STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185180	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare at North Hardin Rehab & Welln	599 Rogersville Road Radcliff, KY 40160

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and facility policy review, the facility failed to ensure the personal privacy and confidentiality of residents' personal health information (PHI) for 1 of 57 sampled residents (Resident (R)112). The findings include: Review of the facility policy titled, Safeguard: Safeguarding and Storing Protected Health Information, reviewed 01/31/2025, revealed all stakeholders (facility staff) were responsible for the security of the residents' active medical records at the nursing stations or other designated areas within the facility. Per review, that included, but was not limited to, making sure computer screens were not left unattended while displaying residents' PHI. Review of the Resident Face Sheet for R112 revealed the facility admitted the resident on 04/21/2025 and readmitted the resident on 05/26/2025. Continued review revealed R112's diagnoses included: hemiplegia and hemiparesis following cerebral infarction (stroke) affecting left dominant side; dysphagia (difficulty swallowing) following cerebral infarction; congestive heart failure; aphasia (language disorder) following cerebral infarction; epilepsy and epileptic syndromes; and chronic kidney disease. Review of the admission Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 04/30/2025, revealed the facility assessed R112 to have a Brief Interview for Mental Status (BIMS) score of nine out of 15, which indicated the resident had moderate cognitive impairment. Observation on 05/27/2025 at 8:17 AM revealed a computer screen open that had R112's PHI displayed. Continued observation revealed information visible on the computer screen included the resident's name, date of birth , allergies, diagnoses, diet, and code status. Further observation revealed the open computer screen was visible to individuals in the hallway. During interview on 05/27/2025 at 8:26 AM, Unit Manager (UM) 6 acknowledged the computer screen had been left open and unlocked. She stated anyone walking by would be able to see R112's PHI which included: medications, diagnoses, birthdate, and diet. UM 6 further stated the computer screen should have been locked to protect R112's PHI as required. In observation and interview on 05/27/2025 at 8:30 AM, Licensed Practical Nurse (LPN) 3 was observed to return to the computer. She stated stated she was the person responsible for logging out when she stepped away; however, should have ensured the computer was locked when she left to protect the resident's PHI. (continued on next page)

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 05/27/2025 at 10:21 AM, UM 5 stated nurses were trained to lock the computer screens when stepping away to prevent unauthorized access to residents' PHI. During interview on 05/28/2025 at 10:01 AM, the Director of Nursing (DON) stated computer screens must be locked, and no resident PHI should be left visible to others. The DON further stated nursing staff were expected to protect residents' PHI as required.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and facility policy review, the facility failed to ensure staff provided care within professional standards for 1 of 3 residents sampled during medication (med) pass out of the total sample of 57 Residents, (Resident (R)54). The findings include: Review of the facility policy titled, Medication Administration, revised 06/24/2024, revealed medications were administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so. Continued review revealed, 6. Medications should be administered at the time they are prepared. 7. The person who prepares the dose for administration should be the person who administers the dose. Review of the Resident Face Sheet for R54 revealed the facility admitted the resident on 11/06/2019, with diagnoses that included: hypertension, major depression, and diabetes mellitus. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 02/25/2025, revealed the facility assessed R54 as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. Review of R54's Care Plan, revealed the facility had identified a problem area edited 03/09/2025, which noted the resident was at risk for cardiovascular complications related to diagnoses of hypertension and hyperlipidemia. Continued review revealed the interventions directed staff to administer medications as ordered. Per review of the Care Plan revealed the facility identified a problem area edited 03/09/2025 that indicated the resident had a diagnosis of diabetes and was at risk for adverse events. Further review revealed the facility identified R54 a problem area edited 05/22/2025, that indicated the resident had the potential for a nutrition risk related to vitamin D deficiency, hypertension, and dry mouth. Review of R54's Physician Order Report, for the timeframe from 04/27/2025 through 05/27/2025, revealed the following orders: an order dated 02/21/2025, for Biotene dry mouth oral rinse 30 milliliters (ml), with instructions to swish in mouth for 30 seconds twice daily; an order dated 02/21/2025, for diltiazem hydrochloride (HCl) extended release (blood pressure med) 300 milligrams (mg), to be administered by mouth once a day; an order dated 02/21/2025, for metformin (diabetic med) 500 mg, administer one tablet twice a day; an order dated 03/05/2025, for vitamin D3 50 micrograms (mcg), administer 50 mcg once a day; and an order dated 03/17/2025, for medroxyprogesterone (hormone) 10 mg, with instructions to administer 10 mg once a day. Observation of medication pass on 05/27/2025 at 7:37 AM, revealed CMA 7 prepared R54's Biotene, metformin, diltiazem, vitamin D3, and medroxyprogesterone for administration. Per observation, CMA 7 entered R54's room, placed the medications on the resident's bedside table and left the room, without observing the resident take the medications and returned to sign the medications off as given. In interview at the time of observation, CMA 7 said R54 was alert, oriented, and was able to take his/her medication without being watched. During a follow-up interview on 05/27/2025 at 7:47 AM, CMA 7 said she could not be sure if R54 had taken all of his/her medications as she had not watched the resident take them as required. CMA 7 stated she had received medication training and knew to watch residents. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In interview on 05/27/2025 at 8:55 AM, R54 stated the nurses usually left his/her medications at his/her bedside for him/her to take. R54 further stated he/she was not opposed to being observed consuming the medications and said he/she did not wish to self-administer the medications. In interview on 05/27/2025 at 10:21 AM, Unit Manager (UM) 5 said nurses should never leave medications with residents. The UM further stated staff administering medications should watch residents take their medications before signing the medications off as given. In interview on 05/27/2025 at 10:35 AM, UM 6 stated nurses must watch residents take their medications to ensure nothing was left behind and prevent incidents like choking. In interview on 05/28/2025 at 10:00 AM, the Director of Nursing (DON) said nurses must stay with residents until they took their medication to verify the medications as taken. The DON stated if medications were not taken, the doctor should be notified, and medications should never be left unattended for the residents' safety. The DON further stated nurses were responsible for making sure medications were taken before signing the medications off. In interview on 05/29/2025 at 12:59 PM, the Administrator stated staff must follow the facility's policy by making sure residents took their medication before signing them off.

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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. Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure residents received necessary assistance to carry out their activities of daily living (ADLs) for 2 of 6 residents sampled for ADLs out of the total sample of 57 Residents, (Residents (Rs)73 and 224). The findings include: Review of the facility policy titled, Activities of Daily Living (ADLs), reviewed 01/31/2025, revealed ADL assistance was to be provided on a level appropriate to the resident's level of functioning and learning and/or the responsible party's level of support and contribution to resident care. Per review, direct healthcare staff were to assist, support and encourage the resident to maintain adequate ADLs while attempting to allow the resident to maintain as much independence as possible with their ADLs, such as bathing and grooming. Further review revealed, For those residents who are unable to perform their own activities of daily living, the facility will provide the needed assistance for completion of cares. 1. Review of the Resident Face Sheet for R73 revealed the facility admitted R73 on 12/17/2022, with a diagnosis of need for assistance with personal care. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 03/22/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 10, indicating the resident was moderately cognitively impaired. Further review revealed the facility assessed R73 as dependent upon staff for showers/baths and personal hygiene. Review of R73's Care Plan revealed the facility identified a problem area with a start date of 07/04/2024, that indicated the resident had a self-care deficit related to impaired physical functioning and medical conditions as evidenced by the need for staff assistance for adequate completion of ADL cares. Further review revealed the interventions included an approach started on 07/04/2024, directing staff to provide the amount of assistance the resident needed for the completion of ADL care. Review of the facility document titled, Tuesday & Friday Shower List revealed R73 was scheduled to receive showers on Tuesdays and Fridays. Observation on 05/26/2025 at 3:50 PM, revealed R73 had long, dirty fingernails on both hands. In interview at the time of observation R73 stated he/she had not received a shower/bath, and no one had trimmed his/her fingernails. Observation on 05/27/2025 at 4:18 PM, revealed R73's fingernails remained long and dirty with a dirt-like substance under the nails. During interview on 05/27/2025 at 4:20 PM, R73 stated he/she had been promised by staff for weeks that they would clean and trim his/her fingernails; however, no one had done so. The resident further stated he/she would love for staff to trim and clean his/her nails and have a bath/shower. Review of R73's Point of Care History, for the timeframe from 05/01/2025 through 05/29/2025, revealed documentation reflected R73 had last been provided a bath on 05/22/2025. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 05/28/2025 at 1:40 PM, Certified Nursing Assistant (CNA) 1 stated R73 was scheduled to receive a shower/bath on Tuesday, 05/27/2025, The CNA further stated however, R73 had not received a shower/bath the CNA had been busy and had not gotten to the resident. During a follow-up interview on 05/28/2025 at 1:59 PM, CNA 1 stated she was usually the designated shower aide. She stated a list was maintained at the nurses' station that reflected which days each resident was to receive their baths/showers. CNA 1 reported the CNAs assigned to resident care should ask the shower aide if any residents still needed showers and if so, they should provide them, if needed. She further stated trimming and cleaning nails were part of routine ADL care, but she also checked nails during showers. In interview on 05/28/2025 at 1:55 PM, Certified Medication Aide (CMA) 2 stated residents' showers/baths and nail care were part of their ADL care. CMA 2 reported if he saw a resident with long or dirty fingernails he would offer to trim them, but he had never offered to trim or clean R73's fingernails. He observed and confirmed R73's fingernails were long and dirty. CMA 2 further stated the facility had a shower aide and he was not sure what day R73 was scheduled to receive showers/baths, but he had not offered to shower or bathe the resident in the past week. Observation on 05/28/2025 at 2:03 PM, revealed Licensed Practical Nurse (LPN) 3 observed R73's fingernails and confirmed the resident's fingernails were long and dirty. LPN 3 said the resident's nails needed to be trimmed and cleaned. She reported it was very important to keep residents' nails trimmed and clean to prevent the residents from scratching themselves or staff. LPN 3 further stated she was not aware R73 had not received his/her bath/shower as scheduled. 2. Review of the Resident Face Sheet for R224 revealed the facility admitted the resident on 04/11/2025, with a diagnosis of need for assistance with personal care. Review of the admission MDS Assessment with an ARD of 04/20/2025, revealed the facility assessed R224 to have a BIMS score of 14 out of 15, which indicated the resident had intact cognition. Continued review of the MDS revealed the facility assessed R224 as dependent on staff for personal hygiene. Further review revealed the facility noted showers/baths had not been attempted during the assessment look-back period due to the resident's medical condition or safety concern. Review of R224's Care Plan revealed the facility identified a problem area with a start date of 04/11/2025, that noted the resident had a self-care deficit related to impaired physical functioning and medical conditions as evidenced by the need for staff assistance for adequate completion of ADL cares. Further review revealed the facility developed an approach, started on 04/11/2025, which directed staff to provide the amount of assistance the resident needed for completion of all ADL cares. Review of the facility document titled, Wednesday & Saturday Shower List revealed R224 was scheduled to receive showers on Wednesdays and Saturdays. Review of R224's Point of Care History for the timeframe from 05/01/2025 through 05/29/2025, revealed documentation noting the resident received partial bed baths on 05/02/2025 and 05/05/2025, a shower on 05/06/2025, a complete bed bath on 05/07/2025. Further review revealed R224 was noted to have received showers on 05/09/2025 and 05/17/2025, partial bed baths on 05/18/2025 and 05/20/2025, and a complete bed bath on 05/21/2025. Observation on 05/26/2025 at 11:30 AM, revealed R224's hair appeared oily, and the resident had (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noticeable body odor. In interview at the time of observation, R224 stated he/she had not had a bath or shower since they were moved into their current room approximately two weeks ago. During a follow-up interview on 05/27/2025 at 8:10 AM, R224 again stated they had not yet received a bath/shower since moving into his/her new room. The resident stated staff had not mentioned anything about a bed bath or a shower, and the resident was not sure what days he/she was scheduled to receive baths/showers. During an additional interview on 05/29/2025 at 12:41 PM, R224 stated he/she still had not received a bath or shower. During interview on 05/28/2025 at 1:55 PM, CMA 2 stated ADL care included showers/baths. CMA 2 reported the facility had a shower aide to do residents' showers/baths. He said he was not sure what day R224 was scheduled to receive his/her showers/baths. The CMA further stated he had not offered to shower or bathe R224 in the past week. During interview on 05/28/2025 at 1:59 PM, CNA 1 stated she was usually the designated shower aide. She stated a list was maintained at the nurses' station that reflected which days each resident was to receive baths/showers. CNA 1 reported the CNAs assigned to each resident's care should ask the shower aide if any residents still needed showers and they should provide them, if needed. During a follow-up interview on 05/29/2025 at 2:00 PM, CNA 1 stated R224 was on the schedule to receive a bath or shower the day prior, on Wednesday, 05/28/2025; however, she had not provided the resident one. During interview on 05/29/2025 at 2:13 PM, the DON stated she expected staff to provide baths/showers in accordance with the shower schedule and expected staff to provide ADL care daily, including ensuring residents received their showers/baths. She further stated she expected staff to provide ADL care daily, including nail care and ensuring residents received their showers/baths.

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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. Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure residents received proper treatment and assistive devices to maintain hearing abilities for 1 of 1 residents sampled for communication and sensory problems out of a total sample of 57, (Resident (R) 3). The findings include: Review of the facility policy titled, Vision and Hearing, revised 06/24/2024, revealed the facility was to ensure residents received proper treatment and assistive devices to maintain vision and hearing abilities. Per review, the facility must, if necessary, assist the resident in making appointments. Continued review revealed the facility was to assist residents and their representatives in locating and utilizing any available resources such as, Medicare or Medicaid program payments, local health organizations offering items and services which were available and free to the community for the provision of the services the residents needed. Further review revealed that included making appointments and arranging transportation to obtain needed services. In addition, the policy revealed in situations where the resident had lost their assistive device, the facility was to assist residents and/or their representative in locating resources, as well as in making appointments, and arranging for transportation to replace the lost device(s). Review of the facility policy titled, Social Services, revised 06/24/2024, revealed the facility was to provide medically-related social services (SS) to attain or maintain the highest practical physical, mental and psychosocial well-being of each resident. Per policy review, the facility was to identify the need for medically-related SS for residents and ensure those services were provided. Review of the policy further revealed examples of medically related SS included, but were not limited to the following: Making referrals and obtaining needed services from outside entities. Review of the Resident Face Sheet for R3 revealed the facility admitted the resident on 09/05/2014, with a diagnosis of needing for assistance with personal care. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 03/19/2025, revealed the facility assessed R3 as having a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. Further review of the MDS revealed the facility assessed R3 as having adequate ability to hear with hearing aids or other appliance use. Review of R3's Care Plan, revealed the facility identified a problem initiated on 08/18/2022, that indicated the resident had impaired communication as it related to hearing impairment. Continued review revealed the interventions included staff to assist and encourage R3 to use hearing aids and for staff to report changes in communication status to the physician. Review of R3's provider notes for an Ear Care Visit dated 04/08/2025, revealed the resident had been seen by a nurse practitioner (NP) for hearing loss. Per review of the note, R3 presented with chronic hearing loss and wanted to have his/her ears checked for wax buildup. Continued review revealed R3 had hearing aids which had been lost and the resident was interested in obtaining new hearing aids. Further review revealed R3 was assessed and found to have a diagnosis of bilateral unspecified hearing loss. In addition, review of the note revealed the Patient Plan indicated the provider recommended an audiology referral at that time for an evaluation for R3. Review further revealed in was (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted R3 wished to pursue the referral, and under the Follow Up section it was documented, Refer to Audiologist. During interview on 05/27/2025 at 10:42 AM, R3 stated he/she could not hear because his/her hearing aids had been lost. During the interview R3 answered multiple questions with I can't hear. During interview on 05/27/2025 at 1:49 PM, Licensed Practical Nurse (LPN) 10 stated a vendor typically came to the facility and dealt with residents' hearing issues. LPN 10 said if a resident lost their hearing aids, she would notify the physician, SS, the Director of Nursing (DON), Administrator, and the unit manager (UM), then fill out a grievance form. She further stated the grievance forms would then go to SS, who took over from there. During interview on 05/27/2025 at 1:59 PM, the Social Service Assistant (SSA) stated if a resident needed services, SS staff spoke with the vendor after nursing staff or the resident's family let them know of the need. During an additional interview on 05/28/2025 at 8:34 AM, the SSA stated SS set up appointments with the contracted vendor for residents, and the contracted vendor did their own follow-up for in-house appointments. She said any outside appointments were typically scheduled by nursing or the UM. The SSA further stated she was not aware of the recommended contracted vendor visit for R3 on 04/08/2025. She additionally stated the contracted vendor typically let them know about any recommendations. During interview on 05/28/2025 at 8:56 AM, UM 6 stated SS received referrals or recommendations and let her know of those. She said she would then get approval from the NP, would document the information in the resident's notes, check for insurance, and find an appropriate vendor. The UM further stated that she was not aware of the 04/08/2025 recommendation for R3 to have an audiologist referral. During interview on 05/28/2025 at 9:26 AM, the Medical Records Director (MRD) stated R3 had one outside appointment scheduled for April 2025, and no outside appointments scheduled for May 2025. She said she was not aware R3 needed to be seen by audiology. The MRD provided the State Survey Agency (SSA) Surveyor R3's Resident Calendar for April and May 2025, that noted the resident had a pulmonologist appointment on 04/16/2025, and no entries documented for May. During interview on 05/29/2025 at 2:18 PM, the Administrator stated, related to ancillary services, the facility was to schedule the services with the provider, and if it were an outside setting, the facility scheduled transportation if the family did not want to use their own transport. She said recommendations were reviewed with the clinical team and the NP and then put in place. The Administrator reported she had not been in the clinical meeting, so she was not aware of the recommendations for R3. She further stated however, the clinical team should have followed the facility's procedures. The Administrator additionally said her expectation was for the facility's policy and procedure to be followed. During interview on 05/29/2025 at 3:22 PM, the DON stated her expectation was that if a recommendation was made for a resident, staff should set up the appointment and send the resident to the appropriate vendor. She said she expected the contracted vendor to communicate with the facility at the time of their exit to include communication of all recommendations and follow-up as needed. The DON further stated staff were to follow up on all recommendations right away.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and facility policy review, the facility failed to ensure staff disposed of medication appropriately for 1 of 3 residents observed during medication administration, (Resident (R)86). The findings include: Review of the facility policy titled, Disposal of Medication, Syringes and Needles Disposal of Medications, dated 01/2024, revealed the appropriate method for non-controlled medication destructions was as follows: Mixing medications with an undesirable substance, such as a commercially available chemical dissolution system, used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags; will further ensure the drugs are not diverted. Review of the Resident Face Sheet for R86 revealed the facility admitted the resident on 05/17/2025, with diagnoses of heart failure and hypertension. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 04/12/2025, revealed the facility assessed R86 with a Brief Interview for Mental Status (BIMS) score of 10 out of 15, which indicated the resident had moderate cognitive impairment. Review of R86's Physician Order Report, for the timeframe from 04/27/2025 through 05/27/2025, revealed an order dated 05/17/2025 for Ramipril (medication used to treat high blood pressure, heart failure, and diabetic kidney disease) 5 milligrams (mg), with instructions to administer 5 mg once a day. Observation on 05/27/2025 at 10:17 AM, of a medication pass with Certified Medication Aide (CMA) 8 revealed the CMA dropped R86's Ramipril 5 mg capsule, which landed on the medication cart. Continued observation revealed CMA 8 picked the capsule up and threw it in the trash can located on the side of the medication cart. In interview at the time of observation, CMA 8 stated she should have disposed of the capsule properly because it was hazardous. She said she had been trained on the proper disposal of medications. Unit Manager (UM) 5, who was also present during the observation and observed the CMA dispose of the medication in the trash can, said disposing of medication in regular trash cans was not the proper way to dispose of the medication. The UM stated it was hazardous to dispose of that way, and the capsule could be retrieved by someone from the trash. In interview on 05/28/2025 at 10:04 AM, the Director of Nursing (DON) stated the dropped medication should have been disposed of in the drug buster (a medication disposal system). The DON further stated proper disposal was important for the safety of others, and facility staff had been trained on that, and must follow the facility policy. In interview on 05/29/2025 at 1:08 PM, the Administrator stated staff were expected to follow the facility's policy and procedures for medication waste disposal.

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	185180	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare at North Hardin Rehab & Welln	599 Rogersville Road Radcliff, KY 40160

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and facility policy review, the facility failed to ensure staff secured all medications in a locked storage area/cart for 1 of 5 residents reviewed for accident hazards, (Resident (R)28). The findings include: Review of the facility policy titled, Medication Storage, dated 01/2025, revealed The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Review of the Resident Face Sheet for R28 revealed the facility admitted the resident on 02/22/2021, with diagnoses of chronic respiratory failure with hypoxia, acute and chronic respiratory failure with hypercapnia-secondary to chronic obstructive pulmonary disease (COPD) exacerbation, bacterial pneumonia, and pneumonia. Review of the Significant Change in Status Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 04/01/2025, revealed the facility assessed R28 to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. Continued review of the MDS revealed the facility assessed R28 to experienced shortness of breath or trouble breathing with exertion and when lying flat. Further review revealed the facility assessed R28 to receive oxygen therapy and hospice care. Review of R28's Care Plan, revealed the facility identified a problem area edited on 03/27/2025, that noted the resident had impaired oxygen gas exchange (hypoxia, respiratory failure, and hypercapnia). Continued review revealed the interventions directed staff to offer and encourage the resident's medications, nebulizers, and Puffers (inhalers) as needed. Further review revealed however, no documented evidence the care plan indicated R28 was safe to self-administer medications or to have medications left at the bedside. Review of R28's Physician Order Report, dated 05/29/2025, revealed an order dated 03/26/2025, for albuterol sulfate hydrofluoroalkane (HFA) aerosol inhaler 90 micrograms (mcg) per actuation, with instructions to administer two puffs for shortness of air every four hours as needed. Continued review of the Physician Order Report revealed an order dated 04/16/2025, for Flonase Allergy Relief (fluticasone propionate) spray, suspension, 50 mcg per actuation, with instructions to administer two sprays in the resident's nostrils for seasonal allergies once a day. Further review of the Physician Order Report revealed no documented evidence of an order(s) to allow R28 to self administer any of his/her medications or to be allowed to keep medications at his/her bedside. Observation on 05/26/2025 at 1:03 PM, revealed R28 leaving the bathroom with his/her supplemental oxygen on. Continued observation revealed an over-the-bed table beside R28's bed which had an albuterol sulfate inhaler and a bottle of Flonase nasal spray on it. During the observation, Certified Medication Aide (CMA) 8 brought in two pills to administer to R28; however, the CMA did not take the inhaler or nasal spray from the resident's over-the-bed table when she left. Observation on 05/27/2025 at 1:15 PM, revealed R28 lying on his/her bed, with the inhaler and nasal (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	spray remaining on the over-the-bed table. During interview on 05/27/2025 at 1:35 PM, R28 stated he/she usually took those medications (the albuterol sulfate HFA aerosol inhaler and Flonase Allergy Relief), but did not remember who brought the medication in. R28 stated she did not want to administer her own medication. R28 further stated she did not remember if the staff administered the medication (located on the over-there-bed table) that morning. During interview on 05/27/2025 at 1:36 PM, CMA 8 stated she had not administered R28's inhalers that morning, an agency nurse had administered the morning medications on R28's wing that morning. She said she only passed medications on R28's hall that afternoon. She said she would only leave medications at the resident's bedside if they had an order for the medication to be kept at bedside, and that was rare. CMA 8 reported she had not known R28's inhaler and the nasal spray had been left in the resident's room. In observation at the time of interview, CMA 8 went to R28's room and confirmed the resident's Flonase and albuterol had been left in the resident's room. During interview on 05/27/2025 at 3:33 PM, Registered Nurse (RN) 14 stated she completed the morning medication pass for R28. RN 14 said she talked to R28 after hearing that medications had been left in the resident's room. She reported when she administered medications such as Flonase and inhalers, she usually brought out whatever medications she took into a resident's room. During interview on 05/29/2025 at 11:39 AM, Unit Manager (UM) 5 stated staff should take the medications out of a resident's room when they left the room. UM 5 further stated nurses and CMA's should not leave medications in R28's room. During interview on 05/29/2025 at 2:35 PM, the Director of Nursing (DON) stated staff should not have left the medications at R28's bedside. The DON further stated the staff should have taken the medications back to the medication cart. During interview on 05/29/2025 at 3:13 PM, the Administrator stated medications should be stored in the medication cart. The Administrator further stated staff should not leave medications in the resident's room.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure a resident received meals in accordance with their food preferences and meal ticket for 1 of 11 sampled residents reviewed for food preferences, (Resident (R)68). The findings include: Review of the facility document titled, In-Service Attendance Record Dining Services Department, dated 03/19/2025, revealed the Food Service Manager (FSM) was to educate dietary staff on the facility's policy titled, Dining and Food Preferences. Review of the policy revealed, Individual dining, food, and beverage preferences are identified for all residents/patients. Further review of the policy revealed 6. The individual tray assembly ticket will identify all food items appropriate for the resident based on his/her diet order, allergies, intolerances and preferences. Review of the Resident Face Sheet for R68 revealed the facility admitted the resident on 12/31/2021 and most recently readmitted the resident on 03/09/2025. Review of the quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 05/07/2025, revealed the facility assessed R68 to have a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident had intact cognition. Review of R68's Care Plan for nutritional risk initiated on 01/10/2022, revealed the facility noted the resident was at nutritional risk related to dementia, dysphagia (difficulty swallowing), transient ischemic attack (TIA), hyperlipidemia, and gastroesophageal reflux disease (GERD). Further review revealed the interventions included an approach dated 01/10/2022 directing staff to honor the resident's food preferences. Review of R68's diet assembly ticket specified, all gravy on side not on food. During interview on 05/26/2025 at 10:57 AM, R68 stated he/she did not like gravy on his/her meat. R68 said gravy was supposed to be served on the side; however, his/her gravy was always served on top of his/her meat. In observation on 05/27/2025 at 1:40 PM, revealed R68's lunch tray included mashed potatoes, corn, a roll, and ground chicken which was topped with gravy. In interview at the time of observation, R68 again stated he/she always got gravy on top of his/her food. During observation on 05/27/2025 at 1:44 PM, the FSM looked at R68's meal tray and reviewed the resident's diet assembly ticket. In interview at the time of observation, the FSM confirmed R68 received gravy on top of his/her ground chicken which was not consistent with the resident's listed preferences. During interview on 05/29/2025 at 2:13 PM, the Director of Nursing (DON) stated she expected staff to provide the residents' meals based upon their preferences. During interview on 05/29/2025 at 2:54 PM, the Administrator stated she expected staff to follow the residents' diet preferences.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure its dish machine and range hood grates were free of dust accumulation, which had the potential to affect 111 of 111 residents receiving meals from the kitchen. The findings include: Review of the facility policy titled, Equipment, revised 09/2017, revealed, All food service equipment will be clean, sanitary, and in proper working order. Further review revealed all non-food contact equipment will be clean and free of debris. Observations during the initial tour of the kitchen on 05/26/2025 at 9:07 AM, revealed the top of the dish machine was covered with dust. In addition, observation further revealed dust on two range hood grates, located over a six-burner stove and a convection oven/steamer/fryer. During interview on 05/28/2025 at 11:51 AM, the Food Service Manager (FSM) stated that the kitchen should have been maintained in a clean manner to include the dish machine and range hood grates. During interview on 05/29/2025 at 2:34 PM, the Administrator stated she expected staff to follow the facility's infection and sanitation policies.