STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675723	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nazareth Living Care Center	1475 Raynolds St El Paso, TX 79903

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 49854 Based on observations, interviews, and record reviews the facility failed to ensure that resident had the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility for all facility residents (65) and their families. -The facility failed to make the results of the most recent survey of the facility available to residents, and family members and legal representatives of residents. This failure placed residents and family members and legal representatives of residents at risk of not being able to fully exercise their rights to be informed of the facility's survey citation history. Findings included: During observations and interview on 10/29/24 at 11:08 AM revealed that at the right side of the receptionist's desk, there was an empty clear storage bin mounted on the wall and above it, there was a sign that said, State Survey Inspections. The surveyor asked the receptionist if there was supposed to be a document in the clear plastic storage bin and she stated that a binder with the last survey inspection results should be inside the plastic container along with any previous investigations conducted by state surveyors. The surveyor requested to see the binder since it was not inside the container and the receptionist started to look for the documents without being able to find it. The receptionist stated that she did not know where the binder was and that she would look for it and provide it to the surveyor once she was able to locate it. In a group interview on 10/29/24 at 10:16 AM eleven of eleven anonymous residents did not know they could review past survey reports or where these survey reports could be found. Interview on 10/29/24 at 12:08 PM with the receptionist stated the administrator had survey binder in his office. In an observation and interview on 10/29/24 at 2:45 PM with the Unit Manager, stated she did not know where the survey binder was located. (continued on next page)

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

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

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Surveyor requested policy and procedure on posting previous surveys and was not provided prior to exit.

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based on observations, interviews, and record review, the facility failed to implement a comprehensive person-centered plan of care for 2 (Residents #41, and #48) of 10 residents reviewed for drug regimens. -The facility failed to ensure Resident #41 and Resident #48 were administered medication with meals according to physician's orders. These failures placed residents at risk of not receiving medications according to manufacturer specifications placing them at increased risk of adverse drug effects and decline in their health status. The findings included: 1. Record review of Resident #41's Admission Record, dated 10/30/24, reflected 47-year-female who was admitted on [DATE]. Record review of Resident #41's Physician's Follow Up Visit, dated 10/23/24, reflected she had diagnoses which included cerebral arteritis. Record review of Resident #41's Admission MDS, dated [DATE], reflected Active Diagnosis cerebral arteritis. Record review of Resident #41's Care Plan, dated 10/25/24, reflected, Resident #41 had Self Care Deficit r/t cerebral arteritis. Record review of Resident #41's Physician's Order Summary, dated 10/30/24, reflected Order Date: 04/09/21 Pentoxifylline ER 400 mg give 1 tablet by mouth daily for cerebral arteritis. Give with food. Record review of the Medication Administration Record dated October 2024, for Resident #41 reflected Order Date: 04/09/21 Pentoxifylline ER 400 mg give 1 tablet by mouth daily for cerebral arteritis. Give with food at 4:00 PM. Observation on 10/28/24 at 3:51 PM, during medication pass revealed LVN A, administered medication to Resident #41, while resident was participating in group activity and did not have anything to eat. Interview and record review 10/28/24 at 3:54 PM, of Medication Administration Record with LVN A said, Pentoxifylline ER 400 mg is ordered be given with food at 4:00 PM. I can administer medications one hour before and one hour after the scheduled time, that is why I gave it to her because, she is always eating something. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/29/24 at 10:30 AM with the DON said licensed staff had been trained to administer medications according to physician's orders. The DON said, LVN A should have administered the medication with food as ordered by the physician. The nurse can give the resident a snack or wait until the resident is eating her meal. 2. Record review of Resident #48's Admission Record, dated 10/30/24, reflected 67-year-male who was admitted on [DATE]. Record review of Resident #48' History & Physical, dated 05/13/24, reflected he had diagnosis which included end stage renal disease. Record review of Resident #48's Quarterly MDS, dated [DATE], reflected Active Diagnosis: end stage renal disease. Record review of Resident #48's Care Plan, dated 08/19/24, reflected, Resident #4 8 had chronic renal failure. Interventions: Administer medications as ordered. Record review of Resident #48's Physician's Order Summary, dated 10/30/24, reflected Order Date: 05/10/24 Calcium Acetate give 1334 mg by mouth with meals for chronic disease at 12:00 Noon; Order Date: 05/11/24 Sevelamer Carbonate 800 mg give 2 tablets by mouth with meals for CKD at 12:00 Noon. Record review of the Medication Administration Record dated October 2024, for Resident #48 reflected Order Date: Order Date: 05/10/24 Calcium Acetate give 1334 mg by mouth with meals for chronic disease at 12:00 Noon; Order Date: 05/11/24 Sevelamer Carbonate 800 mg give 2 tablets by mouth with meals for CKD at 12:00 Noon. Observation 10/28/24 at 12:14 PM, of the Mealtimes posted in the dining room area on the second-floor revealed meals were served as follows: Breakfast 7:30 AM - 8:30 AM, Lunch 11:30 AM - 12:30 PM, and Dinner 4:30 PM - 5:30 PM. Interview on 10/29/24 at 10:30 AM, with the DON, said medications ordered to be given with meals must be administered according to physician's orders. The DON said licensed staff had been trained to administer medications with meals according to physician's orders. The DON said Licensed Staff should check the medication cart prior to starting medication pass to ensure that they have all the necessary medications to administer medications as ordered. Telephone interview on 10/31/24 at 10:12 AM, with the attending physician, in the presence of the ADON, said he expected the licensed staff to follow his physician's orders to administer medications with food or with meals to prevent untoward drug effects. The Physician said if the order was to give medication with food, it can be given with a snack, and if the order was to be give medication with meals, it should be given when the resident was eating their meal to prevent untoward effects of the medication. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policies and procedure on Medication Administration and Management revised: on 8/2024 revealed, Policy: It is a policy of this facility that the facility will implement a medication management program that incorporate systems with established goals to meet each resident's needs as well as the regulatory requirements. Procedures: The facility's medical director will have an active role in the oversight of the medication management. Step 1: Preparing for the Medication Pass. Medication Cart preparation: Medications should be arranged in the same sequence as on the MAR. Authorize license or certified. medication aide must understand the 8 Rights for administering medications: The Right Resident, The Right Drug, The Right Dose, The Right Time, The Right Route, The Right Charting, The Right Results. Medications are administered no more than one hour before or one hour after the designated medication pastime. Control substances are accounted for on individual resident control substance record. Controlled substances are counted by the authorized. License or certified medication aide, or by state regulatory guidelines, staff member at each shift change.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based on observation, interview, and record review the facility failed to ensure services were provided or arranged by the facility, as outlined by the comprehensive care plan, that met professional standards of for 1 of 10 resident (Resident #6) reviewed for services that met professional standards. -The facility failed to ensure licensed staff administered medications via nebulizer according to accepted standards of clinical practice by not assessing the respiratory status for Resident #6 before and after treatment. -The facility failed to ensure LVN B performed hand hygiene and/or used PPE while administering medications via nebulizer. This failure could place residents at risk for inaccurate drug administration, not receiving the care and services to meet their individual needs, and the spread of infection. Findings included: Record review of Resident #6's Admission Record, dated 10/30/24, reflected 94-year-female who was admitted on [DATE]. Record review of Resident #6's Physician's Follow Up Visit, dated 10/28/24, revealed no pulmonary diagnosis. Physical Examination documented no shortness of breath. Lungs sounds are clear in all [NAME] bilaterally without rales, rhonchi, or wheezes. Record review of Resident #6's Quarterly MDS, dated [DATE], revealed Active Diagnoses: did not document resident had pulmonary diseases. No shortness of breath. Respiratory Treatments: Oxygen therapy. Record review of Resident #6's Care Plan dated 03/08/2022 revealed Resident was on oxygen therapy for shortness of breath. Interventions: Administer medications as ordered by physician. Monitor for signs or symptoms of respiratory distress and report to MD PRN. Record review of Resident #6's Physician's Order Summary, dated 10/30/24, reflected Order Date: 06/02/23 Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer. Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer at 7:30 AM and 4:00 PM. There was no documentation on the MAR or electronic nurse's notes licensed staff were assessing the resident's respiratory condition pre-treatment and post-treatment according to facility's policy and procedure on Nebulizer therapy. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed new physician's order dated 10/29/24 Observation Pre-Nebulizer Treatment: Document Respirations and oxygen saturation pre-nebulizer treatment. Assess lung sounds and document Correct Code: 1-clear, 2-Rhonchi, 3-Rales, 4-Wheezing two times a day. Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed new physician's order dated 10/29/24 written after the interview with the surveyor documented Observation Post-Nebulizer Treatment: Document Respirations and oxygen saturation post nebulizer treatment. Assess lung sounds and document Correct Code: 1-clear, 2-Rhonchi, 3-Rales, 4-Wheezing two times a day. Observation and interview 10/29/24 at 9:04 AM, with LVN B during the medication pass observation revealed he was going to administer Budesonide Inhalation solution by nebulizer treatment to Resident #6. LVN checked oxygen saturation and pulse and did not assess respiratory rate, and breath sounds prior to administering nebulizer treatment. LVN did not assess pulse, respiratory rate, oxygen saturation, and breath sounds after nebulizer treatment was completed. LVN did not use gloves when setting up nebulizer medication or when he removed the nebulizer mask after treatment was completed. The LVN did not wash hands prior to leaving the room. The nurse used hand sanitizer and proceeded with the medication pass. LVN B stated he did not know he needed to assess the resident's respiratory rate, breath sounds, and pulse prior to administering nebulizer treatment and/or after nebulizer treatment was completed. He said he had not been trained at the facility on how to administer medications via nebulizer treatment. When the surveyor asked him how he had been trained in nursing school to administer medication via nebulizer. LVN B stated, I don't remember. Interview on 10/29/24 at 10:35 AM, with DON stated LVN B should have also assessed the resident's pulse, respiratory rate, breath sounds, prior to administering nebulizer treatment and should have re-assessed the resident's oxygen saturation, pulse, respiratory rate, breath sounds, after the nebulizer treatment was completed. He should have used gloves to prepare the nebulizer treatment and when he removed the nebulizer mask after the treatment was completed to prevent cross-contamination. He should have rinsed the medication chamber with water and allowed it to dry prior to placing it in the plastic bag. Interview and record review on 10/31/24 at 8:36 AM, with the ADON revealed Resident #6 Physician's Order documented to administer Pulmicort (Budesonide) inhalation solution 0.5 mg/2 ml 1 dose via mask two times a day for low oxygen saturation via Nebulizer. The ADON said, they added a new physician's order to assess the resident's respirations, oxygen saturation, lung sounds before and after administration of nebulizer treatment. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 10/31/24 at 11:30 AM with the DON and ADON revealed they did not know why the facility did not have documentation on the Medication Administration Record the nurses were assessing the resident's respiratory condition pre-treatment and post-treatment according to facility's policy and procedure on Nebulizer therapy. The DON and ADON did not know when the last time nurses had been in-service on how to administer medication via nebulizer. The DON said the nurses should assess the resident's respiratory status before and after administering the nebulizer treatment to assess for potential side effects of the medications and/or assess effectiveness of nebulizer treatment. The DON said the pharmacy consultant, and nursing administration were responsible for randomly checking licensed staff were adhering to best practices and resident care when administering medications via nebulizer treatment to ensure they were assessing the resident before and after administering nebulizer treatment and document their assessment on the Medication Administration Record. Review of facility's Policies and Procedures on Nebulizer Aerosol Therapy revised 8/2024 revealed, Policy: The facility will provide nebulizer treatments safely and effectively, adhering to best practices for infection control and resident care. Procedure: Preparation - Verify the physician's order for nebulizer treatment, including medication type dosage and frequency. Adhere to appropriate hand hygiene and apply appropriate personal protective equipment. (PPE). General Monitoring: Check on the resident periodically during the treatment to ensure they are comfortable and not experiencing any adverse reactions. Observe for signs of distress such as difficulty breathing, dizziness or allergic reactions, and respond promptly if any issues arise. Pre-Treatment Monitoring: Assess the resident's baseline respiratory condition, including respiratory rate, lung sounds, oxygen saturation, and any signs of distress. Document baseline respiratory assessment findings in the resident's medical clinical record. Post-Treatment Monitoring: Assess the resident's respiratory condition after the treatment, noting any changes in respiratory rate, lung sounds or oxygen saturation. Document post treatment respiratory assessment findings and any changes observed in the residence medical record.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 49850 Based on observation, interview, and record review the facility failed to ensure that a resident who needs respiratory care is provided such care, consistent with professional standards of practice for 2 (Resident #8 and Resident #6) of 2 residents observed for oxygen management. -The facility failed to keep the oxygen machine and filters clean for Resident #6. --The facility failed to ensure licensed staff administered medications via nebulizer according to accepted standards of clinical practice by not assessing the respiratory status for Resident #6 before and after treatment. -The facility failed to post oxygen sign on in Resident #8's door. These failures could place residents at risk of a significant reduction in the quality of oxygen being delivered, inadequate oxygen support, decline in health, and expose them to oxygen hazards without oxygen signs being posted outside of their rooms. Findings included: Resident #6 Record review of Resident #6's Admission Record, dated 10/30/24, reflected 94-year-female who was admitted on [DATE]. Record review of Resident #6's Physician's Follow Up Visit, dated 10/28/24, revealed diagnoses: unspecified dementia, anemia, hypothyroidism, major depression, seizures, and hypertension. There was documentation no of a pulmonary diagnosis. Physical Examination documented no shortness of breath. Lungs sounds are clear in all [NAME] bilaterally without rales, rhonchi, or wheezes. Record review of Resident #6 's Quarterly MDS dated [DATE] revealed severe cognitive impairment to recall or make daily decisions, BIMS (a brief cognitive screening measure that focuses on orientation and short-term word recall) score of 7. Active Diagnoses: did not document resident had pulmonary diseases. No shortness of breath. Respiratory Treatments: Oxygen therapy. Record review of Resident #6's Care Plan dated 03/08/2022 revealed Resident was on oxygen therapy for shortness of breath. The goal is for resident #6 to not have signs or symptoms of poor oxygen absorption. Interventions: Administer medications as ordered by physician. Monitor for signs or symptoms of respiratory distress and report to MD PRN. Oxygen setting at 2 LPM continuously. Position resident #6 to facilitate ventilation perfusion. Record review of Resident #6 's order recap dated 03/08/2022 revealed . (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #6's Physician's Order Summary, dated 10/30/24, revealed Order Date: 03/08/24 Oxygen Care: To change oxygen equipment and clean filter weekly on Sunday nights and PRN (as needed); Order Date: 06/02/23 Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer. Observation on 10/28/2024 at 9:16 AM revealed Resident #6's oxygen at a level of 2 LPM with the filter behind the machine dirty with multiple layers of dirt stuck on the filter. Observation on 10/29/2024 at 10:11 AM revealed Resident #6's oxygen level was still at 2 LPM with the filter behind the machine dirty with multiple layers of dirt stuck on the filter. Looks as if it has not been cleaned for months. During an interview on 10/29/2024 at 2:50 PM with CNA E revealed that it was the responsibility of the nurses to clean and check on the oxygen machines, CNA E was not sure when or who exactly was responsible for checking the machine filters. During an interview on 10/29/2024 at 3:03 PM with the DON revealed that an RN, any RN, on any shifts, are responsible for the floor checks which include documentation in resident's electronic record that this has been completed and checking/cleaning of the oxygen filters weekly. The DON stated the dirty filter would not be a risk to the resident because the dirt was going into the oxygen the resident is breathing. The DON stated she is going to swap out the oxygen machine for a new one and advised the resident that she was going to give her a new oxygen machine. The only bad thing that can happen is the machine can malfunction but then it will beep, and the nurse will be alerted with the beeping of the machine and then nurse would have to change it out. Observation on 10/30/24 at 1:49 PM revealed Residents #6 oxygen machine had been changed and had a new machine going. During an interview on 10/30/2024 at 11:56 AM with Regional Respiratory Therapist, stated there was no effect in the resident. As long as the unit was running, and the green light is green it was still running at its proficiency and in a sufficient manner. Regional Respiratory Therapist viewed picture of filter provided by state surveyor and stated It is a dirty filter and I spoke with the charge nurse and is having the unit pulled and advised her and to do an in-service and making it a weekly obligation by making those filters be cleaned and replaced, but as long as the green light is on it should be okay for the resident to use. There won't be a risk to the resident but there could have been if the machine malfunctions. Resident #6 Nebulizer Treatment: Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer at 7:30 AM and 4:00 PM. There was no documentation on the MAR or electronic nurse's notes licensed staff were assessing the resident's respiratory condition pre-treatment and post-treatment according to facility's policy and procedure on Nebulizer therapy. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed new physician's order dated 10/29/24 Observation Pre-Nebulizer Treatment: Document Respirations and oxygen saturation pre-nebulizer treatment. Assess lung sounds and document Correct Code: 1-clear, 2-Rhonchi, 3-Rales, 4-Wheezing two times a day. Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed new physician's order dated 10/29/24 written after the interview with the surveyor documented Observation Post-Nebulizer Treatment: Document Respirations and oxygen saturation post nebulizer treatment. Assess lung sounds and document Correct Code: 1-clear, 2-Rhonchi, 3-Rales, 4-Wheezing two times a day. Observation and interview 10/29/24 at 9:04 AM, with LVN B during the medication pass observation revealed he was going to administer Budesonide Inhalation solution by nebulizer treatment to Resident #6. LVN checked oxygen saturation and pulse and did not assess respiratory rate, and breath sounds prior to administering nebulizer treatment. LVN did not assess pulse, respiratory rate, oxygen saturation, and breath sounds after nebulizer treatment was completed. LVN did not use gloves when setting up nebulizer medication or when he removed the nebulizer mask after treatment was completed. The LVN did not wash hands prior to leaving the room. The nurse used hand sanitizer and proceeded with the medication pass. LVN B stated he did not know he needed to assess the resident's respiratory rate, breath sounds, and pulse prior to administering nebulizer treatment and/or after nebulizer treatment was completed. He said he had not been trained at the facility on how to administer medications via nebulizer treatment. When the surveyor asked him how he had been trained in nursing school to administer medication via nebulizer. LVN B stated, I don't remember. Interview on 10/29/24 at 10:35 AM, with DON stated LVN B should have also assessed the resident's pulse, respiratory rate, breath sounds, prior to administering nebulizer treatment and should have re-assessed the resident's oxygen saturation, pulse, respiratory rate, breath sounds, after the nebulizer treatment was completed. He should have used gloves to prepare the nebulizer treatment and when he removed the nebulizer mask after the treatment was completed to prevent cross-contamination. He should have rinsed the medication chamber with water and allowed it to dry prior to placing it in the plastic bag. Interview and record review on 10/31/24 at 8:36 AM, with the ADON revealed Resident #6 Physician's Order documented to administer Pulmicort (Budesonide) inhalation solution 0.5 mg/2 ml 1 dose via mask two times a day for low oxygen saturation via Nebulizer. The ADON said, they added a new physician's order to assess the resident's respirations, oxygen saturation, lung sounds before and after administration of nebulizer treatment. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 10/31/24 at 11:30 AM with the DON and ADON revealed they did not know why the facility did not have documentation on the Medication Administration Record the nurses were assessing the resident's respiratory condition pre-treatment and post-treatment according to facility's policy and procedure on Nebulizer therapy. The DON and ADON did not know when the last time nurses had been in-service on how to administer medication via nebulizer. The DON said the nurses should assess the resident's respiratory status before and after administering the nebulizer treatment to assess for potential side effects of the medications and/or assess effectiveness of nebulizer treatment. The DON said the pharmacy consultant, and nursing administration were responsible for randomly checking licensed staff were adhering to best practices and resident care when administering medications via nebulizer treatment to ensure they were assessing the resident before and after administering nebulizer treatment and document their assessment on the Medication Administration Record. Review of facility's Policies and Procedures on Nebulizer Aerosol Therapy revised 8/2024 revealed, Policy: The facility will provide nebulizer treatments safely and effectively, adhering to best practices for infection control and resident care. Procedure: Preparation - Verify the physician's order for nebulizer treatment, including medication type dosage and frequency. Adhere to appropriate hand hygiene and apply appropriate personal protective equipment. (PPE). General Monitoring: Check on the resident periodically during the treatment to ensure they are comfortable and not experiencing any adverse reactions. Observe for signs of distress such as difficulty breathing, dizziness or allergic reactions, and respond promptly if any issues arise. Pre-Treatment Monitoring: Assess the resident's baseline respiratory condition, including respiratory rate, lung sounds, oxygen saturation, and any signs of distress. Document baseline respiratory assessment findings in the resident's medical clinical record. Post-Treatment Monitoring: Assess the resident's respiratory condition after the treatment, noting any changes in respiratory rate, lung sounds or oxygen saturation. Document post treatment respiratory assessment findings and any changes observed in the residence medical record. Resident #8 Record review of Resident #8's Admission Record dated 10/31/2024 revealed she was 78-years old female and was admitted to the facility on [DATE]. Record review of Resident #8's MDS Admission , dated 10/15/2024 revealed she had diagnoses chronic respiratory failure, unspecified whether with hypoxia (low levels of oxygen in the body tissue which causes difficulty breathing) or hypercapnia (having high levels of carbon dioxide in the blood). She was receiving supplemental oxygen. Record review of Resident #8's baseline care plan dated 10/11/2024 revealed she needed supplemental oxygen via nasal cannula, related to shortness of breath, COPD (chronic obstructive pulmonary disease), and low saturation on right atrium (the upper right chamber of the heart that receives oxygen). During an observation on 10/28/2024 at 10:46 AM revealed Resident #8 was using a nasal cannula and had an oxygen concentrator in her room. There was no oxygen sign posted outside of the resident's room indicating that oxygen was in use inside of the room. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nazareth Living Care Center	1475 Raynolds St El Paso, TX 79903

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 10/29/2024 at 2:35 PM with the Unit Manager, stated that if they don't have signs posted outside of the doors of a resident indicating there was oxygen in use inside the room, the staff members could forget or not know to check the resident's oxygen levels and their oxygen tanks. She stated that there's a hazard for the resident if a family member brings in something that can be flammable. She said that even though the facility was a smoke free facility, someone from the outside could bring a lighter or something that could create a fire hazard. The Unit Manager stated that the CNA's had been trained to keep an eye on the rooms for any residents who have oxygen, and that the expectation was for them to report it to the LVNs if they noticed that signs were missing. She said that it was all the staff members' responsibility to make sure that signs are posted outside the rooms of those residents who have oxygen in their rooms. In an interview on 10/30/2024 at 9:10 AM with the ADON, said the expectation was that whenever a resident has oxygen in their room, there needs to be a sign outside on the door stating that there was oxygen in use. She said that the potential outcome of not having a sign outside of the room could result on the resident going without oxygen because the staff could overlook the room and not change oxygen tanks, or if the resident goes out their room and they don't take their oxygen with them and staff doesn't notice they have to have oxygen with them, the potential outcome could be that they go out without oxygen and lead to health complications. She also said that if a family member brings a lighter in the facility, there was a potential hazard of accidents related with the oxygen such as fires. Review of facility policy and procedure on Oxygen Therapy: General Administration and Care dated 8/2019 revealed, Post oxygen in use sign on the patient/resident's room door. It is the policy of the facility that the facility will provide oxygen therapy by means of various administration devices with procedures to review physicians order on the chart for completeness. 49854

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based on observations, interviews, and record review the facility failed to provide pharmaceutical services that assured the accurate acquiring, receiving, dispensing, safe and secure storage of medications for 1 (2nd Floor) of 2 medication rooms reviewed for medication storage and 32(Residents #1, and #48) of 10 residents reviewed for medication administration. -The facility failed to administer Resident #1 Gabapentin according to physician's order. - The facility failed to dispose medications for Resident #48 when medication was not administered as ordered. - The facility failed to ensure LVN B signed off on the Controlled Drugs-Count Record after verifying all controlled substances in the medication cart were accounted for with the on-coming nurse at the change of shift. These failures could place residents at risk for not receiving the intended therapeutic response of prescribed medications and drug diversion of controlled substances. Findings included: 1. Record review of Resident #1's Admission Record, dated 10/30/24, reflected 90-year-female who was admitted on [DATE] and readmitted on [DATE]. Record review of Resident #1's Physician's Follow Up Visit, dated 10/28/24, reflected she had diagnoses which included diabetes mellitus with diabetic polyneuropathy. Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Active Diagnoses: diabetes mellitus with diabetic polyneuropathy. Record review of Resident #1's Care Plan, dated 08/20/24, reflected, Resident #1 had chronic pain related to neuropathy. Interventions: Administer medications as ordered. Record review of Resident #1's Physician's Order Summary, dated 10/30/24, reflected Order Date: 08/22/23 Gabapentin 100 mg give 2 tablets by mouth three times a day for Diabetic polyneuropathy. (Give 2 capsules of 100 mg to =200 mg). Record review of the Medication Administration Record dated October 2024, for Resident #1 reflected Order Date: 08/22/23 Gabapentin 100 mg give 2 tablets by mouth three times a day for Diabetic polyneuropathy. (Give 2 capsules of 100 mg to =200 mg) at 4:00 PM. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 10/28/24 at 3:45 PM, with LVN A, revealed she only poured 1 capsule of the Gabapentin instead of two capsules. LVN A entered the room to administer medications. The surveyor stopped LVN A to point out she had only poured one capsule of the Gabapentin 100 mg instead of two capsules as ordered by the physician. LVN A said, It's that I only had 1 capsule of the Gabapentin in the medication blister packet that was in the medication cart and will later go and get another blister packet of the Gabapentin from the medication room, so I can give the resident the other capsule. Let me go to the Medication Room to get a new blister packet of Gabapentin. LVN A poured another capsule of the Gabapentin 100 mg into the medication cup to administer 2 capsules as ordered. In an interview on 10/29/24 at 10:30 AM, the DON said licensed staff had been trained to administer medications according to physician's orders. The licensed staff should check the medication cart prior to starting the medication pass to ensure they have all the necessary medications to administer the medications according to physician's orders. 2. Record review of Resident #48's Admission Record, dated 10/30/24, reflected 67-year-male who was admitted on [DATE]. Record review of Resident #48's History & Physical, dated 05/13/24, reflected he had diagnoses which included end stage renal disease. Record review of Resident #48's Quarterly MDS, dated [DATE], reflected Active Diagnoses: end stage renal disease. Record review of Resident #48's Care Plan, dated 08/19/24, reflected, Resident #48 had chronic renal failure. Interventions: Administer medications as ordered. Record review of Resident #48's Physician's Order Summary, dated 10/30/24, reflected Order Date: 05/13/24 Docusate Sodium 100 give one capsule by mouth two times a day for Constipation; Order Date: 05/10/24 Gabapentin 100 mg give one capsule by mouth two times a day for Pain. Record review of the Medication Administration Record dated October 2024, for Resident #48 reflected Order Date: 05/13/24 Docusate Sodium 100 give one capsule by mouth two times a day for Constipation at 7:30 AM and 4:00 PM. Order Date: 05/10/24 Gabapentin 100 mg give one capsule by mouth two times a day for Pain at 7:30 AM and 4:00 PM. Observation on 10/28/24 at 4:02 PM, revealed LVN A poured docusate sodium 100 mg one tablet and Gabapentin 100 mg one capsule to administer to Resident #48. LVN A informed surveyor Resident #48 was not in his room. LVN A said, I think he's at dialysis center. It was observed LVN A wrote the room number on the medication cup and placed it in the top drawer of the medication cart. LVN A stated, I made a little note on the MAR to explain the resident was not here and will administer medications when he returns from dialysis. No one can get the medication cup from the medication cart. LVN A said she had been trained to administer medications according to physician's orders and the facility's policy and procedures on medication administration. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview 10/29/24 at 10:30 AM, with the DON, said licensed staff and medication aides had been trained, to check the room to see if the Resident was there, prior to preparing medications for administration. The license staff and medication aides had been trained to waste the medication if for whatever reason the medication was not administered as ordered and not store the medication in the medication cart. DON said licensed staff had been trained to administer medications according to physician's orders and the facility's policy and procedures on medication administration. 3. Observation and record review on 10/29/24 at 9:04 AM, with LVN B said he had counted controlled substances at the change of shift with the oncoming nurse and forgot to sign the Controlled Medication Count Records Sheet after he had verified the counts were correct. LVN B said he had been trained to count controlled substance at the change of shift the nurse coming on duty and the nurse going off duty to verify controlled medication counts were correct and to immediately sign the Controlled Medication Count Sheet after both nurses verified that the controlled substance counts were correct. It was observed that LVN B signed the Controlled Medication Sheet after he finished talking to the surveyor. Review of the facility's policies and procedure on Medication Administration and Management revised: on 6/2019 revealed, Policy: It is a policy of this facility that the facility will implement a medication management program that incorporate systems with established goals to meet each resident's needs as well as the regulatory requirements. Procedures: The facility's medical director will have an active role in the oversight of the medication management. Step 1: Preparing for the Medication Pass. Medication Cart preparation: Medications should be arranged in the same sequence as on the MAR. Authorize license or certified. medication aide must understand the 8 Rights for administering medications: The Right Resident, The Right Drug, The Right Dose, The Right Time, The Right Route, The Right Charting, The Right Results. Medications are administered no more than one hour before or one hour after the designated medication pastime. Control substances are accounted for on individual resident control substance record. Controlled substances are counted by the authorized. License or certified medication aide, or by state regulatory guidelines, staff member at each shift change. Review of facility's Policies and Procedures on Nebulizer Aerosol Therapy revised 8/2024 revealed, Policy: The facility will provide nebulizer treatments safely and effectively, adhering to best practices for infection control and resident care. Procedure: Preparation - Verify the physician's order for nebulizer treatment, including medication type dosage and frequency. Adhere to appropriate hand hygiene and apply appropriate personal protective equipment. (PPE). General Monitoring: Check on the resident periodically during the treatment to ensure they are comfortable and not experiencing any adverse reactions. Observe for signs of distress such as difficulty breathing, dizziness or allergic reactions, and respond promptly if any issues arise. Pre-Treatment Monitoring: Assess the resident's baseline respiratory condition, including respiratory rate, lung sounds, oxygen saturation, and any signs of distress. Document baseline respiratory assessment findings in the resident's medical clinical record. Post-Treatment Monitoring: Assess the resident's respiratory condition after the treatment, noting any changes in respiratory rate, lung sounds or oxygen saturation. Document post treatment respiratory assessment findings and any changes observed in the residence medical record. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility's Policies and Procedures on Controlled Drug Count revised: 6/2019 revealed, Subject: Controlled Drug Count Policy: The control Substance Count and Inventory: Control Substances will be counted every shift by a licensed nurse reporting on duty with a licensed nurse reporting off duty. The inventory of the Controlled Substance drugs will be recorded on each Controlled Substance Inventory Record and validated for correctness of count by signature, for each shift. A Controlled Substance Shift Change Sheet will be signed by both the nurse coming on duty and the nurse going off duty, to verify that the count of all Controlled Substance drugs is correct and that the count of all controlled substance medication cards and/or medication packages is also correct. Procedures: At the end of every shift the authorized member reporting on duty and the authorized staff member reporting off duty meet at the designated medication cart or storage area to count all Controlled Substance drugs. Both nurses (off going and oncoming) sign the Controlled Substance Shift Change Sheet with the date and time of the shift change. By doing so, both nurses are verifying that (1) the medication counts for all Controlled Substances and (2) that the counts of the number of Controlled Substance cards and/or packages are accurate at the time of shift change.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based on observation, interview, and record review, the facility failed to ensure the medication error rate was not five percent or greater. The facility had a medication error rate of 14% based on 4 errors out of 27 opportunities, for three residents (Resident #1, Resident #41, and Resident #48) of ten residents observed for medication administration, by two (LVN A and LVN B) of seven staff reviewed for medication errors. -The facility failed to ensure LVN A administered medication to Resident #1 according to physician's orders. -The facility failed to ensure LVN A administered medication to Resident #41 according to physician's orders. -The facility failed to ensure LVN C administered medications to Resident #48 according to physician's orders. These failures had the potential to affect facility residents by placing them at risk of not achieving the therapeutic effects of ordered medications to manage their medical conditions and decline in health. Findings include: 1. Record review of Resident #1's Admission Record, dated 10/30/24, reflected 90-year-female who was admitted on [DATE] and readmitted on [DATE]. Record review of Resident #1's Physician's Follow Up Visit, dated 10/28/24, reflected she had diagnoses which included diabetes mellitus with diabetic polyneuropathy. Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Active Diagnosis:e's: diabetes mellitus with diabetic polyneuropathy. Record review of Resident #1's Care Plan, dated 08/20/24, reflected, Resident #1 had chronic pain related to neuropathy. Interventions: Administer medications as ordered. Record review of Resident #1's Physician's Order Summary, dated 10/30/24, reflected Order Date: 08/22/23 Gabapentin 100 mg give 2 tablets by mouth three times a day for Diabetic polyneuropathy. (Give 2 capsules of 100 mg to =200 mg). Record review of the Medication Administration Record dated October 2024, for Resident #1 reflected Order Date: 08/22/23 Gabapentin 100 mg give 2 tablets by mouth three times a day for Diabetic polyneuropathy. (Give 2 capsules of 100 mg to =200 mg) at 4:00 PM. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 10/28/24 at 3:45 PM, with LVN A, revealed she only poured 1 capsule of the Gabapentin instead of two capsules. LVN A entered the room to administer medications. The surveyor stopped LVN A to point out she had only poured one capsule of the Gabapentin 100 mg instead of two capsules as ordered by the physician. LVN A said, It's that I only had 1 capsule of the Gabapentin in the medication blister packet that was in the medication cart and will later go and get another blister packet of the Gabapentin from the medication room, so I can give the resident the other capsule. Let me go to the Medication Room to get a new blister packet of Gabapentin. LVN A poured another capsule of the Gabapentin 100 mg into the medication cup to administer 2 capsules as ordered. In an interview on 10/29/24 at 10:30 AM, the DON said licensed staff had been trained to administer medications according to physician's orders. The licensed staff should check the medication cart prior to starting the medication pass to ensure they have all the necessary medications to administer the medications according to physician's orders. 2. Record review of Resident #41's Admission Record, dated 10/30/24, reflected 47-year-female who was admitted on [DATE]. Record review of Resident #41's Physician's Follow Up Visit, dated 10/23/24, reflected she had diagnosis which included cerebral arteritis. Record review of Resident #41's Admission MDS, dated [DATE], reflected Active Diagnosis: cerebral arteritis. Record review of Resident #41's Care Plan, dated 10/25/24, reflected, Resident #41 had Self Care Deficit r/t cerebral arteritis. Record review of Resident #41's Physician's Order Summary, dated 10/30/24, reflected Order Date: 04/09/21 Pentoxifylline ER 400 mg give 1 tablet by mouth daily for cerebral arteritis. Give with food. Record review of the Medication Administration Record dated October 2024, for Resident #41 reflected Order Date: 04/09/21 Pentoxifylline ER 400 mg give 1 tablet by mouth daily for cerebral arteritis. Give with food at 4:00 PM. Observation on 10/28/24 at 3:51 PM, during medication pass revealed LVN A, administered medication to Resident #41, while resident was participating in group activity and did not have anything to eat. Interview and record review 10/28/24 at 3:54 PM, of Medication Administration Record with LVN A said, Pentoxifylline ER 400 mg is ordered be given with food at 4:00 PM. I can administer medications one hour before and one hour after the scheduled time, that is why I gave it to her because, she is always eating something. In an interview on 10/30/24 at 10:30 AM with the DON said licensed staff had been trained to administer medications according to physician's orders. The DON said, LVN A should have administered the medication with food as ordered by the physician. The nurse can give the resident a snack or wait until the resident is eating her meal. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Record review of Resident #48's Admission Record, dated 10/30/24, reflected 67-year-male who was admitted on [DATE]. Record review of Resident #48's History & Physical, dated 05/13/24, reflected he had diagnoses which included end stage renal disease. Record review of Resident #48's Quarterly MDS, dated [DATE], reflected Active Diagnosis: end stage renal disease. Record review of Resident #48's Care Plan, dated 08/19/24, reflected, Resident #41 had chronic renal failure. Interventions: Administer medications as ordered. Record review of Resident #48's Physician's Order Summary, dated 10/30/24, reflected Order Date: 05/10/24 Calcium Acetate give 1334 mg by mouth with meals for chronic disease at 12:00 Noon; Order Date: 05/11/24 Sevelamer Carbonate 800 mg give 2 tablets by mouth with meals for CKD at 12:00 Noon. Record review of the Medication Administration Record dated October 2024, for Resident #48 reflected Order Date: Order Date: 05/10/24 Calcium Acetate give 1334 mg by mouth with meals for chronic disease at 12:00 Noon; Order Date: 05/11/24 Sevelamer Carbonate 800 mg give 2 tablets by mouth with meals for CKD at 12:00 Noon. Observation at 12:14 PM, of the Mealtimes posted in the dining room area on the second-floor revealed meals were served as follows: Breakfast 7:30 AM - 8:30 AM, Lunch 11:30 AM - 12:30 PM, and Dinner 4:30 PM - 5:30 PM. Interview 10/29/24 at 10:30 AM, with the DON, said medications ordered to be given with meals must be administered according to physician's orders. The DON said licensed staff had been trained to administer medications with meals according to physician's orders. The DON said Licensed Staff should check the medication cart prior to starting medication pass to ensure that they have all the necessary medications to administer medications as ordered. The DON said the pharmacy consultant, ADON, and Unit Manager were responsible for randomly checking the nurses during medication pass at least once a month to ensure medications were administered according to physician's orders. Telephone interview on 10/31/24 at 10:12 AM, with the attending physician, in the presence of the ADON, said he expected the licensed staff to follow his physician's orders to administer medications with food or with meals to prevent untoward drug effects. The Physician said if the order was to give medication with food, it can be given with a snack, and if the order is to be give medication with meals, it should be given when the resident is eating their meal to prevent untoward effects of the medication. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policies and procedure on Medication Administration and Management revised: on 6/2019 revealed, Policy: It is a policy of this facility that the facility will implement a medication management program that incorporate systems with established goals to meet each resident's needs as well as the regulatory requirements. Procedures: The facility's medical director will have an active role in the oversight of the medication management. Step 1: Preparing for the Medication Pass. Medication Cart preparation: Medications should be arranged in the same sequence as on the MAR. Authorize license or certified. medication aide must understand the 8 Rights for administering medications: The Right Resident, The Right Drug, The Right Dose, The Right Time, The Right Route, The Right Charting, The Right Results. Medications are administered no more than one hour before or one hour after the designated medication pastime. Control substances are accounted for on individual resident control substance record. Controlled substances are counted by the authorized. License or certified medication aide, or by state regulatory guidelines, staff member at each shift change.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored in accordance with manufacturer's specifications for of 2 of 3 medication carts (Hall 101-124 and Hall 210-244) reviewed for medication storage and handling of medications; 1 (Hall 245-276) of 5 medication carts reviewed for controlled substances; 1 of 1 medication room reviewed for storage of medications. -The facility failed to ensure licensed staff did not store medications after they had been poured in medication cart. -The facility failed to ensure Licensed Staff signed the form after counting and verifying that all controlled substances in the medication cart had been accounted for with the on-coming nurse at the change of shift. -The facility failed to date Glucometer Normal/High Control Solutions and Glucose Test Strips when opened according to manufacturer recommendations. - The facility failed to keep the tile floor in the medication room free of full of dust, dried brown stains, and particles. - The facility failed to store plastic container used to store IV bags off the floor. - The facility failed to ensure OTC drugs were stored in medication room according to routes of administration. These failures could affect residents that received medications from the facility. The findings include: 1. Record review of Resident #48's Admission Record, dated 10/30/24, reflected 67-year-male who was admitted on [DATE]. Record review of Resident #48's History & Physical, dated 05/13/24, reflected he had diagnosis which included end stage renal disease. Record review of Resident #48's Quarterly MDS, dated [DATE], reflected Active Diagnosis: end stage renal disease. Record review of Resident #48's Care Plan, dated 08/19/24, reflected, Resident #48 had chronic renal failure. Interventions: Administer medications as ordered. (continued on next page)

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #48's Physician's Order Summary, dated 10/30/24, reflected Order Date: 05/13/24 Docusate Sodium 100 give one capsule by mouth two times a day for Constipation; Order Date: 05/10/24 Gabapentin 100 mg give one capsule by mouth two times a day for Pain. Record review of the Medication Administration Record dated October 2024, for Resident #48 reflected Order Date: 05/13/24 Docusate Sodium 100 give one capsule by mouth two times a day for Constipation at 7:30 AM and 4:00 PM. Order Date: 05/10/24 Gabapentin 100 mg give one capsule by mouth two times a day for Pain at 7:30 AM and 4:00 PM. Observation on 10/28/24 at 4:02 PM, revealed LVN A poured docusate sodium 100 mg one tablet and Gabapentin 100 mg one capsule to administer to Resident #48. LVN A stated Resident #48 was not in his room. LVN A said, I think he's at dialysis center. It was observed LVN A wrote the room number on the medication cup and placed it in the top drawer of the medication cart. LVN A said, I made a little note on the MAR to explain the resident was not here and will administer medications when he returns from dialysis. one can get the medication cut from the medication cart. Interview on 10/29/24 at 10:30 AM, with the DON, said licensed staff and medication aides had been trained, to check the room to see if the Resident was there, prior to preparing medications for administration. The license staff and medication aides had been trained to waste the medication if for whatever reason the medication was not administered as ordered and not store the medication in the medication cart. 2. Observation and record review on 10/29/24 at 9:04 AM, with LVN B said he had counted controlled substances at the change of shift with the oncoming nurse and forgot to sign the Controlled Medication Count Records Sheet after he had verified the counts were correct. LVN B said he had been trained to count controlled substance at the change of shift the nurse coming on duty and the nurse going off duty to verify controlled medication counts were correct and to immediately sign the Controlled Medication Count Sheet after both nurses verified that the controlled substance counts were correct. It was observed that LVN B signed the Controlled Medication Sheet after he finished talking to the surveyor. Interview on 10/30/24 at 10:40 AM, with the DON stated licensed staff and medication aides had been trained to reconcile all controlled substances at the change of shift with the on-coming nurse and to immediately sign the Controlled Medication Count Sheet after the count was completed. 3. Observation on 10/29/24 at 10:24 AM with LVN C in Medication Room revealed the tile floor was full of dust, dried brown stains, and particles on the floor. There was a large black plastic container used to store IV bags on the floor next to the cabinet. OTC drugs stored in cabinet revealed box medications were not stored according to routes of administration. Saline enemas, 1 small box of Earwax Softener Drops, and 1 box Nicotine Transdermal Patches were stored together in the lower shelf of the cabinet. Interview 10/29/24 at 10:55 AM with the DON, said licensed staff had been trained to store medications separately according to routes. The IV box should not be stored on the floor to prevent cross contamination. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Observation on 10/31/24 at 12:30 PM with LVN J revealed there was only one set of Glucometer control solutions on the first floor, and they were stored in the medication cart on the south side. The bottles of Control Solutions were opened and not dated. LVN J said the night nurses used the control solutions to check the Glucometer to ensure it was working properly and he was not aware of the manufacturer's specifications on when to discard testing solutions after first opening. LVN J confirmed that the manufacturers specifications on the glucose control solution bottles documented discard testing solutions three months after first opening. Observation on 10/31/24 at 1:01 PM, with the DON and ADON confirmed Control solutions on the first floor were open and not dated. The DON confirmed the manufacturers specifications on the glucose solution bottles documented discard testing solutions three months after first opening. The DON stated that she was not aware of the first floor having only one set of testing solutions. Observation on 10/31/24 at 1:13 PM, with LVN C On the second floor in the presence of the DON and ADON revealed the Glucometer control solutions were opened and the dates written on the bottle with green ink were partially erased and could not tell when the solutions were opened. LVN C said she was not aware of the manufacturer's specifications on the glucose solution bottles documented discard testing solutions three months after first opening. Review of the facility's policies and procedure on Medication Administration and Management revised: on 6/2019 revealed, Policy: It is a policy of this facility that the facility will implement a medication management program that incorporate systems with established goals to meet each resident's needs as well as the regulatory requirements. Procedures: The facility's medical director will have an active role in the oversight of the medication management. Step 1: Preparing for the Medication Pass. Medication Cart preparation: Medications should be arranged in the same sequence as on the MAR. Authorize license or certified. medication aide must understand the 8 Rights for administering medications: The Right Resident, The Right Drug, The Right Dose, The Right Time, The Right Route, The Right Charting, The Right Results. Medications are administered no more than one hour before or one hour after the designated medication pastime. Control substances are accounted for on individual resident control substance record. Controlled substances are counted by the authorized. License or certified medication aide, or by state regulatory guidelines, staff member at each shift change. Review of the facility's policies and procedure on Controlled Drug Count revised: 6/ 2019 revealed, Policy: The control substance count and inventory. Control substances will be counted every shift by a licensed nurse reporting on duty, with a licensed nurse reporting off duty. Inventory of the controlled substance drugs will be recorded on each controlled substance Inventory record and validated for correctness of count by signature for each shift. A controlled substance shift change sheet will be signed by both the nurse coming on duty and the nurse going off duty, to verify that the count of all controlled substance drugs is correct and that the count of all controlled substance medication cards and/or are also correct. Procedures: At the end of every shift, the authorized member reporting on duty and the authorized staff member reporting off duty meet at the designated medication card or storage area to count all controlled substances. Both nurses (off going and oncoming) sign the control substance sheet with the date and time of the shift change. By doing so, both nurses are verifying that medication counts for all controlled substances and the count of number of controlled substance cards and packages are accurate at the time of shift change. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policies and procedure on Policies and Procedures Storage of Medications revised 08-2020 revealed, Policy: medications and biologicals are stored safely, securely, and properly, Following manufacturers recommendations or those of the supplier. Procedures: Orally, administered medications are stored separately from externally used medications and treatment such as suppositories, ointments, creams, vaginal products, etc. Eye medications are stored separately per facility policy. Medication storage areas are kept clean, well lit, and free of clutter, extreme temperatures, and humidity. Medication storage conditions are monitored on a regular basis by the consultant pharmacist and correction corrective action is taken if problems are identified. Review of the facility's policies and procedure on Blood Glucose Monitoring Quality Control revised on 6/2019 revealed, Policy: Quality Control monitoring will be performed per manufactures guidance. Procedures: Quality control testing for both high and low ranges is done on a daily basis during the designated shift. Once open, glucose control solution are stable for the number of months designated by the manufacturer or until the expiration date, whichever comes first. All glucose control solutions will expire 28 days after initial opening or until the expiration date, whichever comes first. The date opened will be labeled on the vial. Immediately discard outdated vials.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 20026 Based on observation, interview, and record review, the facility failed to provide food that was palatable and served at an appetizing temperature for 3 of 3 diet test trays reviewed for food temperatures. -The facility failed to maintain food hot on diet serve test trays. -This failure could place residents who ate food from the kitchen at risk of weight loss, altered nutritional status, and diminished quality of life. The findings included: Observation on 10/28/24 at 12:08 PM on the first floor of the facility, revealed that the CNAs were leaving the doors open to the insulated meal cart while they were distributing the trays and assisting residents with tray set-up. It was observed that the CNAs wheeled the insulated meal cart down the hallway without closing the doors until it was time for them to go to the other hallway at the other side of the facility to pass meal trays to the residents. It was observed that the doors to the insulated meal cart were left open for a total of seven minutes in the first hallway until all resident trays had been passed out which left the 3 test trays stored in the insulated meal cart. In a group interview on 10/29/2024 at 10:00 AM with 11 of 11 anonymous residents revealed the meals were being delivered cold to those residents who ate their meals in their rooms. Residents reported that this was an on-going problem, and nothing was being done to address their concerns. In an observation and interview with the Dietary Manager on 10/29/2024 at 12:30 PM revealed, the insulated meal cart was left open when food trays were being distributed on the second floor. She said the CNAs had been trained to keep the doors close to the insulated meal cart so that the residents receive their meals warm. The Dietary Manager said failure to keep the door closed to the insulated cart caused the food to get cold. Sampling of the test trays on 10/29/24 at 12:52 PM in the conference room, with the Dietary Manager revealed: The Regular Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Mechanical Diet Tray: Tamale Pie was 125 degrees Fahrenheit, and corn was 135 degrees Fahrenheit. The Pureed Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Dietary Manager stated several of the temperatures on the test trays were cold. She said food was below the required temperature, will be reheated for 15 seconds in the microwave or until the food was reheated to 165 degrees Fahrenheit. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 10/29/24 at 12:50 PM, with the Administrator, ADON, Dietary Manager and Maintenance Director revealed they had discussed in the morning department head meetings concerns voiced by the residents regarding menus and cold food. The administrator said, we do not keep minutes of the morning meetings to show you what we have done to address food temperatures and menus. The Administrator stated, I am going to be honest with you, we do not have any written information in the QAPI minutes regarding complaints of menus and cold foods because I thought that these issues had been addressed. We got a Food Warmer to keep the food hot until it's placed on the steam table. I am not aware of any other concerns regarding cold food. The administrator said he was not aware that CNAs were leaving the insulated meal cart opened when they were passing trays, and the food was cold. He said he was not aware food temperatures on test trays were cold. The Dietary Manager stated she had only bought food with her money on two occasions, because the shipment of eggs was rotten, and they needed the eggs for the breakfast meal. The Dietary Manager denied, saying there was not enough money in the budget to serve foods according to the menu. The Dietary Manager provided copies of Menu Substitutions Approval Form dated 05/21/24 through 10/29/24, revealed a total of 33 food substitution were made due to foods items were not delivered and/or not available to serve according to menus. Emergency Menu was served on 08/24/24 and 08/25/24 because the power was cut off in the kitchen due to the construction. She said that the corporate office had recently changed the menus, so they can serve more Hispanic foods to the residents. The Dietary Manager stated, facility did not have a system in place to check that the insulated cart was not left open when meals were being served to the residents in their rooms. The Dietary Manager did not provide any documentation of the dietitian's recommendations to conduct monthly test tray audits to identify temperature concerns prior to exit. Record review of Quality Assurance Monitor IV: Meal Satisfaction Survey dated 07/25/25 and signed by dietitian and dietary manager revealed Score: 82. Residents had voiced concerns regarding hot foods were not warm enough, cold foods were not cold enough, food does not taste good, not getting enough food, no choices for alternates or always available items, food does not look appetizing and attractively served. For scores below 85%. Check the recommendations that apply and create a corrective action plan: Review tray service and trade delivery system to identify temperature concerns. Registered Dietitian and dietary manager to conduct monthly test tray audits to identify temperature concerns. A new insulated food card was just ordered. Surveyors requested facility policies and procedures on food preparation and distribution of meal trays from the Dietary Manager and were not provide the policies prior to exit. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of facility's policy and Procedures on Operations Policies and Procedures Revised 6/2019 revealed, Subject: Quality assurance. Performance improvement. - (QAPI) Purpose: The Facility Quality Assessment and Assurance (QAA) Committee reports to the Facility Governing Body or designated person who functions as a Governing Body, regarding activities including implementation of the Quality Assurance and Performance Improvement program. The QAPI Program will gather data, analyze in various methods, track and trend patterns, implement process improvement and plans to improve care and resident services. Policy: Quality assurance and Performance Improvement. (QAPI) Process is a comprehensive data-driven and proactive approach to focus on indicators of the outcome of care, to improve resident quality of life, safety care and services. The. QAPI Team is involved at all levels of the organization and functions to identify opportunities to improve, correct quality deficiencies address systems of care and management practices gaps or causes of systemic concerns, develop, and implement improvement plans and continually monitor effectiveness and will provide clinical care, quality of life and resident choice. The QAA Committee will meet at least monthly to meet the demands of identified facility needs based on the facility assessment, which is conducted annually and with changes to facility services. Procedures: The QAA committee is chaired by the facility Administrator, who will designate an alternate to lead in the event of his/her absence. Responsibilities of the QAA Committee but are not limited to: Identifying and responding to quality deficiencies throughout the facility, and oversight of the QAPI program. Develop and implement corrective action and monitor to ensure performance goals or targets are achieved and revising corrective action when necessary. Identify and correct quality deficiencies effectively. Determine what performance data will be monitored and the schedule or frequency for monitoring this data. Data from QAPI Indicators, including data from drug regimens. Will be systemically collected and reported monthly to identify areas for improvement. Once a quality deficiency is identified, The QAA committee is responsible to oversee development of appropriate corrective action. An appropriate Corrective action. Is one that appears to address. The underlying causes of the issue comprehensively, At the systems level. Develop a corrective action plan. (PI) That includes: A definition of the problem. Measurable goals or targets; Step by step interventions to correct the problem and achieve established goals. A description of how the QAA Committee will monitor to ensure changes yield the expected results. Develop feedback mechanisms for monitoring improvement and making changes to the PIP when desired outcomes are not achieved. Establish benchmarks for measuring improvement. Assign persons responsible for the collection, reporting and analyze for each performance improvement project (PIP). Once established, the Facility will use the established benchmarks as a living document that will be used to ensure that quality care and quality of life practices are achieving expectations. Surveyors requested facility policies and procedures on food preparation and distribution of meal trays from the Dietary Manager and were not provide the policies prior to exit.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 20026 Based on observations, interviews, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation and food storage. 1. - The facility failed to keep the tile floors free of dust, dried stains, and disposable cups on the floor. 2. - The facility failed to keep the refrigerator shelve free of dried food particles. 3. - The facility failed to keep food containers stored in the kitchen free of dust and food particles. 4. - The facility failed to discard perishable foods stored in the walk-in refrigerator. The multiple Jalapeno peppers had wrinkles, and one Jalapeno pepper had a black substance; Cabbage was mushy, and the edges of the leaves were brown. 5. - The facility failed to keep the kitchen equipment free of grease build-up and food particles. 6. - The facility failed to keep spice bottles, and a shaker free of residual and grease build-up. 7. - The facility failed to keep plastic bottles free of grease build-up and free of dried drippings. 8. - The facility failed to store opened food containers in the food preparation in sealed containers. 9. -The facility failed to keep food preparation tables and equipment free of dust. 10. - The facility failed to keep a deep fryer free of dust and food particles. 11. - The facility failed to keep vents free of dust and grease build-up. 12. - The facility failed to keep hand sinks free of dust and dried white stains. 13. - The facility failed to keep the eye wash station free of dust and grease build-up. 14. - The facility failed to keep a portable fan in the food preparation area free of dust and lint. 15. - The facility failed to place lids on pots and pans that contained food to prevent dust from getting into the food. 16. -The facility failed to label and date foods stored in the refrigerator. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	17. -The facility failed to keep the metal shelving in the food preparation area free of dust. 18. -The facility failed to keep the kitchen walls free of holes by the food preparation area. 19. - The facility failed to keep essential equipment in working order. 20. - The facility failed to keep the walls in the dishwashing room free of holes and missing tiles. 21. - The facility failed to keep dish racks free of grease build up and dark black stains. 22. - The facility failed to keep the serving kitchen clean and free of dust. 23. - The facility failed to keep the countertop in the serving kitchen in good condition. 24. - The facility failed to keep the food on the steam table at the appropriate temperature and prevent cross contamination. 25. The facility failed to post the current menus in the dining room. 26. The facility failed to ensure the kitchen staff used hair nets and beard guards to prevent food contamination. These failures could place residents at risk of food borne illnesses. Findings included: 1. Observation on 10/28/24 at 8:40 AM, with the Dietary Manager in the Dry Storage Rooms, revealed there was dust and small black particles on the top of the cornstarch boxes; large cans of food stored on metal shelving had dust on the top of the cans; clear plastic container labeled Flour had dust and dried white stains on the cover; metal shelving had dust build-up on shelves; three disposable serving cups were on the floor under the metal shelving behind the door to the entrance to dry storage room; and tile floor by entrance to dry storage room was full of dust and black marks. The Dietary Manager said they were not able to keep the food stored on the metal shelving free of dust due to the on-going construction. 2. Observation on 10/28/24 at 8:42 AM, with the Dietary Manager revealed the refrigerator had dried food particles on the bottom shelf. The Dietary Manager said the refrigerator should be cleaned by the Dietary Aides according to cleaning schedules. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Observation on 10/28/24 at 8:55 AM, with the Dietary Manager revealed Robot Coupe (Food Processor) dried food particles on the sides and grease build-up on the control knobs; multiple spice bottles had grease build-up and residual on the tops and on the sides of the containers; shaker lid that contained powdered sugar was full of powdered sugar; opened box of cream of wheat was stored on top of food preparation table, next to spice bottles; plastic containers stored under the stainless steel table had grease build-up and were full of dust; large plastic bottle of cooking oil had dripping around the cover and sides of the bottle; opened box of pancake mixed was opened and full of dust; deep fryer had food particles; stove was missing three control knobs. The Dietary manager stated the knobs kept falling off so they kept them on the shelf on top of the stove; oven doors were missing the handles; multiple control knobs on the stove were cracked, had grease build-up and were dusty; The control knobs on the stove and Food warmer were full of dust and had grease build-up; hand sink was full of dust and dried white stains; eye wash was full of dust and had grease build-up; vents directly above the stoves, and fryer were full of dust and grease build-up. There was a portable fan that was on and was full of dust and lint. The ceiling by food preparation had a large hole, electrical cover was missing on a kitchen light; The Dietary Manager reported water pipes had ruptured and water was dripping from the ceiling to the kitchen floor by the food preparation area a couple of days ago and the plumbers had to remove part of the ceiling to replace several water pipes; ice machine was dusty and scoop stored of side of ice machine were full of dust; large trash can had a lid full of dust; spoons and ladle spoons hung on the wall were full of dust; metal pots that contained food were uncovered on top of stove; and doors had chipped paint and were full of dust. The Dietary Manager stated, there is a lot of dust throughout the kitchen from the construction and we do not have enough lids to cover the pans on the stove. The Dietary Manager said dietary staff had been trained to clean all the equipment prior to preparing and serving meals. 4. Observation on 10/28/24 at 9:04 AM, with the Dietary Manager in the walk-in refrigerator revealed a plastic container had multiple jalapeno peppers that were wrinkled, and one jalapeno pepper had black mold; plastic bag that contained cabbages, had one cabbage that was mushy and dried brown edges on the leaves. 5. Interview on 10/28/24 at 9:05 with the Dietary Manager revealed Robot Coupe's blade broke a couple of days ago, and they were using the blender to prepare puree foods. She said the maintenance man had re-ordered the blade and should be delivered in a couple of days. 6. Observation on 10/28/24 at 11:05 AM, with the Dietary Manager in the dining room where construction workers were working revealed counters, coffee machine, tea dispenser, meal carts, sheet pan racks, and salad bar were full of dust. The Dietary Manager said they placed the clean equipment there for the next meal. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Observation and interview on 10/28/24 at 11:21 AM, with the Dietary Manager and [NAME] in the serving kitchen on the second floor revealed the countertop by the sink had significant sections missing, revealing large gaps where pieces of the countertop material were missing, creating an uneven and damaged appearance; countertop was full of dust; kitchen cabinets, tables, equipment and tile floor were full of dust; a portable air conditioner; mop, dust pan, chemical bottle were stored by the sink; portable fan was full of dust, lint and dried white stains; The Dietary Manager said they kept the mop in case they had a spill and did not have a mop pail; tile floor was full of dust, dried brown stains, and black grease build-up on edges of base board; The [NAME] was holding food thermometer with bare hands when checking food temperatures and did not place the thermometer on the holder to check food temperatures; The [NAME] and Dietary Manager said they had been trained to use gloves when checking food temps. The [NAME] dropped a stainless- steel pan on the floor by the serving line, picked up the pan, and did not wash hands prior to removing the metal pans from the food warmer to place on the serving line. She placed the stainless-steel pan under the steam table on top of the metal lids that were stored on the rack under the steam table. She did not wash her hands and continued to remove the steam table pans from the food warmer to place them on the steam table. The [NAME] checked food temperatures without using gloves or the thermometer holder. The Dietary Manager and [NAME] said dietary staff had been trained to use gloves when checking food temperatures. The Dietary Manager and [NAME] did not know how to place the food thermometer in the thermometer holder. 8. Observation on 10/28/24 at 11:43 AM, with the Dietary Manager revealed pureed rice temperature was at 134 degrees Fahrenheit and could not be served because the temperature was below 135 degrees Fahrenheit. The Dietary Manager noted that the knob at the end of the steam table was turned on where the metal pan that contained the pureed rice was placed in the steam table. She said, that is why the pureed rice is cold, we need to cover it and let it get hot before it is served. She pulled a steam table pan cover from beneath the steam table and covered the steam table pan that contained the pureed rice. 9. Observation on 10/28/24 at 12:05 PM revealed today's menu was not posted. The menus posted in the dining room were dated October 21, 2024, and October 28, 2024. 10. Observation on 10/28/24 at 12:22 PM revealed the Dietary Manager was in the serving kitchen without a hair net. The Dietary Manager demonstrated to the state surveyor her hair net was stuck to the tape on the edge of the plastic barrier by the serving kitchen. She placed the hair net on her head and entered the serving kitchen. The dietary Manager said, staff had been trained to ensure the hair net completely covered their hair. 11. Interview on 10/28/24 at 12:27 PM, with the Dietary Manager confirmed current menus were not posted in the dining room. She said, I printed them this morning, they are on top of my desk. 12. Interview on 10/28/24 at 5:00 PM, with the Maintenance Director in the presence of the Administrator, they reported the Robot Coupe's blade and lid were ordered and would be delivered on 11/22/24. 13. Interview on 10/30/24 at 9:00 AM, revealed the Dietary Manager was in the kitchen in front of the food preparation area and her hair net was not completely covering her hair. When the state surveyor informed the Dietary Manager that her hair was not completely covered with her hair net, she immediately adjusted the hair to ensure that her hair was completely covered by the hair net. (continued on next page)

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Nazareth Living Care Center	1475 Raynolds St El Paso, TX 79903

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. Observation on 10/30/24 at 9:38 AM, with the Dietary Manager in the dishwashing room revealed the hand sink was full of dust and dried white stains; wall under stainless steel table was missing half the sheet rock and there was a black substance, holes on the wall, and dried brown water stains; multiple dishwasher racks stored by the dishwashing machine had grease build-up, dust, and dried black stains throughout the dish racks. 15. Observation and interview on 10/30/24 at 9:24 AM with the Maintenance Director in the presence of the Administrator and the Dietary Manager, stated the construction workers had started to sand the cement floor by the kitchen and down the hallway that connected to the other side of the facility were to place a new tile floor. He said, that is why we placed the plastic barriers by the kitchen and dining area on the second floor to keep the dust from getting into the food preparation areas and the resident unit. It was observed that the plastic barriers were not completely sealed. 16. Observation on 10/30/24 at 10:30 AM, revealed the Maintenance Director was in the kitchen without a beard net making rounds with the state surveyor. When the state surveyor asked him why he was not using a beard net. He said he was going to go get a beard net and return right away. Record review of the Food Code 2022 reflected the following: (C) Packaged Food shall be labeled as specified in law, including 21 CFR 101 Food Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.18. 3-202.15 Package Integrity. Food packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants. The surveyor requested policies and procedures on Food Procurement, Store/Prepare/Serve - Sanitary conditions, and Food Temperatures from the Dietary Manager and were not provided prior to exit.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49850 Based on observations, interviews, and record review the facility failed to maintain accurate medical records on each resident in accordance with accepted professional standards and practices that were: Complete; Accurately documented; Readily accessible; and systematically organized for 2 (resident #55 and #60) of 3 residents. The facility had incomplete documentation for the treatment of Resident #55 and #60's restorative therapy care. This failure could delay identification of problems with the restorative therapy, resulting in a delay in treatment. The findings included: Resident #60 Record review of Resident #60 History and Physical (H&P) dated 10/31/2024 revealed an [AGE] year-old male with diagnoses of PE (Pulmonary Embolism) on anticoagulation and Lewy body dementia. (Lewy Body Dementia is when protein deposits called Lewy bodies develop in nerve cells in the brain, where it affects brain regions such as thinking, memory, and movement.) Record Review of Resident #60 Care plan dated August 2024 revealed no documentation for restorative therapy was documented with a goal patient will continue to perform range of motion to facilitate/prevent further contractors to facilitate ADLs. Patient will continue to perform/maintain static sitting balance and postural to facilitate ADLS. Interventions to include patient will continue to perform eating task to facilitate the ability to live in environment with least amount of assistance. Dated by therapy director on 09/03/2024 with no restorative notes of completion dates. Resident #55 Record Review of Resident #55 History & Physical dated 10/31/2024 revealed a [AGE] year-old male with diagnoses of fracture of shaft of humerus, right arm, muscle wasting and atrophy. (Muscle atrophy is the wasting or thinning of muscle mass.) During an observation and interview on 10/30/2024 at 10:30 am the resident was observed in bed at a low position, resident was nonverbal, and could not acknowledge yes or no questions. The resident's family was in the room and stated that they did not see any progression on the resident's condition involving his therapy or if he has even received therapy as his arms, were contracting more than before, and it's getting harder for him to move his wrists. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/30/2024 at 02:27 PM the ADON stated that Resident #60 was a VA (Veterans Assistance) patient and stated with the VA residents, they do an evaluation for therapy and then it gets sent off to see if they get approved, by the VA. The ADON did not know if the resident had gotten approved or had a pending therapy treatment and she will check if they have anything regarding physical therapy. During an interview on 10/30/24 at 02:36 PM the Director of Therapy stated that he was approved for two months when he first got admitted into the facility. The Director of Therapy stated that the resident was recently put on restorative therapy because he had seen an increase on his mobility. There was a recommendation for hand rolls, but Resident #60 was in a lot of pain and was not responding to them. The risk to the resident could put the resident behind or back from the progress he has already accomplished. During an interview on 10/30/2024 at 02:59 PM the Director of therapy provided all the information on the therapy resident #60 was receiving. Resident #60 was admitted on [DATE], and then was discharged on [DATE] for therapy and was put right on restorative therapy. Resident #60 had been on restorative therapy since and now was recently showing improvement as before he was not and was resisting. The family had to come in to assist the Resident to complete his therapy sessions. Director of therapy stated, There should have been a care plan documented with all this plus it was addressed in the IDT meetings, so yes, I believe there should be documentation of care plan. Paper documentation was provided with a care plan but was not filled out. It was revealed that CNA F was the therapy/CNA restorative aid that helped provide restorative care. Resident #60 was in too much pain when he was given the hand rolls, so the resident was not able to tolerate it. During an interview on 10/30/2024 at 03:31 PM the DON was not able to find documentation of care plans that were kept by CNA F in the restorative binder. The DON stated that progress notes were to be completed daily and accurate as possible. Progress notes should be documented with any treatments, changes in condition, and anything out of the normal daily living of the resident. The person responsible for overlooking the restorative therapy notes and making sure the restorative notes were completed daily and as accurate as possible was the ADON. Policy was not obtained for accurate documenting.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 20026 Based on interviews and records review, the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to take actions aimed at performance improvement and after implementing those actions, measure its success, and track performance to ensure that improvements were realized and sustained. The facility failed to address concerns regarding foods that were not kept hot when served to the residents. This failure could place residents at risk of weight loss and unresolved dietary concerns. Findings included: Observation on 10/28/24 at 12:08 PM on the first floor of the facility, revealed that the CNAs were leaving the doors open to the insulated meal cart while they were distributing the trays and assisting residents with tray set-up. It was observed that the CNAs wheeled the insulated meal cart down the hallway without closing the doors until it was time for them to go to the other hallway at the other side of the facility to pass meal trays to the residents. It was observed that the doors to the insulated meal cart were left open for a total of seven minutes in the first hallway until all resident trays had been passed out, which left the 3 test trays stored in the insulated meal cart. In a group interview on 10/29/2024 at 10:00 AM with 11 of 11 anonymous residents revealed the meals were being delivered cold to those residents who ate their meals in their rooms. Residents reported that this was an on-going problem, and nothing was being done to address their concerns. In an observation and interview with the Dietary Manager on 10/29/2024 at 12:30 PM revealed, the insulated meal cart was left open when food trays were being distributed on the second floor. She said the CNAs had been trained to keep the doors closed to the insulated meal cart so that the residents received their meals warm. The Dietary Manager said failure to keep the door closed to the insulated cart caused the food to get cold. Sampling of the test trays on 10/29/24 at 12:52 PM in the conference room, with the Dietary Manager revealed: The Regular Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Mechanical Diet Tray: Tamale Pie was 125 degrees Fahrenheit, and corn was 135 degrees Fahrenheit. The Pureed Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Dietary Manager stated several of the temperatures on the test trays were cold. She said food was below the required temperature, it will be reheated for 15 seconds in the microwave, or until the food was reheated to 165 degrees Fahrenheit. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 10/29/24 at 12:50 PM, with Administrator, the ADON, the Dietary Manager, and the Maintenance Director revealed they had discussed in the morning department head meetings concerns voiced by the residents regarding menus and cold food. The Administrator said, we do not keep minutes of the morning meetings to show you what we have done to address food temperatures and menus. The Administrator stated, I am going to be honest with you, we do not have any written information in the QAPI minutes regarding complaints of menus and cold foods because I thought that these issues had been addressed. We got a food warmer to keep the food hot until it was placed on the steam table. I am not aware of any other concerns regarding cold food. The administrator said he was not aware that CNAs were leaving the insulated meal cart opened when they were passing trays, and the food was cold. He said he was not aware food temperatures on test trays were cold. The Dietary Manager stated, the facility did not have a system in place to check that the insulated cart was not left open when meals were being served to the residents in their rooms. The Dietary Manager did not provide any documentation of the dietitian's recommendations to conduct monthly test tray audits to identify temperature concerns. Record review of Quality Assurance Monitor IV: Meal Satisfaction Survey dated 07/25/25 and signed by dietitian and dietary manager revealed Score: 82. Residents had voiced concerns regarding hot foods were not warm enough, cold foods were not cold enough, food does not taste good, not getting enough food, no choices for alternates or always available items, and food does not look appetizing and attractively served. For scores below 85%. Check the recommendations that apply and create a corrective action plan: Review tray service and trade delivery system to identify temperature concerns. Registered Dietitian and dietary manager to conduct monthly test tray audits to identify temperature concerns. A new insulated food cart was just ordered. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility's Policy and Procedures on Operations Policies and Procedures Revised 6/2019 revealed, Subject: Quality assurance. Performance improvement. - (QAPI) Purpose: The Facility Quality Assessment and Assurance (QAA) Committee reports to the Facility Governing Body or designated person who functions as a Governing Body, regarding activities including implementation of the Quality Assurance and Performance Improvement program. The QAPI Program will gather data, analyze in various methods, track and trend patterns, implement process improvement and plans to improve care and resident services. Policy: Quality assurance and Performance Improvement. (QAPI) Process is a comprehensive data-driven and proactive approach to focus on indicators of the outcome of care, to improve resident quality of life, safety care and services. The. QAPI Team is involved at all levels of the organization and functions to identify opportunities to improve, correct quality deficiencies address systems of care and management practices gaps or causes of systemic concerns, develop, and implement improvement plans and continually monitor effectiveness and will provide clinical care, quality of life and resident choice. The QAA Committee will meet at least monthly to meet the demands of identified facility needs based on the facility assessment, which is conducted annually and with changes to facility services. Procedures: The QAA committee is chaired by the facility Administrator, who will designate an alternate to lead in the event of his/her absence. Responsibilities of the QAA Committee but are not limited to: Identifying and responding to quality deficiencies throughout the facility, and oversight of the QAPI program. Develop and implement corrective action and monitor to ensure performance goals or targets are achieved and revising corrective action when necessary. Identify and correct quality deficiencies effectively. Determine what performance data will be monitored and the schedule or frequency for monitoring this data. Data from QAPI Indicators, including data from drug regimens. Will be systemically collected and reported monthly to identify areas for improvement. Once a quality deficiency is identified, The QAA committee is responsible to oversee development of appropriate corrective action. An appropriate Corrective action. Is one that appears to address. The underlying causes of the issue comprehensively, At the systems level. Develop a corrective action plan. (PI) That includes: A definition of the problem. Measurable goals or targets; Step by step interventions to correct the problem and achieve established goals. A description of how the QAA Committee will monitor to ensure changes yield the expected results. Develop feedback mechanisms for monitoring improvement and making changes to the PIP when desired outcomes are not achieved. Establish benchmarks for measuring improvement. Assign persons responsible for the collection, reporting and analyze for each performance improvement project (PIP). Once established, the Facility will use the established benchmarks as a living document that will be used to ensure that quality care and quality of life practices are achieving expectations. Surveyors requested facility policies and procedures on food preparation and distribution of meal trays from the Dietary Manager and were not provide the policies prior to exit.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 20026 Based on interviews and record review, the facility failed to ensure the QA committee developed and implemented appropriate plans of action to correct identified dietary concerns reported in the group interviews and Satisfaction Survey completed by the consultant dietitian. The facility failed to ensure that the QA committee developed a plan of action to ensure the food complaints or grievances were addressed and resolved. This failure could place residents at risk of weight loss and unresolved dietary concerns. Findings included: Observation on 10/28/24 at 12:08 PM on the first floor of the facility, revealed that the CNAs were leaving the doors open to the insulated meal cart while they were distributing the trays and assisting residents with tray set-up. It was observed that the CNAs wheeled the insulated meal cart down the hallway without closing the doors until it was time for them to go to the other hallway at the other side of the facility to pass meal trays to the residents. It was observed that the doors to the insulated meal cart were left open for a total of seven minutes in the first hallway until all the resident trays had been passed out, which left the 3 test trays stored in the insulated meal cart. In a group interview on 10/29/2024 at 10:00 AM with 11 of 11 anonymous residents revealed the meals were being delivered cold to those residents who ate their meals in their rooms. Residents reported that this was an on-going problem, and nothing was being done to address their concerns. In an observation and interview with the Dietary Manager on 10/29/2024 at 12:30 PM revealed, the insulated meal cart was left open when food trays were being distributed on the second floor. She said the CNAs had been trained to keep the doors close to the insulated meal cart so that the residents receive their meals warm. The Dietary Manager said failure to keep the door closed to the insulated cart caused the food to get cold. Sampling of the test trays on 10/29/24 at 12:52 PM in the conference room, with the Dietary Manager revealed: The Regular Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Mechanical Diet Tray: Tamale Pie was 125 degrees Fahrenheit, and corn was 135 degrees Fahrenheit. The Pureed Diet Tray: Tamale Pie was 125 degrees Fahrenheit. The Dietary Manager stated several of the temperatures on the test trays were cold. She said food is below the required temperature, will be reheated for 15 seconds in the microwave or until the food is reheated to 165 degrees Fahrenheit. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 10/29/24 at 12:50 PM, with Administrator, ADON, Dietary Manager and Maintenance Director revealed they had discussed in the morning department head meetings concerns voiced by the residents regarding menus and cold food. The administrator said, we do not keep minutes of the morning meetings to show you what we have done to address food temperatures and menus. The Administrator stated, I am going to be honest with you, we do not have any written information in the QAPI minutes regarding complaints of menus and cold foods because I thought that these issues had been addressed. We got a Food Warmer to keep the food hot until it's placed on the steam table. I am not aware of any other concerns regarding cold food. The administrator said he was not aware that CNAs were leaving the insulated meal cart opened when they were passing trays, and the food was cold. He said he was not aware food temperatures on test trays were cold. The Dietary Manager stated she had only bought food with her money on two occasions, because the shipment of eggs was rotten, and they needed the eggs for the breakfast meal. The Dietary Manager denied, saying there was not enough money in the budget to serve foods according to the menu. Dietary Manager provided copies of Menu Substitutions Approval Form dated 05/21/24 through 10/29/24, revealed a total of 33 food substitution were made due to foods items were not delivered and/or not available to serve according to menus. Emergency Menu was served on 08/24/24 and 08/25/24 because the power was cut off in the kitchen due to the construction. She said that the corporate office had recently changed the menus, so they can serve more Hispanic foods to the residents. The Dietary Manager stated, facility did not have a system in place to check that the insulated cart was not left open when meals were being served to the residents in their rooms. The Dietary Manager did not provide any documentation of the dietitian's recommendations to conduct monthly test tray audits to identify temperature concerns. The Administrator and Dietary Manager confirmed they did not have a system in place to check food temperature and meal service to ensure food was not served cold to the residents. Record review of Quality Assurance Monitor IV: Meal Satisfaction Survey dated 07/25/25 and signed by dietitian and dietary manager revealed Score: 82. Residents had voiced concerns regarding hot foods were not warm enough, cold foods were not cold enough, food does not taste good, not getting enough food, no choices for alternates or always available items, food does not look appetizing and attractively served. For scores below 85%. Check the recommendations that apply and create a corrective action plan: Review tray service and trade delivery system to identify temperature concerns. Registered Dietitian and dietary manager to conduct monthly test tray audits to identify temperature concerns. A new insulated food card was just ordered. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility's Policy and Procedures on Operations Policies and Procedures Revised 6/2019 revealed, Subject: Quality assurance. Performance improvement. - (QAPI) Purpose: The Facility Quality Assessment and Assurance (QAA) Committee reports to the Facility Governing Body or designated person who functions as a Governing Body, regarding activities including implementation of the Quality Assurance and Performance Improvement program. The QAPI Program will gather data, analyze in various methods, track and trend patterns, implement process improvement and plans to improve care and resident services. Policy: Quality assurance and Performance Improvement. (QAPI) Process is a comprehensive data-driven and proactive approach to focus on indicators of the outcome of care, to improve resident quality of life, safety care and services. The. QAPI Team is involved at all levels of the organization and functions to identify opportunities to improve, correct quality deficiencies address systems of care and management practices gaps or causes of systemic concerns, develop, and implement improvement plans and continually monitor effectiveness and will provide clinical care, quality of life and resident choice. The QAA Committee will meet at least monthly to meet the demands of identified facility needs based on the facility assessment, which is conducted annually and with changes to facility services. Procedures: The QAA committee is chaired by the facility Administrator, who will designate an alternate to lead in the event of his/her absence. Responsibilities of the QAA Committee but are not limited to: Identifying and responding to quality deficiencies throughout the facility, and oversight of the QAPI program. Develop and implement corrective action and monitor to ensure performance goals or targets are achieved and revising corrective action when necessary. Identify and correct quality deficiencies effectively. Determine what performance data will be monitored and the schedule or frequency for monitoring this data. Data from QAPI Indicators, including data from drug regimens. Will be systemically collected and reported monthly to identify areas for improvement. Once a quality deficiency is identified, The QAA committee is responsible to oversee development of appropriate corrective action. An appropriate Corrective action. Is one that appears to address. The underlying causes of the issue comprehensively, At the systems level. Develop a corrective action plan. (PI) That includes: A definition of the problem. Measurable goals or targets; Step by step interventions to correct the problem and achieve established goals. A description of how the QAA Committee will monitor to ensure changes yield the expected results. Develop feedback mechanisms for monitoring improvement and making changes to the PIP when desired outcomes are not achieved. Establish benchmarks for measuring improvement. Assign persons responsible for the collection, reporting and analyze for each performance improvement project (PIP). Once established, the Facility will use the established benchmarks as a living document that will be used to ensure that quality care and quality of life practices are achieving expectations. Surveyors requested facility policies and procedures on food preparation and distribution of meal trays from the Dietary Manger and were not provide the policies prior to exit.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026 Based observations, interviews, and record review, the facility failed to maintain an Infection Prevention and Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for three (Resident #60, Resident #55, and Resident #6) of fifteen residents observed for Infection Control. -CNA D failed to perform hand hygiene between passing out food trays in between residents. - CNA D failed to perform hand hygiene between helping a Resident #60 out of bed to sit and eat and providing feeding assistance to Resident #55. -The facility failed to ensure licensed staff washed hands between residents when administering medication. -The facility failed to ensure LVN B performed hand hygiene and/or used PPE while administering medications via nebulizer treatment. -The facility failed to store a plastic container off the floor in the medication room. -The facility failed to ensure opened packages of gauze non-sterile sponges were stored in sealed plastic bags. -The facility failed to keep crash carts free of dust. - The facility failed to keep linen cart covers in the resident units free of tears. This failure could place residents at risk for cross contamination and the spread of infection. Findings included: Dining: In an observation and interview on 10/31/2024 at 8:58 AM CNA D went into Resident #60's and Resident # 55's room to help Resident #60 out of bed to sit to eat and then sat in a chair to start feeding Resident #55 his food. CNA D was stopped before proceeding with feeding and asked how she was taught to hand out trays and feed residents. CNA D stated, I needed to wash or sanitize my hands right, I'm sorry I did something wrong, but sometimes there isn't any sanitizer. As we walked over to sanitizer, there indeed was hand sanitizer where she then apologized and stated, she knew better and just forgot, I'm sorry . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 10/31/2024 at 12:44 PM the DON revealed that staff were trained to close the door stand in front of the resident give them and make sure it's the right resident and look at the diet and set up the food for them to eat and then walk out of the room and sanitize up 3 residents and then sanitize again. She should have cleaned their hands if they [NAME] with one patient, they need to finish washing their hands or sanitize and then continue with one patient. The risk [NAME] cross contamination. She stated, I will do an in-service with her. Resident #6: Record review of Resident #6's Admission Record, dated 10/30/24, reflected a [AGE] year-old female who was admitted on [DATE]. Record review of Resident #6's Physician's Follow Up Visit, dated 10/28/24, revealed no pulmonary diagnosis. Physical Examination documented no shortness of breath. Lungs sounds were clear in all lobes bilaterally without rales, rhonchi, or wheezes. Record review of Resident #6's Quarterly MDS, dated [DATE], revealed Active Diagnoses: did not document resident had pulmonary diseases. No shortness of breath. Respiratory Treatments: Oxygen therapy. Record review of Resident #6's Care Plan dated 03/08/2022 revealed Resident was on oxygen therapy for shortness of breath. Interventions: Administer medications as ordered by physician. Monitor for signs or symptoms of respiratory distress and report to MD PRN. Record review of Resident #6's Physician's Order Summary, dated 10/30/24, reflected Order Date: 06/02/23 Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer. Record review of the Medication Administration Record dated October 2024, for Resident #6 revealed Pulmicort (Budesonide) inhalation suspension 0.5 mg/2 ml 1 dose vial via mask two times a day for low oxygen saturations via Nebulizer at 7:30 AM and 4:00 PM. Observation and interview 10/29/24 at 9:04 AM, with LVN B during the medication pass observation revealed he was going to administer Budesonide Inhalation solution by nebulizer treatment. LVN B checked oxygen saturation and pulse and did not assess respiratory rate, and breath sounds prior to administering nebulizer treatment. LVN B did not assess pulse, respiratory rate, oxygen saturation, and breath sounds after nebulizer treatment was completed. LVN did not use gloves when setting up nebulizer medication or when he removed the nebulizer mask after treatment was completed. The LVN did not wash hands prior to leaving the room. The nurse used hand sanitizer and proceeded with the medication pass. In an interview on 10/29/24 at 10:35 AM, the DON stated LVN B should have used gloves to prepare the nebulizer treatment and when he removed the nebulizer mask after the treatment was completed to prevent cross-contamination. Linen Cart: (continued on next page)

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	675723	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nazareth Living Care Center	1475 Raynolds St El Paso, TX 79903

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 10/28/24 at 3:13 PM on the first floor revealed the clean linen cart by the medication room that contained clean linen had a torn plastic cover. Medication Pass: Observation on 10/28/24 at 4:20 PM revealed LVN A was not changing gloves between residents during the medication pass. LVN A said she had been trained to change gloves and use hand sanitizer between residents to prevent cross contamination. LVN A stated, However, sometimes we are short of gloves, so I use hand sanitizer and rub it all over the gloves before I go to the next resident. We have gloves today, but sometimes we don't . Interview on 10/29/24 at 10:30 AM, with DON stated licensed staff have been trained to wash hands as needed. If they touch the residence mouth to prevent cross contamination. The staff had also been trained to use hand sanitizer x 3 consecutive times and after that they should wash hands with soap and water. The DON said nursing staff should not be reusing gloves and should not be using hand sanitizer on the gloves. The nursing staff should be changing gloves between residents and washing hands as needed to prevent cross contamination. The DON said the facility did not have a shortage of gloves. Medication Room: Observation on 10/29/24 at 10:24 AM with LVN C revealed there was a large black plastic container used to store IV bags and supplies that was stored on the floor next to the cabinet. LVN C said she was not aware the IV container could not be stored on the floor because it was cross contamination. Review of the facility's Policies and Procedures on Nebulizer Aerosol Therapy revised 8/2024 revealed, Policy: The facility will provide nebulizer treatments safely and effectively, adhering to best practice for infection control and resident care. Procedure: Preparation - Verify the physician's order for nebulizer treatment, including medication type dosage and frequency. Adhere to appropriate hand hygiene and apply appropriate personal protective equipment (PPE). Review of the facility policy, Nursing Policies and procedures: Infection control program, dated 02/2022 revealed A. Decrease the risk of infections and communicable diseases to residents. D. Maintain compliance with state and federal regulations relating to infection prevention. Review of the facilities Nursing policies and procedures revised 2/2022 revealed Subject: Infection Control Program. Policy: Evidence-based policies and procedures are the foundation of a facilities infection control and prevention program. Goals: Identify and correct problems relating to infection prevention and control practices. The goals of the infection control program are to maintain compliance with state and federal regulations relating to infection prevention and control. To provide a healthy living environment with respect for the health and well-being of each resident, staff member, and visitor. The plan will be implemented and enforced through the infection control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facilities Nursing policies and procedures revised 6/2019 revealed Policy: It is the policy of this facility that proper hand hygiene/hand washing technique will be accomplished at all times that hand washing is indicated. Hand hygiene/ Hand washing is the most important component for preventing the spread of infection. Procedures: Hand Hygiene. Hand washing is done before resident contact, eating, or handling food, starting work, and before taking part in a medical procedure. After contact. with soiled or contaminated articles such as articles that are contaminated with body fluids. After resident contact. After contact with a contaminated object or source where there is a concentration of microorganisms, such as, mucous membranes., non-intact skin, body fluids or wounds. After removal of gloves. 49850

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 20026 Based on observations, and interviewsthe facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 1 kitchen reviewed for safe operating equipment; and 1 of 1 laundry room reviewed for safe operating equipment. -The facility failed to maintain the stove in operational condition. -The facility failed to maintain washers and dryers in operational condition. This failure could place residents at risk of foodborne illnesses. Findings included: Kitchen: Observation and interview 10/28/24 at 8:55 AM, with the Dietary Manager revealed Robot Coupe's blade broke; stove was missing three control knobs. The Dietary manager stated the knobs kept falling off, so they kept them on the shelf on top of the stove; oven doors were missing the handles; multiple control knobs on the stove were cracked, had grease build-up and were dusty since she started working at the facility a couple of months ago. Laundry Room: Observation and interview on 10/30/24 at 10:19 AM, with the Maintenance Director revealed Dryer #1 was missing the metal cover on the top and was missing the cover to the control panel. Dryer #2 was missing the cover to the control panel. Two laundry workers reported the two washers were leaking water. The washers had white substance build-up and rust on the base of the washers. There was rust and black substance on the cement floor directly in front of the washers. There was water on the floor and on the side by the wall next to the washers. The Maintenance Director stated that he had started working at the facility in April 2024 and was trying to fix things as fast as possible. He said that he was not aware of any policy or procedures related to maintenance of essential equipment. He said he was new and started working at the facility on April 2024, and was doing his best to address the issues with the equipment in the laundry as soon as possible.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 20026 Based on observations, and interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public in three of five halls and 1 of 1 kitchen and 1 of 2 medication rooms reviewed for environmental conditions. - The facility failed to maintain resident halls and kitchen free of dust. --The facility failed to ensure there were paper towels in the towel dispenser in the medication room. This deficient practice could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment Findings included: Kitchen: Observation and interview on 10/28/24 at 8:55 AM, with the Dietary Manager revealed kitchen equipment vents in the food preparation were full of dust. The ceiling by food preparation had a large hole, electrical cover was missing on kitchen light. The Dietary Manager reported water pipes had ruptured, and water was dripping from the ceiling to the kitchen floor by the food preparation area a couple of days ago and the plumbers had to remove part of the ceiling to replace several water pipes. Metal pots that contained food were uncovered on top of stove; doors had chipped paint and were full of dust. The Dietary Manager stated, there is a lot of dust throughout the kitchen from the construction and we do not have enough lids to cover the pans on the stove. The Dietary Manager said dietary staff had been trained to clean all the equipment prior to preparing and serving meals. Interview on 10/28/24 at 11:30 AM with CNA G stated that the problem with the dust coming from the construction had started on Saturday 10/26/24, it was all over the tile floor and dining room tables and chairs. The plastic barriers do not keep the dust from getting to the resident unit. Interview on 10/28/24 at 11:35 AM with CNA E stated that the problem with the dust coming from the construction had started on Saturday 10/26/24. She said, the dust is all over the tile floors, dining room, and nurse's stations. The plastic barriers do not keep the dust from getting to the resident unit. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation and interview on 10/29/24 at 9:24 AM with the Maintenance Director in the presence of the Administrator and the Dietary Manager, stated that construction workers had started to sand the concrete floor by the main kitchen and that was why they placed the plastic barriers by the serving kitchen and in dining room area by the main kitchen to keep the dust from getting into the food preparation areas. It was observed that the plastic barriers were not completely sealed. It was observed that the plastic barrier by the main kitchen had been removed and was on the floor. The Dietary Manager demonstrated to the state surveyor the clean equipment that was stored in the dining room to use for the next meal were dusty. The Administrator stated that they were doing their best to contain dust by placing the plastic barriers. Medication Room: Observation on 10/29/24 at 10:24 AM with LVN C in Medication Room revealed there were no paper towels in the dispenser by the hand sink. Interview 10/29/24 at 10:55 AM with the DON, said the medication room should be cleaned daily, and housekeeping should check paper towels are in the dispenser.