STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555823	A. Building B. Wing	05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Intercommunity Care Center	2626 Grand Avenue Long Beach, CA 90815

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on interview, and record review the facility failed to ensure Resident 73's responsible party (RP) was informed in advance, of the risks and benefits of psychotropic medication (a drug that changes brain function and results in alterations in perception, mood, consciousness, or behavior) for one of five sample resident's. This failure resulted into violating the residents' right to make an informed decision regarding the use of psychotropic medications. Findings: During a record review of Resident 73's admission record (Face Sheet) , the Face Sheet indicated the resident was admitted on [DATE] to the facility with diagnoses that included anxiety, dementia(loss of cognitive functioning such as thinking, remembering, and reasoning which can affect and interfere with daily life and activities),psychotic and mood disturbance (refers to a collection of symptoms that affect the mind, where there has been some loss of contact with reality). During a record review of Resident 73's Minimum Data Set (MDS- standardized screening tool) dated 3/8/2024, the MDS indicated the resident had impaired cognitive skills (person had trouble learning, remembering new things, understanding, and making decisions)and required substantial assistance (helper does more than half the effort)with bathing, dressing, and personal hygiene. During a record review of Resident 73's Physician Order dated 5/3/2024, the physician order indicated an order of Seroquel (medicine used to treat certain mental and mood disorders)50 milligrams (mgs- unit of measurement) once a day at noon for agitation manifested by restlessness. The Physician Order dated 6/28/2023, indicated an active order of Seroquel 100 mgs. 1 tablet once on evening for dementia with psychotic behavior manifested by angry outbursts and hallucinations). During a record review of Resident 73' Facility Verification of Resident Informed Consent of Psychotherapeutic Drug, the facility verification of Resident Informed consent dated 5/3/2024 indicated an informed consent for Seroquel 50 mgs. once a day for restlessness was obtained from a resident representative (daughter) on 5/3/2024 , at 1:00 p.m. signed by a licensed vocational nurse. The Facility Verification of Resident Informed Consent indicated no signature of physician. During a record review of Resident 73's Medication Administration Record (MAR), the MAR indicated Seroquel was administered on 5/3/2024, 5/5/2024, 5/6/2024, and 5/7/2024. (continued on next page)

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

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 73's Informed Consent for Seroquel 50 mgs on 5/9/2024, at 3:57 p.m. with Director of Nursing(DON), DON confirmed the consent was not signed by the physician and Seroquel should be administered to the resident after informed consent is obtained. DON stated Informed Consent for psychotropic medication is important to ensure the responsible party or the resident is informed about the side effects of the medication. During an interview on 5/10/2024, at 10:56 a.m. with RN Supervisor(RNS 1), RNS 1 stated informed consent for psychotropic medication has to be signed and obtained by the physician because psychotropic medication had a lot of side effects like extrapyramidal symptoms(EPS- involuntary or uncontrollable movement or tremors caused by some psychotropic medications), palpitations(unpleasant sensations irregular or forceful beating the heart), and lethargy (state of feeling drowsy, tired and sleepy) that could lead to fall. RNS 1 stated the resident could have the side effects or adverse reaction and facility could be liable to what could happen to the resident. During an interview on 5/10/2024, at 1:04 p.m. with Administrator(ADM) stated the prescribing physician should provide an informed consent to the resident or responsible party regarding the usage and side effects of the psychotropic medicine before administering the prescribed psychotropic medicine. During a record review of facility's policy and procedure(P/P) titled Informed Consent undated, the P/P indicated the purpose of informed consent is to ensure psychotropic medications is administered legally following a valid written or verbal/telephone consent, a court order or during emergency. The P/P indicated consent for administration of psychotropic medicine received over the phone is witnessed by a medical professional staff , signed, and completed by the psychiatrist. The P/P indicated for consent received in writing, the consent is completed and signed by the concerned party and the psychiatrist.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269 Based on observation, interview , and record review, the facility failed to ensure three of five sampled residents (Resident 8, 58 and 69) were free of unnecessary physical restraints (any object or device that an individual cannot remove easily which restricts freedom of movement) by failing to: 1.Ensure on-going assessment and reevaluation of restraints' continuous use were conducted and documented. This failure had the potential to place Resident 8, 58 and 69 at risk for unnecessary prolonged use of restraints , impaired blood circulation, skin injuries and entrapment (an event in which a patient is caught, trapped , or entangled). Findings: During a record review of Resident 8's Face Sheet (document containing a summary of a patient's personal and demographic information) , the Face Sheet indicated the resident was admitted on [DATE] to the facility with diagnoses that included paranoid schizophrenia (mental illness characterized by a pattern of behavior where a person feels distrustful and suspicious of other people and surroundings) , anemia (low blood count), osteoarthritis(protective cartilage on the ends of your bone breaks down, causing pain, swelling and problems moving the joint) and presence of right artificial hip joint. During a record review of Resident 8's History and Physical (H and P) dated 5/13/2024, the H and P indicated the resident did not have the capacity to understand and make decisions. During a record review of Resident 8's Minimum Data Set(MDS- standardized screening tool) dated 3/22/2024, the MDS indicated had severely impaired cognitive skills(problems with a person's ability to think, learn, remember, use judgement, and make decisions) for daily decision making and required supervision or touching assistance with bed mobility and transfer to and from a bed to chair or wheelchair. During a record review of Resident 8's Physician Order Report dated 7/20/2020, the Physician Order Report indicated Safety (Lap) belt restraint(non-releasing) when up in wheelchair to prevent falling due to poor safety awareness. During a record review of Resident 8's Care Plan for safety lap belt (non-self-releasing) due to poor safety awareness and history of fall revised 3/24/2023. The Care Plan 's goals included reducing risk of injuries from the use of restraint. The Care Plan's Approach Plan indicated monitor effectiveness or need for continued use, visual checks for positioning and circulatory problems, remove restraints as ordered to check skin integrity and to monitor possible less restrictive measure. During an observation on 5/8/2024, at 9:09 a.m., Resident 8 was sitting on a wheelchair in the hallway near a Nursing Station with lap belt restraint wrapped around the resident's waist and tied behind the wheelchair. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/8/2024, at 9:15 a.m. with Licensed Vocational Nurse (LVN 3), LVN 3 stated 8's lap seatbelt was a form of restraint to prevent her from falling. During a record review of Resident 58's Face Sheet, the face Sheet indicated the resident was initially admitted on [DATE] and was readmitted on [DATE] to the facility with diagnosis that included dementia(loss of cognitive functioning such as thinking, remembering and reasoning which can affect and interfere with daily life and activities), recurrent depressive disorder(mental disorder that involves depressed mood or loss of pleasure or interest in activities for long periods of time), and schizophrenia(mental illness that affects how a person thinks, feels and behaves). During a record review of Resident 58's H and P dated 12/16/2023, the H and P indicated the resident did not have the capacity to understand and make decisions. During a record review of Resident 58's MDS dated [DATE], the MDS indicated the resident had severely impaired cognitive skills(problems with a person's ability to think, learn, remember use judgement, and make decisions) and required supervision / touching assistance with transferring to and from the bed to the chair or wheelchair. During a record review of Resident 58's Physician Order Report, the Physician Order Report dated 4/28/2021 lap Buddy(thick flat cushion that fits over a person's lap and under the armrests of a wheelchair and helps to keep the person properly positioned) when sitting in a wheelchair to prevent getting up unassisted. During a record review of Resident 58's Care Plan revised 11/10/2023, the Care Plan indicated the resident had a need for a lap buddy due to abnormalities of gait, mobility, and history of falls. The Care Plan's goals indicated to reduce the risks of injuries from the usage of restraints. The Care Plan's approach or plan included to monitor effectiveness or need of continue use, to perform visual check at least every 2 hours to prevent injury, circulatory (system that moves blood through the body) problems, and to remove the restraints as ordered for checking skin integrity. During a concurrent observation and interview on 5/8/2024, at 8:30 a.m. in Resident 58's room with Certified Nursing Assistant (CNA 4), Resident 58 was quietly seated in a wheelchair with a lap buddy in place. CNA 4 stated the lap buddy was a restraint to prevent her from falling. During a concurrent interview and record review of Resident 8 and Resident 58's and Resident 8's Flowsheet for Resident restraint every 2 hours Check on 5/9/2024, at 11:42 a.m. with LVN 1, LVN 1 stated they performed every two hours assessment and visual checks on residents who had restraints. LVN 1 confirmed only 5/8/2024 and 5/9/2024 restraints' assessment was documented for Resident 8 and Resident 58.LVN 1 stated residents on restraints could have skin breakdown, impaired circulation or pain could happen if residents are not monitored and assessed. During an interview on 5/9/2024, at 2:44 p.m. with CNA 4, CNA 4 the document titled Flowsheet for Resident Restraint Every Two-hour Check was just started today and they did not document their monitoring or checking the placement of restraints anywhere in the resident's charts. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 05/9/2024, at 3:57 pm with Director of Nursing (DON),DON stated they are not documenting any assessment or monitoring about the usage of restraints on residents, and they just started doing the documentation of assessment of restraints today. DON stated residents who had restraints could have impaired circulation, skin breakdown. discomfort and possible injury such as falls if the residents are not being monitored and assessed. During a review of Resident 69's Admission Record, indicated was admitted on [DATE] with dementia (the impaired ability to remember, think or make decisions that interferes with doing everyday activities). During a review of Resident 69's Minimum Data Set, dated dated dated [DATE], indicated Resident 69's cognitive skills (related to thinking, reasoning, decision-making, and problem solving) were moderately impaired. Resident 69 was assessed in needing moderate assistance with dressing, showering, toileting, oral hygiene, sitting, standing, and walking. During a review of Resident 69's physician orders dated 4/8/2024, indicated the resident may have lap belt while in a wheelchair to prevent Resident 69 from getting up unassisted. During a review of Resident 69's Facility Verification of Resident Informed Consent dated 2/10/2020, indicated the use of a lap buddy physical restraint while Resident 69 was up in a wheelchair to prevent Resident 69 from getting up unassisted. During an interview and record review on 5/9/2024 at 12:00 p.m., with the DON, of Resident 69's physical chart, the DON is unable to locate any documentation by the licensed nurses indicating monitoring, assessment, and release of the restraints every two hours for Resident 69. During a concurrent observation and interview on 5/9/2024 at 12:24 p.m., with the Activities Assistant (AA), in the dining room, Resident 69 was observed sitting in her wheelchair with a lap belt. AD stated Resident 69 has a lap belt and it is a restraint to prevent Resident 69 from getting up on her own and falling. During an interview on 5/9/2024 at 1:00 p.m., with LVN1, LVN 1 stated that Resident 69 does have a lap belt while she is in a wheelchair to prevent her from getting up unassisted and it is considered a restraint. LVN 1 states it is the responsibility of the Certified Nurse Assistants (CNA's) to document, release, and assess the restraints every two hours so there is no loss of circulation, loss of ROM, skin breakdown, or pain. During a concurrent interview and record review on 5/9/2024 at 1:23 p.m., with Certified Nursing Assistant (CNA) 1, stated Resident 69 has a lap belt and is considered a restraint. CNA 1 stated there is no area to document restraint assessments or monitoring. During a record review of facility's policy and procedure(P/P) titled Restraints (Chemical/ Physical) Policy and Procedures) undated, the P/P indicated patients have the right to the delivery of safe care and to be free from restraints. The P/P indicated to assess the physical needs of the patient that may causing behavior such as current medication management and psychological changes prior to restraint (Chemical/Physical) application and alternative interventions should be attempted and documented prior the use of restraint. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	49145

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 49145 Based on interview and record review, the facility failed to protect the health, welfare, rights and safety of 123 out of 123 residents by failing to screen potential employees for abuse, neglect (the failure to provide goods & services necessary to avoid physical harm, mental anguish, or mental illness), exploitation (the act of using someone or something unfairly for your own advantage), misappropriation of resident property (deliberate misplacement or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent) or mistreatment. This deficient practice placed residents at risk for abuse and neglect. Findings During a record review of the employee roster 2024, the employee roster indicated that since the last recertification in 2021, 1,005 new employees have been hired in the facility. During a record review of five randomly selected staff personnel files, two certified nurse assistants, two licensed vocational nurses, and one director of nursing, it was noted that no documented evidence of background screening was completed. During an interview with human resources (HR) on 5/10/2024 at 11:44 a.m., HR stated the facility does not do background checks and only do reference checks. During an interview with the Director of Staff Development (DSD) on 5/10/2024, at 11:59 a.m., DSD confirmed that the facility did not run background checks on prospective employees. During an interview with the Director of Nursing (DON) on 5/10/2024 at 12:16 p.m., the DON confirmed that they do not do background checks and only do reference checks. The DON stated that they should do background checks to ensure that employees do not have a criminal background and to protect the residents and staff. During an interview with the Administrator (ADMIN) on 5/10/2024 at 12:53 p.m., ADMIN stated they do not do background checks but it should have been done for the safety of employee and residentsso they know who they are hiring and to maintain the safety of their residents and staff. During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, revised 12/2016, the P&P indicated, As part of the resident abuse prevention, the administration will conduct employee background checks and will not knowingly employ or otherwise engage any individual who has been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court if law.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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** 45269 Based on observation, interview, and record review, the facility failed to identify and assess one of five sampled residents (Resident 17) who had black discoloration and pain on his second toe of the right foot. This failure had the potential to cause delay of treatment and care to Resident 17. Findings: During a record review of Resident 17's admission record (Face Sheet document containing a summary of a patient's personal and demographic information), the Admission record indicated the resident was admitted on [DATE] to the facility with diagnoses that included mesothelioma(type of cancer that occurs in the thin layer of tissue that covers the majority the internal organs), idiopathic neuropathy(nerves located outside of the brain and spinal cord are damaged and the cause is unknown), and cirrhosis of the liver (liver is scarred and permanently damaged). During a record review of Resident 17's Minimum Data Set ([MDS] standardized screening tool) dated 2/16/2024, the MDS indicated the resident had moderately impaired cognitive skills (person had trouble remembering, learning new things, concentrating, or making decision in everyday life) and required supervision/touching assistance with transfer to and from bed to a chair or wheelchair, eating, dressing. The MDS indicated the resident required partial/moderate(helper does less than half the effort) assistance with showering or bathing. During a record review of Resident 17's History and Physical (H and P) dated 8/5/2023, the H and P indicated the resident did not have the capacity to understand and make decisions. During a record review of Resident 17's Physician Order Report dated 8/3/2023, the Physician Order Report indicated to apply A and D ointment (medication used as a moisturizer to treat or prevent dry, rough, itchy, and minor skin irritations) on right big toe callus for skin maintenance once a day. During a concurrent observation on 5/9/2024, at 11:30 a.m. Resident 17 was complaining of pain on her second toe of her right foot. Observed a black discoloration surrounding the nail bed of second toe. During a concurrent interview and record review of Resident 17's right foot picture on 5/9/2024, at 2:05 p.m. with Certified Nursing Assistant (CNA2), CNA 2 stated the resident received shower last Tuesday (5/7/2024). CNA 2 stated Resident 17 had long toenails and the blackish discoloration on resident's second toe on the right feet was already present and looked the same based on the picture taken today. CNA2 stated he did not notify the charge nurse about what he had observed during the shower because resident was not in pain. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/9/2024, at 11:40 a.m. with Licensed Vocational Nurse (LVN 3), LVN 3 stated he did not notice the second big toe of the right foot to have blackish discoloration when he applied A and D ointment on the great big toe of the right foot yesterday. LVN 3 stated if dark discoloration on the toes were present, he should notify the physician because the condition could get worse. During an interview and record review on 5/9/2024 at 3:57 p.m. of Resident 17's picture of right foot m. with Director of Nursing (DON), DON stated the entire nail of second toe is discolored, great big toenail was long, and the black discoloration around the second toe of the right foot could be a wound because the area of discoloration was raised. DON stated any skin abnormalities like redness, swelling, discoloration should be reported to the physician immediately to get the appropriate treatment and care. DON stated resident's ingrown toenails or nails that are too long should be reported by the CNA to the charge nurse who will refer it to the podiatrist (medical specialist who help with problems that affect your feet or lower legs). DON stated Resident 17 's second toe's discoloration was not identified and assessed, resident could lose her toe and be at risk for pain. During a record review of facility's policy and procedure (P/P) titled Quality of Care undated , the P/P indicated the facility is responsible in identifying and providing needed care and services that acknowledge resident's preferences and goals. The P/P indicated to provide care that would reduce wait and harmful delays for both those who receive care and those who give care.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 49145 Based on observation, interview and record review, the facility failed to ensure staffing information was posted and placed in a visible and prominent place daily. This deficient practice resulted to unavailable information for number of staff and actual hours worked daily that is visible for residents and visitors. Findings: During an observation on 5/7/2024 at 10:30 a.m., no visible staffing information was found on station A, station B, or station C nursing stations. During an observation on 5/10/2024 at 8:25 a.m., no visible staffing information was found in the lobby or upon entrance into the locked facility. During an interview on 5/10/2024 at 12:17 p.m. with the Assistant Director of Nursing (ADON), ADON stated the staffing information is only posted in one place and that is by the time clock. During an interview on 5/10/2024 at 12:32 p.m. with the Director of Nursing (DON), DON stated the only place staffing information is posted is across from the employee lounge by the time clock. DON stated the staffing information is posted so family and visitors are aware of the staffing, and it should be posted in other areas such as the nursing stations and the lobby so it can be visible.

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39028 Based on observation, interviews and record review, facility failed to provide psychiatric consult on Resident who is receiving antipsychotic medications in the facility for one of 10 sampled Resident (Resident 108). This deficient practice has the potential for Resident 108 receiving continuous unnecessary medications without Psychiatric evaluation. Findings: During a record review of Resident 108's Admission Record (Face sheet) indicated the resident was admitted to the facility on [DATE] with diagnosis including unspecified dementia (loss of memory, alcohol dependence(dependent on alcohol), bipolar disorder (mood swings). During a record review of Resident 108's Minimum Data Set {(MDS), a standardized assessment and care screening tool}, dated 3/4/24 indicated Resident 108 had severe cognitive (ability to make decisions, understand, learn) impairment, with daily decision making. The MDS assessment indicated the resident required supervision assistance or touching assistance for activities of daily living (ADLs) such as bed mobility, transfer, locomotion on unit and off unit, dressing, toilet, and personal hygiene, eating, upper body dressing, and lower body dressing. During a record review of Resident 108's Physician order dated 2/21/24, indicated olanzapine tablet 2.5mg tablet by mouth for bipolar episodes, Haldol 5mg p. o., trazodone 50mg tablet by mouth daily, Namenda 5mg oral tablet by mouth. During a record review of Resident 108's History and Physical dated 3/6/24, indicated Resident 108 do not have the capacity to understand and make decisions. During a telephone interview on 5/8/24 at 11:07 A.M with the Family Member(FM)1 , , FM 1stated Resident 108, need a psychiatric evaluation and had not received one since the past two months of admission in the facility. FM1, stated he made a call to the facility yesterday 5/7/24 and asked facility staff if resident have received or been seen by any psychiatric doctor but staff declined to answer. During a concurrent interview and record review of Residents 108 progress notes on 5/9/24 at 10:41 a.m. with Assistant Director of Nursing (ADON), ADON stated supervising and providing in-services for the LVNs. ADON stated the nurse gets the informed consent from the conservator and .ADON stated that when conservator comes in the facility they would sign the form Adon stated not sure how long it takes for the resident to receive a psychiatric consult if Resident has been on psychotropic meds. ADON stated it's important to have psychiatric consult on residents on anti- psychotropic medications to avoid adverse side effects of the medications. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/9/24 at 10:50 A.M., DON stated resident is supposed to have received a psychiatric consult while taking psychiatric medications, but resident had a change of primary doctor because of medical insurance. DON added the facility requested for the doctor to come out and see resident, while reviewing the documents with DON, there was no evidence of request made on behalf of resident to receive a psychiatric consult. DON stated it's important for resident receiving psychiatric medications to receive psychiatric evaluation to guide the nurses. During a record review of facility's undated Policy and Procedure titled Psychotropic Medication use indicated a psychotropic drug is any medication that affects brain activities associated with mental processes and behavior, which includes but is not limited to antipsychotics, anxiolytics, hypnosis, and antidepressants. Residents who exhibit new or worsening behavioral or psychological symptoms of dementia will be evaluated by a health care professional and the care team to identify contributing factors. Treatable medical conditioning, physical problems, emotional stressors, psychiatric or psychological factors, social issues, or environmental factor. When a physician/prescriber orders a psychotropic medication for a resident, facility must ensure that the physician/prescriber had conducted a comprehensive assessment of the resident and has documented in the clinical record that the psychopharmacologic medication is necessary.

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	555823	A. Building B. Wing	05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Intercommunity Care Center	2626 Grand Avenue Long Beach, CA 90815

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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** 45269 Based on interview and record review, the facility failed to monitor side effects of Xarelto(medicine used to prevent blood clots and could cause increased risk of bleeding) on one of three residents (Resident 315). This failure had the potential to place Resident 315 at risk for undetected and potentially life-threatening side effects of Xarelto. Findings: During a record review of Resident 315's Face Sheet(document containing a summary of a patient's personal and demographic information), the face sheet indicated the resident was admitted on [DATE] to the facility with diagnoses that included atherosclerotic heart disease of native coronary artery(buildup of fats, cholesterol and other substances in the blood vessels that supply the heart), and lobar pneumonia (serious infection of one or more sections of the lungs). During a record review of Resident 315's History and Physical (H and P) dated 1/3/2024, the H and P indicated the resident did not have the capacity to understand and make decisions. During a record review of Resident 315's Minimum Data Set([MDS] standardized screening tool) dated 2/2/2024, the MDS indicated the resident had impaired cognitive skills(person had trouble remembering, understanding, learning new things, and making decisions) and required partial or moderate assistance with transfer to and from a bed to chair, dressing, showering, toileting hygiene and personal hygiene. During a record review of Resident 315's Physician Order Report dated 7/16/2020, the Physician Order Report indicated an order of Xarelto 10 milligrams(mg- unit of measurement) 1 tablet once a morning for clot prophylaxis (prevention of formation of blood clots). During a record review of Resident 315's Care Plan dated 7/9/2021, the Care Plan indicated the resident had the potential for bleeding/ bruise, or skin trauma secondary to Xarelto and aspirin(blood thinning medicine). The Care Plans' goals included the resident would not have no bleeding episodes daily for three months. The Care Plan's interventions included to monitor for bleeding gums , bruises , nosebleeds, black, tarry stool, hematemesis (vomiting of blood) hematuria (blood in the urine). During a concurrent interview and record review of Resident 315's Physician Order and Medication Administration Record (MAR) on 5/10/2024, at 9:48 a.m. with Licensed Vocational Nurse (LVN 2), LVN 2 confirmed there was no physician order to monitor the side effects of Xarelto and no monitoring of possible side effects in the MAR was found. LVN 2 stated serious side effects could occur from Xarelto such as bruising and black tarry stool(most often indicates bleeding in the stomach, and esophagus) . LVN 2 stated there was an increased risk of bleeding and death if a resident on a blood thinner was not monitored for side effects. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review of Resident 315's Physician Order and MAR, on 5/10/2024, at 10:44 a.m. with RN Supervisor (RNS1), RNS 1 stated there was no physician order to monitor for the possible side effects and the MAR did not indicate monitoring for bleeding for the use of Xarelto was documented. RNS 1 stated Xarelto was a blood thinner that could cause internal bleeding and should be monitored for its side effects or adverse reactions. During an interview on 5/10/2024, at 12:32 p.m. with Director of Nursing (DON), DON stated the facility should add monitoring of side effects as one of their plans of care for the use of Xarelto on Resident 315 because of the possibility of bleeding. DON stated not monitoring for possible adverse reaction could place resident at risk for unidentified side effects. During a record review of facility's policy and procedure (P/P) titled Unnecessary Medications undated, the P/P indicated each resident's drug regimen must be free from unnecessary drugs in an excessive dose excessive duration or without adequate monitoring.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 39028 Based on observation, interviews, and record review the facility failed to follow kitchen hygiene, handling, and storage of food products in the kitchen. a. By not dating an opened food items. b. Storing uncooked opened bag of raw fish on top of other raw meats in the refrigerator. These deficient practices had the potential to cause food borne diseases in the facility residents who depend on facility prepared food for daily feeding and contaminate other food stored in the refrigerator. Findings: During an initial kitchen observation on 05/07/24 at 10:35 a.m., open salmon fillet out of the box with no open date was placed on top of the pork box inside the refrigerator Dietary Supervisor stated it was opened and should not be placed at the refrigerator. During an interview on 05/09/24 at 09:34 A.M., with the Dietary supervisor (DS), DS stated I don't know how they got up there the opened salmon should be wrapped up and kept at the bottom of the refrigerator. DS stated when kitchen staff opens it they are supposed to put a date and wrap it up so everyone knows. It should be kept in the bottom in case it defrosts and dripped down to the bottom. It could cause contamination of other stored food and I would have to discard everything. During a concurrent observation and interview on 5/9/2024 at 10:20 a.m. the DS, the DS stated the cook are regularly provided with in-services on the correct way for storage and dating opened food items During an interview on 5/9/24 at 11;35a.m , with cook 1, cook 1 stated I put open date so that if I can't finish the item before opening another one. The opened fish should be on the bottom and the cooked food on the top and the raw fish should not be placed on the top. A review of Facility Policy titled Food receiving and storage indicated all foods store in the refrigerator or freezer must be covered labelled and dated. Uncooked and raw animal products and fish will be stored separately in drip- proof containers, and below fruits, vegetables, ready-to eat foods.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 45269 Based on observation, interview and record review, the facility failed to observe infection control measures by not practicing hand hygiene in between task of medication preparation. This failure had the potential to contaminate medicines in the medication cart and cause spread of infection. Findings: During a medication pass observation on 5/9/2024 at 8:27 a.m. with Licensed Vocational Nurse (LVN 4), LVN 4 went into medication storage room and in the refrigerator of medication room and then proceeded to touch and move containers of medicines on the top shelf of the medication cart to look for acidophilus capsules (medicine used to promote growth of good bacteria in the body) without practicing hand hygiene. During an interview on 5/9/2024, at 9:45 a.m. with LVN 4, LVN 4 confirmed she did not practice hand hygiene during medication pass and after coming from the medication storage room. LVN 4 stated she should have practiced hand washing to prevent spread of infection and possible contamination of other medicines on the cart. During an interview on 5/10/2024, at 8:45 a.m. with Infection Preventionist Nurse (IPN), IPN stated hand hygiene is necessary during and in between task during medication administration because the nurse could pick up germs anywhere and it could be transferred to the residents. During a record review of facility's policy and procedure (P/P) titled Handwashing and Use of Gloves undated, the P/P indicated hand washing is performed before and after resident care is rendered and after handling contaminated articles. During a record review of facility's P/P titled Medication Administration undated, the P/P indicated infection control is paramount while passing medications.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 45981 Based on observation, interview and record review the facility failed to meet the requirement to provide 80 square feet per resident in multiple resident bedrooms. This deficient practice had the potential to result in inadequate space to provide privacy, space during daily care and access during an emergency. Findings: During a review of the facility's Client Accommodation Analysis form provided by the Administrator (ADMIN) on 5/7/2024, the form indicated the following rooms did not meet the requirement of 80 square feet per resident. Resident room numbers 5, 6, 7, 8, 9, 10, 16, 17, 18, 19, 20, 36, 37, 38, 51, 52, 53, 54, 55, 56, 57, 58, 62, 63, 49, 40, and 61. During an interview on 5/7/2024 at 12:30 p.m. with the ADMIN, the ADMIN requested for the continuance of the previously granted waiver/variance. The facility requested to continue the room waiver for 2024. During several observations and interviews with the residents from 5/7/2024 through 5/10/2024, there were no adverse effects noted to the residents' privacy, health and safety, which could have been compromised by the size of the rooms. The facility requested to continue the room waiver for 2024.