STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105864	(/ E	MULTIPLE CONSTRUCTION ILDING NG	(X3) DATE SURVEY COMPLETED 07/01/2025

NAME OF PROVIDER OR SUPPLIER	STRE
PAGE REHABILITATION AND HEALTHCARE CENTER	2310

ADDRESS, CITY, STATE, ZIP CODE
RPORT ROAD , FORT MYERS, Florida, 33907

(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
F0000	INITIAL COMMENTS An unannounced complaint survey for complaint numbers 2025007473, 2025008054, 2025008535, and 2025008545 was conducted on 6/30/25 through 7/1/25 at Page Rehabilitation and Healthcare Center, a nursing home in Fort Myers, Florida. Page Rehabilitation and Healthcare Center is not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities. The following is a description of the noncompliance.	F0000		07/23/2025
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to implement individualized interventions, including supervision to prevent avoidable falls for 1 (Resident #2) of 3 residents reviewed for accidents. Review of the clinical record for Resident #2 revealed an admission date of 5/22/25. Diagnoses included cerebral infarction, muscle wasting and atrophy, difficulty walking, lack of coordination, and aphasia (difficulty speaking). Review of the Admission Nursing Assessment dated	F0689	: corrective action will be accomplished for those ents found to have been affected by the deficient ice? dent #2 no longer resides at the facility. you will identify other residents having the ntial to be affected by the same deficient practice what corrective action will be taken? resident in the facility will be re-evaluated for l and bladder function by August 1st, 2025 by the y nurse management. Based on the evaluation the ent will be placed on the proper bowel/bladder am (toileting, check and change routinely, etc) to re that bowel/bladder needs are being met opriately. The program will then be triggered in oint of care for the CNA's to document on every 2 s or as directed. acility nurse management will review each l/bladder evaluation upon admission, quarterly and significant change to ensure that evaluation is leted appropriately and that the bowel/bladder am is appropriate and meets the needs of the ent. acility IDT will review each resident with a fall	08/01/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institu may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructior xcept 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 nursi omes, 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 cit n approved plan of correction is requisite to continued program participation.

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

STATEMENT OF I AND PLAN OF C	ICIENCIES RECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105864	(X2) MULTIPL A. BUILDING B. WING	CON	RUCTION	(X 07	A 2	SURVEY COMPLETED

NAME OF PROVIDI	OR SUPPLIEF		STREET ADDRES	CIT	TATE, ZIP CODE		
PAGE REHABILITA	N AND HEAL	CARE CENTER	2310 N AIRPORT	AD	ORT MYERS, Florid	9	

(X4) ID PREFIX TAG	SU (EACH REGUL	MARY STATEM FICIENCY MU ORY OR LSC I	T OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREFIX TAG	PF (EAC	IDE COR ROS APPI	PLAN OF CORREC CTIVE ACTION SHC EFERENCED TO TI PRIATE DEFICIENC	N D	(X5) COMPLETION DATE
F0689	Continue 5/23/25 i incontine day and	om page 1 ealed Resident of urine once o nttime.	had impaired vision, was ice daily, during the	F0689	Continued fr for the past 3 going forwar completed a needed. Inte findings upo will also revie August 1st, 2 that safety ch forms are pr	page ays ens hat t tion ew each 5 an ks w nt wi	August 1st, 2025 and that root cause anal ting needs are being ill be implemented a e facility nurse mana for the past 30 days ch fall going forwarc completed as care p he root cause analys	ck w t re di to ne n e nd ic	
	Review c Resident and requ and amb	e baseline car was always in f the assistanc ion.	an dated 5/23/25 revealed tinent of bladder and bowel 2 staff for transfer,						
	The care related t safety av mobility. intervent	n noted the re paired cognitic ness, cardiac goal was to m s as of 5/23/25	nt was at risk for falls medication use, poor ease and decreased nize risk of falls. The luded:		What measu changes you practice does	will ou ma nt rec	out into place or wha o ensure that the de	ck ntic nt	
	Anticipat call light use it to in bed, p	nd meet the re within reach an for assistance ng under the b	nt's needs, ensure the ncourage resident to ateral fall pads when when out of bed.		The nurse m Regional Dir evaluations, and impleme root cause a along with th July 24th, 20	gem or on duct ig ap sis t ll pr	team will be re-edu mpleting bowel/blad root cause analysis ppriate interventions prevention policy an eting, 15 min checks tion policy and proc	d he ali oc the) re	
	Review c 5/25/25 i conflictin always ir the resid Resident suspecte (decreas mobility	e Bowel and B ealed the 3 Day formation. The ntinent of bladc was continent had impaired ause of the inc mental awaren /decrease of loss of ersonal unwilli	der Assessment dated cking Results showed m noted Resident #2 was and bowel and also noted owel and bladder. bility/ambulation. The inence was "Functional ess)."		The nursing re-educated 1st, 2025 on conducting r and completi (min checks) procedure. T documentati care for the (	f (nu he S mple cau appr the re-e of the 's's.	s and CNA's) will be Educator/designee bowel/bladder evalt nalysis for falls, impl late interventions (to prevention policy an ation will also include leting program in the	au t ns n ig s m	
	The trea designe on toilet that mak	nt plan was, "C k and change program- residents who ave cognitive i airment or behaviors difficult to use.	e physically unable to sit						
	Review c #2 had n	e facility incide ple falls from 5	og revealed Resident /25 through 6/4/25.		The DON/RN resident who analysis was to the root ca completed a met as care	flans s a f mple e ans dere ined	will complete an au o ensure that the roc , intervention placed is, safety check shee and any toileting nee sed on bowel and bla	f h us ol g re re ing in gram.	
	Review c	e fall investiga s revealed:							
	Fall #1:								
	On 5/27/ floor in h ambulate	at 8:40 p.m., R oom. Resident the bathroom.	dent #2 was found on the said she was trying to		The Nurse M shift to monit programs for	ngen he d ivid	t team will complete mentation and the tc esidents.	u beach ng	
	On 5/27/ remind F	the care plan v dent #2 to call	updated to post a sign to help.		How will the the deficient	erecti ctice	ction be monitored t l not recur?	s	
	Review c 5/27/25 i approxin p.m., and	e Bladder Con ident #2 was fc ly 11 hours lat 11:47 p.m.	nce Log revealed on ed at 12:25 a.m., then t 11:19 a.m., at 3:59		The results c The audit wil Assurance M recommenda	e au d th an b ing t n. Th	will be forwarded to irector of Nursing for rwarded to the monti urther review and udits will continue da	e y 3(y or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1 IDE 105	ROVIDER/SUPPLIER/CLIA IFICATION NUMBER:	(X2) MULTIPLE CONSTRUC A. BUILDING B. WING	N	(X3) 07/0	TE SURVEY COMPLETED 025

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATI	IP CODE	
PAGE REHABILITATION AND HEALTHCARE	ENTER	2310 N AIRPORT ROAD , FORT	ERS, Florida,	07

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF (EACH DEFICIENCY MUST BE F REGULATORY OR LSC IDENTIF	FICIENCIES CEDED BY FULL G INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIV CROSS-REFE APPROPRIA	OF CORRECTI CTION SHOU NCED TO THE DEFICIENCY)	BE	(X5) COMPLETION DATE
F0689 SS = D	Continued from page 2 There was no documentation the fa included the lack of documentation provided incontinent care approxim to the fall. Fall #2: On 5/28/25 at 6:09 p.m., Resident # floor in her room. Resident #2 state to the bathroom." On 5/28/25 the care plan was upda #2 had nonskid socks, slippers, or s of bed for ambulation or mobilzatio keep frequently used items within n safe environment, free of clutter an ensure adequate lighting. Review of the Bladder Continence I 5/28/25 Resident #2 was toileted at p.m., and 11:51 p.m. On 5/29/25 the facility performed a review with reduction in the residen (antipsychotic) medication. Fall #3: On 5/30/25 at 10:00 a.m., Resident floor in the bathroom. She stated sh the bathroom. On 5/30/25 the care plan was upda was in the lowest position with bilat hipsters (padded hip protectors) to times. Review of the Bladder Continence I 5/30/25 Resident #2 was toileted at a.m., and 7:49 p.m. Fall #4: On 6/4/25 at 3:30 p.m., Resident #2 floor in her room. The resident said to go to the bathroom. On 6/4/25 the care plan was updat be checked every 15 minutes post- record lacked documentation the 15 implemented. Review of the Bladder Continence I Resident #2 was toileted at 9:33 a.r	vestigation sident #2 was y 4.5 hours prior vas found on the I wanted to go to ensure Resident es when she's out wheelchair; h; and maintain a et floors, and revealed on 4 a.m., 4:46 dication regimen Seroquel was found on the vas trying to use to ensure the bed fall pads, worn at all revealed on 6 a.m., 8:34 es found on the e slipped trying or Resident #2 to The clinical inutes checks were revealed on 6/4/25 6 hours before	F0689	Continued from page 2 days and then weekly for 90 Each resident with a fall will morning clinical meeting dail reviewed in the weekly at ris part of the facility policy and Date of Compliance: August	rs. reviewed at the nd continue to eeting indefinit cedure. , 2025	as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105864	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

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PAGE REHABILITATION AND HE/	HCARE CENTER	2310 N AIRPORT ROAD , FORT MYERS, Florida, 33907

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F0689 SS = D	Continued from page 3 the fall, and was not toil	l for 4.5 hours after the	F0689		
	The fall investigation did toileting for Resident #2	t include the lack of 6 hours before the fall.			
	On 7/1/25 at 11:30 a.m. Director of Nursing to re falls and interventions, li further falls.	interview was held with the w Resident #2's multiple ding toileting to prevent			
	The DON said Resident before and after meals, throughout the day and	should have been toileted ore bed, and routinely nt.			
	When asked about doc initiated on 6/4/25 as a f the DON was not able t said, "They are still look	ntation of the 15-minute checks prevention intervention, ovide the documentation. She			

ła State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGE REHABILITATION AND HEALTHCARE CENTER	2310 N AIRPORT ROAD , FORT MYERS, Florida, 33907

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00	INITIAL COMMENTS An unannounced complaint survey for complaint numbers 2025007473, 2025008054, 2025008535, and 2025008545 was conducted on 6/30/25 through 7/1/25 at Page Rehabilitation and Healthcare Center, a nursing home in Fort Myers, Florida. Deficiencies were identified at the time of the survey.	N0000		07/24/2025
01 D	Right to Adequate and Appropriate Health Care CFR(s): 400.022(1)(l), FS (l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to implement individualized interventions, including supervision to prevent avoidable falls for 1 (Resident #2) of 3 residents reviewed for accidents. Review of the clinical record for Resident #2 revealed an admission date of 5/22/25. Diagnoses included cerebral infarction, muscle wasting and atrophy, difficulty walking, lack of coordination, and aphasia (difficulty speaking). Review of the Admission Nursing Assessment dated 5/23/25 revealed Resident #2 had impaired vision, was incontinent of urine once or twice daily, during the day and nighttime.	N0201	N0201 What corrective action will be acc residents found to have been affe practice? Resident #2 no longer resides at How you will identify other reside potential to be affected by the sar and what corrective action will be Each resident in the facility will be bowel and bladder function by Au facility nurse management. Basec resident will be placed on the pro program (toileting, check and cha ensure that bowel/bladder needs appropriately. The program will th the point of care for the CNA's to hours or as directed. The facility nurse management w bowel/bladder evaluation upon ac with significant change to ensure completed appropriately and that program is appropriate and meets resident. The facility IDT will review each re for the past 30 days by August 1s going forward to ensure that root completed and that toileting need | nplished for those ed by the deficient e facility. having the deficient practice ken? e-evaluated for st 1st, 2025 by the n the evaluation the r bowel/bladder e routinely, etc) to e being met be triggered in cument on every 2 eview each ission, quarterly and at evaluation is e bowel/bladder ne needs of the dent with a fall 2025 and each fall use analysis was are being met where	08/01/2025

e of Primary Care and Health Systems Management

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

Florida State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

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N0201 SS = D	Continued from page 1 Review of the baseline care plan dated 5/23/25 revealed Resident #2 was always incontinent of bladder and bowel and required the assistance of 2 staff for transfer, and ambulation. The care plan noted the resident was at risk for falls related to impaired cognition, medication use, poor safety awareness, cardiac disease and decreased mobility. The goal was to minimize risk of falls. The interventions as of 5/23/25 included: Anticipate and meet the resident's needs, ensure the call light is within reach and encourage resident to use it to call for assistance, bilateral fall pads when in bed, placing under the bed when out of bed. Review of the Bowel and Bladder Assessment dated 5/25/25 revealed the 3 Day Tracking Results showed conflicting information. The form noted Resident #2 was always incontinent of bladder and bowel and also noted the resident was continent of bowel and bladder. Resident #2 had impaired mobility/ambulation. The suspected cause of the incontinence was "Functional (decreased mental awareness/decrease of loss of mobility or personal unwillingness)." The treatment plan was, "Check and change program-designed for residents who are physically unable to sit on toilet or have cognitive impairment or behaviors that make it difficult to use." Review of the facility incident log revealed Resident #2 had multiple falls from 5/27/25 through 6/4/25. Review of the fall investigations revealed: Fall #1: On 5/27/25 at 8:40 p.m., Resident #2 was found on the floor in her room. Resident #2 said she was trying to ambulate to the bathroom. On 5/27/25 the care plan was updated to post a sign to remind Resident #2 to call for help.	N0201	Continued from page 1 needed. Interventions will be impl findings upon review. The facility r will also review each fall for the pa August 1st, 2025 and each fall go that safety checks were complete forms are present with the root ca What measures will be put into pl changes you will make to ensure practice does not recur? The nurse management team will Regional Director on completing i evaluations, conducting root caus and implementing appropriate int root cause analysis (toileting, 15 r along with the fall prevention polic July 24th, 2025. The nursing staff (nurses and CN re-educated by the Staff Educato 1st, 2025 on completing bowel/bl conducting root cause analysis fo and completing appropriate interv min checks) and the fall preventic procedure. This re-education will documentation of the toileting pro care for the CNA's. The DON/Risk Manager will comp resident who has a fall to ensure analysis was completed, interven to the root cause analysis, safety completed as ordered, and any to met as care planned based on bc The Nurse Management team wil shift to monitor the documentatio programs for individual residents. How will the corrective action be r the deficient practice will not recu The results of the audits will be fo Administrator and the Director of The audit will then be forwarded t Assurance Meeting for further rev recommendation. The audits will days and then weekly for 90 days Each resident with a fall will be re	nented according to se management 30 days by g forward to ensure as care planned and e analysis audit. e or what systematic at the deficient e re-educated by the wel/bladder analysis for falls ventions based on the n checks, etc) and procedure on s) will be esignee by August der evaluations, alls, implementing tions (toileting, 15 policy and o include am in the point of te an audit of each at the root cause n placed according eck sheets are ting needs are being ol and bladder program. omplete an audit each nd the toileting nitored to ensure arded to the rsing for review. he monthly Quality w and tinue daily for 30 owed at the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

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N0201 SS = D	Continued from page 2 Review of the Bladder Continence Log revealed on 5/27/25 Resident #2 was toileted at 12:25 a.m., then approximately 11 hours later at 11:19 a.m., at 3:59 p.m., and at 11:47 p.m. There was no documentation the fall investigation included the lack of documentation Resident #2 was provided incontinent care approximately 4.5 hours prior to the fall. Fall #2: On 5/28/25 at 6:09 p.m., Resident #2 was found on the floor in her room. Resident #2 stated, "I wanted to go to the bathroom." On 5/28/25 the care plan was updated to ensure Resident #2 had nonskid socks, slippers, or shoes when she's out of bed for ambulation or mobilization in wheelchair; keep frequently used items within reach; and maintain a safe environment, free of clutter and wet floors, and ensure adequate lighting. Review of the Bladder Continence Log revealed on 5/28/25 Resident #2 was toileted at 9:24 a.m., 4:46 p.m., and 11:51 p.m. On 5/29/25 the facility performed a medication regimen review with reduction in the resident's Seroquel (antipsychotic) medication. Fall #3: On 5/30/25 at 10:00 a.m., Resident #2 was found on the floor in the bathroom. She stated she was trying to use the bathroom. On 5/30/25 the care plan was updated to ensure the bed was in the lowest position with bilateral fall pads, hipsters (padded hip protectors) to be worn at all times. Review of the Bladder Continence Log revealed on	N0201	Continued from page 2 morning clinical meeting daily and reviewed in the weekly at risk meeting as part of the facility policy and procedure. Date of Compliance: August 1st, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

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N0201 SS = D	Continued from page 3 5/30/25 Resident #2 was toileted at 3:06 a.m., 8:34 a.m., and 7:49 p.m. Fall #4: On 6/4/25 at 3:30 p.m., Resident #2 was found on the floor in her room. The resident said she slipped trying to go to the bathroom. On 6/4/25 the care plan was updated for Resident #2 to be checked every 15 minutes post-fall. The clinical record lacked documentation the 15 minutes checks were implemented. Review of the Bladder Continence Log revealed on 6/4/25 Resident #2 was toileted at 9:33 a.m., 6 hours before the fall, and was not toileted for 4.5 hours after the fall. The fall investigation did not include the lack of toileting for Resident #2 for 6 hours before the fall. On 7/1/25 at 11:30 a.m., an interview was held with the Director of Nursing to review Resident #2's multiple falls and interventions, including toileting to prevent further falls. The DON said Resident #2 should have been toileted before and after meals, before bed, and routinely throughout the day and night. When asked about documentation of the 15-minute checks initiated on 6/4/25 as a fall prevention intervention, the DON was not able to provide the documentation. She said, "They are still looking." Class III	N0201		

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01 D	Right to Adequate and Appropriate Health Care CFR(s): 400.022(1)(l), FS (l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to implement individualized interventions, including supervision to prevent avoidable falls for 1 (Resident #2) of 3 residents reviewed for accidents. Review of the clinical record for Resident #2 revealed an admission date of 5/22/25. Diagnoses included cerebral infarction, muscle wasting and atrophy, difficulty walking, lack of coordination, and aphasia (difficulty speaking). Review of the Admission Nursing Assessment dated 5/23/25 revealed Resident #2 had impaired vision, was incontinent of urine once or twice daily, during the day and nighttime.	N0201	N0201 What corrective action will be acc residents found to have been affe practice? Resident #2 no longer resides at How you will identify other reside potential to be affected by the sar and what corrective action will be Each resident in the facility will be bowel and bladder function by Au facility nurse management. Basec resident will be placed on the pro program (toileting, check and cha ensure that bowel/bladder needs appropriately. The program will th the point of care for the CNA's to hours or as directed. The facility nurse management w bowel/bladder evaluation upon ac with significant change to ensure completed appropriately and that program is appropriate and meets resident. The facility IDT will review each re for the past 30 days by August 1s going forward to ensure that root completed and that toileting need | nplished for those ed by the deficient e facility. having the deficient practice ken? e-evaluated for st 1st, 2025 by the n the evaluation the r bowel/bladder e routinely, etc) to e being met be triggered in cument on every 2 eview each ission, quarterly and at evaluation is e bowel/bladder ne needs of the dent with a fall 2025 and each fall use analysis was are being met where	08/01/2025

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

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PAGE REHABILITATION AND HEALTHCARE CENTER	2310 N AIRPORT ROAD , FORT MYERS, Florida, 33907

(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 (EACH CORRECTIVE AC CROSS-REFEREN APPROPRIATE D	CORRECTION ION SHOULD BE ED TO THE FICIENCY)	(X5) COMPLETION DATE
N0201 SS = D	Continued from page 1 Review of the baseline care plan dated 5/23/25 revealed Resident #2 was always incontinent of bladder and bowel and required the assistance of 2 staff for transfer, and ambulation. The care plan noted the resident was at risk for falls related to impaired cognition, medication use, poor safety awareness, cardiac disease and decreased mobility. The goal was to minimize risk of falls. The interventions as of 5/23/25 included: Anticipate and meet the resident's needs, ensure the call light is within reach and encourage resident to use it to call for assistance, bilateral fall pads when in bed, placing under the bed when out of bed. Review of the Bowel and Bladder Assessment dated 5/25/25 revealed the 3 Day Tracking Results showed conflicting information. The form noted Resident #2 was always incontinent of bladder and bowel and also noted the resident was continent of bowel and bladder. Resident #2 had impaired mobility/ambulation. The suspected cause of the incontinence was "Functional (decreased mental awareness/decrease of loss of mobility or personal unwillingness)." The treatment plan was, "Check and change program-designed for residents who are physically unable to sit on toilet or have cognitive impairment or behaviors that make it difficult to use." Review of the facility incident log revealed Resident #2 had multiple falls from 5/27/25 through 6/4/25. Review of the fall investigations revealed: Fall #1: On 5/27/25 at 8:40 p.m., Resident #2 was found on the floor in her room. Resident #2 said she was trying to ambulate to the bathroom. On 5/27/25 the care plan was updated to post a sign to remind Resident #2 to call for help.	N0201	Continued from page 1 needed. Interventions will be impl findings upon review. The facility r will also review each fall for the pa August 1st, 2025 and each fall go that safety checks were complete forms are present with the root ca What measures will be put into pl changes you will make to ensure practice does not recur? The nurse management team will Regional Director on completing i evaluations, conducting root caus and implementing appropriate int root cause analysis (toileting, 15 r along with the fall prevention polic July 24th, 2025. The nursing staff (nurses and CN re-educated by the Staff Educato 1st, 2025 on completing bowel/bl conducting root cause analysis fo and completing appropriate interv min checks) and the fall preventic procedure. This re-education will documentation of the toileting pro care for the CNA's. The DON/Risk Manager will comp resident who has a fall to ensure analysis was completed, interven to the root cause analysis, safety completed as ordered, and any to met as care planned based on bc The Nurse Management team wil shift to monitor the documentatio programs for individual residents. How will the corrective action be r the deficient practice will not recu The results of the audits will be fo Administrator and the Director of The audit will then be forwarded t Assurance Meeting for further rev recommendation. The audits will days and then weekly for 90 days Each resident with a fall will be re	nented according to se management 30 days by g forward to ensure as care planned and e analysis audit. e or what systematic at the deficient e re-educated by the wel/bladder analysis for falls ventions based on the n checks, etc) and procedure on s) will be esignee by August der evaluations, alls, implementing tions (toileting, 15 policy and o include am in the point of te an audit of each at the root cause n placed according eck sheets are ting needs are being ol and bladder program. omplete an audit each nd the toileting nitored to ensure arded to the rsing for review. he monthly Quality w and tinue daily for 30 owed at the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N0201 SS = D	Continued from page 2 Review of the Bladder Continence Log revealed on 5/27/25 Resident #2 was toileted at 12:25 a.m., then approximately 11 hours later at 11:19 a.m., at 3:59 p.m., and at 11:47 p.m. There was no documentation the fall investigation included the lack of documentation Resident #2 was provided incontinent care approximately 4.5 hours prior to the fall. Fall #2: On 5/28/25 at 6:09 p.m., Resident #2 was found on the floor in her room. Resident #2 stated, "I wanted to go to the bathroom." On 5/28/25 the care plan was updated to ensure Resident #2 had nonskid socks, slippers, or shoes when she's out of bed for ambulation or mobilization in wheelchair; keep frequently used items within reach; and maintain a safe environment, free of clutter and wet floors, and ensure adequate lighting. Review of the Bladder Continence Log revealed on 5/28/25 Resident #2 was toileted at 9:24 a.m., 4:46 p.m., and 11:51 p.m. On 5/29/25 the facility performed a medication regimen review with reduction in the resident's Seroquel (antipsychotic) medication. Fall #3: On 5/30/25 at 10:00 a.m., Resident #2 was found on the floor in the bathroom. She stated she was trying to use the bathroom. On 5/30/25 the care plan was updated to ensure the bed was in the lowest position with bilateral fall pads, hipsters (padded hip protectors) to be worn at all times. Review of the Bladder Continence Log revealed on	N0201	Continued from page 2 morning clinical meeting daily and reviewed in the weekly at risk meeting as part of the facility policy and procedure. Date of Compliance: August 1st, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1497096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025

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N0201 SS = D	Continued from page 3 5/30/25 Resident #2 was toileted at 3:06 a.m., 8:34 a.m., and 7:49 p.m. Fall #4: On 6/4/25 at 3:30 p.m., Resident #2 was found on the floor in her room. The resident said she slipped trying to go to the bathroom. On 6/4/25 the care plan was updated for Resident #2 to be checked every 15 minutes post-fall. The clinical record lacked documentation the 15 minutes checks were implemented. Review of the Bladder Continence Log revealed on 6/4/25 Resident #2 was toileted at 9:33 a.m., 6 hours before the fall, and was not toileted for 4.5 hours after the fall. The fall investigation did not include the lack of toileting for Resident #2 for 6 hours before the fall. On 7/1/25 at 11:30 a.m., an interview was held with the Director of Nursing to review Resident #2's multiple falls and interventions, including toileting to prevent further falls. The DON said Resident #2 should have been toileted before and after meals, before bed, and routinely throughout the day and night. When asked about documentation of the 15-minute checks initiated on 6/4/25 as a fall prevention intervention, the DON was not able to provide the documentation. She said, "They are still looking." Class III	N0201		