., with MDS coordinator, reviewed Resident 193's baseline care plan, MDS coordinator confirmed that baseline care plan for pain and discomfort was developed on 07/26/2024 and Resident 193 was admitted to the facility on [DATE]. During the review of facility's policy and procedure (P&P) titled Nursing Manual-General revised on 01/25/2024, indicated: The facility will initiate a plan of care based on the resident's needs. During a review of the facility's P&P titled, Comprehensive Person-Centered Care Planning, revised November 2018, the P&P indicated The baseline care plan summary will be developed and implemented using the necessary combination of problem specific care plans .since the baseline care plan is developed before the comprehensive assessment, goals and interventions may change. If the comprehensive assessment and the comprehensive care plan identified a change in the resident's goals, or physical, mental or psychosocial functioning, which was not previously identified on the problem specific care plans used for the baseline care plan those changes must be updated on each specific care plan used and incorporated, as applicable, into the initial and/or updated baseline care summary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 391) received treatment in accordance with the physician`s order. This deficient practice has the potential for Resident 391 not be free from infection. Findings: During a review of Resident 391's Face Sheet (Admission record), the Face Sheet indicated Resident 391 was admitted to the facility on [DATE] with diagnoses including osteomyelitis (inflammation that occurs in the bone) of vertebra (irregular bone that make up the column or spine), endocarditis (inflammation of the inner lining of the heart's chambers and valves), opioid dependence (feeling withdrawal symptoms when not taking the medication). During a review of Resident 391's Minimum Data Set [(MDS) a standardized assessment and care screening tool], dated 7/22/2024, the MDS indicated Resident 391's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were intact. The MDS indicated Resident 391 required moderate assistance for bathing, transferring in the shower and lower body (legs and hips) dressing, required supervision for chair/bed to chair transfer and toilet hygiene, and required set up assistance for eating, oral hygiene, and personal hygiene. The MDS indicated Resident 391 did not have any impairments on both the upper and lower extremities (arms and legs) and utilized a walker. During a review of the Order Summary Report (Physician Order), the order summary indicated an active order date of 7/15/2024 Cefepime Hydrochloride every eight (8) hours for osteomyelitis for 20 days with a start date of 7/16/2024 and end date 8/4/2024. and Daptomycin (an antibiotic used to treat serious bacterial infection) 500mg intravenously one time a day for osteomyelitis for 20 days with an order date of 7/15/2024, start date of 7/16/2024, and end date 8/5/2024. During a review of the progress notes the progress note indicated: 1. On 7/15/2024 at 2:46p.m., Resident 391 was admitted to the facility with an IV line on the right forearm. 2. On 7/16/2024 at 9:05a.m., the progress note indicated the Daptomycin zero-point nine (0.9mg)/50mL for osteomyelitis was not on hand and was waiting for the pharmacy to deliver the antibiotic. 3. On 7/17/2024 at 8:35a.m, Resident 391's IV line came out and due to unsuccessful attempts to reinsert an IV, a PICC line was requested by Resident 391. 4. On 7/17/2024 at 2:28p.m., the change in condition evaluation (document initiated when the resident has a change from their baseline) indicated the PICC line is ready to use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 391's orders on 7/25/2024 at 4:27p.m. with RNS 2, Per RNS 2, Resident 391 is receiving Cefepime 2 mg/100ml every 8 hours for osteomyelitis and indicated the IV medications in a bag is running for an hour at midnight, 8:00a.m., and 4:00p.m. RNS 2 stated Cefepime 2 mg/100ml was ordered on 7/15/2024. RNS 2 stated upon admission on 7/15/2024, Daptomycin-Sodium 500-0.9mg/50ml% 500mg one time a day for 20 days was ordered with a scheduled administration time at 5:00p.m. so the resident will be able to have a break in between the two antibiotics. RNs 2 stated the window for medication administration time is one hour before and after the scheduled time. During a concurrent interview and record review of Resident 391's progress notes on 7/25/2024 at 4:49p.m. with RNS 2, RNS 2 stated on 7/17/2024, Resident 391's IV blew, and he personally requested for the PICC line. RNS 2 stated Resident 391 should have gotten the medication for the antibiotic in the afternoon, and the pharmacy can take time to bring the medications or if they do not have any in stock, follow up with pharmacy or get it from the emergency medical kit (eKit: a kit that includes prescription only medications needed for emergencies). RNS 2 stated since the Daptomycin medication was not available until 5:00p.m., the administration time was changed from 9:00a.m. to 5:00p.m. one time a day. During a concurrent interview and record review on 7/25/2024 at 5:00p.m. with RNS 2, RNS 2 stated: a. 7/19/24 medication was given at 2:36a.m. instead of midnight 12:00a.m. b. 7/20/24 medication scheduled at of midnight 12:00a.m. but was given at 6:01a.m. c. 7/22/24 medication scheduled at of midnight 12:00a.m but was given at 5:04a.m. d. 7/23/25 medication scheduled at of midnight 12:00a.m but was given at 7:16a.m. e.7/25/24 medication scheduled at of midnight 12:00a.m but was given at 5:19a.m. RNS 2 stated based on the IVT administration record, the antibiotic was not given at the appropriate time. RNS 2 stated antibiotics should be given at the right time to ensure the therapeutic range for the antibiotic is kept consistently and not disrupted. During an interview on 7/26/2024 at 10:46a.m. with Pharmacist 1 (PharmD 1), PharmD 1 stated the IV medication should be administered within four hours once the facility receives the medication PharmD 1 stated if a resident missed two days of antibiotics, the doctor should be notified and may order to continue giving the medication or may extend the duration of the time the antibiotic is given to ensure the full effeteness of the medication. During an interview on 7/26/2024 at 4:33p.m. with Director of Nursing (DON), DON stated Cefepime is given every eight hours, and the medication comes from the pharmacy via vile and a normal saline bag. DON stated the IV medication and tubing will all come together in separate bags. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of the IVT administration record for July and progress notes on 7/26/2024 at 4:43p.m. with DON, DON stated Resident 391 was admitted on [DATE] and should have received his antibiotics on 7/16/2024. DON stated if the medication is administered it should reflect as code one and there is a check mark, that indicates the medication was acknowledged as given and signed. DON stated Daptomycin was not on hand on the morning of 7/16/2024 and antibiotics do not take two days for the facility to receive it. DON stated since Resident 391 is a hard stick (individual who have veins that are difficult to find), Resident 391 got a PICC line on 7/17/2024. DON stated Cefepime is in the eKit, but Daptomycin will have to be delivered as it is expensive. DON stated she is not sure what happened as the IVT administration record does not indicate the antibiotic was given on 7/16/2024 and indicated it if it not documented, it was not done. DON stated the nurse should have made a note and notify the doctor for any adverse reaction since the resident did not receive any antibiotics based on the document. DON stated medications are administered one hour before and after the medication scheduled time and the IVT administration record on 7/18/2024 indicated Cefepime was administered at 4:13a.m. that was scheduled at 12:00a.m. DON stated Cefepime was given on time but was documented late. DON stated RNS 3 has a habit of documenting late, however the IVT administrator record indicated the medication was not given on time. DON stated if an antibiotic is given close to another antibiotic, the resident can overdose, and if labs may need to be drawn, it may not be accurate, so it is important to give the medication on time. DON stated if the antibiotic is not given, it can alter the effectivity of the medication and the resident's recovery time will prolong and missing a dose of the antibiotic gives the bacteria more opportunities to multiple. During a review of the facility's P&P titled, General Policies for IV Therapy, dated June 2018, the P&P indicated the initial antibiotic dose is to be given within 4 hours from the time the physician's order is obtained or at the next scheduled dose. During a review of the facility's P&P titled, Completion & Correction, revised January 1, 2012, the P&P indicated entries will be recorded promptly as the events or observations occur. During a review of the facility's P&P titled, Medication Administration, revised January 1, 2012, the P&P indicated medication will be administered directed by a licensed Nurse and upon the order of a physician or licensed independent practitioner. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537 Based on observation, interview, and record review, the facility failed to ensure feeding tube formula, tubing, administration syringe, and water flush bags were changed within 24 hours for one of three sampled residents (Resident 85). This failure had the potential to result in Resident 85's Gastrostomy tube ([G-tube] - tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications) getting clogged and placed Resident 85 at risk for developing foodborne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and can lead to other serious medical complications and hospitalization . Findings: During a review of Resident 85's Admission Record, the Admission Record indicated, Resident 85 was initially admitted to the facility on [DATE] and last re-admission was on [DATE] with diagnosis including gastrostomy malfunction (Obstructed G-tube not responding to traditional unclogging measures such as flushing with water), gastroenteritis (Inflammation of the lining of the stomach and the intestines), and dysphagia (swallowing difficulties). During a review of Resident 85's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated [DATE], the MDS indicated Resident 85 required dependent assistance (Helper does all the effort) from two or more staff for oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, putting on/taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed to chair transfer. The MDS indicated, eating was not attempted due to medical condition or safety concern. During a review of Resident 58's Order Summary Report (OSR), dated [DATE], the OSR indicated, change G-Tube feeding syringe and tubing daily by night shift daily. During a review of Resident 58's Medication Administration Record (MAR), dated from [DATE] to [DATE], the MAR indicated, G-tube feeding syringe and tubing changes were done [DATE] and [DATE] by night shift (11 p.m. to 7 a.m. shift) per documentation. During an observation on [DATE], at 2:36 p.m., in Resident 85's room, Resident 85 was receiving tube feeding via pump at 35 milliliter(ml) per hour. The tube feeding formula label indicated, it was started on [DATE], at 2:30 a.m. Syringe for medication administration, feeding pump tubing, and water flush bag were dated [DATE], at 2:30 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE], at 2:40 p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated, he believed tube feeding formula was good up to 24 hours, but he was not sure. LVN 2 stated, tubing system, syringe, and water flush bag should be changed every 24 hours. LVN 2 stated, he would have to check with the Registered Nurse Supervisor (RNS) or Director of Nursing (DON). LVN 2 stated, there would be safety risk to consume expired formula. LVN 2 stated, there would be clogging G- tube issue if the tubing was not replaced. LVN 2 stated, he did not read the policy and procedure for G- tube care. During an interview on [DATE], at 2:47 p.m., with RNS 2, RNS 2 stated, she would consider Resident 58's formula and tubing as expired because they were hanging more than 24 hours and should have discarded. RNS 2 stated, tube feeding formula, tubing, syringe, water flushing bag should be changed every 24 hours to prevent clogging of G-tube and food poisoning per policy and procedure. RNS 2 stated, all staff should make every effort to protect vulnerable residents. During an interview on [DATE], at 12:11 p.m., with DON, DON stated, tube feeding systems including formula, syringe, water flush bag, tubing should be changed every 24 hours per the facility's policy and procedure to prevent food borne illness and clog of G-tube. All staff should be familiar with policy and reflected in their practice. During a review of the facility's Policy and Procedure (P&P) titled Enteral Feedings, revised [DATE], the P&P indicated, Label bag and tubing with date and time hung. Hang time is for no more than 24 hours. Change feeding bag and tubing every 24 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537 Based on observation, interview, and record reviews, the facility failed to ensure effective pain management for two of five sampled resident (Resident 441 and Resident 193), by failing to: a. Obtain a physician order for pain medication for moderate pain (pain scale rating from zero to ten [pain screening tool using numerical value to assess the level of pain ranging from 0 to 3-mild pain, from 4 to 6-moderate pain, and from 7 to 9-severe pain, and 10- the worse pain possible]). This deficient practice had the potential to result in insomnia (a sleep disorder with trouble falling asleep, staying asleep, or getting good quality sleep) for Resident 441 b. Administer pain medication in a timely manner as ordered by Resident 193 physician. This failure resulted in Resident 193's to experience unnecessary pain. Findings: During a review of Resident 441's Admission Record, the Admission Record indicated, Resident 441` was admitted to the facility on [DATE] with diagnoses including displaced fracture (broken bone) of left femur (left thigh bone), pain in left hip, and history of falling. During a review of Resident 441's History and Physical (H&P), dated 7/18/2024, the H&P indicated, Resident had the capacity to understand and make decisions. During a review of Resident 441's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated 7/22/2024, the MDS indicated Resident 441 required dependent assistance (helper does all of the effort) from two or more staff for oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair /bed to chair transfer, and setup or clean up assistance (helper sets up or cleans up and resident completes activity) from one staff for eating. During a concurrent observation and interview on 7/23/2024, at 11:28 a.m., with Resident 441 in Resident 441's room, Resident 441 was grimacing (facial expression usually suggesting pain or disgust). Resident 441 stated, she had a fall incident recently and had a surgical procedure on her left hip. Resident 441 stated, she did not have pain if she did not move, but she did have pain when she tried to move her left side. Resident 441 stated, she had high tolerance for pain. Resident 441 stated, pain did not bother her during the daytime, but she could not sleep well because of pain at night at times. Resident 441 stated, she was having left hip pain of six out of ten pain scale, but the night shift nurse did not give her medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 441's Physician Order Summary Report, dated 7/25/2024, indicated, to assess for pain every shift and chart intensity of pain using 1-10 numeric pain scale (1-4 = mild pain, 5-7 = moderate pain, 8-9 = severe pain, 10 = excruciating pain) ordered on 7/15/2024. The Physician Order Summary Report indicated, Acetaminophen (over the counter medication for mild pain relieve) 325 milligrams (mg- unit of measurement) two tablets by mouth every six hours as needed for mild pain (0-4 pain, ordered 7/15/2024) and Tramadol HCL (pain medication to treat severe pain and inflammation) 50 mg one table by mouth every 12 hours as needed for severe pain (8-9 pain) ordered on 7/23/2024. During a concurrent interview and record review on 7/26/2024, at 10:01 a.m., with Registered Nurse Supervisor (RNS) 2, Resident 441's Medication Administration Record (MAR), dated 7/2024 was reviewed. The MAR indicated, pain level of zero was documented from 7/15/2024 to 7/25/2024. The MAR indicated, Acetaminophen was given on 5/17/2024 and 5/23/2024 for pain scale of four (mild pain) and documented it was effective. The MAR indicated, Toradol was not given from 7/15/2024 to 7/25/2024. RNS 2 stated, Resident 441 had complained about left hip pain scale of eight out of ten on 7/23/2024 and Toradol was offered but refused. RNS 2 stated, Resident 441 took Acetaminophen instead. RNS 2 stated, Licensed Vocational Nurse (LVN) should have documented as refused and documented the reason of refusal. RNS 2 stated, LVN should have documented pain level of eight instead of four. During a concurrent interview and record review on 7/26/2024, at 10:55 a.m., with RNS 2, a copy of text message between RNS 2 and primary physician, dated 7/23/2024 was reviewed. The text message indicated, RNS 2 reported Resident 441 was having pain scale of eight out of ten and only Acetaminophen for mild pain was available to give. The text message indicated, RNS 2 stated, Acetaminophen was not effective and primary physician ordered Tramadol for sever pain (pain scale of 8-9). RNS 2 stated, she should have documented in the note regarding this text message between her and the physician, but she did not. RNS 2 stated, she should have asked the physician for pain medication for moderate pain to cover all level of pain for effective pain management. RNS 2 stated, if the pain was not managed effectively, it would affect resident's quality of life negatively because the resident's activity of daily living (ADL) would decline and quality of sleep at night would decline, also. During a concurrent interview and record review on 7/26/2024, at 11:20 a.m., with Director of Staff Development (DSD), Resident 441's Care Plan (CP), dated 7/16/2024 was reviewed. The CP Focus indicated, The resident is on pain medication therapy related to left hip fracture (broken bone). The CP interventions including Administer Analgesic (medication to relieve pain) medications as ordered by physician. Monitor and document side effects and effectiveness every shift. Review (every four hours) for pain medication efficacy. Assess whether pain intensity is acceptable to resident, no treatment regimen or change in regimen required. DSD stated, staff should have provided pain medication as ordered and there was no need to offer both medications because they had different parameters to follow. DSD stated, RNS 2 should have documented her communication with physician in progress note and obtained the order for pain medication for moderate pain. DSD stated pain management was important because it affects all aspects of resident's daily life. During an interview on 7/26/2024, at 12:11 p.m., with Director of Nursing (DON), DON stated, effective pain management was important to improve and maintain quality of life for residents because it affects all aspects of their lives. DON stated, all levels of pain should be covered by different pain medications for effective pain management. 41699 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 193's Admission Record, the Admission Record indicated Resident 193 was admitted to the facility on [DATE], with diagnoses including type 2 diabetes mellitus (high blood sugar), dysphagia (difficulty of swallowing), and epilepsy. During a review of Nursing Progress Notes dated 07/23/2024 at 8:05 a.m. indicated to give morphine sulfate (narcotic pain medication) oral tablet 15 mg one tablet by mouth two times a day for severe pain of 8-9 out of ten pain scale. During an observation on 07/23/2024 at 8:49 a.m., Resident 193 complained of lower back pain and both hips area. During an interview on 07/23/2024 at 9:13 a.m., the Licensed Vocational Nurse (LVN 1) stated the pain medication did not arrive yet and still waiting for physician to approve it. LVN 1 stated that emergency kit (a small supply of medications that can be dispensed when pharmacy services are not available) medication can be utilize if available. During an interview on 07/25/2024 at 12:26 p.m., the Registered Nurse (RN 1) stated that pain medications must be given before it gets worst so that it would take effect right away. During an interview on 07/26/2024 at 11:35 a.m., the Director of Nursing (DON) stated pain medication must be given if it was available in the emergency kit and must be documented. During a review of Resident 193's Medication Administration Record (MAR) for 07/2024, indicated that pain medication was not given until 07/23/2024 at 11:39 a.m. During a review of the facility's policy and procedure (P&P) titled, Pain Management, revised 5/25/2023, the P&P indicated, 1. Pain Assessment: a. A pain assessment will be completed for each resident upon admission, quarterly, when there is a new onset of pain, exacerbation of pain, or when there is a significant change in status .2. Pain Management: a. The Licensed Nurse will administer pain medication as ordered and document medication administered on the Medication Administration Record (MAR) . d. If there is a new onset of pain, if the pain has changed in nature, or the pain has not been relieved with current medication, the Licensed Nurse will notify the Attending Physician. In addition: i. The IDT will review the residents Pain Management and make changes to the care plan as needed. ii. The Licensed Nurse will notify the resident/responsible party regarding new pain medication orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to ensure the physician responded to the consultant pharmacist's recommendation from 6/4/24 to obtain a valproic acid level (a lab value used to ensure certain medications are used safely and effectively) related to the use of divalproex sodium (a medication used to treat seizures) in one of five sampled residents (Resident 5.) The deficient practice of failing to ensure the physician evaluated and responded to medication irregularities (potential issues with a resident's medication regimen) identified by the consultant pharmacist during the Medication Regimen Review (MRR - a monthly report from the consultant pharmacist identifying any medication irregularities in a resident's current medication regimen) increased the risk that Resident 5 could have experienced adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) related to their medication therapy possibly leading to impairment or decline in their mental or physical condition or functional or psychosocial status. Findings: During a review of Resident 5's Admission Record (a document containing diagnostic and demographic information), dated 6/6/24, indicated she was admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses including psychosis (a mental condition characterized by the inability to determine reality from non-reality.) During a review of Resident 5's History and Physical (H&P - a record of a comprehensive physician's assessment), dated 4/4/24, indicated she had fluctuating capacity to understand and make decisions. During a review of Resident 5's Order Summary Report (a summary of all currently active physician orders), dated 7/25/24, indicated on 3/31/24, Resident 5 was prescribed divalproex sodium 500 milligrams (mg - a unit of measure for mass) by mouth two times a day for poor impulse control manifested by getting agitated easily leading to verbal and physical aggression. During a review of the consultant pharmacist's recommendation, dated 6/4/24, indicated the consultant pharmacist asked the physician to consider monitoring Resident 5's valproic acid levels related to the use of divalproex sodium. During a review of Resident 5's clinical record indicated there was no physician response to the pharmacist's recommendation to monitor Resident 5's valproic acid level related to the use of divalproex sodium and no laboratory monitoring of valproic acid levels had been ordered or conducted. During an interview on 7/25/24 at 11:01 AM with the Director of Nursing (DON), the DON stated the facility failed to respond to the pharmacist's request to monitor the valproic acid level for Resident 5's divalproex sodium use. The DON stated the facility failed to monitor the valproic acid level at any other time to ensure the medication was effective and not toxic. The DON stated failure to monitor the valproic acid level for a resident with divalproex sodium therapy could cause the medication to be ineffective at controlling behaviors if the level is too low or could be toxic if the level is too high possibly leading to medical complications requiring hospitalization . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy Medication Regimen Review (monthly report), dated June 2021, indicated The consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. The MRR includes evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functions and prevents or minimizes adverse consequences related to medication therapy . Recommendations are acted upon and documented by the facility staff and/or the prescriber . Physician accepts and acts upon suggestion or rejects and provides an explanation for disagreeing by the next physician visit . During a review of the facility's policy Laboratory Monitoring Guidelines, revised November 2017, indicated serum drug levels of divalproex sodium should be monitored 7-10 days after initiation or dosage change then every 6 months . (cross reference F756)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40994 Based on interview and record review, the facility failed to monitor valproic acid levels (a laboratory test used to ensure medications used to treat seizures are present at a safe and effect level in the blood) related to the use of divalproex sodium (a medication used to treat seizures) in one of five residents sampled for unnecessary medications (Resident 5.) The deficient practices of failing to monitor valproic acid levels related to the use of divalproex increased the risk that Resident 5 could have experienced adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) or seizures related to valproic acid levels being too high or too low leading to medical complications possibly resulting in hospitalization . Findings: During a review of Resident 5's Admission Record (a document containing diagnostic and demographic information), dated 6/6/24, indicated she was admitted to the facility on [DATE] and most recently readmitted on [DATE] with diagnoses including psychosis (a mental condition characterized by the inability to determine reality from non-reality.) During a review of Resident 5's History and Physical (H&P - a record of a comprehensive physician's assessment), dated 4/4/24, indicated she had fluctuating capacity to understand and make decisions. During a review of Resident 5's Order Summary Report (a summary of all currently active physician orders), dated 7/25/24, indicated on 3/31/24, Resident 5 was prescribed divalproex sodium 500 milligrams (mg - a unit of measure for mass) by mouth two times a day for poor impulse control manifested by getting agitated easily leading to verbal and physical aggression. During a review of the consultant pharmacist's recommendation, dated 6/4/24, indicated the consultant pharmacist asked the physician to consider monitoring Resident 5's valproic acid levels related to the use of divalproex sodium. During a review of Resident 5's clinical record indicated there was no physician response to the pharmacist's recommendation to monitor Resident 5's valproic acid level related to the use of divalproex sodium and no laboratory monitoring of valproic acid levels had been ordered or conducted. During an interview on 7/25/24 at 11:01 AM with the Director of Nursing (DON), the DON stated the facility failed to respond to the pharmacist's request to monitor the valproic acid level for Resident 5's divalproex sodium use. The DON stated the facility failed to monitor the valproic acid level at any other time to ensure the medication was effective and not toxic. The DON stated failure to monitor the valproic acid level for a resident with divalproex sodium therapy could cause the medication to be ineffective at controlling behaviors if the level is too low or could be toxic if the level is too high possibly leading to medical complications requiring hospitalization . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy Medication Regimen Review (monthly report), dated June 2021, indicated The consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. The MRR includes evaluating the resident's response to medication therapy to determine that the resident maintains the highest practicable level of functions and prevents or minimizes adverse consequences related to medication therapy . Recommendations are acted upon and documented by the facility staff and/or the prescriber . Physician accepts and acts upon suggestion or rejects and provides an explanation for disagreeing by the next physician visit . During a review of the facility's policy Laboratory Monitoring Guidelines, revised November 2017, indicated serum drug levels of divalproex sodium should be monitored 7-10 days after initiation or dosage change then every 6 months .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 40994 Based on observation, interview, and record review, the facility failed to discard and replace one expired fluticasone/salmeterol inhaler (a medication used to treat breathing problems) affecting Resident 22 in one of two inspected medication carts (East Medication Cart.) The deficient practice of failing to remove expired medications from the medication carts increased the risk that Resident 22 could have received medication that had become ineffective or toxic due to improper storage possibly leading to health complications resulting in hospitalization or death. Findings: During a concurrent observation and interview on 7/24/24 at 12:56 AM of East Medication Cart with the licensed vocational nurse (LVN 6), the following medications were found either expired, stored in a manner contrary to their respective manufacturer's requirements, or not labeled with an open date as required by their respective manufacturer's specifications: 1. One opened fluticasone/salmeterol inhaler for Resident 22 was found labeled with an open date of 5/4/24. According to the manufacturer's product labeling, fluticasone/salmeterol inhalers should be used or discarded within 30 days after removal from the protective foil pouch. LVN 6 stated Resident 22's fluticasone/salmeterol inhaler was opened on 5/4/24 and expired around 6/4/24 based on the manufacturer's instructions. LVN 6 stated the facility failed to remove this inhaler from the medication cart once it expired. LVN 6 stated it should have been removed 30 days after opening and replaced for the resident whether it still had doses of medication or not. LVN 6 stated this medication is used to treat breathing problems which may get worse if the medication is less effective possibly causing the resident to be hospitalized . During a review of the facility's policy Storage of Medications, dated April 2008, indicated Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations of those of the supplier . Outdated, contaminated, or deteriorated medications . are immediately removed from stock, disposed of according to procedures for medication disposal .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46537 Based on observation, interview, and record review, the facility failed to ensure foods were dated, properly sealed, refrigerated after opening per manufacturer's recommendation, and discarded before the used by date (expiration dates) for 91 out 93 total residents. This failure placed residents at risk for developing foodborne illness (food poisoning: any illness resulting from the food spoilage from contaminated food with germs) which can cause symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever, and can lead to other serious medical complications and hospitalization . Findings: During a concurrent observation and interview on [DATE], at 8:22 a.m., with Dietary Manager (DM), in dry storage room [ROOM NUMBER], there were food items that were not dated, properly sealed, refrigerated after opening per manufacturer's recommendation, and discarded before the used by date as follows: a. Opened and used lemon juice in a plastic bottle with Receiving Date (RD- the day of delivery) of [DATE], no Open Date (OD), and no Used By (UB). It should be refrigerated after opening per manufacturer's recommendation. b. Opened and used sesame oil in a bottle with RD of [DATE], OD [DATE], and no UB. c. Opened and used Italian dressing in a plastic bottle with RD of [DATE], OD [DATE], and no UB. It should be refrigerated after opening per manufacturer's recommendation. d. Opened and used penne pasta with no RD, OD of [DATE], UB of [DATE]. It was expired according to its label. e. Opened and used orzo pasta in an unsealed zip lock bag with no RD, OD of [DATE], UB [DATE]. It was expired according to its label. f. Opened and used marshmallows in an unsealed bag with RD [DATE], no OD, and no UB. g. Opened and used soy source in a bottle with no RD, OD of [DATE], UB [DATE]. It was expired according to its label, and it should be refrigerated after opening per manufacturer's recommendation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	DM stated, all food items should have been labeled with receiving date when the facility got delivery from vendors. DM stated, all food items should have open date and used by date (expiration date). DM stated, it was all dietary staff (including herself) responsibility to check all food items for labels, dates, properly stored and sealed. DM stated, all expired items should have been discarded. DM stated these practices were important to make sure all food items were in good condition because the residents consumed these food items. DM stated, she would provide in-service for dry food storage guidelines, because once the food items were opened, there should be different shelf life (a time limit on how long a product can be stored before it becomes unsuitable for consumption or use). DM stated, all staff should refer Dry Goods Storage Guidelines for shelf life after opening and labeled UB date on food items. During a concurrent observation and interview on [DATE], at 8:44 a.m., with DM, in the kitchen, there was opened and used liquid coffee creamer in a plastic bottle with no RD, no OD, and UB of [DATE] in the refrigerator #1. DM stated, all food items should be dated, and dietary staff should follow Refrigerated Storage Guide to ensure safety of perishable items that required refrigeration. During a concurrent observation and interview on [DATE], at 8:52 a.m., with DM, in the kitchen, there was opened and used hash browns in a bag with RD of [DATE], no OD, and UB of [DATE] in the freezer #1. DM stated, dietary staff should follow Freezer Storage Guideline to ensure safety of perishable (spoil quickly and therefore have a short shelf life) items in freezer. DM stated, all items should be dated per policy and procedure. During a review of the facility's policy and procedure (P&P) titled, Food Storage, revised [DATE], the P&P indicated, Policy: Food items will be stored, thawed, and prepared in accordance with standard sanitary practices. All items will be correctly labeled and dated .13. Dry Storage Area .g. Place opened products in storage containers with tight fitting lids. h. Label and date all storage products. During a review of the facility's policy and procedure (P&P) titled, Dry Goods Storage Guidelines, dated 2023, the P&P indicated, lemon juice should be refrigerated after opening. The P&P indicated, shelf life (the period during which a material may be stored and remain suitable for use) for sesame oil was three months after opening. The P&P indicated, bottled salad dressing should be refrigerated after opening. The P&P indicated, shelf life for dry pasta was one year after opening. The P&P stated shelf life for marshmallows were one month after opening. The P&P indicated that soy source should be refrigerated after opening. During a review of the facility's policy and procedure (P&P) titled, Refrigerated Storage Guide, dated 2023, the P&P indicated, liquid coffee creamer should be used by three weeks after delivery. During a review of the facility's policy and procedure (P&P) titled, Freezer Storage Guidelines, dated 2023, the P&P indicated, length of time in freezer for hashbrowns was one year.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on interview and record review, the facility failed to assess mental capacity (ability to make decisions) and provide information to one of three sampled residents (Resident 85) and their responsible parties before signing arbitration agreement (a way of resolving a dispute without filing a lawsuit and going to court). This failure had the potential to result in Resident 85 not fully understanding their right to limit opportunity to initiate judicial proceedings that challenge unfavorable decisions. Findings: During a review of Resident 85's Admission Record, the Admission Record indicated, Resident 85 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis including gastrostomy (surgical opening made into the stomach to introduce food), dementia (progressive loss of memory), bilateral age-related cataract (cloudy area in the lens (the clear part of the eye that helps to focus light) of your eye, and altered mental status. During a review of Resident 85's History and Physical (H&P), dated 7/21/2024, the H&P indicated, Resident 85 does not have the capacity to understand and make decisions due to cerebral vascular disease (group of condition affection blood flow to brain). During a review of Resident 85's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated 6/8/2024, the MDS indicated Resident 85's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. The MDS indicated Resident 85 had impairment on both of her upper (arms and shoulders) extremities and is dependent on all aspects of activities of daily living (ADL: bathing, toileting, transfer, hygiene). During a review of Resident 85's Arbitration Agreement (AA), dated 5/17/2024, the AA indicated, Resident 85's family member (FM)1 signed the arbitration agreement on 5/17/2024. During an interview on 7/26/2024 at 3:37p.m. with Resident 85's FM 1 via phone with the assistance of Registered Nurse Supervisor 2 (RNS 2)FM 1 stated she did not remember signing the Arbitration and did not understand the Arbitration that was written in English. FM 1 stated she thought she signed the admission packet, and no one explained to her what the arbitration was. FM 1 stated no one told her that she could rescind the Arbitration within 30 days of the signed date. During an interview on 7/26/2024 at 4:10p.m. with Admission Coordinator (AC), AC stated she is responsible for the Arbitration and indicated the Arbitration is an agreement between the family and facility. AC stated the Arbitration is provided with the admission packed and indicated since she speaks fluent Spanish, she did not need a witness. AC stated she realized the family and resident may not understand and it is important to ensure the representative and/or resident understand the Arbitration Agreement content. it with admission packet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Arbitration Agreements, revised date 5/25/2023, the P&P indicated if the facility presents an arbitration agreement to a resident, the person presenting the arbitration agreement will explain the agreement to the resident in a form and manner that they understand, including in a language the resident understand and confirm that the resident understands the agreement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway Norwalk, CA 90650

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 49889 Based on observation, interview and record review, the facility failed to ensure all facility staff were provided with five hours of dementia (diseases that affect memory and thinking) training annually. This failure had the potential to result in residents with dementia being neglected and not provided with resident centered, comprehensive care. Findings: During a concurrent interview and record review on 7/26/2024 at 11:54 a.m. with the Director of Staff Development (DSD), the DSD stated, all facility staff are to be in-serviced on dementia training two hours upon hire and six hours annually to prevent residents with dementia from being neglected or abused. During an interview on 7/26/2024 at 3:24 p.m. with the Director of Nursing (DON), the DON stated it was important to provide dementia training to all facility staff to prevent nurse burnout and to educate staff on how to care for residents who are at a higher risk of being started on unnecessary medications. During a review of the facility's policy and procedure (P&P) titled Dementia Care revised on October 2017, indicated, all staff will complete the two-hour dementia specific training within the first (40) hours of employment. All staff will complete a minimum of 5 hours of Dementia specific in-service training per year, as part of the facility's ongoing staff education program. a. Attendance at the in-service will be documented and maintained in each employee's personal file. b. The 2 hours of dementia specific training that is completed as part of orientation is not included in the five (5) hours off annual dementia- specific training.