

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105317	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/02/2026	
NAME OF PROVIDER OR SUPPLIER CRYSTAL RIVER HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 136 NORTHEAST 12TH AVENUE , CRYSTAL RIVER, Florida, 34429		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0584 SS = D	<p>Continued from page 1 room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure residents had a clean, homelike environment for 1 of 3 units.</p> <p>Findings include:</p> <p>During an observation on 3/30/2026 at 10:04 AM of Resident #38's room the base boards were missing on the left side of the bathroom doorway, the wall was peeling and had black stains. Inside of the bathroom there were tiles lifting around the toilet seat and some were missing. The bathroom sink wall had cracks and gaps and the bathroom vent was covered in a gray matter. [Photographic evidence obtained]</p> <p>During an observation on 3/30/2026 at 10:24 AM of Resident #24's room the wall paint was missing exposing the wall. [Photographic evidence obtained]</p> <p>During an observation on 3/30/2026 at 10:25 AM of Resident #2's room the wall pain was peeling and had holes near the base board. [Photographic evidence obtained]</p> <p>During an observation on 3/30/2026 at 10:28 AM of Resident #15's room the door handle was loose, the toilet paper holder was missing one of the mounts, and the sink wall had gaps and cracks. [Photographic evidence obtained]</p> <p>During an observation on 3/30/2026 at 10:31 AM of Resident #57's room the door handle to the bathroom was loose. [Photographic evidence obtained]</p> <p>During an observation on 4/1/2026 at 4:12 PM with the Maintenance Director of Resident #38's room the base board was missing on the left side of the bathroom</p>	F0584		

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F0584 SS = D	<p>Continued from page 2</p> <p>doorway, the wall was peeling and had black colored stains. Inside the bathroom tiles around the toilet there was a brown substance, the tiles were lifting, and there were missing portions from some of the tiles. The bathroom sink wall had visible cracks and gaps. The bathroom vent was covered with gray matter.</p> <p>During an interview on 4/1/2026 at 4:12 PM the Maintenance Director stated, "This is horrible this is the room [Resident #38's room] I was looking for the plumbing company to come out and fix. They told me about this room about a month ago, but I couldn't figure out what room it was. The vent looks filthy."</p> <p>During an observation on 4/1/2026 at 4:20 PM with the Maintenance Director, the Maintenance Director confirmed Resident #2's room the wall paint was peeling exposing the wall and had holes near the base board.</p> <p>During an observation on 4/1/2026 at 4:22 PM with the Maintenance Director of Resident #15's the room the door handle was loose, the toilet paper holder was missing one of the mounting brackets, the floor tiles were heavily stained, and the bathroom sink wall had cracks and gaps in the paint.</p> <p>During an interview on 4/1/2026 at 4:22 PM the Maintenance Director stated, "The sink is coming off maybe the resident put pressure on it. The door handle needs to be adjusted, and the toilet paper holder needs to be replaced."</p> <p>During an observation on 4/1/2026 at 4:24 PM with the Maintenance Director, the Maintenance Director confirmed Resident #57's room bathroom door handle was loose.</p> <p>During an interview on 4/1/2026 at 4:25 PM the Maintenance Director stated, "Normally I try to go around and fix stuff when I see it. I just took over in January 19 [2026]. I am doing mostly large projects right now. The smaller details I will tell my assistant to do." When asked for documentation of these repairs being reported the Maintenance Director stated, "Normally I will get calls or text messages to my phone of things to be repaired. I am waiting on a laptop to have access to it [maintenance repair log]. I do not have access to it on my phone. It is really hard to be able to look back and see if these rooms have been reported. I was going to do boards on each unit, but it was a daunting task. I would not be able to look back."</p> <p>Review of the [maintenance system] work history report for the months of January 2026 through March 2026 did</p>	F0584		

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F0628 SS = D	<p>Discharge Process</p> <p>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(iii) Information provided to the receiving provider</p>	F0628		

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F0628 SS = D	<p>Continued from page 4 must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be</p>	F0628		

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F0628 SS = D	<p>Continued from page 6 address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(i).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or</p>	F0628		

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F0628 SS = D	Continued from page 8 [evaluate] and treat." During an interview on 03/31/2026 at 3:37 PM Staff O, Licensed Practical Nurse Medical Records stated, "We have no 3 day bed hold policy stating bed reserve payment for Resident #138 in her paper chart. It must not have been done." During an interview on 04/02/2026 at 10:05 AM with the Director of Nursing stated, "The floor nurse or unit manager gets bed holds completed if the resident goes out of the facility. If family is at bedside staff should have family sign the bed hold form."	F0628		
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute	F0641		

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F0641 SS = D	<p>Continued from page 9 a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 4 residents, Resident #2, reviewed for respiratory services.</p> <p>Findings include:</p> <p>During an observation 3/31/2026 at 8:15 AM Resident #2 was lying in bed. Oxygen was being administered via nasal cannula at 2 liters per minute.</p> <p>Review of Resident #2's physician order dated 2/2/2026 read, "O2 [oxygen] at 2L/min [2 liters per minute] via nc [nasal cannula] for shortness of breath as needed."</p> <p>Review of Resident #2's Minimum Date Set titled "Significant Change" dated 2/23/2026 in Section O Special Treatments, Procedures, Programs did not document oxygen was in use by the resident.</p> <p>During an interview on 3/31/2026 at 3:52 PM Staff G Licensed Practical Nurse MDS stated, "Oxygen use was documented in the notes a few times. It should have been coded as in use, it will need to be corrected."</p> <p>Review of Resident #2's progress note date 2/22/2026 read, "Pulmonary/Respiratory Service: Oxygen Therapy (indicate L/P/M [liters per minute] and delivery) 2L—95% [two liters- 95 percent]."</p> <p>Review of Resident #2's progress note date 2/21/2026 read, "O2 [oxygen] - 90% via nasal cannula 2 L [liter]."</p> <p>Review of the facility policy and procedure titled "Resident Assessment Instrument [RAI]" with a last review date of 1/13/2026 read, "Purpose: Resident are assessed, using a comprehensive assessment process, in order to identify care needs and to develop a plan of care. Standard: According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident's functional capacity, using the RAI specified by the state."</p>	F0641		
F0656 SS = D	<p>Develop/Implement Comprehensive Care Plan</p> <p>CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans</p>	F0656		

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F0656 SS = D	<p>Continued from page 10</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the</p>	F0656		

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F0656 SS = D	<p>Continued from page 11 facility failed to ensure the implementation of person-centered comprehensive care plans for 1 of 6 residents, Resident #89, reviewed for safety concerns.</p> <p>Findings include:</p> <p>Review of Resident #89's clinical record documented re-admission on 10/13/2025 with medical diagnosis that included foot drop right foot, bradycardia (slow heart rate), heart failure (fluid buildup in heart), dementia, abnormal auditory perceptions, psychotic disturbance, mood disturbance and anxiety, and absence epileptic syndrome (seizures).</p> <p>Review of Resident #89's physician orders dated 6/2/2025 read, "BL [bilateral] floor mats at bedside when in bed"</p> <p>Review of Resident #89's Care Plan documented the care plan was initiated 4/11/2025 and updated 3/23/2026. Focus: Problem potential for falls, seizure disorder, foot drop. Interventions: Encourage bed in lowest position while occupied, BL [bilateral both sides of the bed] floor mats at bedside when in bed.</p> <p>During an observation on 3/30/2026 09:20 AM Resident #89 was lying in bed. The bedside rails were in the up position, and the bed was in the low position. There was one floor mat on the right side of the bed. (Photographic evidence obtained).</p> <p>During an observation on 3/30/2026 2:23 PM Resident #89 was lying in bed side. The beside rails were in the up position, and the bed was in the low position. A floor mat was observed lying on the floor on the right side of Resident #89's bed. There was no floor mat observed to the left side of the bed.</p> <p>During an observation on 3/31/2026 at 10:15 AM with Staff J, CNA (Certified Nursing Assistant) of Resident 389's room a floor mat was observed on the floor on the right side of the bed only.</p> <p>During an interview on 3/31/2026 at 10:15 AM Staff J, CNA stated that he knows his residents but does not know if she [Resident #89] should have fall mats on both sides of the bed, she has always had just one.</p> <p>During an observation on 3/31/2026 at 10:30 AM with Staff I, RN a floor mat was observed on the floor by the right side of the bed only.</p> <p>During an interview 3/31/2026 at 10:30 AM Staff I, Registered Nurse (RN) stated that she will have to</p>	F0656		

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F0656 SS = D	<p>Continued from page 12 check the orders and see [if bilateral floor mats are ordered].</p> <p>During an interview on 3/31/2026 at 1:30 PM the Director of Nursing stated, "I expect the staff to follow physician orders and the resident [Resident #89] should have fall mats on each side of her bed"</p> <p>Review of the policy and procedures titled "Person Centered Care Plans" last reviewed dated 1/13/2026 read, "Person centered plans of care are developed by the interdisciplinary team, to coordinate and communicate care approaches and goals of the resident/guest, consistent with the resident/guest(s) rights. Standard: According to federal regulations, the facility develops and implements a baseline plan of care within 48 hours of admission that includes the minimum healthcare information necessary to properly care for the immediate needs of the resident/guest. f) Upon completion of baseline care plan or comprehensive care plan and when reviewed quarterly/significant change, the MDSC [Minimum Data Set Coordinator] will ensure care plan intervention(s) are entered into Care Guide ADLs/intervention [ADLs = activities of daily living] in the electronic medical record that are considered outside of routine care. This will provide the CNA with individualized information needed to meet the resident's care needs."</p>	F0656		
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure the provision of necessary care and services of medication administration to maintain appropriate blood pressure control for 1 of 1 resident, Resident #111, reviewed for surgical coordination."</p> <p>Findings include:</p> <p>Review of Resident #111's clinical record documented an</p>	F0684		

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F0684 SS = D	<p>Continued from page 13 admission 1/29/2024 with diagnosis including but not limited to hypertension, anxiety, depression, and anemia.</p> <p>During an interview on 3/30/2026 at 10:20 AM Resident #111 stated "I did not receive my medications before surgery and the surgery was cancelled because my blood pressure was too high. I still do not have a date scheduled for my surgery."</p> <p>Review of Resident #111's pre-operative instructions from [surgical center name] read "Surgery date 3/23/2026, no food, drink or water after midnight. Medications: "day of surgery, "Take heart medications, blood pressure medications, thyroid medications, with a small amount of water. Do not take diuretics or water pills. If you use an inhaler, bring it with you."</p> <p>Review of Resident #111's physician orders dated 1/29/2024 read "Amlodipine [used to treat high blood pressure] 10 mg [milligrams] daily 1 tablet every day 09:00 AM."</p> <p>Review of Resident #111's Medication Administration Record (MAR) documented medication was held on the morning of 3/23/2026 due to NPO (nothing by mouth) status.</p> <p>Review of Physician orders for Resident #111 dated 2/19/2025 read, "Metoprolol Tartrate [used to treat high blood pressure] 50 mg twice daily 9:00 AM and 8:00 PM.</p> <p>Review of Resident #111's MAR documented Metoprolol Tartrate was held on the morning of 3/23/2026 due to NPO status.</p> <p>Review of Resident #111's physician orders dated 10/10/2025 read, "Hydralazine [used to treat moderate to severe high blood pressure] 50 mg four times daily 09:00AM, 01:00 PM, 05:00 PM and 09:00 PM.</p> <p>Review of Resident #111's MAR documented Hydralazine was held on the morning of 3/23/2026 due to NPO status.</p> <p>Review of Resident #111's physician orders dated 3/9/2026 read "Lisinopril [used to treat high blood pressure] 40 mg daily every day 09:00 AM.</p> <p>Review of Resident #111's MAR documented Lisinopril was held on the morning of 3/23/2026 due to NPO status.</p> <p>Review of Resident #111's physician orders did not have NPO orders documented in the system.</p>	F0684		

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F0684 SS = D	<p>Continued from page 14</p> <p>Review of Resident #111's MAR for March 2026 read, "Eye Center for right cataract surgery on 3/23/2026 at 10:30 AM."</p> <p>Review of Resident #111's nursing progress note dated 3/5/2026 1:11 PM read, "Resident out of facility this AM to [name of eye center] for consultation for right eye cataract surgery on 3/23/26 at 10:30 am. Orders received: NPO after midnight day before surgery. Continue medication as ordered except diuretics.</p> <p>Review of Resident #111's nursing progress note dated 3/23/2026 read, "The resident returned from the surgery center without undergoing surgery due to elevated systolic blood pressure ranging from 198-202 mmHg."</p> <p>During an interview on 4/1/2026 at 9:57 AM Staff K, Licensed Practical Nurse (LPN) stated, "I held his [Resident #111] morning medication including his blood pressure medications because I was told in shift report that he was NPO. I was not told that he was supposed to get his AM hypertension medications. I did not review the physician orders or MAR. I did not contact the physician for clarification."</p> <p>During an interview on 3/31/2026 at 09:40 AM Staff I, Registered Nurse (RN) stated, "I received the pre-operative instructions verbally from the eye center when I called for a time. I did not enter the orders into the computer and do not recall being told to administer the hypertensive medications. I only remember that he was NPO after midnight. I shared his NPO status with the nurses and aids and they shared with the oncoming shift during report. A Shift report is utilized but not retained. The written instructions were found only after the surgery cancellation. They were in his [Resident #111] room. The surgery was cancelled because of his blood pressure being too high and he required a medical follow-up and clearance. I am just waiting for the surgery center now to call me back to reschedule."</p> <p>During an interview on 4/1/2026 at 12:44 PM the Director of Nursing stated, "There are no orders in the system for NPO status or continue medication except for Lasix. Physician orders should have been entered and followed as directed from the surgery center."</p>	F0684		
F0689 SS = E	<p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p>	F0689		

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F0689 SS = E	<p>Continued from page 15</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure the residents' environment remained free of accident hazards for the main dining room by failing to secure hazardous cleaning chemicals in a resident non-accessible area.</p> <p>Findings include:</p> <p>During an observation on 4/1/2026 at 8:48 AM, a lower cabinet located in the main dining room was observed unlocked and accessible. Inside the cabinet, two bottles of cleaning chemicals were observed: Virex II 256 One-Step Disinfectant Cleaner and Deodorant and Virex TB Ready-to-Use Disinfectant Cleaner. There was no locking mechanisms or other security measures observed to restrict access to the chemicals.</p> <p>Review of the Safety Data Sheet (SDS) information for Virex II 256 documented the product is classified as corrosive and may cause eye and skin burns, and may be harmful if inhaled, absorbed through the skin, or swallowed. The product is labeled for industrial/institutional use and is intended to be handled with appropriate precautions and stored safely to prevent exposure.</p> <p>Review of the SDS for Virex TB Ready-to-Use Disinfectant Cleaner documented the product contains chemical agents intended for institutional disinfecting and may cause irritation to the eyes, skin, and respiratory tract with exposure routes including inhalation, ingestion, skin, and eye contact. The product is labeled for industrial/institutional use and is intended to be handled with appropriate precautions and stored safely to prevent exposure.</p> <p>During an interview on 4/1/2026 at 9:41 AM the Administrator stated cleaning products observed in the lower cabinet of the main dining room were not secured and should always be secured when not in use by facility staff. The dining room is open for access</p>	F0689		

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F0689 SS = E	Continued from page 16 throughout the day to ambulatory residents. His expectations are that all cleaning chemicals are stored in a secure manner to prevent accidental ingestion or exposure to residents at the facility.	F0689		
F0697 SS = D	<p>Pain Management</p> <p>CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to ensure pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 7 residents, Resident #11, reviewed for medication pain management.</p> <p>Findings include:</p> <p>During an interview on 3/30/2026 at approximately 3:00 PM, Resident #11 stated he has pain in his right shoulder. He received medication for the pain, but he continued to have pain. He used his feet to push himself in his wheelchair because he was not able to use his hands/arms.</p> <p>During an observation on 3/30/2026 at approximately 3:00 PM Resident #11 was propelling himself backwards in his wheelchair using only his feet. He held his right arm against his body in a protective manner.</p> <p>Review of Resident #11's physician orders documented dated 1/10/2026 "Lyrica (pregabalin) [a nerve medication used to treat neuropathic pain] tablet 25 mg [milligrams] oral: 1 tablet Twice A Day"</p> <p>Review of Resident #11's medical record documented the resident was admitted on 2/02/2003 with medical diagnoses that included Epilepsy, unspecified, not intractable, without status epilepticus; Personal history of traumatic brain injury; Contracture of muscle, multiple sites; Parkinsonism, unspecified; Other: chronic pain</p>	F0697		

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F0697 SS = D	<p>Continued from page 17</p> <p>Review of Resident #11's MAR (Medication Administration Record) for the period of 3/01/2026 through 4/01/2026 documented an entry which read, "Lyrica (pregabalin)-[used for pain management] capsule; 25 mg; 1 tablet; oral twice a day - 01/10/2026 - 04/01/2026 [to be administered from 01/10/2026 to 04/01/2026 and then discontinued]". There was no documentation on the MAR of Lyrica being administration on 3/26/2026 through 3/31/2026, resulting in 12 doses of Lyrica not being administered as order by the physician. The MAR documented nine of the doses of Lyrica were not administered due to "Drug/Item Unavailable," one of the doses not administered due to "Drug/Item Unavailable OOS [out of stock]," one of the doses not administered due to "Drug/Item Unavailable - Comment: awaiting on approval from insurance dated 3/30/2026," and one does not administered due to "Not Administered: Other - Comment: awaiting approval," dated 4/01/2026.</p> <p>During an interview on 4/01/2026 at 8:50 AM Resident #11 stated he had been having more pain in his right arm recently. He had not received pain medications routinely for the last several days.</p> <p>During an observation on 4/01/2026 at 8:50 AM Resident #11 was sitting in his wheelchair in his room. He was holding his right arm against his body.</p> <p>During an interview on 4/01/2026 at 8:54 AM Staff A, Unit Manager, stated she had not charted anything regarding discussions with the pharmacy about not being able to get the Lyrica approved or any other measures regarding finding an alternative option.</p> <p>During an interview on 4/01/2026 at approximately 10:00 AM the DON (Director of Nursing) stated the expectation was for nurses to contact the pharmacy if a resident was out of a medication to see if it was on the way. If there was a problem with obtaining the medication, the nurses should contact the physician.</p> <p>During an interview on 4/01/2026 at 3:22 PM APRN (Advanced Practice Registered Nurse) 2 stated Pain Management [a group that specializes in pain management control] had been managing Resident #11's prescription for Lyrica, and she did not know anything about insurance coverage for the medication. She had not received a call regarding Resident #11's pain or an alternate medication for his Lyrica.</p> <p>During an interview on 4/01/2026 at 5:45 PM the PA (Physician's Assistant) #2 stated he had raised Resident #11's Lyrica about one month after he started the prescription. There was a Lyrica prescription sent</p>	F0697		

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F0697 SS = D	<p>Continued from page 18 [to the pharmacy] on 3/25 [2026]. There was no telephone encounter [from the facility] regarding Resident #11 being out of Lyrica. He did not see a request for a prior authorization [for Resident #11's Lyrica]. He was in the facility on Friday [3/27/2026] and spoke with Staff A, Unit Manager, but there was no discussion or request about Lyrica or an alternative medication for Resident #11's pain. The prn analgesic he had ordered would not be effective for his neuropathic pain.</p> <p>During an interview on 4/01/2026 at 6:06 PM PA #2 stated the pharmacy informed him that Resident #11 should have had one dose of Lyrica still available through the e-kit [emergency medication kit designed to provide medications in the facility]. He was concerned that no one had called him from the facility, as they were usually able to get prescriptions out the next day after a request was made.</p> <p>During an interview on 4/02/2026 at 2:00 PM Staff S, LPN (Licensed Practical Nurse) stated he had called PA #2 on 3/25/2026 regarding Resident #11's Lyrica prescription and PA #2 put in a script [prescription]. Staff S, LPN called the pharmacy, and the pharmacy faxed a code [to get into the e-kit in the automated medication dispensing machine] and a sheet stating the medication was not covered by Resident #11's insurance and the facility would need to pay for the medication. He did not withdraw or administer the Lyrica. He left the sheet for the Unit Manager. He did not attempt to get an alternative pain medication for Resident #11.</p> <p>During an interview on 4/02/2026 at 2:41 PM Staff T, LPN stated on 3/26/2026 she had called the pharmacy and asked if Resident #11's Lyrica was on its way. She was informed that it was not, and it was something to do with insurance. She did not write a note about the phone call with pharmacy, but she thought it would be an expectation for her to write such a note. She believed that she had been told that the doctor had been told [about Resident #11 not having his Lyrica] and there was nothing comparable. She did not contact the doctor herself.</p> <p>During an interview on 4/02/2026 at 3:55 PM Staff U, LPN stated on 3/29/2026 when she did not administer a scheduled dose of Lyrica for Resident #11, she was in training, working with Staff S, LPN. Basically, when it came to medications not being available, Staff S, LPN told her just to press the button [in the electronic medical record] for a refill. She was just following what she was told to do by Staff S, LPN.</p>	F0697		

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F0697 SS = D	<p>Continued from page 19</p> <p>Review of Resident #11's medical record progress notes for the period of 3/25/2026 through 3/31/2026 did not contain documentation regarding Resident #11's Lyrica not being administered or an alternative for the scheduled pain medication.</p> <p>Review of Resident #11's most recent MDS (Minimum Data Set) Assessment, a quarterly assessment dated 3/11/2026 documented his BIMS [Brief Inventory of Mental Status] Score as 10 out of 15 which indicated he had some cognitive deficit. He received scheduled and PRN pain medications. He frequently had pain which occasionally interfered with his sleep and that frequently limited his day-to-day activities. He received opioid and anticonvulsant medications which were documented to be high-risk medications.</p> <p>Review of Resident #11's Care Plan documented, Problem: Resident has complaints of chronic pain. Start Date: 01/12/2026. Last Reviewed/Revised 03/18/2026. Goal: Resident will verbalize reduction of pain. Approaches included: Administer medications: Start Date 01/12/2026; refer to pain management team. Problem: Requires pain management. Additional Information: R/T [related to] impaired mobility, contracture and dx [diagnosis] of muscle spasms. Start Date 02/01/2026. Goal: I will not have unrelieved pain X 90 days AEB [as evidenced by] no moaning, groaning, or facial grimaces (sp). Approaches included: Medications as ordered.</p> <p>Review of a report titled "Item Expiration Tracking Report" dated 3/30/2026 documented that Pregabalin (Lyrica) 25mg capsule was available in the automated medication dispensing machine and had an expiration date of 10/31/2026.</p> <p>Review of the policy and procedure titled "Pain Management and Assessment," last reviewed on 1/13/2026 read, "Purpose: The detection of the presence of pain, determining the frequency and intensity of pain, and identification of effective pain management interventions can help to avoid adverse outcomes that impact the resident/guests functional status and quality of life. Process: I. General Information – a) pain is any type of physical pain or discomfort in any part of the body. It may be localized to one area or may be more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective; pain is whatever the experiencing person says it is and exists whenever he or she says it does. b) Pain can be suffering and is associated with inactivity, social withdrawal, depression, and functional decline. f) Most resident/guests with moderate to severe pain will</p>	F0697		

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F0697 SS = D	Continued from page 20 require regularly dosed pain medications, and some will require additional PRN pain medications for breakthrough pain. III. Pain Management – b) If the resident's/guess pain is not controlled by the current treatment regimen, the physician should be notified."	F0697		
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to ensure all residents were free from unnecessary medications for 1 of 5 residents. Resident #80, reviewed for unnecessary medications. Findings include: Review of Resident #80's physician order dated 3/2/2026 read, "Midodrine tablet, 5 mg [milligrams], 1 tablet oral, three times a day (8:00 AM, 12:00 PM, 5:00 PM), special instructions: Hold for systolic BP [blood pressure] over 110.	F0757		

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F0757 SS = D	<p>Continued from page 21</p> <p>Review of Resident #80's Medication Administration Record (MAR) for March 2026 documented 13 administrations of midodrine outside of the physician ordered parameters.</p> <p>During an interview on 4/1/2026 at 3:10 PM Staff L, LPN (Licensed Practical Nurse) stated, "The documentations for administration of Midodrine was a documentation error, I always check the resident's blood pressure prior to administration of a medication with parameters and would not have administered the medication if the blood pressure was outside the ordered parameters."</p> <p>During an interview on 4/1/2026 at 3:20 PM Staff M, LPN stated, "I always check the blood pressure prior to administering the medication, if the blood pressure was outside parameters I would not have administered the medications and I believe that I made a documentation error."</p> <p>During an interview on 4/1/2026 at 9:38 AM the DON stated, "My expectations are that the nursing staff would follow the physicians' orders including specific parameters before administering the medications."</p>	F0757		
F0880 SS = D	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and 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.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p>	F0880		

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F0880 SS = D	<p>Continued from page 22</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>	F0880		

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F0880 SS = D	<p>Continued from page 23 Based on observation, interview, and record review the facility failed to prevent the possible spread of infection for respiratory equipment for 3 of 4 residents, Residents #2, #12, and #54, reviewed for respiratory services.</p> <p>Findings include:</p> <p>1) During an observation on 3/30/2026 at 10:26 AM of Resident #2's room, the resident was not in the room. In the room there was an oxygen concentrator and coiled on top of the concentrator was oxygen tubing dated 3/14/2026 and the tubing was not bagged.</p> <p>During an observation on 03/31/2026 at 8:15 AM Resident #2 was lying in bed. Oxygen was being administered via nasal cannula at 2 liters per minute. The oxygen tubing was dated 3/14/2026. Resident #2's wheelchair was in front of the bed. On the wheelchair there was nasal cannula tubing that was not bagged and coiled around the arm rest.</p> <p>During an interview on 3/31/2026 at 1:44 PM Staff Q, Licensed Practical Nurse (LPN) stated, "Oxygen tubing should be bagged when not in use. I am not sure how often the tubing is changed. That is supposed to be done on the night shift."</p> <p>During an interview 3/31/2026 at 1:44 PM Staff A, Registered Nurse Unit Manager stated, "Tubing is changed every Friday."</p> <p>During an observation on 3/31/2026 at 1:49 PM with Staff Q, LPN Resident #2 was in bed with oxygen being administered via nasal cannula. The date on the tubing was 3/14/2026.</p> <p>During an interview on 3/31/2026 at 1:49 PM Staff Q, LPN confirmed the tubing was dated 3/14/2026 and Resident #2 was being administered oxygen through the tubing.</p> <p>Review of Resident #2's physician order dated 2/2/2026 read, "O2 [oxygen] at 2L/min [2 liters per minute] via nc [nasal cannula] for shortness of breath as needed."</p> <p>During an interview on 4/2/2026 at 9:48 AM the Director of Nursing stated, "Tubing is changed weekly and dated and stored in a bag when not in use."</p> <p>2) During an observation 3/30/2026 at 10:22 AM of Resident #54's room a nebulizer machine was lying on the floor behind the bed. The nebulizer mask and tubing were lying across the nebulizer machine on the floor.</p>	F0880		

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F0880 SS = D	<p>Continued from page 24 The tubing attached to the nebulizer was not dated.</p> <p>During an observation on 3/31/2026 9:15 AM of Resident #54's room a nebulizer machine was lying on the floor behind the bed. The nebulizer mask and tubing were lying across the nebulizer machine on the floor, and the tubing was not dated. (Photographic evidence obtained).</p> <p>During an interview on 3/30/2026 at 10:22 AM Resident #54 stated "I have not used that [nebulizer] in forever."</p> <p>During an interview on 3/31/2026 at 1:24 PM the Director of Nursing stated the mask must be covered when not in use and tubing has to be dated when changed. She [Resident #54] does not even have orders for nebulizer treatments and has not been receiving nebulizing treatments. The machine and mask should have been removed, cleaned and stored.</p> <p>3) During an observation on 3/30/2026 at 09:40 AM of Resident #12's room an uncovered nebulizer mask was lying across the nebulizer machine that was on the bedside table. The tubing to the nebulizer machine was not dated.</p> <p>During an observation on 3/31/2026 at 08:45 AM of Resident #12's room an uncovered nebulizer mask was lying across the nebulizer machine that was on the bedside table, and the tubing was not dated.</p> <p>During an interview on 3/31/2026 at 08:48 AM Staff I, Registered Nurse (RN) stated, the nebulizer should be covered after each use. Tubing is changed weekly and should be dated. If the resident no longer has orders for nebulizing treatments we should remove the machine, clean and store it for future use. The tubing is thrown away. She [Resident #12] does not have orders for nebulizing treatments."</p> <p>During an interview on 3/31/2026 at 1:24 PM the Director of Nursing stated, the mask must be covered when not in use and tubing has to be dated when changed. She [Resident #12] has not received nebulizing treatments since October 2025 and the machine and mask should have been removed.</p> <p>Review of the policy and procedure titled "Oxygen Administration" dated 1/13/2026 read "11. Cannulas and masks should be changed weekly. 14. O2 cannula/mask should be stored in a plastic bag when not in use."</p>	F0880		
F0925 SS = E	Maintains Effective Pest Control Program	F0925		

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F0925 SS = E	<p>Continued from page 25</p> <p>CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure an effective pest control program to eradicate common household pests.</p> <p>Findings include:</p> <p>During an observation on 03/30/2026 at 9:32 AM, a live brown-colored insect was observed crawling on the wall, and a dead brown-colored insect was observed on the windowsill of the training room adjacent to the kitchen and dining area. (Photographic evidence obtained)</p> <p>During an observation on 04/01/2026 at 8:48 AM, a live brown-colored insect was observed crawling under a cabinet in the dining area. (Photographic evidence obtained)</p> <p>During an observation on 04/01/2026 at 9:02 AM, a live brown-colored insect was observed crawling on the floor immediately outside of Resident #45's doorway in the West Wing, down the hallway from the kitchen entrance.</p> <p>During an observation on 04/01/2026 at 11:48 AM, a dead brown-colored insect was observed on the floor near the exit door leading from the kitchen food preparation area. (Photographic evidence obtained)</p> <p>During an observation on 04/01/2026 at 1:29 PM, a live brown-colored insect was observed crawling around the drain area of the dishwashing machine in the dish room, an area where food contact items are processed. (Photographic evidence obtained)</p> <p>During an interview on 04/02/2026 at 10:29 AM, the Dietary Manager stated the Maintenance Department is notified of pest control concerns and is responsible for contacting the pest control company.</p> <p>During an interview on 04/02/2026 at 11:25 AM, the Maintenance Director stated each wing maintains a pest log for reporting concerns and that a contracted pest control company conducts weekly visits to review logs and address reported issues. He stated service reports are reviewed and corrective actions are taken as needed. However, ongoing pest activity observed during</p>	F0925		

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F0925 SS = E	<p>Continued from page 26</p> <p>the survey indicated the facility's pest control program was not effective in identifying, correcting, and preventing pest presence.</p> <p>During an interview on 04/02/2026 at 12:55 PM, the Facility Administrator confirmed the expectation for the facility is to maintain a pest-free environment.</p> <p>Review of the [Name of exterminator company] reports dated 04/11/2025, 04/28/2025, 05/30/2025, 07/30/2025, 10/14/2025, 12/09/2025, and 02/20/2026 documented repeated identified concerns in the kitchen, all three resident wings.</p> <p>During an interview on 4/02/2026 at 10:23 AM Staff R, LPN stated that she knew they came around and sprayed for roaches every week, but it didn't seem to be helping. She did see roaches on the unit.</p> <p>During an observation on 3/30/2026 at 10:01 AM Resident #99's bathroom there was a live brown color insect by the base board. (Photographic evidence obtained)</p> <p>During an observation on 4/1/2026 at 4:12 PM with the Maintenance Director when entering Resident #38's room, when the resident's bathroom door was opened and the light was turned on there were three small dark brown insects running toward the baseboard of the bathroom.</p> <p>Review of the facility policy and procedure titled "Resident Environment Quality" with a last review date of 1/13/2026 read, "Standard: Maintain an effective pest control program so the facility is free of pest and rodents."</p>	F0925		