STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235332	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westland, A Villa Center	36137 W Warren Westland, MI 48185

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on interview and record review, the facility failed to ensure care conferences were conducted regularly for one resident (R133) of one resident reviewed for care conferences. Findings include: On 3/18/25 at 9:34 AM, R133 was asked about their care in the facility, and they explained they have a difficult time with getting their needs met due to their concerns falling on deaf ears. A review of R133's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included, Morbid Obesity, Stiffness of right hand, Stiffness of left hand, Muscle Weakness, Muscle Wasting and Atrophy, and Schizophrenia (mental health disorder). Further review revealed the resident was cognitively intact and was dependent on staff for bed mobility and transfers. A review of R133's medical record revealed they were supposed to have had care conferences on the following dates: 2/20/2024, 8/6/2024, and 11/19/2024. On 3/20/25 at 9:16 AM, Social Worker T was asked about missed care conferences, and acknowledged that they should be done regularly. A review of the facility's Resident Rights policy revealed the following, .Planning and Implementing Care . Residents and/or representatives have the right to be fully informed .and to participate in your person-centered care planning and treatment .

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

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851 Based on observation, interview, and record review, the facility failed to maintain dignity during tube feeding, for one resident (#43) of three residents reviewed for tube feeding. Findings include: On 3/17/25 at 7:19 PM, R43 was observed in their room in bed. On 3/18/25 at 10:09 AM, R43 was observed in a geri chair sitting in the hallway. R43's tube feeding was started, the formula bottle and machine were both exposed to anyone that walked passed. R43's shirt was up exposing their stomach, tubing, and patch. On 3/20/25 at 3:39 PM, R43 was observed in a geri chair sitting in the hallway. R43's tube feeding was started, the formula bottle and machine were both exposed to anyone that walked passed. R43's shirt was up exposing their stomach, tubing, and patch. A review of R43's medical record noted, R43 was admitted to the facility on [DATE] with diagnosis of Down Syndrome. A review of R43's annual Minimum Data Set (MDS) assessment dated [DATE] noted, R43 with a severely impaired cognition and dependent of staff for activities of daily living. On 3/20/25 at 2:39 PM, the Director of Nursing (DON) was asked about the observations, the DON reported they don't cover tube feeding while in a public area. The DON explained that R43's stomach and tubing should not have been exposed. A review of the facility's policy titled, Quality of Life - Dignity dated, 12/2016, revealed, Policy Statement. Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. 1. Residents shall be treated with dignity and respect at all times. 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. 3. Residents shall be groomed as they wish to be groomed (hair styles, nails, facial hair, etc.) . Bodily Privacy During Care and Treatment 10. Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures .

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for one resident (R70) and provide a proper fitting wheelchair for one resident (R131) out of two residents reviewed for accomodation of needs. Findings Include: R70 On 3/17/25 at 6:45 PM, R70 was observed sitting on their bed. The call light was observed hanging out of reach above the resident's bed. R70 was asked how they're supposed to use their call light if it's out of reach, and they stated, How do you use it? A review of R70's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Alzheimer's Disease, Diabetes and Muscle Weakness. Further review of the resident's medical record revealed the resident was independent to extensve assistance for activities of daily living. On 3/17/25 at 8:06 PM, the resident's call light remained hanging above their bed and out of reach of the resident who was observed sitting on their bed. On 3/18/25 at 8:57 AM, the resident's call light was observed hanging above the resident's bed out of reach. R70 was asked how they call for assistance with the call light being out of reach and they stated, I can holler really loud. On 3/19/25 at 9:34 AM, the resident was observed sitting on their bed. Their call light remained out of reach above their bed. On 3/20/25 at 8:49 AM, the resident was observed sitting on their bed. Their call light remained out of reach above their bed. On 3/20/25 at 1:02 PM, Certified Nursing Assistant, CNA GG was asked to enter R70's room and observe the call light which was out of reach above the resident's bed, where it remained throughout the duration of the survey. CNA GG alleged she did not know how the call light became out of reach as she had checked on the resident earlier and provided the resident with their call light. On 3/20/25 at 2:30 PM, the Director of Nursing (DON) was asked for her expectations for call light accessbilty, and she explained it is her expectation that the call lights remain in reach of the resident. A review of the Answering the Call Light policy revealed the following, .5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor . 49699 R131 (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/17/2025 at 07:20 PM observed R131 sitting at their room in a wheelchair that was low to the ground causing their legs to etend out infront of them. R131 complainted the wheelchair was too small and low to the floor for his height (6 foot, 5 inches, weighing 450 pounds). When their feet are flat on the floor, their knees are elevated toward their chest indicating the seat height is too low. R131 revealed the seat height makes it difficult to pedal down the hall causing them to have to take baby steps and tires more easily. R131 revealed he has been measured a few times for a better fitting chair without results. R131 also demonstrated the right arm rest (the pad) on the current wheelchair is nearly broken off. On 3/18/2025 a review of the Electronic Medical Record (EMR) revealed R131 was admitted to the facility on [DATE] with pertinent diagnoses of Gout, Lower Extremity Pain and Weakness, Low Back Pain, Muscle Wasting and Atrophy and Difficulty Walking. Further review of the EMR revealed a Basic Interview for Mental Status (BIMS) score of 15/15 indicating intact cognition. R131 requires a mechanical lift for transfers and substantial to maximum assistance for bathing and dressing and when in a wheelchair they required set-up to minimum assistance for wheelchair level activities. On 03/18/2025 at 02:31 PM, an interview with Physical Therapy Manager (PTM) F indicated they were concerned when R131 was admitted into the facility due to the inability to accommodate their size needs. PTM F further revealed the resident was bed bound upon admission and unable to roll side to side without extreme pain. R131 was progressed from bed bound to attempts at sitting in standard wheelchair. PTM F revealed a standard wheelchair was attempted and the resident was unable to tolerate the low back on the wheelchair. Eventually a highback wheelchair was provided which broke due to the resident attempting to reposition themself. PTM F revealed per facility policy, two quotes are required before obtaining specialized equipment. Two wheelchair companies were contacted who were able to visit the facility for wheelchair measurements. One company came to measure the resident and a quote has been submitted to the Nursing Home Administrator (NHA). A second company arrived, while R131 was at dialysis. The second company was due to come the week of the survey. On 03/19/25 at 10:15 AM, the NHA revealed (R131) is expecting a six to seven thousand dollar wheelchair . Per the NHA, the local Ombudsman has been involved meet on 03/03/2025 at 10:30 AM, along with the NHA, PTM F, Social Worker (SW) T, Restorative Aide II, two other Ombudsman, and R131. Ombudsman HH confirmed since admission, R131 has been in different wheelchair seating devices. Ombudsman HH revealed one wheelchair given to R131 ultimately resulted in a bent wheel and the arms were broken from R131 constantly attempting to reposition themself for comfort. Ombudsman HH revealed they and two other Ombudsman were asked to find a vendor that could provide an appropriate wheelchair. Ombudsman HH revealed while they were advocating for a correct fitting wheelchair for R131, the NHA revealed they were reluctant to provide (R131) a $6,300 wheelchair due to cost. Ombudsman HH responded to the NHA a proper fitting wheelchair was not a want but a need. On 3/20/2025 at 10:53 AM, a written request was made for the policy regarding Accommodation of Resident Needs and the quote for the wheelchair. These were not provided by end of survey.

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. 34851 Based on interview and record review, the facility failed to ensure the residents' right to receive unopened and private mail delivery was maintained for two of eight confidential residents who attended a resident group interview. Findings include: On 3/19/25 at 9:48 AM, during the Resident Council interview meeting, the residents reported, their mail is delivered opened at times. One resident explained they had a personal letter from their sister that was opened, and they didn't understand why this happened. The group explained if the facility staff felt the mail might be a check, they will open it. On 3/19/25 at 2:18 PM, the Activities Director was asked about the delivery of mail. The Activities Director (AD) explained the mail is given to them by the business office and they deliver the mail to the residents. The AD was asked if they opened resident mail, the AD explained the activities department does not open resident's mail. The AD further explained the business office has opened mail and has given it to the activities department for us to deliver it to the resident. The AD explained they did not feel comfortable with delivering mail that had been opened because it is against the law to open other people's mail. The AD explained when open mail is given to the activities department they return it back to the business office, for them to deliver to the resident. On 3/20/25 at 9:02 AM, the Business Office Manager was asked about the opening of resident's mail. The manager explained they open resident's mail if the facility's name is also on the mail, along with the resident's name. A review of the facility's policy titled, Resident Rights dated 1/28/2017, revealed, Purpose: It is the practice of this facility to provide for an environment in which residents may exercise their rights, each day. Our residents have certain rights and protections under Federal law. Our facility meets and provides these rights through care and related services at all times. Guideline: Our residents have certain rights and protections under Federal law that help ensure appropriate care and services are provided. Our facility will provide residents with a written description of their legal rights . Privacy and Confidentiality The right to send and receive mail and packages Facility staff should never open your mail unless a resident allows it .

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on interview and record review, the facility failed to ensure updated and accurate advanced directive (legal documents that allow a person to identify decisions about end-of-life care ahead of time) information was in place for one resident (R2) of two residents reviewed for advanced directives. Findings include: A review of R2's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Dementia, Muscle Weakness and Schizophrenia. Further review revealed the resident had a moderate impaired cognition, and was independent for bed mobility and transfers. Further review of R2's medical record revealed the resident's code status indicated Full Code (a preference to receive all possible life-saving measures in the event of a cardiac or respiratory event). Further review revealed a document titled Do-Not Resuscitate Order (DNR) signed and dated by the resident on 10/12/23, signed and dated by a witness on 10/31/23, and sign and dated by the resident's physician on 11/27/23. On 3/19/25 at 12:15 PM, R2 was observed in their room and asked about their preference in code status. R2 showed the surveyor a form indicating that they wanted to donate their organs upon death, and that they did not want to receive life-sustaining treatment in the event of respiratory distress. On 3/19/25 at 12:44 PM, Licensed Practical Nurse (LPN M) was asked how they are made aware of a resident's code status, and she explained that you can go into the electronic medical record of the resident and locate it at the top of their profile. LPN M also explained that there is a book located at the nurses' station that has residents code statuses in it. LPN M was observed looking through the cabinets of the nurses' station sifting through several binders. She was observed to ask another staff member about the location of the binder in which they replied that they did not know. After several minutes, LPN M located the binder and provided it to the surveyor and explained that the electronic medical record is more accurate as it's updated regularly. On 3/20/25 at 8:47 AM, Social Worker T was asked about the process of ensuring the resident's code status is changed in the medical record when there is a change in status, and she explained that nursing is responsible. On 3/20/25 at 2:29 PM, the Director of Nursing (DON) was asked about the process for ensuring that residents have the correct code status reflected in their medical record, and she explained that when there is a change in the DNR status, it's uploaded in the medical record, and it's communicated in morning meeting and subsequently changed in the system which anyone can do. A review of the resident's Advance Directives and Care Planning Guidelines policy revealed the following, Changes to the resident choices for advance directives will be documented, included in the resident plan of care, State specific documents will be updated as necessary, physician orders will be obtained to reflect new choices as applicable and all items will be communicated to staff providing resident care .

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207 This citation pertains to Intake number MI00150524 and MI00150867. This citation has two Deficiant Practice Statements (DPS). DPS #1 Based on observation, interview, and record review, the facility failed to maintain a clean, homelike, and odorless environment for all 194 residents residing at the facility. Findings include: On 3/17/25 at 6:38 PM, an observation was made of a toilet in the bathroom located in the hallway by nurse station one being plugged with toilet paper, feces, and urine. The odor in the bathroom smelled of feces and urine. On 3/17/25 at 6:45 PM, a fan in room [ROOM NUMBER] was observed to be covered in dust. On 3/18/25 at 9:12 AM, a observation was made of a toilet in the bathroom located in the hallway by nurse station one being plugged with toilet paper, feces, and urine. The odor in the bathroom smelled of feces and urine. A review of resident council meeting notes for the months of December 2024 through February 2025 revealed multiple resident concerns indicated in the notes regarding resident rooms not being cleaned daily. On 3/18/25 at 2:30 PM, Environmental Services Assistant (ESA) Q was interviewed regarding who was responsible for unclogging toilets at the facility. ESA Q indicated that maintenance was responsible for unclogging toilets and repairing them as needed. On 3/18/25 at 2:35 PM, Corporate Maintenance Director (CMD) R was interviewed about the plugged toilet by nurse station one and indicated that the toilet was currently broken and needed new bolts to attach it securely to the floor. On 3/21/25 at 11:21 AM, the Administrator (NHA) was interviewed regarding their expectations for maintenance of the facility. The NHA indicated that maintenance issues should be reported and followed up on as needed. 22960 On 03/18/25 at 2:20 PM, room [ROOM NUMBER] was observed. The flooring was soiled with stains, and was sticky and dull in appearance. The bathroom flooring was also soiled with a buildup of grime. The over-bed table in the room was observed with the plastic edging pulling away from the surface, leaving rough, exposed particle board underneath. The surface was no longer smooth and easily cleanable. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/18/25 at 2:25 PM, the flooring in room [ROOM NUMBER] was observed with a black, gummy substance surrounding 7-8 floor tiles. On 03/18/25 at 2:30 PM, the flooring in room [ROOM NUMBER] was observed with a black, gummy substance surrounding several floor tiles. When queried about the black substance, Regional Housekeeping Supervisor stated, It looks like built up glue. Resident (R92), who resided in room [ROOM NUMBER] was queried about the room. R92 complained of old urine on the floor in the corner of her room, and stated it was from a previous resident. R92 also complained of urine odors in the bathroom. R92 stated the man that was in this room before her, peed everywhere and they didn't clean it up and stated, I can smell the pee when I'm trying to eat, and it makes me sick! Upon observation, in addition to the black, gummy substance on the floor, there was a yellow stain on the flooring in the corner of the room. In the bathroom, there was a strong, pungent urine odor. Review of the undated policy Quality of Life-Homelike Environment noted: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible .2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment .f. Pleasant, neutral scents . 44750 DPS #2 Based on interview and record review, the facility failed to protect two residents' (R3 and R47) personal property from loss, out of two reviewed for personal property. Findings include: R3 On 3/18/2025 at 2:59 PM, an interview was conducted with R3. R3 indicated that laundry brought up their clothing for the day, but did not bring back any of their socks. R3 reported they marked all their socks and that someone brought them some socks to the room, but they did not belong to them and indicated this has happened more times than they can count. A review of the medical record revealed that R3 admitted into the facility on [DATE] with the following diagnoses, Bipolar Disorder and Weakness. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R3 also required staff assistance with bed mobility and transfer. On 3/19/2025, a personal inventory sheet was requested but not received by end of survey. R47 On 3/17/2025 at 8:40 PM, an interview was conducted with R47. R47 indicated their socks were missing. R47 reported they were unsure if they were stolen, or missing in laundry. R47 indicated they labeled their socks and that their sister had just brought the socks to the facility and reported they informed their nurse and certified nursing assistant about the missing socks. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the medical record revealed that R47 admitted into the facility on [DATE] with the following diagnoses, Unsteadiness on Feet and Anxiety Disorder. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R47 also required staff assistance with bed mobility and transfers. On 3/19/2025, a personal inventory sheet was request but not received by end of survey. On 3/20/2025 ta 10:59 AM, an interview was conducted with Environmental Services Director (EVS) V. EVS V was queried about the process when there is a missing item and reported if they are unable to find the item, then they ask for a receipt and replace the item. EVS V reported if they do not have a receipt for the item, then they can go by the personal inventory sheet. A review of a facility policy titled, Quality of Life-Homelike Environment noted the following, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851 Based on interview and record review, the facility failed to report and investigate a verbal altercation for two residents (R199 and R197) of six residents reviewed from abuse. Findings include: On 03/17/25 at 6:43 PM, R197 was the only resident in the room at the time with two other beds. R197 was asked if they had roommates in one of the beds and they stated, (name of R199) was removed from the room. R197 explained on early Sunday (3/16/25) morning, R199 called the nurse out of her name and cursed at them (two roommates) and threatened the two of them. A review of R199's electronic medical record did not reveal a note regarding the room change or of the verbal incident. On 3/20/25 at 1:50 PM, the Social Worker was asked the reason R199 was moved to another room. The Social Worker explained they moved R199 because of a verbal altercation with the roommate. The Social Worker was asked for the facility's investigation and reported that there was no formal investigation documented regarding the incident. Further review of R199's medical record noted, R199 was admitted to the facility on [DATE] with a diagnosis of Schizoaffective disorder, Bipolar Type. A review of R199's admission Minimum Data Set (MDS) assessment, noted R199 with an intact cognition and required assistance with activities of daily living. A review of R199's care plan noted, Focus: The resident has impaired cognitive function r/t (related to) Dementia. Date Initiated: 02/22/2025. Goal: The resident will be able to communicate basic needs on a daily basis through the review date. Date Initiated: 02/22/2025. Interventions: Monitor cognitive decline for further progression of the disease process. Date Initiated: 02/22/2025. Focus: The resident uses psychotropic medications. Date Initiated: 03/14/2025. Goal: The resident will be/remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, lethargy, gait disturbance, constipation/impaction or cognitive/behavioral impairment through review date. Date Initiated: 03/14/2025. Interventions: Administer PSYCHOTROPIC medications as ordered by physician. Monitor for side effects and effectiveness Q-SHIFT. Date Initiated: 03/14/2025. On 3/20/25 at 2:34 PM, the Director of Nursing (DON) explained they were notified by a weekend Nurse supervisor there was a verbal altercation, and R199 was removed from the room for safety reason concerns. The DON was asked if there should be a note that explained the details of the incident in the medical record. The DON explained the process is to write a note in the medical record, but that was not done with this incident. On 3/20/25 at 3:00 PM, the Nursing Home Administrator (NHA) was asked if they were aware of the reason R199 was moved to another room. The NHA explained, they didn't even know R199 was moved and that there was an incident. The NHA was asked the facility's expectation of verbal incidents, the NHA explained that this should have been reported to him. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facilty's policy titled, Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property dated, 11/28/17 noted, Purpose: It is the practice of the facility to encourage and support all residents, staff, families, visitors, volunteers and resident representatives in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation . i. Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again . PROCEDURE: Immediately upon receiving a report of alleged abuse, the Administrator, and or designee will coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable individual are of utmost priority. Safety, security and support of the resident, their roommate, if applicable and other residents with the potential to be affected will be provided .

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 Based on interview and record review, the facility failed to accurately complete a Preadmission Screening and Resident Review (PASARR) Mental Illness/Intellectual Disability Related Condition Level 1 Screening and failed to complete a Level II evaluation for one resident (R3) out of five reviewed for PASARR's. Findings include: A review of the medical record revealed that R3 admitted into the facility on [DATE] with the following diagnoses, Bipolar Disorder and Weakness. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R3 also required staff assistance with bed mobility and transfer. A review of the physician orders revealed that R3 was on Seroquel (Antipsychotic), as well as Ativan (Antianxiety), Zoloft (Antidepressant) and Buspirone (Antidepressant). Further review of a PASARR screening on file dated 12/6/2024, revealed that No was checked for the following questions, 1. The person has a current diagnosis of Mental Illness or Dementia 2. The person has received treatment for Mental Illness or Dementia 3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications with the last 14 days No updated PASARR or Level II screening could be found in the R3's medical record. On 3/20/2025 at 10:45 AM, an interview was conducted with Social Work (SW) T. SW T reported the Social Worker that was in place went on a leave and somethings were not completed timely. SW T indicated they are doing a complete audit, and they updated R3's PASARR and was sending it in to the appropriate agency. A review of a facility policy titled, PASARR Guideline noted the following, .The objective of the PASARR guideline is to ensure the individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those individuals identified.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 Based on interview and record review, the facility failed to complete a Preadmission Screening and Resident Review (PASARR) Mental Illness/Intellectual Disability Related Condition Level 1 Screening and failed to complete a Level II evaluation for four residents (R44, R177, R4 and R10) out of five reviewed for PASARR's. Findings include: R44 A review of the medical record revealed that R44 admitted into the facility on [DATE] with the following diagnoses, Post-Traumatic Stress Disorder (PTSD) and Bipolar Disorder. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 11/15 indicating an impaired cognition. R44 also required staff assistance with bed mobility and transfers. Further review of a PASARR screening on file dated 7/24/2024, revealed that Yes was checked for the following questions, 1. The person has a current diagnosis of Mental Illness or Dementia 2. The person has received treatment for Mental Illness or Dementia 3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications with the last 14 days 4. There is presenting evidence of mental illness or dementia, including significant disturbances in thought, conduct, emotions, or judgement. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty interacting with others. Further review of the PASARR noted the following, Distribution: If any answer to items 1-6 in SECTION II is YES, send ONE copy to the local Community Mental Health Services Program (CMHSP), with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative. No Level II evaluation could be found in the R44's medical record. R177 A review of the medical record revealed that R177 admitted into the facility on [DATE] with the following diagnoses, Dysphagia and Muscle Weakness. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R177 also required staff assistance with bed mobility and transfers. Further review of the medical record showed a PASARR dated 6/2024 with an 30-day exemption checked. No updated PASARR could be located. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/20/2025 at 10:45 AM, an interview was conducted with Social Work (SW) T. SW T reported the Social Worker that was in place went on a leave and somethings were not completed timely. SW T indicated they are doing a complete audit, and they updated R44 and R177 PASARR's and was sending them in to the appropriate agency. 49699 R4 On 03/18/24 a review of the Electronic Medical Record (EMR) revealed a Level I PASARR was submitted on 3/18/2024. Further review of the EMR revealed R4 was initially admitted on [DATE] and readmitted on [DATE]. Pertinent diagnoses include Cerebral Infarction (Stroke), Schizoaffective Disorder, Major Depressive Disorder, and Seizure Disorder. A Brief Interview for Mental Status (BIMS) revealed a score of 5/15 indicating severely impaired cognition. R4 also was dependent on staff for all activities of daily living (ADL's) and mobility. Further review revealed the EMR did not have a Level II submitted. There was not a Dementia Exemption letter. R10 On 03/18/2025 a review of the EMR revealed R10 had a Level I submitted on 10/31/2022. Dementia was not included in the diagnoses. The EMR revealed R10 was admitted on [DATE]. Pertinent diagnoses include Bipolar disorder on admission and Dementia added on 01/01/2023. R10's EMR revealed a BIMS score of 6/15 indicating severely Impaired Cognition dated 02/11/2025. R10 required Substantial to Maximum Assistance for activities of daily living and required a wheelchair for mobility. Further review revealed the EMR did not have a Level II submitted. A Dementia Exemption letter was not in the EMR. A review of a facility policy titled, PASARR Guideline noted the following, .The objective of the PASARR guideline is to ensure the individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those individuals identified.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to develop and implement care plan interventions for two residents (R13 and R196) of three residents reviewed for care planning. Findings include: R13 On 3/17/25 at 7:47 PM, R13 was observed sitting in their wheelchair at the entrance of their bedroom. Attempts to interview the resident were difficult due to their speech however, the resident did indicate they needed a new remote for their television. On 3/18/25 at 12:45 PM, R13 was observed awake in bed, floor mats folded up next the bed. Also located in the room was an unidentified staff member who appeared to be sleeping. She was asked who she was and indicated that she was providing 1:1 supervision for the resident because they are known to throw themselves on the floor, and at times refuses dialysis, so she attends with him. A review of R13's medical record revealed the resident was admitted into the facility on [DATE] with diagnoses that included Metabolic Encephalopathy, Muscle Weakness, End Stage Renal Disease, and Aphasia. Further review revealed the resident was cognitively intact and required physical assist for bed mobility and toileting. On 3/19/25 at 9:37 AM, surveyor entered the room of R13 and observed their wheelchair at the bedside, a soiled brief and soiled pajamas bottoms on the floor. R13 was in the bathroom unsupervised. There were no floor mats noted on the side of R13's bed. On 3/19/25 at 12:40 PM, R13 was observed in bed asleep, there were no floor mats on the side of their bed. On 3/20/25 at 11:24 AM, R13 was observed awake in bed, no bed mats on the floor, and there was no 1:1 supervision in place. A review of the resident's care plan revealed the following: Focus: [R13] has had an actual fall r/t (related to) hemiplegia, hx (history) of falls, and cognitive impairment. Date Initiated: 08/10/2024 .Interventions: Provide 1:1 companion while awake. When not with companion Resident should be with actives (activities) for the red napkin program. Date Initiated: 10/29/2024 .Ensure mat is in place at bedside. Date Initiated: 11/18/2024 . R196 On 3/17/25 at 7:25 PM, R196 was observed in bed with an ankle tether monitoring device (to ensure compliance with court orders) on their left leg. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R196's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Pleural Effusion, Sepsis, and Weakness. Further review revealed the resident was cognitively intact and required independence to supervision for activities of daily living. On 3/20/25 at 10:26 AM, R196 was asked about the ankle tether on their left leg, and explained they were waiting to go back to court, but was unable to, due to their present illness. R196 further explained the tether has impeded their ability to complete therapy. R196 was asked if skin checks had been completed underneath the ankle monitor, and stated No. A review of R196's care plan revealed the following, Focus: [R196] has potential for impairment to skin integrity r/t incontinence. sepsis, heart failure, protein calorie malnutrition, pleural effusion MASD (moisture associated skin damage) to buttock Date Initiated: 02/13/2025 .Interventions: Apply barrier cream per facility protocol to help protect skin from excess moisture. Date Initiated: 02/14/2025 Encourage that heels are elevated while resident is lying in bed. Date Initiated: 02/14/2025. Dietary Consult as needed. Date Initiated: 02/14/2025. Encourage/assist with turning and repositioning. Date Initiated: 02/14/2025. monitor skin when providing cares, notify nurse of any changes in skin appearance. Date Initiated: 02/13/2025. Nutritional Supplements as ordered. Date Initiated: 02/14/2025. Pressure reduction bed mattress. Date Initiated: 02/14/2025. PT/OT Consultation. Date Initiated: 02/14/2025, Encourage good nutrition and hydration in order to promote healthier skin. Date Initiated: 02/14/2025. On 3/20/25 at 10:00 AM, Unit Manager U was asked about R196's ankle tether, and no care plan or orders related to checking the skin of the resident. Unit Manager explained there should be documentation related to the tether. On 3/20/25 at 1:55 PM, Admissions Coordinator I was asked about the process for admitting justice involved residents, and explained that corporate office sends an admission notice and she locates a bed within the facility. Admissions Coordinator I also explained that she wasn't made aware the resident had an ankle tether until they were admitted . On 3/20/25 at 2:23 PM, the Director of Nursing (DON) was asked about the skin underneath R136's ankle tether being checked, and she acknowledged it should be checked and the tether care planned. A review of the facility's Care Plan Standard Guideline policy revealed the following, .Comprehensive Careplan. The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, 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: 1.Services that are to be furnished to attain or maintain the resident's highest practicable physical ,mental and psychosocial well-being; 2.Any services that would otherwise be required but are not provided due to the resident ' s exercise of rights, including the right to refuse treatment; 3.Any specialized services or specialized rehabilitative .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699 Based on observation, interview and record review the facility failed to ensure two (R4 and R44) of three residents had timely revisions for care plans. Findings include: R4 On 3/20/2025 R4 was observed sitting in a wheelchair in their room while lunch trays were being passed. When R4 did not receive a tray, an inquiry was made regarding R4's meal. Unit Manager (UM) J revealed R4 was now NPO (nothing by mouth). Further inquiry revealed R4 was having increased difficulty during lunch on 03/19/2025 with their pureed diet. The Electronic Medical Record (EMR) review revealed R4 was admitted on [DATE] with pertinent diagnoses of Cerebral Infarction (Stroke), Schizoaffective Disorder, Depression, seizures, and Oral Phase Dysphagia (Difficulty Swallowing). R4's Basic Interview for Mental Status reveals a score of 99/15 indicating R4 was rarely/never understood. R4 was dependent for all activities of daily living and mobility. On 03/20/2025, a review of the Electronic Medical Record (EMR) revealed a physician order for Nothing by Mouth (NPO) on 03/19/2025 at 01:55 PM. Further review of the EMR revealed the care plan had not been updated to reflect R4's current dietary status. On 3/19/2025, the DON revealed their expectation that care plans are promptly updated. 44750 R44 A review of the medical record revealed that R44 admitted into the facility on [DATE] with the following diagnoses, Post-Traumatic Stress Disorder (PTSD) and Bipolar Disorder. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 11/15 indicating an impaired cognition. R44 also required staff assistance with bed mobility and transfers. Further review of the care plan revealed the following, Focus .The resident has potential Post Trauma ineffective coping Goal .Resident will demonstrate ability to deal with emotional reactions appropriately No individualized interventions related to R44's PTSD were noted on the care plan. On 3/18/2025 at 11:17 AM, R44 reported that they have past trauma from personal family affairs and loss. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/20/2025 at 1:41 PM, an interview was conducted with Social Worker (SW) T. SW T stated they would be revising and individualizing R44's PTSD care plan because it was not complete or appropriate.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 This citation pertains to Intake MI00150867. Based on observation, interview, and record review, the facility failed to provide 1:1 feeding assistance, and ensure bathing was provided per the plan of care for two residents (R32 and R177) of nine residents reviewed for activities of daily living (ADLs). Findings include: R32 On 3/18/25 at 9:29 AM, R32 was observed sitting in their wheelchair. The resident was observed with hair on their upper lip and chin, long nails with an unknown brown substance underneath, and unkempt greasy hair. The resident was asked if they receive showers regularly, and explained that they did not, and could not remember the last time they had received a shower, had their nails trimmed or the hair on their face shaved. A review of R32's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Muscle Weakness, Heart Failure, Depression, and Paroxysmal Atrial Fibrillation. Further review revealed the resident was cognitively intact. On 3/19/25 at 9:38 AM, R32 was observed with hair on their upper lip and chin, long nails with an unknown brown substance underneath, and unkempt greasy hair. On 3/20/25 at 8:54 AM, R32 was observed with hair on their upper lip and chin, long nails with an unknown brown substance underneath, and unkempt greasy hair. On 3/20/25 at 10:00 AM, Unit Manager U was asked about the resident's appearance, and explained that she would follow-up on their ADL care. On 3/20/25 at 2:34 PM, the Director of Nursing (DON) was informed of R32's appearance, and she explained that the expectation is that the resident is double checked to ensure their hygiene is appropriate when the resident completes it themselves. 44750 R177 On 3/19/2025 at 1:00 PM, R177 was observed in their room, eating lunch foods independently. A review of their meal ticket noted that R177 was supposed to have 1:1 feeding assistance. No one was observed in or around the room. A review of the medical record revealed that R177 admitted into the facility on [DATE] with the following diagnoses, Dysphagia and Muscle Weakness. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R177 also required staff assistance with bed mobility and transfers. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the medical record revealed the following diet order, 1:1 feeding assistance. Active. On 3/20/2025 at 10:08 PM, R177 was observed laying int the bed with their breakfast tray sitting next to them. Nothing seemed to be set up on the tray. R177 stated no one had helped them eat or tried to help them eat. On 3/20/2025 at 10:09 AM, Licensed Practical Nurse (LPN) W was asked if R177 was supposed to have assistance while eating. LPN W reported R177 is supposed to have assistance with eating, and they required cueing and encouragement. On 3/20/2025 at 11:45 AM, an interview was conducted with Registered Dietitian (RD) X. RD X reported R177 is a red napkin which means they are not necessarily a 1:1 feed, but they are supervision, and they need to be set up like having their cereal and milk opened and set up for them. On 3/20/2025 at 2:42 PM, an interview was conducted with the Director of Nursing (DON). The DON indicated R177 is on a red napkin program and should be set up by staff for all meals. A review of a facility policy titled, Activities of Daily Living (ADL), Supporting noted the following, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750 Based on interview and record review, the facility failed to schedule a follow up ophthalmology appointment in a timely manner for one resident (R146) out of one reviewed for vision. Findings include: On 3/17/2025 at 7:30 PM, an interview was conducted with R146. R146 reported they are waiting to be sent out to see an eye specialist. R146 reported they have not heard anything about when they would be going out, or what the hold up was. A review of the medical record revealed R146 admitted into the facility on [DATE] with the following diagnoses, Critical Illness Myopathy and Muscle Weakness. A review of the most recent Minimum Data Set assessment 15/15 indicating an intact cognition. R146 also required staff assistance with bed mobility and transfers. Further review of the medical record revealed R146 had seen the in-house vision group at the facility, and they recommended that R146 go to an ophthalmologist due to retinol bleeding in both eyes. On 3/20/2025 at 9:51 AM, an interview was conducted with Unit Secretary Y. Unit Secretary Y' reported their supervisor brought the appointment to their attention that day. Uni Secretary Y indicated R146 had been in and out of the hospital and keeping up with the appointment had become difficult. On 3/20/2025 at 2:17 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they get the recommendations from the ancillary services, and they implement them, but it's a process. A request for a facility policy on ancilarry services was requested and not received by end of survey.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 44750 Based on observation, interview, and record review, the facility failed to maintain an accident-free environment for one resident (R177) out of one reviewed for accidents. Findings include: On 3/20/2025 at 10:04 AM, R177 was observed in their room. R177 was noted to be laying in bed, and their breakfast tray was off to the side of them. The tray ticket had that R177 was to have paper products only and was highlighted in capital letters. R177's breakfast tray was noted to be glass, and they also had regular cups and silverware. On 3/20/2025 at 10:10 AM, Licensed Practical Nurse (LPN) W. LPN W was shown the regular plates for R177 and queried as if they should have them. LPN W indicated that R177 likes to throw and break plates, so they should have paper products for safety reasons. LPN W stated they were unsure about what happened. On 3/20/2025 at 11:05 AM, an interview was conducted with Dietary Manager (DM) O. DM O reported that R177 was not supposed to have regular plates, and they are supposed to have paper products as requested by the nursing staff. DM O reported they have a new person on their tray line. A review of a policy titled, Accidents did not address paper products for behaviors.

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F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to obtain physician orders for colostomy (an opening through the skin for the collection of bowel movement) care for one resident (R32) out of one reviewed for colostomy care. Findings include: On 3/18/25 at 9:29 AM, R32 was observed sitting in their room, and was asked about their care and explained they have a colostomy bag that hasn't been changed in 2 months. A review of R32's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Muscle Weakness, Heart Failure, Depression, and Paroxysmal Atrial Fibrillation. Further review revealed the resident was cognitively intact. Further review of R32's medical record revealed a Quarterly Minimum Data Set assessment dated for 1/10/2025 indicating that the resident has an Ostomy bag. Further review did not reveal a physician's order for the care of R32's colostomy. On 3/20/25 at 2:33 PM, the Director of Nursing (DON) was asked about the lack of orders for R32's colostomy, and she explained there should be an order so the nurses can provide the care as ordered. A review of the facility's Colostomy, Urostomy or Ileostomy Care policy revealed the following, Purpose: To ensure residents who require colostomy, urostomy or ileostomy services receive care consistent with professional standards of practice and person-centered goals and preferences .

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. 34851 Based on interview, and record review, the facility failed to complete in-service education performance reviews for five Certified Nurse Aides (CNA's Z, AA, BB, CC, and DD) of five reviewed for an annual performance review. Findings include: On 3/20/25 at 11:54 AM, a request was made for the required 12 hours annual resident care in-service education performance reviews for CNA's Z, AA, BB, CC, and DD. On 3/20/25 at 1:56 PM, the Director of Nursing (DON) reported they were contacting the third party education company for the staff education records. At 2:42 PM, the DON reported she did not have an estimate time that the company will be able to provide the education in-services. The request for the CNA's 12 hours of education was not provided by the end of the survey. A review of the facility's policy titled, Training Requirements Guideline dated 5/29/2020, revealed, Purpose: To inform and guide center leadership about training requirements and their role in the training development, implementation, and maintenance of an effective training program for all new and existing staff. 1 . At a minimum, training topics for all center staff must include: a. Effective communication b. Resident rights c. Activities which constitute abuse, neglect, and exploitation d. Procedures for reporting abuse, neglect, and exploitation e. Dementia management and resident abuse prevention f. Conflict resolution and anger management g. QAPI program h. Infection control i. Compliance and ethics training j. Behavioral health training. The following additional training requirements are outlined for all nurse aides: a. Must ensure the continuing competence .

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 34851 Based on observation, interview and record review, the facility failed to ensure nurse staffing information was readily accessible for all 194 residents, families, and visitors in the facility. Findings include: On 3/17/25 at 7:20 PM, the staff posting for the day was observed to be incomplete without staff listed for the midnight shift. On 3/19/25 at 3:10 PM, the posting for today was observed incomplete without staff listed for the afternoon and midnight shift. On 3/19/25 at 3:21 PM, the scheduler was asked about the incomplete staff posting and reported she completes the form once she knows the staff for that shift. She further explained the reason for waiting to complete to form because if it changes it would be incorrect. On 3/19/25 at 4:11 PM, after a review of the 18 months of staff postings it was noted, the postings provided were not filling complete and the facility did not maintain access of 18 months of postings at the facility. The scheduler reported that the missing months were sent to be shredded at third party The scheduler explained, she may have not been at work on the days the forms were not completed, the charge nurse would be the one to complete the forms when she is not at work. A review of the facility's policy titled, Daily Staff Posting Guideline dated, 11/28/17 revealed, Purpose: The objective for this requirement is to post information about the number of staff directly responsible for resident care on each shift. This information must be posted in a prominent place, readily accessible to residents and visitors at the start of each shift. Facilities are not required to post staffing information on each floor, unless they choose to do so . Guideline: The practice of this facility is to ensure the following process is followed, each shift, with the staff posting: Posting includes the following: 1. The Facility name & current date. 2. The total number of staff directly responsible for resident care per shift for each of the following categories: a. Licensed (RNs, LPNs) b. Unlicensed (CNAs). Timing: Information is to be posted daily and must be present at the start of each shift. As changes in staffing patterns occur, the posting will be updated .

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on interview and record review the facility failed to ensure the medication regimen irregularities were reviewed, acted upon, and documented in the medical record for one resident (R32) of six residents reviewed for unnecessary medications. Findings include: A review of R32's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Muscle Weakness, Heart Failure, Depression, and Paroxysmal Atrial Fibrillation. Further review revealed the resident was cognitively intact. A review of R32's monthly medication regimens revealed the following date in which irregularities were noted by the pharmacist during their monthly review: 11/24/24. On 3/20/25 at 10:51 AM, a request was sent to the facility requesting the irregularities report for 11/24/24 provided by the pharmacy, and the physician's response however, the report was not received by the end of survey. A review of the Physcian Services policy did not outline the process of reviewing pharmacy reports following medication regimine reviews.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384 Based on observation, interview, and record review, the facility failed to schedule recommended dental services for one of one resident (R133) reviewed for dental services. Findings include: 3/19/25 at 9:43 AM, R133 was observed lying in bed on their back. R133's teeth were observed as yellow and discolored, and was asked if they had seen a dentist since admission into the facility, and they replied, No. A review of R133's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included, Morbid Obesity, Stiffness of right hand, stiffness of left hand, Muscle Weakness, Muscle Wasting and Atrophy, and Schizophrenia. Further review revealed the resident was cognitively intact and was dependent on staff for bed mobility and transfers. Further review of R133's medical record revealed the resident was seen for a dental exam on 5/29/24 and at that time, the following recommendations was made, X-rays were not taken because resident was seen in their room. Recommend resident be brought to the dental clinic at their next visit. Further review of R133's medical record revealed that on 7/2/24, the resident was not seen by dentistry because they were sleeping. On 3/20/25 at 9:16 AM, Social Worker T was asked about the process for scheduling dental services when x-rays are recommended, and it was explained that the medical records scheduler makes all outside appointment, and an appointment for the resident should have been scheduled. On 3/20/25 at 02:16 PM, the Director of Nursing (DON) was asked about R133's dental recommendation not being followed up on, and she acknowledged the expectation is dental recommendations be followed. A review of the facility's Routine and Emergency Dental Services policy did not address the process from ensuring dental recommendations are followed in a timely manner.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851 Based on observation, interview, and record review, the facility failed to serve food in a palatable manner and at the preferred temperature for four residents (R30, R53, R69, R154) of six residents reviewed for food palatability. Findings include: R69 On 3/18/25 at 7:07 PM, R69 reported the food is horrible. R69 explained, the residents does not have any input on the food, the facility picks and choose what they are going to serve. The residents are not offered a menu before hand. A review of R69's medical record noted, R69 was admitted to the facility on [DATE] with diagnosis Chronic Pulmonary Disease. A review of R69 quarterly Minimum Data Set (MDS) assessment dated [DATE] noted R69 with an intact cognition and required assistance with activities of dialysis living. R154 On 3/18/25 at 10:10 AM, R154 reported the food is always cold. On 3/19/25 at 3:58 PM, they have asked me my likes and they still send what they want which are my dislikes. On 3/20/25 at 9:15 AM, R154 was asked about their dinner and stated, Dinner they gave me cold chicken noodle soup. A review of R154's medical record noted, R69 was admitted to the facility on [DATE] with diagnosis of Neurological Condition a review of R69's MDS assessment dated [DATE], noted R69 with an intact cognition and dependant of staff to complete activities of daily living. 38207 R53 On 3/18/25 at 11:17 AM, R53 was interviewed about the palatability of the food at the facility and stated, It's terrible. A review of R53's electronic medical record (EMR) revealed that R53 was admitted to the facility on [DATE] with diagnoses that included Chronic pain and Musle weakness. A review of R53's most recent Minimum Data Set (MDS) assessment dated [DATE] revealed that R53 had an intact cognition. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/19/25 at 1:08 PM, a lunch tray was temperature tested off of a food cart on the 300 unit of the facility by the [NAME] dietary manager (RDM) P and the results were the following, Pork cutlet: 136 F (Fahrenheit); Cheesy potatoes: 118 F; Greens: 122 F. RDM P was interviewed regarding the food temperatures and indicated that food temperature was based upon residents' preferences. RDM P tasted the lunch tray per request and indicate the meal tasted, flavorful. On 3/19/25 at 1:15 PM, the lunch meal was taste tested by the survey team and the results revealed the cheesy potatoes lacked flavor, the greens and the pork cutlet were luke warm which negatively impacted palatability. R30 On 3/19/25 at 12:30 PM, 12:45 PM, 12:48 PM, and 1:05 PM, R30's pureed lunch meal was observed to be sitting in front of R30 untouched. R30 was interviewed about their meal and stated, This food tastes like crap. I've never eaten anything like this in my life. A record review of R30's EMR revealed that R30 was admitted to the facility on [DATE] with diagnoses that included Dementia and Atrial fibrillation (Irregular heartbeat). R30's most recent MDS dated [DATE] revealed that R30 had an intact cognition. On 3/20/25 at 11:10 AM, Dietary manager (DM) O was interviewed about the palatability of the food at the the facility including the pureed food served to residents. DM O indicated that the pureed food is the same as the regular food except in a pureed form and they attempt to meet the dietary preferences and needs of all residents residing at the facility. On 3/20/25 at 11:35 AM, the Administrator (NHA) was interviewed regarding their expectations for the palatability of the food served at the facility. The NHA indicated the food served should be palatable and at the appropriate temperature per the facility food policy. A review of the facility's policy titled, Food Palatability-Hot Food Temperatures Guidelines dated 2018, noted, Steps healthcare communities may take into consideration to assure hot food and beverages are both safe and appetizing include the following: Appetizing temperatures Distribute trays quickly to clints who receive their meals on trays. Serve food directly from steam tables in the dining rooms. To accommodate varying opinions among individuals regarding what temperature the food or beverage should be in order to be appetizing; food may be heated in the microwave .

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 22960 Based on observation, interview, and record review, the facility failed to maintain the exterior dumpster area in a clean manner. This deficient practice had the potential to affect all residents, staff and visitors. Findings include: On 3/8/25 at 9:30 AM, during an observation of the 2 exterior dumpsters with Dietary Manager (DM) O, there were several bags of trash observed on the ground in front of the dumpsters, a bag of trash on the side of the dumpster and a bag of trash behind the dumpsters. There was an accumulation of loose trash items in between the 2 dumpsters and along the sides of the dumpsters. DM O stated Maintenance is responsible for cleaning up the dumpster area. Review of the undated policy Food-Related Garbage and Rubbish Disposal noted: Outside dumpsters provided by garbage pick up services will be kept closed and free of surrounding litter.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 Based on observation, interview, and record review, the facility failed to ensure appropriate infection control practices, storage of nebulizer mask for two residents (R32, R655), clean blood pressure cuffs, and elements of the infection control program were completed potentially affecting all 194 residents that reside in the facility. Findings include: On 03/20/25 at 10:10 AM, a review of the infection control program was conducted with the Director of Nursing (DON) who was acting as the interim Infection Preventionist. The DON noted that during a recent outbreak of the flu multiple residents were treated prophylactically. Education related to the outbreak was requested but not provided prior to survey exit. A review of the monthly summaries revealed: In January 2024, 21 facility acquired infections were documented and based on a census of 200 the infection control rate was: -In February 2024 the rate was 14.5%; -In March 2024 the rate was 11%; -In April 2024 the rate was 11%; -In May 2024 the rate was 7%; -In June 2024 the rate was 10.5%; -In July 2024 the rate was 12.5%; No staff call in log was found; -In August 2024 the rate was 9%; -In September 2024 the rate was 12% and -In October 2024 the rate was 9.5%. The monthly summaries for November and December 2024 were not found. The DON was asked about the infection control rate being about a 5% threshold rate and if staff education had been completed. The only staff education was in May of 2024 related to enhanced barrier precautions. Mapping related to the line listings for January and February if 2025 was also requested but not received prior to survey exit. Additional documentation of staff education for 2024 was not provided prior to survey exit. On 03/20/25 at 11:30 AM, the DON reported a resident on dialysis should be Enhanced Barrier Precautions (EBP) and signs should be in place on the door and personal protective equipment (PPE) available. The DON was also asked about the storage of a nebulizer mask and reported it should be kept in a plastic bag in a suitable location in the resident's room. 40384 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R32 On 3/18/25 at 9:20 AM, R32 was observed in their room. Observed in the room was the resident's unused oxygen concentrator in addition to their nebulizer mask which was uncovered, and lying on the resident's cluttered nightstand. On 3/18/25 at 2:18 PM, R32's nebulizer mask was observed uncovered and lying on the floor. On 3/19/25 at 9:38 AM, R32 was observed sitting on their bed and asked about their nebulizer treatments, and they explained that the used to get a breathing treatment nightly because they would get wheezy at night. The nebulizer mask was observed sitting inside R32's nightstand. On 3/20/25 at 2:31 PM, the Director of Nursing (DON) was made aware of the observations of R32's nebulizer mask and explained her expectation is once the treatment is completed, it should be stored in plastic. 44750 R655 On 3/17/2025 at 7:00 PM, R655 was observed in their room. Their nebulizer was observed on the nightstand, it not stored in bag or placed on a barrier. On 3/19/25 at 10:40 AM, R655's nebulizer mask was observed not stored in a bag or placed on a barrier and sitting on nightstand. On 03/20/25 at 10:15 AM, R655's nebulizer mask was observed not stored in bag and sitting on nightstand. R655 was queired as to often they used their nebulizer and they reported they use it everyday. A review of the medical record revealed that R655 admitted into the facility on [DATE] with the following diagnoses, Human Immunodeficiency Virus and Asthma. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15. R655 also required staff assistance with bed mobility and transfers. On 03/20/25 at 11:10 AM an interview was conducted with the Director of Nursing (DON) who also served as the Infection Control Preventionist (ICP). The DON/ICP indicated the nebulizer mask should be stored in a a bag. The expectation is when they are done using it, then it should be put in a plastic bag. 49699 On 3/19/2025 at 08:30 AM, Licensed Practical Nurse (LPN) M during medication pass was observed taking vital signs of three residents without cleaning before or after use. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/19/2025 upon completion of medication pass, LPN M was queried about when reusable medical equipment should be cleaned. LPN M revealed equipment should be cleaned with the bleach wipes between residents with a 3 minute wet time. LPN M did not clean the equipment before resuming medication pass. On 3/19/2025 at 09:10 AM took a resident blood pressure. Upon returning to the medication cart, LPN N did not clean the blood pressure cuff. When queried what should occur after using a blood pressure cuff, LPN N revealed the reusable medical equipment should be cleaned with a bleach wipe when task is completed. On 3/20/25 the Director of Nursing (DON) was queried regarding the expectation for cleaning reusable medical equipment and they indicated the expectation is cleaning should occur between each resident. A review of the Policy titled, Infection Prevention and Control Guideline dated 11/28/2017, revealed the following: Equipment or items in the patient environment . must be handled in a manner to prevent transmission of infectious agents (properly clean and disinfect or sterilize reusable equipment before use on another patient.).

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 40384 Based on observation, interview, and record review, the facility failed to ensure a functional call light for one resident (R61) of one resident reviewed for operational call lights. Findings include: On 3/17/25 at 8:55 PM, R61 was observed sitting in their wheelchair. The call light from the inside of the resident's room was lit up however, the light on the outside of the room which is used to bring awareness to staff that the resident needs assistane was not lit up. R61 was asked how long their call light had not been working and stated, It's been like this for awhile. On 3/18/25 at 9:12 AM, R61 was observed sitting in their room and further asked about their stay in the facility and explained that call lights are not answered timely. The call light remained unoperational from the outside of the door. On 3/20/25 at 10:51 AM, the work orders for R61's room were requested, and was informed there were no work orders for the resident's room. On 3/20/25 at 2:30 PM, the Director of Nursing (DON) was asked about the inoperatable call light for R61, and she indicated that she would follow up. On 3/20/25 at 3:15 PM, the DON and Environmental Services Assistant Q approached surveyor and indicated that the call light had been repaired. Surveyor asked for the date of repair however, Environmental Services Assistant Q could not recall the date. A review of facility's Answering the Call Light policy revealed the following, 4. Be sure that the call light is plugged in and functioning at all times. 6. Report all defective call lights to the nurse supervisor promptly .