STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195460	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Teche Nursing & Rehab Center	1306 W Admiral Doyle Dr New Iberia, LA 70560

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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** Based on record review and interview, the facility failed to refer a resident with a diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 (#15) of 3 (#15, #32, #49) residents investigated for PASARR in a final sample of 47 residents. Findings: Review of Resident #15's electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses that included in part, bipolar disorder and major depressive disorder. Review of Resident #15's Level I PASARR dated 10/07/2022 revealed in part Section III: Mental illness, Question #1 Do you suspect the applicant has, or has the applicant been diagnosed as having a mental illness? Including mental disorders that may lead to chronic disability . schizophrenia, schizoaffective disorder, delusional disorder, other psychotic disorder, bipolar disorder, major depressive disorder .Bipolar disorder was not checked. Further review of Resident #15's records revealed no evidence that a Level II PASARR had been submitted to the appropriate state-designated authority after Resident #15 had a newly identified mental disorder of bipolar disorder, with an onset date of 10/10/2022. On 05/20/2025 at 3:10 p.m., an interview and record review was conduct with S5SSD. After review of a psychiatric progress note dated 10/09/2022 for Resident #15, S5SSD confirmed the resident had a qualifying Level II diagnosis of bipolar psychosis. S5SSD confirmed a request for a Level II screening was not submitted for Resident #15. She stated the request for a Level II screening should have been submitted.

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

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observations, record reviews, and interviews, the facility failed to implement a person-centered care plan for 3 (#11, #65, and #86) out of a total sample of 47 residents as evidenced by: 1. Failing to ensure Resident #11 and #86 wore the appropriate footwear while out of bed. 2. Failing to ensure Resident #65 was provided a [NAME] No Spill 360 Grip and Sip cup at the bedside. Findings: Resident #11 Review of Resident #11's record revealed an admission date of 06/21/2019 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Review of Resident #11's Minimum Data Set (MDS) Annual assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 07, suggesting the resident's cognition was severely impaired. Review of Resident #11's care plan dated 03/21/2025 read in part .at high risk for falls related to personal history of falls. Intervention - ensure appropriate footwear is worn. On 05/19/2025 at 9:00 a.m., an observation of the resident in the dining room revealed she was wearing white socks, which were not non-skid socks. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN (Licensed Practical Nurse) who was the nurse on the unit where the resident resided. She confirmed that staff should have ensured the resident had appropriate footwear on at all times. Did she confirm that the resident did not have the appropriate footwear? Resident #86 Review of Resident #86's record revealed an admission date of 01/17/2024 and had diagnoses with diagnoses that included, but not limited to, of flaccid hemiplegia affecting left non-dominant side, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Review of Resident's 86's MDS Quarterly assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 07, suggesting the resident's cognition was severely impaired. Review of Resident #86's care plan dated 3/20/2025 read in part at high risk for falls related to personal history of falls. Intervention - ensure appropriate footwear was worn. On 05/19/2025 at 10:18 a.m., resident was observed in the dining room with white socks on both feet, which were not non-skid socks. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/20/2025 at 8:10 a.m., a follow-up observation of the resident was conducted during breakfast meal, which revealed the resident still had non-skid socks on both feet. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN who was the nurse on the unit where the resident resided. She confirmed that the staff should have ensured the resident had appropriate footwear on at all times. Resident #65 A review of Resident #65's record revealed she was admitted to the facility on [DATE] with diagnoses which included but were not limited to, Cerebral Palsy, Other Lack of Coordination, Spastic Hemiplegia affecting Right Dominant Side, and Contracture Right Wrist. A review of Resident #65's Quarterly MDS (Minimum Data Set) dated 03/28/2025 revealed a BIMS (Brief Interview for Mental Status) of 8, indicating her cognition was moderately impaired. Under Section GG: Functional Abilities revealed the resident had impairment one side of her upper extremities, and required partial/moderate assistance for eating. A review of Resident #65's physician's orders revealed an order entry with a start date of 08/21/2024 read in part, resident to use [NAME] No Spill 360 Grip and Sip cup at all times while drinking. A review of Resident #65's person-centered plan of care, revealed in part, a focus of altered nutrition and dehydration r/t (related to) vitamin deficiency, moderate PCM (protein-calorie malnutrition) with an intervention of . resident to use [NAME] No Spill 360 Grip and Sip cup at all times while drinking. A review of Resident #65's EHR (Electronic Health Record) header read in part, special instructions: right-sided weakness, resident to use [NAME] No Spill 360 Grip and Sip cup at all times while drinking. On 05/19/2025 at1:38 p.m., an observation and interview were conducted with Resident #65 in her room. Resident #65 does not have a [NAME] No Spill 360 Grip and Sip cup at the bedside. The resident stated it is only kept in the dining room. On 05/20/2025 at 11:16 a.m., a second observation was conducted of the resident's room. There was a gray drinking cup noted at the bedside with a straw in it. Resident #65 does not have a [NAME] No Spill 360 Grip and Sip cup at the bedside. On 05/20/2025 at 2:26 p.m., a third observation was conducted of Resident #65 in her room. There was a gray drinking cup noted at the bedside with a straw in it. Resident #65 was sitting in her wheelchair and contracture to her right wrist was noted. Resident #65 does not have a [NAME] No Spill 360 Grip and Sip cup at the bedside. An interview was conducted with Resident #65 at this time, and she stated the [NAME] Grip and Sip cup was only given to her during meals and she was told the [NAME] Grip and Sip cup cannot leave the dining room. She stated while she was in her room she had to use the gray drinking cup, and sometimes it was hard to use. On 05/21/2025 at 12:26 p.m., a fourth observation was conducted of the resident's room. There was a gray drinking cup noted at the bedside with a straw in it. Resident #65 does not have a [NAME] No Spill 360 Grip and Sip cup at the bedside. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/21/2025 at 12:34 p.m., an interview and observation of Resident #65's room was conducted with S9CN (Certified Nursing Assistant). She stated while the resident was in her room she drank out of the gray drinking cup. She then reviewed a pink sheet above the resident's bed. She stated these listed all of the resident's needs. She stated the pink sheet read the resident is to use [NAME] No Spill 360 Grip and Sip cup at all times while drinking. She confirmed the resident did not have the appropriate drinking cup in her room to drink water out of. On 05/21/2025 at 12:40 p.m., an interview and observation were conducted with S7LPN (Licensed Practical Nurse). She reviewed Resident #65's physician's orders and confirmed the resident should have a [NAME] No Spill 360 Grip and Sip cup, and she does not. She confirmed the resident only has a gray drinking cup in her room to drink out of. On 05/21/2025 at 12:42 p.m., an interview and observation were conducted with S4DM (Dietary Manager). She stated Resident #65 should have a [NAME] No Spill 360 Grip and Sip cup in her room at all times with her to drink out of. She observed her entire room to look for her [NAME] No Spill 360 Grip and Sip cup and stated it was not in the room, and only her gray drinking cup was in her room. On 05/21/2025 at 12:59 p.m., an interview was conducted with S8OT (Occupational Therapist). She stated that Resident #65 was ordered to have a [NAME] No Spill 360 Grip and Sip cup at all times to drink out of due to the spasticity in the arm from her diagnosis of Cerebral Palsy. She stated the [NAME] No Spill 360 Grip and Sip cup allowed better control of drinking water by controlling the rate of flow and preventing the resident from spilling on herself.

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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** 2. Resident # 68 On 05/22/2025, a review of the facility's policy titled Comprehensive Resident Care Plans with a review date of 01/15/2025, read in part: Purpose: The resident's comprehensive care plan will be developed utilizing the results of the comprehensive resident assessment instrument (RAI) plus information gained from resident and family interviews, care conferencing and health care professional data to determine daily care needs, and to attain, or maintain the resident's highest functional capacity. Resident # 68 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, polymyalgia rheumatica, osteoarthritis, and fibromyalgia, dependent to wheelchair. A review of Resident #68's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 05/08/2025 revealed he had a BIMS (Brief Interview for Mental Status) score of 15, suggesting her cognition was intact. On 05/19/2025 at 11:30 a.m., an interview was conducted with Resident #68. The resident stated she has not been invited to a care plan meeting. On 05/20/2025 at 1:34 p.m., an interview was conducted with S5SSD (Social Service Director), she confirmed that she was responsible for notifying the RP (Resident Representative) or resident, if they were their own RP, of scheduled care plan meetings. S5SSD stated if the resident was their own RP, then they were given a hand delivered letter inviting them to attend. She confirmed she was unable to provide documentation to confirm that a letter was given to Resident #68 inviting the resident to a care plan meeting. On 05/20/2025 at 1:55 p.m., an interview was conducted with S6CCC/LPN (Clinical Care Coordinator/Licensed Practical Nurse), she confirmed she was responsible for Resident #68's care plan. S6CCC/LPN confirmed she was unable to provide documentation at this time identifying who attended or the finding of the care plan meeting for Resident #68 that was held on 05/06/2025. She stated there was not a sign-in sheet for staff, residents and RP to sign that they had attended the care plan meeting. Based on record review, interviews, and policy review, the facility failed to ensure a resident's comprehensive care plan was revised for 1 resident (#49) and included 1 resident (#68) in reviewing the care plan out of 47 sampled residents. This deficient practice was evidenced by: 1. resident #49's care plan was not revised to reflect the resident no longer required CBG (Capillary Blood Glucose) checks, and 2. resident #68 was not involved in a care plan meeting with the facility's interdisciplinary team Findings: 1. Resident #49 Review of Resident #49's electronic medical record revealed the resident was admitted to the facility on [DATE] with the following pertinent diagnosis Type 2 Diabetes Mellitus with hyperglycemia. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #49's May 2025 physician's orders revealed an order dated 02/21/2025 for Regular Insulin per sliding scale for two weeks with an end date of 03/07/2025. Review of Resident #49's electronic medical record included a follow-up provider note dated 02/28/2025 per S17NP (Nurse Practitioner) revealed in part: Resident #49 being seen for fu (follow up) after started on CBG checks to ss (sliding scale) for elevated hga1c (blood test for type 2 diabetes that measures an individual's average blood sugar over the past 3 months) through 03/07/2025. Blood sugar checked reviewed .Resident #49 does not like his finger stuck .will continue blood sugar checks through 03/07/2025. Review of Resident #49's May 2025 care plan revealed the Resident has Diabetes Mellitus with an intervention to monitor blood glucose tid (three times a day) x 1 week initiated on 10/02/2024. On 05/21/2025 at 1:47 p.m., an interview and record review were conducted with S3ADON (Assistant Director of Nursing). S3ADON stated Resident #49's blood sugar checks were discontinued on 02/21/2025. When questioned about Resident #49's care plan including blood sugar checks, S3ADON stated S6CCC/LPN (Clinical Care Coordinator/Licensed Practical Nurse) was responsible for revising a resident's care plan. On 05/21/2025 at 1:58 p.m., an interview was conducted with S6CCC/LPN who stated she completed Resident #49's care plan. S6CCC/LPN verified Resident #49's blood sugar checks were discontinued on 03/07/2025. S6CCC/LPN confirmed Resident #49's care plan had not been revised to reflect the resident no longer required blood sugar checks.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on record review, observation, and interview, the facility failed to ensure a resident who was unable to carry out Activities of Daily Living (ADLs) received the necessary services to maintain good grooming and personal hygiene for 5 (#11, #52, #64, #67, #86) of 5 (#11, #52, #64, #67 and #86) residents reviewed for ADLs. The facility failed to comb resident's hair. Findings: Resident #11: Review of Resident #11's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses with diagnoses that included, but not limited to, of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Review of Resident # 11's care plan dated 03/21/2025 read in part, resident will receive person centered care; needs assist with hygiene, and grooming. Provide set-up assist with ADLs as needed. On 05/19/2025 at 8:07 a.m., an observation of Resident #11 in the dining room during breakfast meal revealed her hair was uncombed, matted, and she had facial hair on her chin. On 05/19/0225 at 2:02 p.m., a follow up observation was conducted which revealed the resident's hair remained uncombed, matted, and she still had facial hair on her chin area. On 05/20/2025 at 8:08 a.m., an observation of Resident #11 in the dining room during breakfast meal revealed her hair still remained uncombed, matted, and had facial hair on her chin area. On 05/20/2025 at 11:50 a.m., a follow up observation of the resident in the dining room revealed her hair was still uncombed, matted, and facial hair on her chin area. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN (Licensed Practical Nurse) who was the nurse on the unit where Resident #11 resided. She confirmed that the staff had not been combing the resident's hair, and they should have. Resident #52: Review of Resident #52's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses with diagnoses that included, but not limited to, of muscle wasting and atrophy right and left shoulder, left and right hand, and dementia severe with agitation. Review of Resident 52's care plan dated 03/17/2025 read in part, resident will receive person centered care; needs assist with hygiene, and grooming. Provide set-up assist with ADLs as needed. On 05/19/2025 at 12:11p.m., an observation of Resident #52 in the dining room revealed her hair was uncombed. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN who was the nurse on the unit where Resident #52 resided. She confirmed that the staff had not been combing the (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's hair, and they should have. Resident #64: Review of Resident #64's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses with diagnoses that included, but not limited to, of Alzheimer's disease and, dementia. Review of Resident #64's care plan dated 04/02/2025 read in part, resident will receive person centered care; needs assist with hygiene, and grooming. Provide set-up assist with ADLs as needed. On 05/20/2025 at 7:34 a.m., the resident was observed in the dining room with her hair uncombed. On 05/20/2025 at 7:52 a.m., a follow up observation of the resident in the dining room during breakfast meal revealed, and her hair remained uncombed. On 05/20/2025 at 11:39 a.m., another observation of the resident sitting in the dining room revealed her hair still remained uncombed. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN who was the nurse on the unit where the resident resided. She confirmed that staff had not been combing the resident's hair, and they should have. Resident #67 Review of Resident #67's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses with diagnoses that included, but not limited to, of Dementia mild with other behavioral disturbance, muscle wasting and atrophy to right shoulder, left shoulder, right hand, left hand, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Review of Resident #67's care plan dated 03/26/2024 read in part, resident will receive person centered care; needs assist with hygiene, and grooming. Assist with hygiene, and grooming as needed. On 05/19/2025 at 10:22 a.m., Resident # 67 was observed in the dining room with her hair uncombed, and facial hair on her chin. On 05/19/2025 at 12:11 p.m., a follow up observation of the resident revealed her hair remained uncombed, and facial hairs on her chin. On 05/20/2025 at 11:48 a.m., an observation of resident in the dining room revealed her hair still remained uncombed. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN who was the nurse on the unit where the resident resided. She confirmed that the staff had not been combing the resident's hair, and they should have. Resident #86 Review of Resident #86's clinical record revealed she was admitted to the facility on [DATE] and had diagnoses with diagnoses that included, but not limited to, of flaccid hemiplegia affecting left (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	non-dominant side, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Review of Resident #86's care plan dated 01/17/2024 read in part, resident will receive person centered care; needs assist with hygiene, and grooming. On 05/19/2025 at 12:11 p.m., an observation of the resident in the dining room revealed her hair was uncombed. On 05/19/2025 at 2:15 p.m., a follow-up observation of the resident in the dining room revealed her hair remained uncombed. On 05/20/2025 at 2:39 p.m., an observation of the resident was conducted in her room, which revealed her hair remained uncombed. On 05/20/2025 at 2:48 p.m., an observation and interview was conducted with S7LPN who was the nurse on the unit where the resident resided. She confirmed that the staff had not been combing the resident's hair, and they should have.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to implement appropriate interventions to prevent falls for 1(#56) of 3 (#11, #56, #86) residents investigated for falls. Findings: Review of Resident #56's Electronic Health Record (EHR) revealed an admission date of 02/24/2025, with diagnoses which included, but were not limited to cognitive social or emotional deficit following other cerebrovascular disease, repeated falls, unsteadiness on feet, other lack of coordination, restlessness and agitation, delirium due to known physiological condition. During an interview with Resident #56's representative (RP), she stated that the resident had many falls since his admission to the facility. Review of Resident #56's admission Minimum Data Set (MDS) assessment with an assessment reference date of 02/28/2025, revealed a Brief Interview for Mental Status (BIMS) of 9, suggesting moderate cognitive impairment. Further review revealed the resident had a history of a fall with fracture on admission in section J1700 and was coded yes for having falls since admission in section J1800. Review of Resident #56's Fall Risk assessment dated [DATE] revealed a total score of 21 which indicated the resident was a high risk for falls. The resident had a fall on the following dates: 02/26/2025; 03/01/2025; 03/06/2025; 03/18/2025; 03/19/2025; 03/25/2025; 03/28/2025; 03/31/2025; 04/25/2025; 05/07/2025; 05/13/2025; 05/16/2025; 05/20/2025; and 05/21/25 Review of the facility's investigative reports and plan of care for Resident #56 revealed appropriate interventions were not implemented after the following falls: On 03/25/2025 at 6:23 p.m., the resident had a witnessed fall without injury. Resident was pushing himself around in a slouched position and slid off the seat onto the wheelchair footrests. Review of care plan revealed no intervention was placed to address the fall. On 03/28/2025 at 3:50 p.m., the resident had an unwitnessed fall with no injury. Review of investigative report revealed the resident's roommate notified staff of resident's fall. Immediate action was for fall mat at open side of bed. Review of care plan revealed no intervention to address the fall On 03/31/2025 at 1:45 p.m., the resident had a fall without injury. S15LPN (Licensed practical Nurse) wrote that she was walking down the hallway at 1:45 p.m., and decided to check in on the resident knowing that he was put in bed. She found resident sitting on the floor at his bedside, legs crossed. Review of care plan revealed an intervention was implemented for a fall mat to open side of bed dated 03/31/2025. On 04/25/2025 at 3:11p.m., the resident had an unwitnessed fall. Action taken was were neuro checks and continue plan of care. Review of Care plan revealed no interventions implemented to address the fall. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/07/2025 at 12:45 a.m., the resident had an unwitnessed fall. Review of investigative report revealed the resident was found sitting on his left side on the floor with his back towards the back door on Hall W and his wheelchair in front of him. Review of Care plan revealed no interventions to address the fall. On 05/21/2025 at 1:40 p.m., an interview and review of the resident's care plan was conducted with S6CCC/LPN (Clinical Care Coordinator/Licensed practical Nurse) and S19CCC/LPN. S6CCC/LPN was asked about the interventions implemented after the falls. S6CCC/LPN stated that S3ADON (Assistant Director of Nursing) is responsible for conducting the investigations and discussing with the clinical care coordinators through a phone call or morning meeting. S6CCC/LPN and S19CCC/LPN confirmed that for each fall an intervention should have been implemented and was not. On 05/21/2025 at 3:00 p.m., an interview and review of Resident #56's care plan was conducted with S2DON (Director of Nursing). She presented a handwritten report of interventions implemented after the resident's falls. S2DON explained the following hand written report which included the following, in part: 03/25/2025 - continue plan of care 03/28/2025 - no intervention 04/25/2025 - continue plan of care 05/07/2025 - continue plan of care S2DON stated CCCs were responsible for updating care plans. S2DON was unable to provide evidence of appropriate interventions placed after the above falls.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to assess/reassess a resident's nutritional needs, monitor for effectiveness of interventions, and ensure coordination of care among the interdisciplinary team for 1 resident (#71) of 4 (#45, #65, #71, #94) residents investigated for nutrition as evidence by: 1. Failing to weigh Resident #71 weekly as ordered, 2. The RD (Registered Dietician) failing to accurately reassess resident #71's nutritional interventions, and 3. Failure of the RD and the facility to coordinate care in response to Resident #71's significant weight loss. Findings: A review of the facility's policy titled, Weight Variance Protocol with a last reviewed date of 01/15/2025 read in part, Policy: All resident weights will be monitored monthly or more often as indicated by the resident's condition or physician orders. Procedure: 1. Gross weight gains or losses will prompt an immediate re-weighing of resident. If weight is confirmed, the MD (Medical Doctor) will be notified immediately. The nurse will also notify the DON (Director of Nursing) and Food Service Director of weight variances. The Registered Dietician will be notified of significant variances as well. 3. Weight Variance-Calculate weight loss or gain every time a resident is weighed. Significant weight loss must be brought to the attention of the DON, FSD (Food Service Director) and Registered Dietitian. Significant weight loss is 5% in one month or 10% in six months. 4. The Registered Dietitian will review the weight information upon her next monthly visit and document recommendations in the medical record. 5. The physician will be called by the nurse regarding Registered Dietitian's recommendations in a timely manner. 7. Before recording each weight in the medical record the nurse will double check that: b. If gross gain or loss had indeed occurred, a Dietitian consult has been requested and the physician and family have been notified. Essential Points: Any weight variations as stated above are to be brought to the attention of the IDT (Interdisciplinary Team), RD (Registered Dietician), Family and Physician. Resident #71 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to unspecified severe protein-calorie nutrition, dysphagia, muscle wasting and atrophy, cognitive communication deficit, chronic obstructive pulmonary disease, and major depressive disorder. 1. A review of Resident #71's care plan read in part: Potential for altered nutrition and dehydration with interventions in part: weekly weights. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident #71's current Order Summary Report, revealed an order, Weekly weights every day shift every Tuesday with a start date of 01/14/2025. A review of Resident #71's Weights and Vitals Exceptions report, revealed the following weights were not obtained as ordered by the physician: a. January 2025- 01/14/2025, 01/21/2025, and 01/28/2025. b. February 2025- 02/25/2025 c. March 2025- 03/11/2025. d. April 2025- 04/15/2025, and 04/29/2025. e. May 2025- 05/13/2025. On 05/20/2025 at 4:40 p.m., a review of Resident #71's Weights and Vitals Exceptions report and physician orders was conducted with S3ADON (Assistant Director of Nursing). S3ADON confirmed that the resident should have been weighed weekly and had not been. 2. A review of Resident #71's MAR (Medication Administration Record), revealed that he had an order for Boost two times a day for 60 days give 8oz (ounces) by mouth, started 02/03/2025 with and end date of 04/04/2025. A review of a Progress Note dated 04/08/2025 by S16RD (Registered Dietician) for Resident #71 read in part. 3. Continue providing Boost 8oz BID (twice daily) x (times) 60 days due to weight loss as well as Might Shake TID (three times a day). Resident does receive Boost tid and consumes 100%. On 05/21/2025 at 9:18 a.m., a record review and interview was conducted with S2DON (Director of Nursing) and S3ADON. Both confirmed that Resident #71's Boost had been discontinued on 04/04/2025 due to completing 60 days. Both confirmed that the resident was not taking Boost at the time of the RD's assessment on 04/08/2025. On 05/20/2025 at 4:25 p.m., a phone interview was conducted with S16RD. She confirmed that she last assessed Resident #71's nutritional status on 04/08/2025. She stated that on 04/08/2025 she (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assessed Resident #17 with the thought that Resident #17 remained on Boost. She stated that she was not aware that the Boost had already been administered for the 60 day interval and inaccurately noted on his assessment that he continued to receive Boost. 3. A review of Resident #71's Weights and Vitals Exceptions report, revealed on 05/05/2025, Resident #71 had a weight of 168.4 pounds. The report revealed that the resident had a weight of 217 pounds on 11/04/2024 indicating that the resident had a loss of 49 pounds in 180 days. This is was a 22.6% weight loss. A review of Resident #17's medical record revealed a Progress Note dated 04/08/2025 by S16RD. A review of Referral Form for Consultant Dietician for May 2025 revealed that Resident #71's name was not present on the list of residents to be seen by the Dietician. On 05/20/2025 at 2:51 p.m., an interview was conducted with S3ADON and S4DM (Dietary Manager). S4DM and S3ADON confirmed that the last assessment from S16RD for Resident #17 was on 04/08/2025. S4DM stated that she was unsure of why S16RD had not assessed the resident's significant weight loss for May of 2025 because S16RD accesses the significant weight losses herself. S4DM stated that she provided the RD with a Referral Form for Consultant Dietitian, which is composed of names of residents needing to be assessed in addition to those on the weight report for May of 2025. S4DM confirmed that Resident #71's name was not present on this form for May of 2025. On 05/20/2025 at 4:25 p.m., a phone interview was conducted with S16RD. She confirmed that she last assessed Resident #71's nutritional status on 04/08/2025. S16RD stated that she assesses residents for weight loss based on the report given to her by S4DM. S16RD stated that she does not access a weight report herself. She stated she was not aware of the resident's significant weight loss at her last visit to the facility on 5/13/2025, and would have reassessed the resident had she been aware of it.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to perform laryngectomy care for 1(#14) of 2(#14 and, # 298) residents investigated for Respiratory Care. This had the potential to affect the 1(#14) resident with a laryngectomy in the facility. Findings: Resident #14 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to personal history of malignant neoplasm of larynx and acquired absence of larynx. Review of Resident #14's Quarterly MDS (Minimum Data Set) dated 03/01/2025, revealed the resident had a BIMS (Basic Interview for Mental Status) of 13, indicating her cognition was intact. A review of Resident #14's Order Summary Report, revealed the following orders: 1. Laryngectomy Site: Cleanse laryngectomy site with peroxide daily. Every day shift. Start date of 07/09/2024. 2. Laryngectomy Site: Monitor site for s/s (Signs/Symptoms) of increased leaking and secretions. Notify MD (Medical Doctor)/NP (Nurse Practitioner) if s/s of increased leaking and secretions occur. Every day shift. Start date of 07/09/2024. 3. Laryngectomy Tube: Change adhesive dressing to laryngectomy tube every day shift every Friday. Start date of 07/12/2024. 4. Laryngectomy Tube: Change filter to laryngectomy tube every day shift. Start date of 07/09/2024 A Review of Resident #14's MARS (Medication Administration Records) for the months of February 2025, March 2025, and May 2025 revealed missing signatures for the following orders: 1. Laryngectomy Site: Cleanse laryngectomy site with peroxide daily. Every day shift Missing signatures: a. February 2025: 6th, 7th, 12th, and 20th b. March 2025: 5th, 10th 17th, and 31st c. May 2025: 2nd 2. Laryngectomy Site: Monitor site for s/s (Signs/Symptoms) of increased leaking and secretions. Notify MD (Medical Doctor)/NP (Nurse Practitioner) if s/s of increased leaking and secretions occur. Every day shift. Missing signatures: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. February 2025: 6th, 7th, 12th, and 20th b. March 2025: 5th, 10th 17th, and 31st c. May 2025: 2nd 3. Laryngectomy Tube: Change adhesive dressing to laryngectomy tube every day shift every Friday. Missing signatures: a. May 2025: 2nd 4. Laryngectomy Tube: Change filter to laryngectomy tube every day shift. Missing signatures: a. March 2025: 5th, 10th, and 17th b. May 2025: 2nd On 05/21/2025 at 1:25 p.m., a record review and interview was conducted with S2DON (Director of Nursing). She confirmed that the signatures were missing for Resident #14's laryngectomy care on the MAR for the above stated dates for the months of February 2025, March 2025, and May 2025. She stated that she assumed the care was not completed with the signatures missing for these dates. On 05/21/2025 at 1:51 p.m., an interview was conducted with Resident #14. She communicated that some days her laryngectomy care is not performed by staff.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and policy review, the facility failed to ensure dietary staff prepared, distributed and served food in accordance with professional standards for food service safety as evidenced by 2 dietary assistants (S13DA and S14DA) without a beard restraint. Findings: On 05/21/2025 a review of facility's policy titled, Employee Sanitation Practices reviewed on 01/15/2025, revealed in part: 3. Proper Work Attire .b. The food service employee observes the following dress standards: i. Wears a clean hat or other hair restraint. Employees with facial hair wear a beard restraint . On 05/19/2025 at 8:44 a.m., an initial observation was made of S13DA (Dietary Assistant) assisting with prepping sandwiches with his facial hair not covered. On 05/19/2025 at 10:35 a.m., a follow up visit in the kitchen was made. S13DA was observed assisting with food preparation for the lunch meal service with his facial hair not covered. On 05/19/2025 at 10:56 a.m., an observations was made of S14DA assisting with the lunch meal service preparation with his facial hair exposed and not covered. On 05/19/2025 at 11:30 a.m., an observation was made of S13DA and S14DA assisting with preparing the residents' lunch meal on individual plates. S13DA was observed distributing food from the steam table to each resident's plate and S14DA was observed placing the fixed lunch meal individual plates in an insulated rolling cart to be distributed to residents. S13DA and S14DA failed to cover their beards while preparing and distributing food to residents. On 05/19/2025 at 12:20 p.m., an interview was conducted with S4DM (Dietary Manager). S4DM stated male staff should have beard coverings over their facial hair when working in the facility's kitchen.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview, the facility failed to obtain the most recent recertification of terminal illness and most recent hospice POC (plan of care) for 1 (#31) out of 1 (#31) resident reviewed for hospice care. Findings: A review of the facility's agreement with the Contracted Hospice Agency dated 08/26/2015 read in the part, the following, Compilation of Records: Nursing facility and hospice shall each prepare and maintain complete and detailed clinical records concerning each Residential Hospice Patient . Each clinical record shall completely, promptly and accurately document all services provided to, and events concerning, each Resident Hospice Patient . Each such record shall be readily accessible and systematically organized to facilitate retrieval by either party. A review of Resident #31's record revealed he was admitted to the facility on [DATE] with diagnoses which included but were not limited to, Encounter for Palliative Care and Parkinson's disease with Dyskinesia. A review of Resident #31's Quarterly MDS (Minimum Data Set) dated 02/12/2025 revealed Section O: Special Treatments revealed the resident was admitted to hospice care. A review of Resident #31's physician's orders revealed an order entry with a start date of 04/18/2024 read in part, Admit to Contracted Hospice for dx (diagnosis): Parkinson's disease. A review of Resident #31's person-centered plan of care, revealed in part, a focus on required hospice services with Contracted Hospice Parkinson's initiated on 04/18/2024. A review of Resident #31's hospice documents in his contracted hospice binder revealed, in part, that the most recent certification of terminal illness by the Contracted Hospice Agency's physician was signed on 04/16/2024 for the certification period of 04/09/2024 through 07/07/2024. A review of Resident #31's hospice documents in his contracted hospice binder revealed, in part, that the most recent POC was dated 04/18/2025 for the certification period of 03/05/2025 through 05/03/2025. On 05/20/2025 at 2:00 p.m. a record review and interview was conducted with S2DON (Director of Nursing). S2DON stated she is responsible for maintaining Resident #31's contracted hospice binder. She stated Resident #31' most recent POC was dated 04/18/2025 for the certification period of 03/05/2025 through 05/03/2025, and his most recent certification was from 04/09/2024 through 0707/2024. She confirmed there was not an updated recertification of terminal illness and POC in Resident #31's contracted hospice binder and should have been.

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F 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on interviews and record reviews, the facility failed to ensure it employed a qualified social worker on a full-time basis. The facility had 150 licensed beds. Findings: Record review of S5SSD's resume revealed, in part, education: Bachelors of Science in health Studies (Marketing/Management), Associate of Science and Certificate of General Studies (Health Care Management). S5SSD's resume failed to show a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals. On 05/20/2025 at 1:30 p.m., an interview was conduct with S5SSD, she confirmed she was serving as the facility social service director, with a BS (Bachelor of Science) degree in business health administration. S5SSD also confirmed she did not have a bachelor degree related to sociology, gerontology, special education, rehabilitation counseling, and psychology. On 05/21/2025 at 8:46 a.m., an interview was conducted with S1ADM/RN, he confirmed the facility had 150 licensed beds. He stated he was unaware it was the licensed bed number that determined the social service qualifications of the facility. S1ADM/RN confirmed S5SSD had a BS in health science and less than one (1) year of supervised social work experience working directly with residents in a health care setting.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and policy review, the facility failed to maintain an effective infection and control program, by failing to ensure laundry staff wore appropriate personal protective equipment (PPE) while sorting soiled laundry. Findings: On 05/21/2025, a review of the facility's policy titled Infection Control, with a last reviewed date of 01/15/2025, indicated, Policy: To establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection .Procedure .14. linens must be handled .to prevent the spread of infection. a. Soiled linens must be handled to contain and minimize aerosolization and exposure to any waste products. During a tour of the facility's laundry room on 05/21/2025 at 9:00 a.m., S12LS (Laundry Staff) was observed removing laundry from a large yellow barrel and placing the laundry in the washing machine. S12LS was wearing only a pair of gloves during the procedure. She stated the laundry came from resident's rooms and was soiled. S12LS confirmed she should have worn a gown while sorting and loading the soiled laundry in the washer, but did not. During an interview with S1ADM/RN (Administrator/Registered Nurse), he stated the facility had an infection preventionist but she was off for the day. S1ADM/RN stated S12LS should have worn a gown to handle the soiled laundry.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations and interviews, the facility failed to maintain electrical patient care equipment in safe operating condition by failing to replace an electrical outlet plate for 1 (Resident #7) out of a finalized sample of 47 residents. Findings: On 05/19/2025 at 12:30 p.m., an observation of resident #7's room revealed an electrical outlet near the resident's bed, and within arm's reach of the resident. The outlet did not have a safety plate. On 05/20/2025 at 9:21 a.m., a second observation of resident #7's room revealed the outlet was still without a safety plate. On 05/20/2025 at 3:30 p.m., an observation and interview was conducted with S7LPN (Licensed Practical Nurse) who stated that a work order had been submitted to maintenance to have the plate replaced. On 05/20/2025 at 3:31 p.m., review of the maintenance log was conducted with S11M (Maintenance), S10CN (Charge Nurse) and S7LPN from present day to 01/2025. The log revealed that a no work order had been submitted for the electrical plate to be replaced. S7LPN and S10CN confirmed that a work order had not been submitted to S11M for replacement of the outlet plate.