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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676425	A. Building B. Wing	05/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Enclave	18803 Hardy Oak San Antonio, TX 78258

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47611 Based on observations, interviews and record review, the facility failed to treat residents with dignity and respect for 3 of 3 residents (Residents #1, #2 and #3) observed in that: LVN A addressed Residents #1, #2 and #3 as, honey, and, sweetheart. This failure could affect residents' by failing to protect and promote the residents' rights causing them to feel uncomfortable and disrespected. The findings were: 1. Review of Resident #1's electronic face sheet, dated 05/01/2024, revealed she was admitted to the facility on [DATE] with diagnoses of acute respiratory failure with osteomyelitis of vertebra (painful bone infection of the spine), malignant neoplasm of thymus (malignant cancer cells in the thymus), intraspinal abscess and granuloma (infection of the epidural space). Review of Resident #1's quarterly MDS assessment with an ARD of 03/10/2024 revealed Resident #1 had an indwelling catheter and ostomy. Further review of the MDS revealed Resident #1 scored an 15/15 on her BIMS score which indicated she had intact cognition. 2. Review of Resident #2's electronic face sheet, dated 05/01/2024, revealed she was admitted to the facility on [DATE] with diagnoses of muscle wasting and malignant neoplasm of colon (colon cancer). Review of Resident #2's MDS assessment revealed Resident #2 scored an 15/15 on her BIMS score which indicated she had intact cognition. 3. Review of Resident #3's electronic face sheet, dated 04/30/2024, revealed she was admitted to the facility on [DATE] with diagnoses of chronic pulmonary edema (too much fluid in the lungs), muscle wasting, and paroxysmal atrial fibrillation (irregular heart beat). Review of Resident #3's MDS revealed Resident #3 scored an 8/15 on her BIMS which indicated she was moderately cognitively impaired. (continued on next page)

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

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 5/1/2024 at 10:04 a.m. revealed when LVN A entered Resident #1's room, LVN A addressed the resident as honey. Observation on 5/1/2024 at 10:30 a.m. revealed when LVN A entered Resident #2's room, LVN A addressed the resident as honey and sweetheart. Observation on 5/1/2024 at 11:15 a.m. revealed when LVN A entered Resident #3's room, LVN A addressed the resident as honey. During an interview with LVN A on 5/1/2024 at 12:51 p.m., with LVN A stated she called the residents, honey, sweetheart, and [NAME]. LVN A stated not using the residents preferred name could place the residents at risk of diminished respect and dignity. During an interview with the DON on 5/1/2024 at 1:47 p.m., the DON stated LVN A should not be using, terms of endearment, to address the residents as this was a respect and dignity issue and residents should be addressed by their names.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307 Based on observation, interview and record review, the facility failed to ensure that all alleged violations involving neglect were reported immediately, but not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 of 1 resident (Resident #1) reviewed for reportable incidents, in that: 1. Facility staff failed to report to the Administrator Resident #1's elopements on 02/25/2024 and 04/28/2024. 2. The facility failed to ensure a report was made to the State Survey Agency regarding Resident #1 being found outside of the facility on 02/25/2024 at 4:51 PM. 2. The facility failed to ensure a report was made to the State Survey Agency regarding Resident #1 being found outside of the facility on 04/28/2024 at 9:31 PM. Failure to ensure all alleged violations of neglect could affect any resident in the facility with a high risk for wandering or elopement. This deficient practice could result in allegations of neglect being not investigated. The findings included: Record review of Resident #1's face sheet, dated 05/02/2024, reflected an [AGE] year-old female with an admitted [DATE] and a primary diagnosis of Alzheimer's Disease. Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Resident #1 was severely cognitively impaired with wandering not exhibited during the look-back period of 02/01/2024 to 02/08/2024. Record review of Resident #1's Comprehensive Person-Centered Care Plan, dated 05/02/2024, reflected I am exit seeking, I am at risk for elopement and/or wandering with unsafe boundaries r/t: Alzheimer's Disease initiated on 04/17/2024 with an intervention of Assess my continued need for residing on a memory care/secure unit as indicated. Record review of Resident #1's EHR assessments titled Exit Seeking Risk Tool, dated 02/25/2024 at 4:51 PM, authored by LVN A, reflected Resident was found outside front doors of facility. Resident escorted back to room, resident states I'm ready to leave. With further details that reflected that Resident #1 was assessed to have: wandering behavior, exit seeking behavior, verbalization to leave the facility, a diagnosis associated with confusion, and mobility by wheelchair. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's EHR progress notes, dated 04/28/2024 at 9:31 PM, authored by RN C, reflected head to toe assessment completed due to patient being found outside of building without any supervision. no new concerns of skin at this time. Observation on 04/30/2024 at 12:15 PM revealed the outside of the facility to have a large parking lot capacity of at least 80 motor vehicles, adjacent to a forested area, and located approximately .5 miles from a highly trafficked highway. Interview on 04/30/2024 at 2:30 PM, Resident #1's family confirmed they were informed that Resident #1 left the faciity on Sunday (04/28/2024) at 6:30 PM after she walked from her room and left via the front door. She confirmed the only reason the facility knew about it was because a nurse saw her outside. Interview on 04/30/2024 at 3:00 PM, RN B confirmed Resident #1 was, one of my wanderers, and while doing medication pass RN B was informed by RN C that Resident #1 was found outside on 04/28/2024 in the late evening. RN B confirmed she did a head-to-toe assessment of Resident #1, gave Resident #1 some water and a PRN medication before returned Resident #1 to her room. RN B confirmed she reported this to the DON and Resident #1's RP. Phone interview on 04/30/2024 at 4:01 PM, RN C confirmed on or around 04/28/2024 at 6:30 PM she observed Resident #1 in a wheelchair outside the double doors of the building at the front entrance. RN C confirmed she contacted Resident #1 and called RN B. RN C confirmed RN B responded and took Resident #1 back into the building. RN C confirmed she contacted the DON of this incident. Interview on 05/01/2024 at 2:14 PM, the DON confirmed the front door receptionist leaves at 5:00 PM everyday including weekends and the front doors are magnetically locked at 8:00 PM. The DON confirmed the facility does not have a locked unit or a memory care unit. Interview on 05/01/2024 at 2:45 PM, LVN A confirmed Resident #1 was pleasantly confused, will wander the facility, has dementia, can self-transfer from bed to wheelchair. He confirmed he remembered the incident on 02/25/2024 when Resident #1 was found outside the front doors wandering. LVN A confirmed during that February instance, he notified the following nurse to continue doing increase supervision checks. Phone interview on 05/02/2024 at 10:34 AM, Receptionist X confirmed she leaves the facility at 5:00 PM on Saturdays and Sundays but the automatic door locks do not engage until 8:00 PM. Receptionist X denied ever having seen Resident #1 outside the front doors of the facility on any day at any time. Interview on 05/02/2024 at 12:29 PM, the Administrator confirmed he was not familiar with and not notified of the incident on 02/25/2024 involving Resident #1 being found outside of the facility. The Administrator confirmed he was familiar with the incident on 04/28/2024 involving Resident #1 being found outside of the facility but denied reporting the incident to the SSA as he did not determine the incident to have been reportable as an allegation of neglect as Resident #1 was reported to have been at the front of the building by the front doors on the sidewalk and not observed to have been in the parking lot. The Administrator confirmed the standard protocol and expectation was that the incident on 02/25/20424 was to have been reported to himself so that a determination could have been made to report the incident to the SSA. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/02/2025 at 12:44 PM, the DCO confirmed she was informed of the incident on 02/25/2024 involving Resident #1 being found outside of the facility but as they had not considered it an elopement, no new interventions took place. Phone interview on 05/02/2024 at 2:07 PM, the MD denied recollection of the 02/25/2025 incident and stated he did not take primary care of hospice residents and deferred them to their hospice physician. The MD stated, what medical director would, when asked if he was aware of what interventions were in place to prevent residents from wandering out of the facility on the weekend between 5:00 PM and 8:00 PM. Interview on 05/02/2024 at 1:48 PM, the DCO confirmed she received information from a former Assistant Administrator who claimed to have been present at the facility on 02/25/2024 at or around 4:00 PM and observed Resident #1 in front of the front doors of the building and attested Resident #1 never moved past the sidewalk and was under perpetual supervision during the incident. Record review of the Texas Unified Licensure Information Portal (TULIP) reveaeld that Resident #1's incidents of elopement on 02/25/2024 and 04/28/2024 were not reported to the state survey agency. Record review of witness statement, undated, received on 05/02/2024, reflected To whom it may concern . I [Former Assistant Administrator] . at the time was manager on duty (MOD) On Sunday 02/25/2024. [Receptionist R] informed me that [Resident #1] wanted to go outside, I told [Resident #1] that was fine and that I am right here. [Resident #1] was sitting outside the front doors and she started wheeling herself to the right on the side walk. I went outside to talk to her as I usually did when I saw [Resident #1] and asked her how she was doing and what she was doing and she started she was looking for her son. I asked [Resident #1] if she wanted help inside and she said sure, that is when I wheeled her inside and [LVN A] wheeled her back to the unit. Record review of facility abuse and neglect policy, titled Prevention of Abuse and Neglect ., dated revised January 2023, reflected all potential allegations of abuse, neglect, and exploitation are to be reported to the administrator and the administrator had the responsibility to submit allegations to the state survey agency. Further reflected allegations of elopement to be included within the potential neglect given that the resident was found off the premises however did not include a definition of premises.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307 Based on observation, interview and record review, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 1 resident (Resident #1) reviewed for accidents, in that: 1. The facility failed to provide adequate supervision of Resident #1 on 02/25/2024 resulting in the resident being found outside of the facility on 02/25/2024 at 4:51 PM. 2. The facility failed to provide adequate supervision of Resident #1 on 04/28/2024 resulting in the resident being found outside of the facility on 04/28/2024 at 9:31 PM. An IJ was identified on 05/02/204. The IJ template was provided to the facility on [DATE] at 4:15 PM. While the IJ was removed on 05/04/2024, the facility remained out of compliance at a scope of Isolated and a severity level of No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy because all staff had not been trained on elopement prevention. This deficient practice could result in a risk to the residents' health and safety and placed the resident at risk of heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle. The findings included: Record review of Resident #1's face sheet, dated 05/02/2024, reflected an [AGE] year-old female with an admitted [DATE] and a primary diagnosis of Alzheimer's Disease. Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Resident #1 was severely cognitively impaired with wandering not exhibited during the look-back period of 02/01/2024 to 02/08/2024. Record review of Resident #1's Comprehensive Person-Centered Care Plan, dated 05/02/2024, reflected I am exit seeking, I am at risk for elopement and/or wandering with unsafe boundaries r/t: Alzheimer's Disease initiated on 04/17/2024 with an intervention of Assess my continued need for residing on a memory care/secure unit as indicated. Record review of Resident #1's EHR assessments titled Exit Seeking Risk Tool, dated 02/25/2024 at 4:51 PM, authored by LVN A, reflected Resident was found outside front doors of facility. Resident escorted back to room, resident states I'm ready to leave. With further details that reflected that Resident #1 was assessed to have: wandering behavior, exit seeking behavior, verbalization to leave the facility, a diagnosis associated with confusion, and mobility by wheelchair. Record review of Resident #1's EHR progress notes, dated 04/28/2024 at 9:31 PM, authored by RN C, reflected head to toe assessment completed due to patient being found outside of building with any supervision. no new concerns of skin at this time. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Observation on 04/30/2024 at 12:15 PM revealed the outside of the facility to have a large parking lot capacity of at least 80 motor vehicles, adjacent to a forested area, and located approximately .5 miles from a highly trafficked highway. Interview on 04/30/2024 at 2:30 PM, Resident #1's family confirmed they were informed that Resident #1 left the faciity on Sunday (04/28/2024) at 6:30 PM after she walked from her room and left via the front door. She confirmed the only reason the facility knew about it was because a nurse saw her outside. Interview on 04/30/2024 at 3:00 PM, RN B confirmed Resident #1 was one of my wanderers and while doing medication pass RN B was informed by RN C that Resident #1 was found outside on 04/28/2024 in the late evening. RN B confirmed she did a head-to-toe assessment of Resident #1, gave Resident #1 some water and a PRN medication before returned Resident #1 to her room. RN B confirmed she reported this to the DON and Resident #1's RP. Phone interview on 04/30/2024 at 4:01 PM, RN C confirmed on or around 04/28/2024 at 6:30 PM she observed Resident #1 in a wheelchair outside the double doors of the building at the front entrance. RN C confirmed she contacted Resident #1 and called RN B. RN C confirmed RN B responded and took Resident #1 back into the building. RN C confirmed she contacted the DON of this incident. Interview on 05/01/2024 at 2:14 PM, the DON confirmed the front door receptionist leaves at 5:00 PM everyday including weekends and the front doors are magnetically locked at 8:00 PM. The DON confirmed the facility does not have a locked unit or a memory care unit. Interview on 05/01/2024 at 2:45 PM, LVN A confirmed Resident #1 was pleasantly confused, would wander the facility, had dementia, and could self-transfer from bed to wheelchair. He confirmed he remembered the incident on 02/25/2024 when Resident #1 was found outside the front doors wandering. LVN A confirmed during that February instance, he notified the following nurse to continue doing increase supervision checks. Phone interview on 05/02/2024 at 10:34 AM, Receptionist X confirmed she leaves the facility at 5:00 on Saturdays and Sundays but the automatic door locks do not engage until 8:00 PM. Receptionist X denied ever having seen Resident #1 outside the front doors of the facility on any day at any time. Interview on 05/02/2024 at 12:29 PM, the Administrator confirmed he was not familiar with and not notified of the incident on 02/25/2024 involving Resident #1 being found outside of the facility. The Administrator confirmed he was familiar with the incident on 04/28/2024 involving Resident #1 being found outside of the facility. The Administrator confirmed no elopement assessments or incident reports were completed for Resident #1 being found outside on 04/28/2024. The Administrator confirmed there was no incident report for the event on 02/25/2024. Interview on 05/02/2025 at 12:44 PM, the DCO, confirmed she was informed of the incident on 02/25/2024 involving Resident #1 being found outside of the facility but as they had not considered it an elopement, no new interventions took place. The DCO confirmed no elopement assessments or incident reports were completed for Resident #1 being found outside on 04/28/2024. The DCO confirmed there was no incident report for the event on 02/25/2024. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Phone interview on 05/02/2024 at 2:07 PM, the MD denied recollection of the 02/25/2025 incident and stated he did not take primary care of hospice residents and deferred them to their hospice physician. The MD stated what medical director would when asked if he was aware of what interventions were in place to prevent residents from wandering out of the facility on the weekend between 5:00 PM and 8:00 PM. Record review of witness statement, undated, received on 05/02/2024, reflected To whom it may concern . I [Former Assistant Administrator] . at the time was manager on duty (MOD) On Sunday 02/25/2024. [Receptionist R] informed me that [Resident #1] wanted to go outside, I told [Resident #1] that was fine and that I am right here. [Resident #1] was sitting outside the front doors and she started wheeling herself to the right on the side walk. I went outside to talk to her as I usually did when I saw [Resident #1] and asked her how she was doing and what she was doing and she started she was looking for her son. I asked [Resident #1] if she wanted help inside and she said sure, what is when I wheeled her inside and [LVN A] wheeled her back to the unit. Record review of facility elopement response policy, titled Elopement Response & Exit Seeking Management, dated revised January 2023, reflected no precise definition of elopement apart from describing an elopement was to have occurred when a resident has been found off the premises without a definition of premises. The policy was reflected to provide protocol when discovering a resident had been found and brought back into the facility such as completing a head-to-toe assessment, reporting the incident to the DON, Administrator, MD, and RP, amongst other internal protocols such as completing an incident report and reflecting the incident in the progress notes. An Immediate Jeopardy (IJ) was identified on 05/02/2024 at 03:57 PM and presented to the Administrator and a Plan of Removal was requested. The following Plan of Removal submitted by the facility was accepted on 05/03/2024 at 04:31 PM. Plan of Removal: F689 Failure to Provide Adequate Supervision to Prevent Accidents There are 3 out of 124 residents identified who are at risk for Elopement. Staff immediately re-directed resident # 1 from the community's porch, sidewalk area and nursing assessed Resident #1. There were no negative outcomes identified. Date Completed: 4/28/24 Front entrance lock pad system activated by [company name] to continuously require a code to get in or out at all times. Date Completed: 5/3/24 Director of Nursing/Designee initiated in-service training to all licensed nurses and direct care team members on utilizing/accessing the Kardex Plan of Care system to identify residents who are at risk for elopement/wandering. Date Initiated: 5/3/24 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Date Completed: Director of Nursing / Designee to conduct retraining for all team members as well as agency staffers (nurses/CNAs) prior to assuming next shift. DNS/Designee will ensure that all newly hired team members receive the training as part of the onboarding. Inservice Topics: o Missing Person Response & Elopement / Exit Seeking Risk and Proper Response to Missing Resident/Resident Elopement Protocol o Identifying and Responding to Triggers to Prevent Elopement and Behaviors o Preventing, Identifying and Reporting Abuse and Neglect. o Education for the nurses and CNA's on the Kardex Plan of Care system to identify residents who are at risk for elopement. o How to identify high risk residents for elopement utilizing the watch like bracelet. Date Initiated 5/3/24 Date Completed: The 3 residents identified to have a high risk for elopement in the community were provided with a watch like bracelet to identify the risk for wandering/elopement. In-service initiated by Director of Nursing/SW/Designee to all team members on the watch like bracelet placed on residents to identify the risk for wandering and elopement. Date Initiated 5/3/24 Date Completed: Resident #1 placed on a one to one monitoring to maintain safety. Resident #2 placed on q15 minute monitoring to maintain safety. Resident #3 placed on q15 minute monitoring to maintain safety. Date initiated: 5/2/24 Date Completed: 5/2/24 Nursing/IDT will continue to monitored resident to ensure resident's safety and wellbeing. Nursing notified MD (PCP) and family representative of incident and resident's status. Date Completed: 5/2/24 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	VP of Clinical Operations and VP of Operations conducted in-service training to the identified Director of Clinical Operations, Director of Nursing and Administrator regarding identifying and responding to exit seeking and elopement risk or events, implementing appropriate interventions; thus, ensuring the residents' safety and well-being. interventions and updating the plan of care as indicated. Date Completed: 5/2/24 VP of Clinical Operations and VP of Operations conducted in-service training to the identified Director of Clinical Operations, Director of Nursing and Administrator regarding: Missing Person & Elopement / Exit Seeking Response. Additional education provided reviewed the process for reviewing the TXHHSC PL for reporting criteria of missing resident/elopement in order to ensure compliance with state and federal regulations: Preventing, Identifying and Reporting Abuse and Neglect, Facility's process for identifying potential risks of elopement; implementing appropriate interventions and updating the plan of care as indicated. Date Completed: 5/2/24 o Administrator/Social Worker/Director of Nursing/Designee will conduct in-service training to all staff prior to their next shift training regarding: Identifying and responding to missing person, exit seeking and elopement risk and/or incidents, and ensuring that appropriate interventions are implemented to ensure the residents' safety and well-being. Date initiated: 5/2/24 Date completed: o Director of Nursing/Designee will conduct an audit of all recent new admissions and readmission, reviewing the exiting seeking assessment in order to identify any concerns with exiting seeking or elopement risks and the IDT will review the plan of care to ensure it appropriately reflects potential elopement/exit seeking risks and/or will update the plan of care as indicated. Date initiated: 5/2/24 Date completed: 5/2/24 o Administrator/Social Worker/Director of Nursing/Designee will conduct staff and resident interviews to identify any concerns of exiting seeking / elopement behaviors. If identified the IDT will review the plan of care and/or will update the plan of care as indicated in order to ensure it appropriately reflects potential exiting seeking / elopement risk noted. Date initiated: 5/2/24 Date completed: (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	o Director of Nursing / Assistant Director of Nursing conducted re-education to the IDT and all licensed nurses regarding the RAI process to include but not limited to completion of a resident centered comprehensive care plan on each resident regarding services to attain or maintain the resident's highest practical level of physical, mental, and psychosocial well-being. Date initiated: 5/2/24 Date completed: o Director of Nursing / Designee to conduct retraining for all team members as well as agency staffers (nurses/CNAs) prior to assuming next shift. DNS/Designee will ensure that all newly hired team members receive the training as part of the onboarding. Inservice Topics: o Inservice conducted on Missing Person Response & Elopement / Exit Seeking Risk and Proper Response to Missing Resident/Resident Elopement Protocol o Identifying and Responding to Triggers to Prevent Elopement and Behaviors o Preventing, Identifying and Reporting Abuse and Neglect. Date initiated: 5/2/24 Date completed: o Director of Nursing / Designee conducted in-service training to all licensed nurses as well as agency staffers (nurses) prior to assuming next shift. DNS/Designee will ensure that all newly hired nurses receive the training as part of the onboarding. Inservice Topics: o Assessing residents' risk and needs and ensuring appropriate interventions are in place within the plan of care. o Identifying exit seeking / elopement risk for all new admission/re-admissions or any resident that displays s/s of exit seeking/elopement behaviors and ensuring to implement appropriate interventions such as close monitoring safety checks, as indicated to prevent an elopement from occurring. o Process for monitoring and reporting all exit seeking / elopement behaviors or concerns to the licensed nurse in effort to provide needed care, protect the safety and well-being of all residents, to meet the resident's needs, have accurate documentation reflected in clinical record and to ensure appropriate interventions are in place as per facility's expected practices. o What to do or response to a missing/unaccounted for resident/patient as per community's process. Immediately initiating a search of inside and outside of facility to search for resident as per facility's expected practice, Elopement Response Protocol reviewed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676425	A. Building B. Wing	05/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Enclave	18803 Hardy Oak San Antonio, TX 78258

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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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	o Expectation for reporting elopement events to the DNS, Administrator and MD/NP/PA. Date initiated: 5/2/24 Date completed: o Ad Hoc QAPI held with Administrator, Director of Nursing and Medical Director to review the concerns and plan of removal implemented. Date Completed: 5/2/24 o ADMIN/DNS/SW/ Designee will conduct random daily rounds 3-7 days a week, on various shifts to validate the safety and well-being of our residents. o Director of Nursing/Designee will conduct random weekly audits of 1-3 new admission and/or readmissions' initial care plans and comprehensive care plans in order to validate the accuracy of the care plan by ensuring identified elopement risk are noted in the plan of care and appropriate interventions are in place. o Director of Nursing/Designee will audit and review progress notes, changes in conditions, risk management reports and the nursing 24 hr. report daily 5-7 days per week during the morning clinical meeting in order to validate appropriate follow up and necessary interventions are in place accordingly. o Administrator/Director of Nursing/Designee will conduct Elopement / Missing Person Response Drills on random shifts to identify competency of TMs or to identify additional education needs. Drills will be conducted 2-4 time per month for the next 1-2 months. o This plan will remain in place for the next 2 months and findings will be reported to the QAPI committee during monthly meeting for the next 2 months. The QAPI committee will then determine compliance or identify a need for additional training. Monitoring of the POR was as follows: Observation on 05/03/2024 at 1:38 PM, the front door was revealed to require a passcode to enter or exit the facility. A visitor was observed to exit through the front doors after entering a code provided by the receptionist on a piece of paper. Interview, observation, and record review on 05/03/2024 at 1:44 PM, Resident #1 was revealed to be sitting in a wheelchair holding a stuffed animal while watching television. Resident #1 was observed to be equipped with a small, plastic bracelet. Resident #1 confirmed she was feeling well and smiled during the interview. Resident #1 confirmed she received the bracelet today for unknown reasons. Resident #1 was observed to be sitting next to CNA T who confirmed she was instructed to perform 1:1 supervision with Resident #1 during the entirety of her shift and to document such activity on a provided form. The form provided reflected checks were completed on a fifteen minute basis confirming whether compliance was met or otherwise along with the date and initials by the supervision contact, the most recent of which was completed by CNA T at 1:30 PM. CNA T confirmed she had received an in-service training when she began her shift and had signed her attestation to completing said training. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Observation on 05/03/2024 at 1:51 PM, Resident #2 was revealed to be laying in bed, asleep. Upon further inspection, a small, plastic bracelet was revealed on Resident #2's right wrist. Interview on 05/03/2024 at 1:55 PM, CNA U confirmed she was instructed to perform routine fifteen-minute frequent checks on Resident #2 to ensure of potential elopement or endangerment. CNA U confirmed she had received an in-service training earlier that morning and was already aware of Resident #2's proclivity to wandering away for staff to find her. CNA U confirmed she was familiar with the content of the training and felt confident in the material she was in-serviced on. Interview and record review on 05/03/2024 at 1:59 PM, LVN V confirmed being an agency nurse who was instructed to complete fifteen-minute frequent checks on Resident #2 for potential elopement and confirmed the protocol when discovering a resident could not be located was to call a code silver to begin a sweep of the facility to find a lost resident. LVN V confirmed he had received an in-service when he began the shift and denied any confusion or misunderstanding with the course content. LVN V provided the monitoring form he was provided by his administration that LVN V had been inputting his frequent checks affirming his routine monitoring for Resident #2. Observation on 05/03/2024 at 2:06 PM, Resident #3 was revealed to be sitting in the upstairs dining room while being equipped with a plastic bracelet on her right arm. Interview on 05/03/2024 at 2:07 PM, Resident #3 confirmed she felt safe at the facility and denied ever leaving the facility or wandering outside. Resident #3 confirmed she enjoyed going outside of the facility to get fresh air. Resident #3 confirmed she was being supervised by a male staff, who she works with, and felt she was visiting the hospital soon for no known reason. Interview on 05/03/2024 at 2:12 PM, LVN W confirmed she was an agency nurse who was instructed to complete fifteen-minute frequent checks on Resident #3 for potential elopement. LVN W confirmed she received an in-service before starting her shift this morning and confirmed she understood the content and felt confident in maintaining supervision for Resident #3 for a potential elopement. Interview on 05/03/2024 at 2:18 PM, Receptionist X confirmed she had received an in-service earlier at the beginning of her shift that discussed potential elopement risks at the facility and what the protocol was for resident's who appeared confused or wandering out of the facility. Receptionist X confirmed the front door locks were to be indefinitely locked at all times and would have to be exited with a door code that she could provide to visitors upon request. Receptionist X confirmed she was questioned by facility administration during the in-service if she identified any further residents at risk of elopement and denied any further residents who were not already assessed to be genuine risks of elopement based on the resident's verbalization of intent to leave the facility or to be somewhere else. Phone Interview on 05/03/2024 at 2:26 PM, Resident #1's RP answered but no speech heard, contacted again 1 minute later, but same result. Phone interview on 05/03/2024 at 2:28 PM, Resident #1 family member, no answer, VM left. (continued on next page)

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The Enclave	18803 Hardy Oak San Antonio, TX 78258

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Phone interview on 05/03/2024 at 2:49 PM, Resident #1 family member confirmed she had been communicated by the facility of the policy changes related to the front door and Resident #1's thirty-day discharge from the facility. Resident #1's family member confirmed she felt comfortable with the timeframe provided by the facility with regard to the discharge and confirmed she had already identified further placement as soon as three days from today. Phone interview on 05/03/2024 at 2:59 PM, Resident #1's RP confirmed she had been communicated by the facility of the policy changes related to the front door and Resident #1's thirty-day discharge from the facility. Resident #1's RP confirmed she felt comfortable with the timeframe provided by the facility with regard to the discharge and confirmed she had already identified further placement as soon as three days from today. Interview on 05/03/2024 at 3:33 PM, the Administrator confirmed the ad hoc QAPI meeting took place last night, updating the members of the members, describing to the members the non-compliance, asking the MD if there were any further details needed to add. The Administrator denied any confusion on the deficient practice identified and confirmed the removal was on-going. The Administrator confirmed the committee members have perpetual ability to provide additional changes, recommendations, or concerns to bring to the committee. Interview on 05/04/2024 at 9:44 AM with CNA D, verified in-serviced on ANE, elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 9:47 AM, with CNA E verified in-serviced on ANE, elopement, Resident Rights, POC Identifier Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 9:53 AM, LVN F verified in-serviced on ANE, Elopement, POC Identifier, Rights. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:02 AM, LVN G verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:15 AM, LVN A verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:17 AM, RN I verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:19 AM, CNA J verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:21 AM, RN K verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:22 AM, LVN L verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:24 AM, LVN M verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER The Enclave		STREET ADDRESS, CITY, STATE, ZIP CODE 18803 Hardy Oak San Antonio, TX 78258	

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on 05/04/2024 at 10:25 AM, LVN H verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:26 AM, LVN N verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:28 AM, CNA O verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:31 AM, Staff P verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:34 AM, Resident #7 stated she had no concerns regarding safety or care, I like it here. Interview on 05/04/2024 at 10:37 AM, Resident #6 stated she had no concerns regarding safety or care, they take very good care of me. Interview on 05/04/2024 at 10:39 AM, Resident #5 stated she had no concerns regarding safety or care, observed self-propelling in wheelchair. Interview on 05/04/2024 at 10:40 AM, Resident #9 stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. Interview on 05/04/2024 at 10:43 AM, Resident #8 stated she had no concerns regarding safety or care, observed self-propelling in wheelchair. Interview on 05/04/2024 at 10:45 AM, CNA Q verified in-serviced on ANE, Elopement, Resident Rights, POC Identifier. Records reviewed reflected completion of the in-services. Interview on 05/04/2024 at 10:53 AM, Resident #3 stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. Interview on 05/04/2024 at 11:00 AM, Resident #10 stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. Interview on 05/04/2024 at 11:01 AM, Resident #12 stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. Interview on 05/04/2024 at 11:03 AM, Resident #11 stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. Interview on 05/04/2024 at 11:10 AM Resident #13, stated she had no concerns regarding safety or care, resident observed playing Loteria with other residents. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of Resident #1's elopement evaluation, titled Exit Seeking Risk Tool, dated 05/02/2024, reflected she was identified as an exit-seeking risk due to: Wandering history, wandering behavior, exit seeking behavior, verbalization of intent, associated diagnosis, sundowning syndrome exhibited, and mobility. Record review of Resident #2's elopement evaluation, titled Exit Seeking Risk Tool, dated 05/02/2024, reflected she was identified as an exit-seeking risk due to: Wandering history, exit seeking behavior, associated diagnosis, confusion, and mobility. Record review of Resident #3's elopement evaluation, titled Exit Seeking Risk Tool, dated 05/02/2024, reflected she was identified as an exit-seeking risk due to: wandering history, wandering behavior exhibited, verbalization of intent, associated diagnosis, confusion, and mobility. Record review of staff in-service, titled Elopement Response & Exit Seeking Management, dated 05/02/2024, reflected 125 staff members were in-serviced by the Director of Clinical Operations in a combination of in-person and telephone with signatures of the staff who were in-serviced in person, or a signature of two administrative staff members for the staff who were in-served via telephone. Record review of staff in-service, titled Preventing, Identifying and Reporting Abuse and Neglect, dated 05/02/2024, reflected 124 staff members were in-serviced by the Director of Clinical Operations in a combination of in-person and telephone with signatures of the staff who were in-serviced in person, or a signature of two administrative staff members for the staff who were in-served via telephone. Record review of staff in-service, titled RAI process/Completion of resident centered comprehensive care plan, dated 05/02/2024, reflected 33 total licensed nurses were in-serviced by the Director of Clinical Operations in a combination of in-person and telephone with signatures of the staff who were in-serviced in person, or a signature of two administrative staff members for the staff who were in-served via telephone. Record review of random daily rounds done 3-7 times per week by Administrator/DNS/or SW form, titled Monitoring Tool, dated May 2024, reflected the Administrator completed a round on 05/02/2024 of the 2-10 PM shift with Yes marked under Compliance Met Record review of form Monitoring Tool, dated May 2024, reflected Issue Director of Nursing/Designee will conduct random weekly audits 1-3 new admission and/or readmissions initial care plans and comprehensive care plans in order to validate the accuracy of the care plan by ensuring identified elopement risk are noted in the plan of care and appropriate interventions are in place. Further reflected a notation on 05/02/2024 by the Director of Clinical Operations with Yes for compliance met on a new admission, name provided in the final column. Record review of form Monitoring Tool, dated May 2024, reflected Issue: DON will audit and review progress notes, changes in conditions, risk management reports and the nursing 24 hr report daily 507 days per week during the morning clinical meeting in order to validate appropriate follow up and necessary interventions are in place accordingly, further reflected a notation on 05/02/2024 by the Director of Clinical Operations with yes for compliance met. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of form Monitoring Tool, dated May 2024, reflected Issue: Administrator/Director of Nursing/Designee will conduct elopement/Missing Person Response Drills on random shifts to identify competency of TM's or to identify additional education needs. Drill will be conducted 2-4 times per month for the next 1-2 months, further reflected a notation on 05/02/2024 by the Administrator with yes for compliance met. Record review of missing person drills form, titled Emergency Preparedness Drills: Conduct Elopement Drill (Missing Resident Drill), dated 05/02/2024, reflected at 7:25 PM to 8:13 PM, 126 residents were counted, 33 total staff with a response time of 10 seconds and the resident was found. Indications of the precise individual were noted, where they were found, whether emergency medical services or LE were needing to be contacted, or if follow-up corrective action needed to have taken place. Record review of facility ad hoc QAPI meeting, dated 05/02/2024, reflected the MD, Director of Clinical Operations, [NAME] President of Operations, DON, and Administrator were present to discuss the POR. Record review of in-service, titled Elopement Response & Exit Seeking Management. Reporting Abuse and Neglect, dated 05/02/2024, reflected the Director of Clinical Operations and the Administrator were in-serviced by the VP of Clinical Operations and VP of Operations. Training included: Identifying and responding to a missing person, exit seeking and elopement risk, assessing residents risks. The Administrator was informed on 05/04/2024 that the IJ was removed, however the facility remained out of compliance at

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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** 47611 Based on observation, interview and record review, the facility failed to provide routine and emergency drugs and biologicals to its residents for 1 of 5 residents (Resident #4) reviewed for medications, in that: The facility failed to provide Resident #4 with Amiodarone (an antiarrhythmic used to treat heart rhythm problems) on 04/14/2024 resulting in one dose missed; Alprazolam (a sedative used to treat anxiety and panic disorder) on 04/14/2024 resulting in one dose missed; and Loratadine (an antihistamine used to treat allergy symptoms and hives) on 04/14/2024 resulting in one dose missed; Gemtesa (a medication used to treat an overactive bladder) on 04/13/2024, 04/14/2024, and 04/15/2024 resulting in three doses missed; and Latanoprost (a medication used to treat glaucoma) on 04/13/2024, 04/14/2024, and 04/15/2024 resulting in three doses missed. This deficient practice could result in a risk to the residents' health and complications which can lead to stroke, heart failure, sudden cardiac death. The findings included: Record review of Resident #4's face sheet, dated 05/01/2024, reflected a [AGE] year-old female most recently admitted on [DATE] with diagnoses including: type 2 diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy), Paroxysmal atrial fibrillation (An irregular, often rapid heart rate that commonly causes poor blood flow), and acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (condition involving the heart muscle to lose the ability to pump blood efficiently). Record review of Resident #4's initial comprehensive MDS, dated [DATE], reflected Resident #4 was moderately cognitively impaired and assessed to have atrial fibrillation or other dysrhythmias, heart failure, and hypertension. Additionally reflected was Resident #4 was assessed to not have anxiety disorder but was reflected to have been taking an antianxiety medication. Additionally, the MDS reflected Resident #4 was assessed to not have glaucoma. Additionally, the MDS reflected Resident #4 was assessed to be always incontinent. Record review of Resident #4's progress notes, dated 04/13/2024 at 3:18 PM, authored by LVN S, reflected Note Text: Patient arrived at 1410 via private ambulance service x2 staff escorts from MSOH. Patient brought in via stretcher with [Resident #4's POA] and [Resident #4 family] present. Out of Hospital DNR provided by family, copy made, original given back to family. On call provider [NP] called and made aware .in bed on O2 2L via NC, VS WNL. No complaints at this time, family hired sitter in room with patient. Record review of Resident #4's admission assessment, dated 04/13/2024 at 3:47 PM, authored by LVN S, reflected Resident #4 was admitted with all selections unchecked under Heart Disease Plan of Care, but with indications of anxiety, urinary incontinence, and allergies. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #4's physician order summary, dated 05/01/2024, reflected the following medications: - Amiodarone HCl Oral Tablet 200 MG (Amiodarone HCl) Give 1 tablet by mouth in the morning for Heart rhythm; do not give if pulse less than 55 with an order date of 04/13/2024. - ALPRAZolam Oral Tablet 0.25 MG (Alprazolam) Give 0.125 tablet orally one time a day for anxiety give half of the tab to equal 0.125 with an order date of 04/14/2024. - Latanoprost Ophthalmic Solution 0.005 % (Latanoprost) Instill 1 application in both eyes at bedtime for glaucoma with an order date of 04/13/2024. - Gemtesa Oral Tablet 75 MG (Vibegron) Give 1 tablet by mouth one time a day for Urinary Retention with an order date of 04/13/2024. - Loratadine Oral Tablet 10 MG (Loratadine) Give 1 tablet by mouth one time a day for allergies with an order date of 04/14/2024. Record review of Resident #4's medication administration record, dated 04/30/2024, reflected the following: - Amiodarone administered first on 04/15/2024, and an indication on 04/14/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason]. - Alprazolam administered first on 04/15/2024, and an indication on 04/14/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason]. - Latanoprost administered first on 04/16/2024, and in indication on 04/13/2024, 04/14/2024, and 04/15/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason]. - Gemtesa administered first on 04/16/2024, and in indication on 04/13/2024, 04/14/2024, and 04/15/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason]. - Loratadine administered first on 04/15/2024. Observation and interview on 04/30/2024 at 12:51 PM, revealed Resident #4 to be sitting in an upholstered chair next to a bed with a private sitter in the room watching television. Resident #4 confirmed she did not have a problem with her meals and had been receiving her medications, denied any memory of the fall she had this last weekend. Resident #4 denied any recollection of her admission or feelings of illness since the most recent admission. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 05/01/2024 2:14 PM, the DON confirmed Resident #4's medication including Amiodarone, Alprazolam, Latanoprost, Gemtesa, and Loratadine was not provided on admission on 04/13/2024 due to LVN S not having the medication initially and possibly due to the pharmacy not filling the medication promptly. The DON denied having precise details of why the pharmacy would not have had the prescription available. The DON was requested to provide the pharmacy contact phone number and provided it during interview. The DON confirmed the facility maintained an emergency kit of medications that nurses could access for medications in the instance the orders could not be fulfilled on-time by the Contracted Pharmacy. Records of the stock of the emergency kit were requested during the interview and provided following the interview. Attempted phone interview on 05/01/2024 at 2:59 PM, the Contracted Pharmacy was contacted via telephone but was disconnected by the operator after having connected. Attempted phone interview on 05/01/2024 at 3:01 PM, the Contracted Pharmacy was contacted via telephone with no operator answering for three minutes and disconnected without an eligibility to leave a voicemail. Phone interview on 05/01/2024 at 4:23 PM, LVN S confirmed he operated at the facility on 04/13/2024 as an agency-contracted LVN during the 2 PM - 10 PM shift. LVN S confirmed Resident #4 was admitted to the facility during his shift and confirmed Resident #4 arrived from the hospital without medications on hand. LVN S denied ever having complications with the facility's Contracted Pharmacy in receiving medications when ordered and confirmed he submitted the prescription to be filled by the Contracted Pharmacy but did not see the delivery of the medications and thus could not administer them. Interview on 05/03/2024 at 3:14 PM, the DCO confirmed when she investigated the incident involving Resident #4 not having received her medications including but not limited to the Amiodarone, the DCO discovered LVN S had submitted the orders for Resident #4 to be filled by the Contracted Pharmacy but did not have access to the emergency kit of medications and failed to make contact with other nurses in the facility at the time of potential administration of medications who did have access to the emergency kit. The DCO confirmed this was against protocol and her expectation to be in that LVN S failed to ask another nurse to access the E kit and get the medications for Resident #4 resulting in Resident #4 receiving her medications days later after admission. The DCO confirmed the potential risk associated with Resident #4 not receiving her medications could be adverse side effects without any further details. Interview on 05/03/2024 at 3:36 PM, the Administrator confirmed he was aware of Resident #4 not having received her medications as ordered and confirmed he contacted the MD. The ADM confirmed the LVN S not asking another nurse for assistance with accessing the emergency kit was not within his expectations. Record review of emergency medication kit, titled Copy of [Facility] Past Inventory [Emergency Medication Kit], dated 05/01/2024, reflected on 04/13/2024 the kit to have available on hand: -Three tablets of 200mg Amiodarone -Six tablets of .25mg Alprazolam -No available doses of Latanoprost (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/04/2024
NAME OF PROVIDER OR SUPPLIER The Enclave		STREET ADDRESS, CITY, STATE, ZIP CODE 18803 Hardy Oak San Antonio, TX 78258	

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No available doses of Gemtesa -No available doses of Loratadine Record review of LVN S competencies, titled Licensed Nurse Competencies Checklist, dated 04/07/2024, reflected LVN S was assessed by the DON to be competent in Medications, specifically Demonstrates understanding and competency of Reporting Medication Error/Documentation/Diversion. Record review of facility policy titled, Medication Administration, dated revised January 2024, reflected Resident medications are administered in an accurate, safe, timely, and sanitary manner . administer medications as ordered by the physician. Routine medications shall be administered according to the established medication administration schedule for the community .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45307 Based on observation, interview and record review, the facility failed to ensure each resident was free of any significant medication errors for 1 of 5 residents (Resident #4) reviewed for medications. -The facility failed to provide Resident #4 with Amiodarone (an antiarrhythmic used to treat heart rhythm problems), Alprazolam (a sedative used to treat anxiety and panic disorder), and Loratadine (an antihistamine used to treat allergy symptoms and hives) until -The facility failed to provide Resident #4 with Gemtesa (a medication used to treat an overactive bladder) and Latanoprost (a medication used to treat glaucoma) until This deficient practice could result in a risk to the residents' health and complications which can lead to stroke, heart failure, sudden cardiac death. The findings included: Record review of Resident #4's face sheet, dated 05/01/2024, reflected a [AGE] year-old female most recently admitted on [DATE] with diagnoses including: type 2 diabetes (A long-term condition in which the body has trouble controlling blood sugar and using it for energy), Paroxysmal atrial fibrillation (An irregular, often rapid heart rate that commonly causes poor blood flow), and acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (condition involving the heart muscle to lose the ability to pump blood efficiently). Record review of Resident #4's initial comprehensive MDS, dated [DATE], reflected Resident #4 was moderately cognitively impaired and assessed to have atrial fibrillation or other dysrhythmias, heart failure, and hypertension. Additionally reflected was Resident #4 was assessed to not have anxiety disorder but was reflected to have been taking an antianxiety medication. Additionally, the MDS reflected Resident #4 was assessed to not have glaucoma. Additionally, the MDS reflected Resident #4 was assessed to be always incontinent. Record review of Resident #4's progress notes, dated 04/13/2024 at 3:18 PM, authored by LVN S, reflected Note Text: Patient arrived at 1410 via private ambulance service x2 staff escorts from MSOH. Patient brought in via stretcher with [Resident #4's POA] and [Resident #4 family] present. Out of Hospital DNR provided by family, copy made, original given back to family. On call provider [NP] called and made aware .in bed on O2 2L via NC, VS WNL. No complaints at this time, family hired sitter in room with patient. Record review of Resident #4's admission assessment, dated 04/13/2024 at 3:47 PM, authored by LVN S, reflected Resident #4 was admitted with all selections unchecked under Heart Disease Plan of Care, but with indications of anxiety, urinary incontinence, and allergies. Record review of Resident #4's physician order summary, dated 05/01/2024, reflected the following medications: (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Amiodarone HCl Oral Tablet 200 MG (Amiodarone HCl) Give 1 tablet by mouth in the morning for Heart rhythm; do not give if pulse less than 55 with an order date of 04/13/2024 - ALPRAZolam Oral Tablet 0.25 MG (Alprazolam) Give 0.125 tablet orally one time a day for anxiety give half of the tab to equal 0.125 with an order date of 04/14/2024 - Latanoprost Ophthalmic Solution 0.005 % (Latanoprost) Instill 1 application in both eyes at bedtime for glaucoma with an order date of 04/13/2024 - Gemtesa Oral Tablet 75 MG (Vibegron) Give 1 tablet by mouth one time a day for Urinary Retention with an order date of 04/13/2024 - Loratadine Oral Tablet 10 MG (Loratadine) Give 1 tablet by mouth one time a day for allergies with an order date of 04/14/2024 Record review of Resident #4's medication administration record, dated 04/30/2024, reflected the following: -Amiodarone administered first on 04/15/2024, and an indication on 04/14/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason] -Alprazolam administered first on 04/15/2024, and an indication on 04/14/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason] -Latanoprost administered first on 04/16/2024, and in indication on 04/13/2024, 04/14/2024, and 04/15/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason] -Gemtesa administered first on 04/16/2024, and in indication on 04/13/2024, 04/14/2024, and 04/15/2024 denoted a 9 reflected as Other: Nurse Verbally informed [Reason] -Loratadine administered first on 04/15/2024. Observation and interview on 04/30/2024 at 12:51 PM, revealed Resident #4 to be sitting in an upholstered chair next to a bed with a private sitter in the room watching television. Resident #4 confirmed she did not have a problem with her meals and had been receiving her medications, denied any memory of the fall she had this last weekend. Resident #4 denied any recollection of her admission or feelings of illness since the most recent admission. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/01/2024 2:14 PM, the DON confirmed Resident #4's medication including Amiodarone, Alprazolam, Latanoprost, Gemtesa, and Loratadine was not provided on admission on 04/13/2024 due to LVN S not having the medication initially and possibly due to the pharmacy not filling the medication promptly. The DON denied having precise details of why the pharmacy would not have had the prescription available. The DON was requested to provide the pharmacy contact phone number and provided it during interview. The DON confirmed the facility maintained an emergency kit of medications that nurses could access for medications in the instance the orders could not be fulfilled on-time by the Contracted Pharmacy. Records of the stock of the emergency kit were requested during the interview and provided following the interview. Attempted phone interview on 05/01/2024 at 2:59 PM, the Contracted Pharmacy was contacted via telephone but was disconnected by the operator after having connected. Attempted phone interview on 05/01/2024 at 3:01 PM, the Contracted Pharmacy was contacted via telephone with no operator answering for three minutes and disconnected without an eligibility to leave a voicemail. Phone interview on 05/01/2024 at 4:23 PM, LVN S confirmed he operated at the facility on 04/13/2024 as an agency-contracted LVN during the 2 PM - 10 PM shift. LVN S confirmed Resident #4 was admitted to the facility during his shift and confirmed Resident #4 arrived from the hospital without medications on hand. LVN S denied ever having complications with the facility's Contracted Pharmacy in receiving medications when ordered and confirmed he submitted the prescription to be filled by the Contracted Pharmacy but did not see the delivery of the medications and thus could not administer them. Interview on 05/03/2024 at 3:14 PM, the DCO confirmed when she investigated the incident involving Resident #4 not having received her medications including but not limited to the Amiodarone, the DCO discovered LVN S had submitted the orders for Resident #4 to be filled by the Contracted Pharmacy but did not have access to the emergency kit of medications and failed to make contact with other nurses in the facility at the time of potential administration of medications who did have access to the emergency kit. The DCO confirmed this was against protocol and her expectation to be in that LVN S failed to ask another nurse to access the E kit and get the medications for Resident #4 resulting in Resident #4 receiving her medications days later after admission. The DCO confirmed the potential risk associated with Resident #4 not receiving her medications could be adverse side effects without any further details. Interview on 05/03/2024 at 3:36 PM, the ADM confirmed he was aware of Resident #4 not having received her medications as ordered and confirmed he contacted the MD. The ADM confirmed the LVN S not asking another nurse for assistance with accessing the emergency kit was not within his expectations. Record review of emergency medication kit, titled Copy of [Facility] Past Inventory [Emergency Medication Kit], dated 05/01/2024, reflected on 04/13/2024 the kit to have available on hand: -Three tablets of 200mg Amiodarone -Six tablets of .25mg Alprazolam -No available doses of Latanoprost (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-No available doses of Gemtesa -No available doses of Loratadine Record review of LVN S competencies, titled Licensed Nurse Competencies Checklist, dated 04/07/2024, reflected LVN S was assessed by the DON to be competent in Medications, specifically Demonstrates understanding and competency of Reporting Medication Error/Documentation/Diversion. Record review of facility policy titled, Medication Administration, dated revised January 2024, reflected Resident medications are administered in an accurate, safe, timely, and sanitary manner . administer medications as ordered by the physician. Routine medications shall be administered according to the established medication administration schedule for the community .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47611 Based on observation, interviews and record review, the facility failed to establish and maintain an infection 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 1 of 3 residents (Resident #14) observed for infection control, in that: 1. Prior to beginning wound care for Resident #14, LVN A left the prepared wound care supplies unattended in the resident's room 2. During wound care for Resident #14, LVN A wiped from the top of the resident's wound and through the wound. This failure could affect residents who receive wound care and could result in cross contamination. The findings were: Record review of Resident #14's electronic face sheet, dated [DATE], revealed the resident was admitted to the facility on [DATE] with diagnoses of acute respiratory failure with osteomyelitis of vertebra (painful bone infection of the spine), malignant neoplasm of thymus (malignant cancer cells in the thymus), intraspinal abscess, and granuloma (infection of the epidural space). Record review of Resident #14's quarterly MDS assessment with an ARD of [DATE] revealed Resident #1 had an indwelling catheter and ostomy. Further review of the MDS revealed Resident #1 scored an , d+[DATE] on her BIMS which indicated she had intact cognition. Observation on [DATE] at 10:04 a.m. revealed LVN A had readied the wound care supplies and placed them on a bedside table inside Resident #14's room. Further observation revealed LVN A covered the supplies with wax paper and left the supplies unsupervised in the resident's room. During wound care, LVN A used a single wet gauze to clean Resident #14's wound on her left buttock. LVN A started at the top of the wound, wiped through the wound, and stopped at the bottom of the wound. During an interview with LVN A on [DATE] at 12:51 p.m., LVN A stated that leaving the supplies unattended could be a potential for cross contamination. Regarding the cleaning, LVN A stated the potential for cross-contamination can happen from wiping through the wound. During an interview with the DON on [DATE] at 1:47 p.m., the DON stated that during wound care, LVN A should not have wiped from the top of the wound and through the wound. The DON stated there was a potential for cross-contamination.