STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265682	A. Building B. Wing	12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence Manor Care Center	1600 South Kingshighway Independence, MO 64055

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 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 interview and record review, the facility failed to include parameters for monitoring a resident's pulse when monitoring for medication administration and for failing to clarify a physician's order for administering an as needed blood pressure medication when the resident's blood pressure was elevated for one sampled resident (Resident #35) out of five residents sampled for medication review. The total sample was 14 residents. The facility census was 54 residents. Review of the facility's policy titled Medication Orders dated September 2014 showed it did not address parameters or order clarification. 1. Review of Resident #35's care plan dated 2/16/23 and updated on 7/30/23 showed the resident had high blood pressure and included instructions to staff to administer blood pressure medications as ordered and monitoring the resident's blood pressure. Review of the resident's consultant pharmacist's recommendation dated 6/13/23 showed instructions to add Do not crush to the resident's Flomax (tamsulosin) (used to improve urination in men with an enlarged prostate) order. Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) dated 10/26/23 showed the following staff assessment of the resident: -Moderately cognitively impaired. -Had a diagnosis of high blood pressure. Review of the resident's Medication Administration Record (MAR) dated November 2023 showed: -A physician's order dated 6/15/23-11/10/23 for Tamulosin 0.4 milligrams (mg), one capsule, one time a day. Do not crush. -A physician's order dated 11/10/23 for Tamulosin 0.4 milligrams (mg), two capsules, one time a day. --NOTE: The order did not include the instructions do not crush. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2023
NAME OF PROVIDER OR SUPPLIER Independence Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 South Kingshighway Independence, MO 64055	

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A physician's order for Amlodipine (a medication used to treat high blood pressure) 10 mg, one tablet one time a day and it included blood pressure and pulse monitoring (the time was not indicated for this order) with no parameters indicated. --On 11/4/23, the resident's blood pressure was 169/72. --On 11/5/23, the resident's blood pressure was 165/87. --On 11/18/23, the resident's blood pressure was 199/96. --On 11/19/23, the resident's blood pressure was 185/90. -A physician's order for Clonidine (a medication that lowers blood pressure and heart rate) 0.1 mg, give one tablet two times a day with no blood pressure parameters indicated. -A physician's order to monitor the resident's blood pressure two times a day. If the systolic blood pressure (SBP-The top number measures the pressure in the arteries when the heart beats) was less than 100, hold all blood pressure medications and notify the resident's physician. If the SBP was greater than 160, give as needed Clonidine. --On 11/4/23 during the A.M., the resident's blood pressure was 169/87. --On 11/5/23 during the A.M., the resident's blood pressure was 165/87. --On 11/18/23 during the A.M., the resident's blood pressure was 199/96. --On 11/18/23 during the P.M., the resident's blood pressure was 197/88. --On 11/19/23 during the A.M., the resident's blood pressure was 185/90. --On 11/25/23 during the P.M., the resident's blood pressure was 168/92. -No order for as needed Clonidine. -A physician's order dated 10/18/23-11/24/23 for Hydralazine (a medication used to treat high blood pressure) 50 mg, give one tablet four times a day with blood pressure and pulse monitoring. ---On 11/4/23 at 8:00 A.M., the resident's blood pressure was 169/87 --On 11/9/23 at 8:00 P.M., the resident's blood pressure was 165/84. --11/18/23 at 8:00 A.M., the resident's blood pressure was 199/96. --11/18/23 at 5:00 P.M., the resident's blood pressure was 197/88. --11/19/23 at 8:00 A.M., the resident's blood pressure was 185/90. --11/19/23 at 8:00 P.M., the resident's blood pressure was 162/98. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A physician's order dated 11/24/23 for Hydralazine 100 mg, give one tablet three times a day with blood pressure and pulse monitoring. -The resident's blood pressure medications were administered on every occasion above but no as needed Clonidine was administered on every occasion the resident's SBP was over 160 as there was no physician's order for as needed Clonidine. Review of the resident's notes dated November 2023 showed no notes regarding the resident's SBP being over 160 or anything about the as needed Clonidine order. Review of the resident's MAR dated December 2023 showed: -A physician's order dated 11/10/23 for Tamulosin 0.4 (mg), two capsules one time a day. --NOTE: The order did not include the instructions do not crush. -A physician's order for Amlodipine 10 mg, one tablet one time a day and it included blood pressure and pulse monitoring (the time was not indicated for this order) with no parameters indicated. -A physician's order for Clonidine 0.1 mg, give one tablet two times a day with no blood pressure parameters indicated. -A physician's order to monitor the resident's blood pressure two times a day. If the SBP was less than 100, hold all blood pressure medications and notify the resident's physician. If the SBP was greater than 160, give as needed Clonidine. --On 12/6/23 during the P.M., the resident's blood pressure was 187/96. -A physician's order dated 11/24/23 for Hydralazine 100 mg, give one tablet three times a day with blood pressure and pulse monitoring. --On 12/6/23 at 8:00 P.M., the resident's blood pressure was 187/96. --On 12/7/23 at 8:00 A.M., the resident's blood pressure was 167/78. -No order for as needed Clonidine. -The resident's blood pressure medications were administered on every occasion above but no as needed Clonidine was administered on every occasion the resident's SBP was over 160 as there was no physician's order for as needed Clonidine. Review of the resident's notes dated December 2023 showed no notes regarding the resident's SBP being over 160 or anything about the as needed Clonidine order. During an interview on 12/08/23 at 1:21 P.M., Licensed Practical Nurse (LPN) A said: -The resident had an as needed order for Clonidine in the past. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/she didn't know if the as needed order was discontinued. -Nursing staff should have clarified the orders with the resident's physician. -The resident's physician has standing orders to be notified if a resident's SBP is under 100 or the pulse is under 60, and the medication held until the physician determined whether to go ahead and administer the medication or not. -The resident had an order for Flomax before going to the hospital. -When the resident returned from the hospital, whoever entered in the resident's orders picked a Flomax order that did not include Do not crush. -When the resident's SBP was above 160, he/she would have expected the Certified Medication Technicians to look for the as needed Clonidine order and notify the nurse that there was no as needed order. -Then the nurse should call the physician and clarify the order. -There were no standing orders for elevated SBP. During an interview on 12/11/23 at 11:23 A.M., the Director of Nursing (DON) said: -He/she would have to educate the nursing staff to pick the most recent order upon a hospital return and re-instate the one that said do not crush for Flomax as there were more than one orders in their system for Flomax for the resident. -If pulse and blood pressure were requested on the MAR, he/she would expect there to be parameters for both. -He/she would expect the nursing staff to call the doctor and verify the Clonidine orders as to whether there still should have been an as needed order.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an ongoing program of activities to meet the interests as well as the physical, mental and psychosocial well-being for four sampled residents (Residents #17, #47, #30 and #42) out of 14 sampled residents. The facility census was 54 residents. Review of the facility's Activity Evaluation Policy, dated June 2018, showed: -To promote the physical, mental and psychosocial well-being of the residents, an activity evaluation was conducted and maintained for each resident at least quarterly and with any change of condition that could affect his/her participation in planned activities. -An activity evaluation was conducted as part of the comprehensive assessment to help develop any activities plan that reflected the choices and interests of the resident. -The residents activity evaluation was conducted to evaluate functional level, cognition and medical conditions that may affect the residents participation in activities. -The residents lifelong interests, spirituality, life goals and roles, strengths, needs and activity pursuit patterns and preferences were included in the evaluation. -The activities director was responsible for completing, directing and or delegating the completion of the activities component of the comprehensive assessment. -The activity evaluation was used to develop an individual activities care plan that allowed the resident to participate in activities of his/her choice and interests. 1. Review of Resident #17's quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 6/26/23 showed: -The resident scored a 00 on the Brief Interview for Mental Status (BIMS an assessment tool that shows a score between 3 of 15 which shows the resident's mental status. This tool helps determine the resident's attention, orientation and ability to register and recall new information. These items are crucial factors in care planning decisions). --This showed the resident was severely cognitively impaired. -The resident was diagnosed with: --Dementia (progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking). --A stroke. --Hemiparesis (weakness or the inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing). (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's Individual Resident Daily Participation Record dated September 2023 showed: -On 9/5/23, 9/17/23 and 9/24/23 the resident participated in one-on-one activities. -On 9/5/23, 9/14/23 and 9/28/23 the resident participated in sports games. -On 9/27/23 the resident participated in one hospice activity. -On 9/29/23 the resident participated in one movie/TV activity. Review of the resident's Care Plan, dated 9/12/23, showed: -The problem identified was, the resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to dementia and multiple comorbidities. -The goal was, the resident would maintain involvement in cognitive stimulation, social activities as desired through review date. -The approaches were: --Ensure that the activities the resident was attending were compatible with physical and mental capabilities; compatible with known interests and preferences; adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation); compatible with individual needs and abilities; and age appropriate. --Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. --Introduce the resident to residents with similar background, interests and encourage/facilitate interaction. --Invite the resident to scheduled activities. --The resident had impaired cognitive function or impaired thought processes related to dementia. --Engage the resident in simple structured activities that avoid overly demanding tasks. --Provide a program of activities that accommodates the resident's abilities. Review of the resident's Quarterly/Annual Participation Review, dated 9/25/23, showed: -The resident participated in some group activities and one on one activities. -The resident enjoyed watching TV with snacks, listening to music, playing games that involved balls and being read to. Review of the resident's Individual Resident Daily Participation Record dated October 2023 showed: (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 10/9/23 and 10/30/23 the resident participated in one-on-one visits. -On 10/9/23 the resident participated in exercise. -On 10/20/23 the resident participated in a movie or TV activity. -On 10/25/23 the resident participated in sing-along's and a hospice activity. -On 10/27/23 the resident participated in a sports game. Review of the resident's Individual Resident Daily Participation Record dated November 2023 showed: -On 11/3/23, 11/17/23 and 11/24/23 the resident participated in one-on-one activities. -On 11//5/23, 11/14/23 and 11/28/23 the resident participated in sports games. -On 11/27/23 the resident participated in a hospice activity. -On 11/29/23 the resident participated in a movie or TV activity. Observation on 12/05/23 at 10:18 A.M. showed: -Certified Nursing Assistants (CNA's) and other staff were doing activities with residents. -The resident was in front of the TV, no one asked if he/she wanted to participate in any type of game or activity. Observation on 12/05/23 at 10:46 A.M., showed CNA A moved the resident in his/her wheelchair from one table to the lunch table to get ready for lunch, which was to be served at 12:00 P.M. During an interview on 12/06/23 at 8:02 A.M., CNA A said: -He/she tried to get the resident involved as much as he/she could. -The resident liked music. -He/she tried coloring with the resident, but the resident didn't seem to have much interest. -The resident liked the music most, clapped his/her hands, tapped his/her feet and moved his/her head. -The resident did not show any restlessness. Observation on 12/06/23 at 7:04 A.M. showed: -The resident was sitting at table in his/her wheelchairs, awake, looking round. -Breakfast was to be served at 7:30 A.M. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident was not engaged in any form of activity. During an interview on 12/07/23 at 9:24 AM. CNA B said: -The resident liked music. -The resident liked snacks and to eat. -It was difficult for the resident to do activities. -The resident was stubborn and only participated when he/she wanted to. -He/She tried to keep the resident involved but the resident did not participate. During an interview on 12/07/23 at 10:44 A.M., Licensed Practical Nurse (LPN) A said: -The resident could not hold a conversation. -The resident liked to hum to himself/herself or to music. -The resident did not like activities. -Even when the resident was more mobile, he/she did not do activities. -The resident seemed content with being in the dining area and liked to be a people watcher. -The resident was constantly moving his/her hands. -Staff tried to get him/her to fold towels, but the resident was not interested. -The resident did not like to lay down. -The resident was going to do what he/she wanted to do. 2. Review of Resident #47's MDS dated [DATE] showed: -The resident scored a 03 on the BIMS. --This indicated the resident was severely cognitively impaired. -The resident was diagnosed with: --Dementia. --Depression (medical illness that negatively affects how a person felt, thought, acted). --Cardiorespiratory conditions (a range of serious disorders that affected the heart and lungs). (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's annual MDS Preferences for Routine and Activities (Section F), dated 1/9/23, showed: -It was somewhat important for him/her to have newspapers and magazines to read. -It was somewhat important for him/her to listen to music. -It was very important to do his/her favorite activities. -It was somewhat important to do things with groups of people. Review of the resident's care plan, dated 10/4/23, showed: -The resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to dementia. -The resident would maintain involvement in cognitive stimulation, social activities as desired through review date. -All staff were to converse with the resident while providing care. -Provide a program of activities that was of interest and empowered the resident by encouraging/allowing choice, self-expression and responsibility. -The resident was an elopement risk related to wandering. --Distract the resident from wandering by offering pleasant diversions, structured activities, food, conversation, television and books. Review of the resident's Individual Resident Daily Participation Record, dated October 2023, showed: -On 10/3/23 and 10/31/23 the resident participated in food/cooking activities. -On 10/3/23, 10/17/23 and 10/31/23 the resident participated in a coloring activity. -On 10/4/23, 10/6/23, 10/9/23 and 10/16/23 the resident participated in exercise. -On 10/4/23 the resident participated in a library/reading activity. -On 10/19/23 the resident participated in an entertainment activity. -On 10/20/23 the resident participated in a movie/television activity. -On 10/24/23 the resident participated in a hospice activity. -On 10/25/23 the resident participated in an evening activity and a sing-along activity. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 10/27/23 the resident participated in a sports game activity. Review of the resident's Individual Resident Daily Participation Record, dated November 2023, showed: -On 11/1/23 the resident participated in a manicure activity. -On 11/1/23, 11/7/23, 11/16/23 and 11/22/23 the resident participated in an exercise activity. -On 11/6/23, 11/13/23, and 11/27/23 the resident participated in a coloring activity. -On 11/8/23, 11/21/23 and 11/22/23 the resident participated in a hospice activity. -On 11/8/23, 11/21/23 and 11/22/23 the resident participated in a sports game activity. -On 11/10/23 the resident participated in a movie/TV activity. -On 11/16/23 the resident participated in an entertainers activity. -On 11/22/23 and 11/29/23 the resident participated in an evening activity. Review of the resident's Individual Resident Daily Participation Record, dated December 2023, showed on 12/3/23, 12/4/23, and 12/7/23 the resident participated in one-on-one visits. Observation on 12/04/23 at 9:33 A.M., showed: -The resident's room door was closed. -There was no answer when the door was knocked on. Observation on 12/04/23 at 12:08 P.M., showed: -The resident was eating in his/her room. -The resident's TV was on, he/she was sitting on the bed with lunch on the bedside tray table. During an interview on 12/06/23 at 8:02 A.M., CNA A said: -The resident was on isolation in his/her room due to being COVID-19 (disease caused by a coronavirus, with symptoms of fever and cough and is capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) positive. -When the resident was able to leave his/her room he/she liked bingo, tick tack toe and coloring. -Sometimes he/she just wanted to be in his/her room. -Not sure of any individual activities in room being done. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/07/23 at 9:24 A.M., CNA B said: -The resident liked to dance and color and would play bingo. -He/she liked snacks and puzzles. -He/she gave the resident color pages. During an interview on 12/07/23 at 9:38 A.M. Certified Medication Technician (CMT) B said: -The resident was kind of a busy body. -The resident was currently on isolation due to being COVID-19 positive. -He/she was unaware if activities staff went in the resident's room. -Before isolation the resident was very busy and active. During an interview on 12/07/23 at 10:44 A.M., LPN A said the resident: -Did not really like activities. -Liked to sit and look out the window. -Drank tea and coffee. -Used to be a bar fly before coming to the facility. -Flirted with other residents when he/she was in the common area. 3. During an interview on 12/07/23 at 1:31 P.M., the Activities Director said: -The Assistant Activities Director did most of the activities. -He/she helped with parties, events and did the activity planning. -He/she did all activity assessments with each resident. -He/she let CNA's know what the resident preferences were. -Twice a month he/she planned movies and snacks. -The CNA's did color pages and word searches with the residents. -The residents on the dementia unit enjoyed arts and crafts. -The residents on the dementia unit played bingo on Thursdays. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/she printed off short stories, word searches and cross word puzzles for residents in isolation. -The activities assistant took something to them every day that he/she or the CNA's did with the residents. -He/she sanitized anything that was brought into and taken out of the resident's rooms. -Resident #47 liked big inflatable balls and any activity involving music and getting his/her hair done. During an interview on 12/11/23 at 11:22 A.M. the Director of Nursing (DON) said: -He/she would have to get with the activities director for specific information on individual residents. -The activities staff or CNA's did one on one activities or went in and read with the residents on isolation. -He/she expected the activities staff to bring activities to the residents on isolation on a daily basis. -He/she was aware the activities staff brought a ball in to one of the residents' room one day. 4. Review of Resident #30's care plan dated 1/21/23 showed: -The resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits. -The goal was that the resident would maintain involvement in cognitive stimulation and social activities as desired. -Instructions to: --Encourage ongoing family involvement. --Invite the resident's family to attend special events, activities and meals. --Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. --Invite the resident to scheduled activities. --Provide the resident the activities calendar and notify the resident of any changes to the calendar of activities. --Thank the resident for attendance at activity function. -The resident required stand-by supervision with a walker for walking. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident required supervision to touching assistance of one staff to move between surfaces. -The resident could be resistive to cares related to dementia (a progressive mental disorder characterized by memory problems, impaired reasoning and personality changes). -The resident had a communication problem related to a cognitive communication deficit. -The resident had impaired cognitive function and impaired thought processes related to dementia. -Some of the resident's diagnoses included an anxiety disorder (psychiatric disorder that involves extreme fear, worry and nervousness) and depression (a mood disorder that consists of intense sadness and a loss of interest or loss of pleasure in activities and/or life). Review of the resident's psychiatrist progress note dated 6/15/23 showed: -The resident was impulsive and angry. -The resident did things like look for his/her parents. -The resident was confused. Review of the resident's activities initial review dated 8/7/23 showed: -The resident wished to participate in activities while in the home. -The resident did not wish to participate in group activities. -The resident participated in no activities, interests or hobbies. -The resident enjoyed visits with his/her spouse. -The resident wanted one-one-one activities with staff. -The resident did not like independent activities such as reading, doing puzzles, etc. -The resident was pleasantly confused. -The resident would need reminders of activities. -No prior interests, activities or hobbies were included. Review of the resident's activities quarterly participation review dated 11/12/23 showed: -Sometimes we can work with (the resident) one-on-one. -The resident had no favorite activities or interests. -The resident was disruptive and loud at times. (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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's significant change MDS dated [DATE] showed the following assessment of the resident: -Did not have hearing impairment. -Wore glasses. -Had clear speech. -Usually understood others and others usually understood him/her. -The resident had long-term and short-term memory impairment. -Had moderately impaired decision-making skills, inattention and disorganized thinking. -Had no negative mood indicator or negative behaviors. -Participating in his/her favorite activities was somewhat important to the resident. -Had no range of motion impairment. -Used a walker. -Required supervision when transferring from one surface to another. -Required partial to moderate assistance when going from sitting down to standing. -Some of the resident's diagnoses included dementia, anxiety and depression. Review of the resident's Individual Resident Daily Participation Record dated November 2023 showed: -The resident participated actively in: --Resident Council once. --Arts and crafts once. --Hospice activity three times. --Movies/television once. --One on one visits three times. --Evening activity twice. -The resident had 21 days out of 30 with no documented activities. Observation on 12/4/23 showed: (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 11:16 A.M.: --The resident was sitting on the couch in the common area. --Music was playing on the television screen. --The resident was talking loudly (to no one in particular) but was not really understandable. --The resident started saying, La, la, la, la, la loudly. -At 12:37 P.M., the resident was having lunch in the dining room. -At 12:48 P.M., the resident was sitting at the dining room table leaning forward, with his/her hands are on his/her lap and his/her face is on top of his/her hands. -At 12:49 P.M., staff walked the resident out of the dining room and told the resident he/she could lie down for a nap. -At 1:18 P.M., the resident was in a recliner in his/her room with his/her eyes closed. -At 2:21 P.M., the resident was sitting at a dining room and was talking to a staff member. -At 2:34 P.M., the resident was talking to another resident. -At 2:36 P.M., staff pushed the resident that the resident was talking to out of the dining room, leaving the resident alone at the table with no activity. -At 2:47 P.M. through 2:58 P.M., the resident was talking incoherently to Resident #2. Observation on 12/5/23 at 9:58 A.M., the resident was asleep in his/her bed. Continuous observation on 12/6/23 from 9:37 A.M. to 10:55 A.M. showed: -At 9:37 A.M., the resident was asleep on a couch in the common area. -At 10:22 A.M., staff assisted the resident in getting up from the couch and walked him/her to dining room chair at a dining room table where the resident sat alone with no activity. -At 10:55 A.M., the resident was given a beverage. Continuous observation on 12/7/23 from 9:47 A.M. to 10:52 A.M. showed: -At 9:47 A.M.: --The resident was sitting on a couch in the common area and was singing La, la, la. --A Christmas movie was on the television. The resident was not watching the movie. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--The resident said loudly Who is working on the stove? -At 10:40 A.M., the resident was singing La, la, la again. -The resident remained on the couch with no activity. Review of the resident's Individual Resident Daily Participation Records showed there was no record for the resident for December 2023. During an interview on 12/8/23 at 9:28 A.M., the Activity Director said: -He/she asked residents when they first came to the facility what their interests were. -If the resident could not provide the information, he/she tried to talk to family of the resident to get the information. -If there were staff who spent a lot of time with a resident, he/she asked them what the resident liked to do. -He/she tried to ask more details like what they like to read, what games they like, what television shows or movies they like, etc. -He/she did the activity assessments, progress notes and logged activity participation. -He/she had to work one-on-one with the resident. -The resident watched movies and ate snacks. -The resident's spouse visited. -The resident's spouse said the resident liked to knit and sew. -The resident did not want to do things he/she had offered the resident. -The resident yells out. -The Activity Assistant did sensory things with the resident in the past. -They currently did not have an activity assistant. -They did have a CNA who was on light-duty who was helping with activities. -There was a basket of towels the resident would mess with, but he/she had not seen it recently. During an interview on 12/11/23 at 10:29 A.M., CMT B said: -The resident liked to watch television, listen to live music and liked to talk to anybody. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident participated in activities at times. During an interview on 12/11/23 at 11:23 A.M., the DON said: -He/she did not know of anything that interested the resident. -Sometimes the resident would watch a movie. -He/she didn't think the resident understood how to participate in activities. -The resident talked but his/her words were incoherent. -Activities should get information on residents' previous hobbies. -Activities should be based on the resident's likes, dislikes and preference as much as possible. 5. Review of Resident #42's care plan updated 8/24/23 showed: -The resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to dementia and cognitive deficits. -The goal was that the resident would maintain involvement in cognitive stimulation, social activities as desired through review date. -The resident needed assistance/escort to activity functions. -Instructions to: --Ensure the activities the resident was attending were compatible with physical and mental capabilities, known interests and preferences, individual needs and abilities. --Ensure the activities the resident was attending were adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation). --Ensure the activities the resident was attending were age appropriate. --Invite the resident to scheduled activities. --Provide the resident with materials for individual activities as desired. --Provide the resident an activities calendar and notify the resident of any changes to the calendar of activities. --Thank the resident for attendance at activity function. -The resident likes the following independent activities: (SPECIFY) - none were specified. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's significant change MDS dated [DATE] showed the following staff assessment of the resident: -Did not have hearing impairment. -Wore glasses. -Had clear speech. -Usually understood others and others usually understood him/her. -The resident had long-term and short-term memory impairment. -Had no negative mood indicator or negative behaviors. -Used a wheelchair. -Had no range of motion impairment. -Some of his/her diagnoses included dementia and depression. -The activities that were somewhat important to him/her included music, pets, group activities and participating in his/her favorite activities. Review of the resident's quarterly activities participation review dated 10/12/23 showed: -The resident participated in group activities of his/her choice. -The resident sometimes participated in one on one activities and some parties. -The resident enjoyed morning exercise, some games, wheeling up and down the halls, book club, socializing with other residents and with staff and watching television and/or movies. -No information regarding prior hobbies or interests. Review of the resident's Individual Resident Daily Participation Record dated November 2023 showed: -The resident participated actively in: --Exercise 13 times. --Arts and crafts three times. --Hospice activity three times. --Television/Movie once. --Beauty salon twice. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--Evening activity once. --Entertainment once. --Games twice. -The resident had 13 days out of 30 with no documented activities. Review of the facility's list of residents who were COVID-19 positive in November 2023 and December 2023 showed the resident tested positive for COVID-19 on 11/29/23. Review of the resident's Physician's Order Sheet (POS) dated December 2023 showed physician's orders for contact precautions/isolation dated 11/29/23 for ten days. Observation on 12/4/23 showed: -At 11:09 A.M.: --The resident was not in his/her room. --A red sign was on the wall outside the resident room that said to report to the nurses' station before entering the resident's room and there was an isolation cart outside the resident's room. -At 11:15 A.M., the resident was talking to Resident #12 in the dining room. -From 1:06 P.M. to 1:16 P.M.: --The resident self-propelled away from the dining room table and over to this writer/state surveyor. --The resident was talking but most of it did not make any sense. --The resident pointed to a flower painting on the wall and said it was pretty. --The resident offered this writer/state surveyor the food on the dining room table. --The resident started humming to the music on in the dining room. --The resident asked, Where was I going to go? -From 2:21 P.M. to 2:58 P.M.: --At 2:21 P.M.: ---The resident was in the dining room with his/her eyes closed with no activity. ---Staff tried to take the resident's vitals but the resident did not them want to. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 2:37 P.M., staff took the resident's vitals. -At 2:47 P.M., the resident was talking to another resident. --The resident had no activities during the time of observation. Continuous observation on 12/5/23 from 9:54 A.M. to 10:37 A.M. showed: -At 9:54 A.M., the resident was sitting at a dining room table eating a honey bun and talking to another resident for a couple of minutes. -At 10:11 A.M., the resident was sitting in the dining room with no activity. -At 10:15 A.M., the resident propelled to a table where another resident was playing tic-tac-toe with staff and watched them play. -At 10:20 A.M., the resident propelled to another and talked to another resident. -At 10:33 A.M., the resident propelled to a table where a staff member was feeding another resident. -At 10:35 A.M., the resident propelled back to the original table with no activity. Continuous observation on 12/6/23 from 6:54 A.M. to 7:35 A.M. showed: -At 6:54 A.M., the resident was in his/her wheelchair in the dining room, propelling around holding an insulated coffee cup. -At 7:02 A.M., the resident was propelling around the dining room. -The resident stopped and asked another resident if it was time for breakfast. -The resident wheeled down the hall toward his/her room. -At 7:25 A.M., the resident returned to the dining room and sat in the dining room with no activity. -At 7:35 A.M., the resident was served breakfast. Continuous observation on 12/6/23 from 9:28 A.M. to 10:55 A.M. showed: -At 9:28 A.M.: --The resident was wheeling around in the dining room. --The resident stopped behind another resident where audio exercise instructions were playing. --Two residents were present in the area and were participating in the exercises. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	--No staff were in the area where the audio exercise instructions were playing. --The resident did not participate and wheeled away to another part of the dining room. -At 9:44 A.M., a staff member asked the resident if he/she wanted to play Jenga and the resident said no. -The resident propelled over by a table where three other residents were and then wheeled around the dining room. -At 10:24 A.M., the resident wheeled to the nurses' station, then over to a table where four other residents were sitting. -The resident wheeled to another table with no activity. Continuous observation on 12/07/23 from 9:45 A.M. to 10:52 A.M. showed: -At 9:45 A.M.: --The resident was in his/her wheelchair in the dining room where two staff and two other residents were. --The other two residents were coloring. --The resident had no activity. --The resident wheeled away from that table. -At 9:51 A.M., the resident wheeled up to another dining room where he/she sat alone with no activity. -At 9:58 A.M., the resident was propelling around in the dining room with no activity. -At 10:00 A.M., the resident was resting his/her head on the palm of his/her hand with his/her eyes closed. -At 10:06 A.M., the resident wheeled over to table where two staff and two other residents were, then wheeled toward one of the halls and then returned to the same table. -At 10:20 A.M., the resident was eating a honey bun. -At 10:28 A.M., the resident wheeled another table and was sitting with no activity. -At 10:40 A.M.: --The resident wheeled out of the dining room and down one of the halls. --The resident wheeled back into the dining room and sat next to another resident with no activity. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's Individual Resident Daily Participation Records showed there was no record for the resident for December 2023. During an interview on 12/8/23 at 9:28 A.M., the Activity Director said: -He/she asked residents when they first came to the facility what their interests were. -If the resident could not provide the information, he/she tried to talk to family of the resident to get the information. -If there were staff who spent a lot of time with a resident, he/she asked them what the resident liked to do. -He/she tried to ask more details like what they like to read, what games they like, what television shows or movies they like, etc. -He/She did the activity assessments, progress notes and logged activity participation. -The resident did exercises about 80% of the time in morning and would watch if not actively participating. -The resident did some coloring and some arts and crafts, if encouraged. -The resident would stay at an activity for a while, may wander off but usually came back. -The resident's spouse is unable to visit very often. -The resident's spouse said the resident did housecleaning. -He/she gave the resident things, and he/she would mess with them, try to take it apart or put it together. During an interview on 12/11/23 at 10:29 A.M., CMT B said: -The resident liked to color. -The resident did not watch television. -They had crosswords available for something to do with the residents. During an interview on 12/11/23 at 11:23 A.M., the DON said: -It was difficult to get the resident to do anything. -He/she would have to brainstorm with staff to think of things the resident might do. -It was difficult to keep the resident's attention for any amount of time. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/she saw the resident play a game with a ball in which he/she threw the ball and then wandered off. -The resident had conversations, but it usually didn't make any sense. -Activities should be based on the resident's likes, dislikes and preference as much as possible. -The activities staff or CNA's were t

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure there was documentation of the contracted hospice (end of life care) company's visits for one sampled resident, (Resident #29) out of 14 sampled residents. The facility census was 54 residents. Review of the facility's policy, Coordination of Hospice Services, dated 11/23/22 showed: -The facility maintained written agreements with hospice providers that specify the care and services that were to have been provided and the process for hospice and the nursing home communication of necessary information regarding the resident's care. -The facility would maintain communication with hospice as it related to the resident's plan of care and services to ensure each entity was aware of their responsibilities. 1. Review of Resident #29's face sheet showed he/she was admitted on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD - a group of lung diseases that make it hard to breathe). Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 10/20/23 showed: -He/She had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 indicating he/she was moderately cognitively impaired. -He/she had Cardiorespiratory (heart and lung) conditions. -He/she had COPD. -He/she had a condition that may result in life expectancy of less than six months. -He/she was on hospice care. Review of the resident's Physician Order Sheet (POS) dated December 2023 showed: -The resident was admitted to a hospice company on 7/13/23 for COPD. -The resident was a Do Not Resuscitate (DNR no life saving measures if the heart stops) status. Review of the resident's undated care plan showed: -He/she had a DNR code status. -He/she was utilizing hospice services. Review of the resident's hospice collaboration log on 12/4/23 at 9:43 A.M. showed no documentation from 7/13/23 to 12/4/23. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's hospice notebook for the resident on 12/4/23 at 9:45 A.M. showed: -Last documentation of cares done with the resident on Hospice sheet was 11/3/23. -There was only one sheet filled out documenting cares in the notebook from 7/13/23 to 12/4/23. During an interview on 12/6/23 at 1:30 P.M. Licensed Practical Nurse (LPN) A/Charge Nurse (CN) said: -They (facility staff) were given an oral report and never looked at the book. -They (facility staff) were not able to verify when the hospice staff visited the resident. -The resident was seen weekly by the hospice company. -There was documentation only on 11/3/23 of their visit. -They were to document what they did on their visits collaboration log each time they came. -The hospice nurse was to visit the resident at least weekly and as needed. -The Home Health Aide was to have come once or twice a week to bathe the resident. -It should have been on his/her care plan. -The Director of Nursing (DON) was ultimately responsible for ensuring documentation had been done. During an interview on 12/7/23 at 12:00 P.M. the resident said: -He/she has been on hospice services for a few months. -He/she did not know how often they came. -A nurse would come sometimes. -A Home Health Aide would come to bathe him/her once or twice a week. During an interview on 12/7/23 at 2:00 P.M. the Administrator said: -The hospice company was not doing weekly documentation. -There was no documentation from the hospice company since 11/3/23. -The DON was responsible to ensure the company was documenting their visits. During an interview on 12/11/23 at 11:15 A.M. the DON said: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The facility had a contract for hospice to provide services for the resident. -The hospice staff should have been documenting what was done during their visits. -The documentation should have been in the communication binder. -The hospice staff should have documentation for every time they visited the resident and they have not been doing it for this resident. -He/she was ultimately responsible and had not checked the documentation.

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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 observation, interview, and record review, the facility failed to ensure a resident's oxygen tubing was not on the floor; to ensure the plastic storage bag for the oxygen tubing was not on the floor; to ensure his/her nebulizer (a machine that turned liquid medication into a mist that was easily inhaled) was not on the floor; to ensure the resident's oxygen tubing was changed weekly with the date written on the storage bag for one sampled resident (Resident # 29) out of 14 sampled residents. The facility census was 54 residents. Review of the facility's undated policy, Oxygen Tubing and Cannula (part of the oxygen tubing that goes into a person's nose) Storage Policy and Procedures, showed: -Oxygen Tubing and cannulas would be replaced weekly and as needed by the nursing staff. -When not in use Oxygen tubing or cannulas for each resident would be confined in a bag. -Any tubing or cannulas found on the floor would be replaced by the nursing staff immediately. -Storage bags would be dated as to the date the tubing and cannula were replaced. 1. Review of Resident #29's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe). Review of the resident's Significant Change Minimum Data Set (MDS-a federally mandated assessment tool completed by the facility for care planning) dated 10/20/23 showed: -His/her Brief Interview for Mental Status (BIMS) score was 11 out of 15 indicating he/she was moderately cognitively impaired. -He/she had COPD. -He/she had a Cardiorespiratory (relating to both the heart and lungs) condition. Review of the resident's undated care plan showed: -He/she was on oxygen therapy related to an ineffective gas exchange. -Staff were to give medications as ordered. -He/she was on Hospice (end of life care). Review of the resident's Physician's Order Sheet (POS) dated December 2023 showed: -After each use, wipe the nebulizer mask with a clean damp cloth. -Rinse the nebulizer chamber with warm tap water and allow to air dry each shift, dated 1/1/23. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Change the nebulizer tubing and mask every Tuesday night shift, dated 3/14/23. -Oxygen at four liters per nasal cannula every shift, dated 4/19/23. -Change the oxygen tubing, bag, and humidifier every Tuesday night shift, dated 3/14/23. -Ipratropium and Albuterol (a combination medication used to treat COPD) 0.53(2.5) milligram) (mg)/3 mg one vial inhale orally every four hours related to COPD, dated 4/19/23. -Ipratropium and Albuterol 0.53(2.5)mg/3 mg one vial inhale orally every three hours as needed related to COPD, dated 4/19/23. Observation on 12/4/23 at 9:30 A.M. showed: -The resident was on four liters of oxygen. -He/she said staff change the tubing out every other week or so. -The floor in the corner of the resident's room was sticky. -The oxygen tubing was stuck to the floor and dated 11/7/23. -The oxygen tubing storage bag was stuck to the floor. -The nebulizer was stuck to the floor. Observation on 12/5/23 at 2:00 P.M. showed: -The floor was still sticky. -The oxygen tubing was stuck to the floor. -The oxygen tubing storage bag was stuck to the floor. -The nebulizer was stuck to the floor. Observation on 12/6/23 at 7:45 A.M. showed: -The floor was still sticky. -The date on the bag the Oxygen tubing was in was 11/7/23. -The oxygen tubing was stuck to the floor. -The oxygen tubing storage bag was stuck to the floor. -The nebulizer was stuck to the floor. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/6/23 at 7:45 A.M. Certified Nursing Assistant (CNA) C said: -The oxygen tubing was to have been changed on Tuesdays during the night shift. -The oxygen tubing was stuck to the floor. -The oxygen tubing storage bag was stuck to the floor. -The nebulizer was stuck to the floor. -The date on the oxygen tubing bag was 11/7/23. -The house keeper cleaned daily but the floor was very sticky. During an interview on 12/6/23 at 7:46 A.M. Certified Medication Technician (CMT) A said: -On Tuesday nights they change out the oxygen tubing. -The date on the oxygen tubing storage bag was 11/7/23. -The nebulizer should not be on the floor. -The oxygen tubing should not have been on the floor. -The oxygen tubing storage bag should not have been on the floor. -Housekeeping cleaned daily and should have cleaned that corner where the residents nebulizer was. During an interview on 12/6/23 at 10:15 A.M. Licensed Practical Nurse (LPN) A said: -Housekeeping cleaned the residents' rooms daily. -The floor should not have been sticky. -Oxygen tubing should not have been on the floor. -The oxygen tubing storage bag should not have been on the floor. -The nebulizer machine should not be on the floor. -On Tuesday nights the CNA's change the oxygen tubing. -The CNA's should have written the date on the bag when it was changed. During an interview on 12/11/23 at 11:15 A.M. the Director of Nursing (DON) said: -Oxygen tubing should have been changed weekly by the night CNA's on Tuesdays. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The date it was changed should have been written on the storage bag. -The nebulizer should never have been on the floor. -The oxygen tubing should never have been on the floor. -The oxygen tubing storage bag should have never been on the floor. -Housekeeping cleaned the floors daily it should not have been sticky. -The nurses were responsible to ensure the oxygen tubing, oxygen concentrator, and nebulizer were kept clean.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) worked for eight consecutive hours per day, seven days a week for four or more days for the previous four quarters of the last fiscal year July 2022 through June 2023 and from November 16, 2023, through December 4, 2023, for this survey look back. The facility census was 54 residents. Review of the facility's Nursing Services-RN policy dated 11/23/2022 showed: -It was the intent of the facility to comply with RN staffing requirements. -The facility would utilize the services of a RN for at least eight consecutive hours per day seven days per week. -The facility would designate a RN to serve as the Director of Nursing (DON) on a full-time basis. -The DON may serve as a charge nurse only when the facility had an average daily occupancy of 60 or fewer residents. -The facility was responsible for submitting timely and accurate staffing data through the Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) system. 1. Review of the PBJ of the fiscal year of quarter 4 of 2022 (July 1-September 30) showed no eight-hour consecutive RN coverage the following dates: -Three days in July: --Thursday 7/7/22. --Friday 7/8/22. --Thursday 7/24/22. -Three days in September: --Saturday 9/3/22. --Sunday 9/4/22. --Friday 9/30/22. Review of the PBJ of the fiscal year of quarter 1 of 2022 (October 1 through December 31) showed no eight-hour consecutive RN coverage the following dates: -Six days in October 2022: --Saturday 10/8/22. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	--Monday 10/17/22. --Tuesday 10/18/22. --Friday 10/21/22. --Saturday 10/22/22 --Sunday 10/23/22. -Four days in November 2022: --Friday 11/4/22. --Monday 11/7/22. --Saturday 11/26/22. --Sunday 11/27/22. -Six days in December 2022: --Saturday 12/10/22. --Sunday 12/11/22. --Friday 12/16/22. --Saturday 12/24/22. --Sunday 12/25/22. --Saturday 12/31/22. Review of the PBJ of the fiscal year of quarter 2 of 2023 (January 1-March 31) showed no eight-hour consecutive RN coverage the following dates: -Five days in January 2023: --Sunday 1/1/23. --Saturday 1/7/23. --Sunday 1/8/23. --Saturday 1/21/23. --Sunday 1/22/23. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Four days in February 2023: --Saturday 2/4/23. --Sunday 2/5/23 --Saturday 2/18/23. --Sunday 2/19/23. -Eight days in March 2023: --Saturday 3/4/23. --Sunday 3/5/23. --Saturday 3/11/23. --Sunday 3/12/23. --Saturday 3/18/23. --Sunday 3/19/23. --Saturday 3/25/23. --Sunday 3/26/23. Review of the PBJ of the fiscal year of quarter 3 of 2023 (April 1-June 30) showed no eight-hour consecutive RN coverage the following dates: -Seven days in April 2023: --Wednesday 4/5/23. --Monday 4/10/23. --Tuesday 4/11/23. --Saturday 4/15/23. --Sunday 4/16/23. --Saturday 4/29/23. --Sunday 4/30/23. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	---Received documentation from the facility of RN coverage by the DON and/or the Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility staff for care planning) Coordinator, who was an RN for the following three April dates from above: ----Wednesday 4/5/23. ----Monday 4/10/23. ----Tuesday 4/11/23. -Four days in May 2023: --Saturday 5/13/23. --Sunday 5/14/23. --Saturday 5/27/23. --Sunday 5/28/23 -Six days in June 2023: --Thursday 6/8/23. --Friday 6/9/23. --Saturday 6/10/23. --Sunday 6/11/23. --Monday 6/12/23. --Saturday 6/24/23. ---Received documentation from facility of RN coverage by the DON and/or the MDS Coordinator, for the following three June dates from above: ----Thursday 6/8/23. ----Friday 6/9/23. ----Monday 6/12/23. Review of staffing sheets from November 16, 2023, through December 4, 2023, showed no eight-hour consecutive RN coverage the following days: -Thursday 11/23/23. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Friday 11/24/23. -Saturday 11/25/23. -Sunday 11/26/23. During an interview on 12/7/23 at 8:55 A.M., the Administrator said: -The facility had three RN's which included the DON and the MDS Coordinator. -They just couldn't get any RN's to apply. -The non-administrative RN works every other weekend along with weekdays. -They have had in the past some agency coverage. During an interview on 12/11/23 at 10:05 A.M., the Staffing Coordinator said: -He/she had a monthly schedule that was a daily schedule for the shifts that the staff usually worked. -The daily schedule was put out at the nurse's station. -He/she tried to make up two weeks schedule at a time. -There was a spot at the top of the staffing sheet to put in the name of the RN who was working for that day. -There was RN coverage every other weekend that was not Administrative staff. -On the weekends that were not covered by a RN, the DON or the MDS Coordinator took turns covering. -Used to use agency staff to cover needed staffing openings except for RN's. -Have not used agency staffing since July 2023 except for the last couple of weeks with staff being off due to COVID-19. -Try to get own staff to work an extra shift before calling agency staff. -The facility did not use a staffing agency to cover the RN in vacancies. During an interview on 12/11/23 at 10:32 A.M., the DON said: -He/she had covered a weekend if there was no RN in the past. -At times it could have been every weekend in a month. -For most of this year he/she had not come in on a weekend very much. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-He/she doesn't believe the facility had RN coverage every weekend for a long time. -He/she just had not been asked to cover on a weekend. -The facility had ads out for RN positions in an online staffing forum, have placed ads in the local newspaper and on social media. -Just have not had any RN's or nurses apply.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 record review, the facility failed to ensure the residents' prescribed medications were stored in the medication refrigerator; to ensure the residents' prescribed medications that had been opened, had the date written that they had been opened written on the container; and to ensure non medical items were not stored with the residents' medications. The facility census was 54 residents. Review of the facility's policy, Administering Medications, dated December 2012 showed: -The Director of Nursing Services would supervise and direct all nursing personnel who administer medications and/or have related functions. -When opening a multi-dose container, the date opened should have been recorded on the container. Review of the facility's policy, Storage of Medications, dated April 2007 showed: -Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location. -Medications must be stored separately from food and must be labeled accordingly. -The nursing staff would be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 1. Observation on 12/5/23 at 3:30 P.M. of the medication refrigerator in the medication room with Licensed Practical Nurse (LPN) B showed: -A resident's Daptmomycin (an antibiotic) 500 milligram (mg) intravenously (IV medication administered through a tube through the skin into a vein) medication was in same refrigerator with the resident's food. -There was a separate medication refrigerator in the medication room. During an interview on 12/5/23 at 3:35 P.M. LPN B said: -The residents IV medication should not have been in the residents' refrigerator with the resident's opened food and drinks. -The IV medication should have been stored in the medication refrigerator not in the refrigerator with food in it. 2. Observation on 12/5/23 at 3:40 P.M. of the Cherry/Peach Certified Medication Technician (CMT) medication cart with CMT A showed: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A resident's prescribed Levetiracetam (an anti seizure medication) a 16 ounce bottle was opened without an opened date written on it. -Two resident's prescribed Potassium Chloride (a mineral supplement used to treat low levels of Potassium), 473 milliliter (ml) bottles were opened without an opened date written on it. -A 24 ounce bottle of chocolate syrup was in with the residents' medications. 3. Observation on 12/5/23 at 3:50 P.M. of the Orange hall CMT medication cart showed: -A residents prescribed Potassium Chloride, a 473 ml bottle was opened without an opened date written on it. 4. During an interview on 12/5/23 at 3:55 P.M. CMT A said: -Refrigerated medications should go in the medication refrigerator. -The resident's medications should have had a date it was opened written on it. -Who ever opened the medication should have written the date it was opened on it. -Each person who used the medication cart was responsible to keep it clean and there should not be other items in the medication cart, like the chocolate syrup. -The Director of Nursing (DON) was responsible to ensure the medications were taken care of as they should be. During an interview on 12/6/23 at 7:30 A.M. the DON said: -The resident's IV mediation should not have been in the resident's food refrigerator. -The IV medication should have went in the medication refrigerator. -Medications that have been opened should have had the date they were opened written on it. -If the chocolate syrup was used to give the medications it should have been in it's own compartment not in with the residents' medications. -The charge nurse should have been auditing the medication refrigerator and carts.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview, and record review, the facility failed to employ sufficient dietary staff and support personnel with the appropriate competencies and skill sets to safely and effectively carry out the functions of the food and nutrition service, taking into consideration residents' dietary assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with professional standards for food service safety. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who ate food from the kitchen. The facility's census was 54 residents with a licensed capacity for 99 residents at the time of the survey. 1. Review of the facility's dietary documentation for the month of December, 2023, provided by the Dietary Manager (DM), showed the following: -Meals were scheduled three time a day on menus that rotated on a four week basis. -Each meal had at least three main food items with a choice of beverage. -There were separate menus for mechanically altered and pureed textured diets. -Individual resident diet cards were used that addressed their different required textures, allergies, religious and/or cultural preferences, and any special instructions. -For residents who may not want the main meal scheduled there was an Always Available sheet with numerous additional items to choose from daily for lunch or dinner. -The staffing sheet for the month showed there was one cook, one dishwasher, and the DM scheduled for days, and one cook, one dishwasher, and a dietary aide scheduled for nights. Observation on 12/4/23 between 8:44 A.M. and 11:41 A.M. during the initial kitchen inspection showed there was one day cook, a dishwasher, and the DM present. During an interview on 12/4/23 at 9:43 A.M. the DM said the following: -The kitchen had been short-staffed for about a month. -There was also one dietary aide out with a long illness. -The day cook and him/her were covering extra shifts. -He/she was filling in doing dinner meal passes. During an interview on 12/4/23 at 11:33 A.M. the Day [NAME] said after food was transferred from the stove and/or oven to the steam table, the whole table was unplugged and it was physically taken from the kitchen to the back dining room with a large beverage cart and the table plugged in for the meal service there, and then it was returned to the kitchen and re-plugged in there for the front dining room's meal service. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 12/7/23 at 9:27 A.M. the DM said the following: -If they lost a staff member for some reason it could be weeks before they even got an applicant. -He/she was also very picky about whom they hired as well.

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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 record review, the facility failed to retain operable thermometers in all refrigerators/freezers to confirm adequate temperature ranges; to maintain sanitary utensils, beverage dispensers, and food preparation equipment; to maintain plastic cutting boards and utensils in good condition to avoid food safety hazards (cross-contamination); and to record the testing of the dishwasher machine's chemical solution balance for the sanitizing of eating/serving utensils, plates, and cups/mugs, in accordance with professional standards for food service safety. These deficient practices had the potential to affect all residents, visitors, volunteers, and staff who ate food from the kitchen. The facility's census was 54 residents with a licensed capacity for 99 residents at the time of the survey. 1. Observations on 12/4/23 between 8:44 A.M. and 9:47 A.M. during the initial kitchen inspection showed the following: -There was unknown residue on the right side of the manual can opener blade. -There was no thermometer in the reach-in freezer. -A brown handled white rubber spatula blade was chipped on one edge. -The multi-juice soda gun (a soda gun system allows you to stream multiple beverage types through a single hose) and coffee dispensers' nozzles were stained. -A 4-drawer plastic storage unit had plastic cup lids in one drawer and plastic eating utensils in another, both drawers had lint and crumbs in the bottom. -The microwave had food splatters on the upper inside. -A 4-slice toaster had an overabundance of crumbs in the bottom. -The green and red cutting boards were excessively scored to the point of plastic bits flaking off. Observations on 12/4/23 between 11:27 A.M. and 12:03 P.M. during the kitchen meal pass inspection showed the following: -There was still an unknown residue on the right side of the manual can opener blade. -There was a Dish Machine Sanitizer Log sheet for Dec. '23 in a plastic sleeve on the wall next to the machine for recording the dishwasher's chemical balance that was yet to be filled out. -A 4-drawer plastic storage unit had plastic cup lids in one drawer and plastic eating utensils in another, both drawers had lint and crumbs in the bottom. -The microwave had food splatters on the upper inside. -A 4-slice toaster had an overabundance of crumbs in the bottom. (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The green and red cutting boards were excessively scored to the point of plastic bits flaking off. During an interview on 12/4/23 at 11:43 A.M. the Day Dishwasher said that he/she checked the chemical balance for the dishwashing machine with test strips during the morning shift and the next dishwasher did it for the evening shift. Observations on 12/5/23 at 9:47 A.M. during the follow-up kitchen inspection showed the following: -There was no thermometer in the reach-in freezer with an accumulation of crumbs in the bottom. -An unknown residue remained on the right side of the manual can opener blade. -A brown handled white rubber spatula blade was chipped on one edge. -The microwave had food splatters on the upper inside. -A 4-slice toaster had an abundant amount of crumbs in the bottom. -The green and red cutting boards were excessively scored. During an interview on 12/5/23 at 9:51 A.M. the Dietary Manager (DM) said: -He/she did not see a thermometer in the reach-in freezer. -He/she would go get one from his/her office and put it inside. During an interview on 12/7/23 at 9:27 A.M. the DM said: -Staff notify him/her verbally if food preparation items are damaged and need replaced. -Food preparation items are cleaned after each use. -Food should be free from foreign substances. -Coffee dispenser nozzles are cleaned and the soda gun is soaked daily.

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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** 2. Review of the facility's Perineal (area between the genitals and anus) Care Policy, dated February 2018, showed: -The purpose of this procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident's skin condition. -Preparation: --Review the resident's care plan. --Assemble the equipment and supplies needed. -Equipment and supplies included: --Wash basin. --Washcloths. --Personal protective equipment (PPE - gowns, gloves, mask as needed). -Procedure: --Place the equipment on the bedside stand, arrange supplies so they can be easily reached. --Wash and dry hands thoroughly. --Fill wash basin. --Fold bedspread or blanket toward the of the bed. --Raise the gown or lower the pajamas. --Put on gloves. --Wet washcloth and soap the skin. --Wash perineal area front to back. --Rinse wash cloth and gently dry the area. -Discard disposable items, remove gloves and discard. -Wash and dry hands thoroughly. Review of the facility Infection Prevention and Control Program policy, dated 5/12/23, showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The purpose of the policy was to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and help prevent the development and transmission of communicable diseases and infections. -All staff were responsible for following all policies and procedures related to the program. -A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines. Review of the facility's Handwashing/Hand Hygiene policy, dated August 2019, showed: -The facility considered hand hygiene the primary means to prevent the spread of infection. -All staff followed the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. -Staff were to use an alcohol-based hand rub containing at least 62% alcohol; or soap and water for the following situations: --Before performing any non-surgical invasive procedures. --Before putting on sterile gloves. --Before moving from a contaminated body site to a clean body site during resident care. --After contact with a resident's intact skin. --After contact with blood or bodily fluids. --After handling used dressings, contaminated equipment, etc. --After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident. --After removing gloves. -Hand hygiene was performed before applying non-sterile gloves. Review of Resident #17's face sheet, undated, showed the resident had the following diagnoses: -Stroke. -Dementia (progressive or persistent loss of intellectual functioning, especially with impairment of memory). -Muscle weakness. Review of the resident's quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 6/26/23, showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The resident scored a 00 on the Brief Interview for Mental Status (BIMS an assessment tool that shows a score between 3 and 15 which shows the resident's mental status. This tool helps determine the resident's attention, orientation and ability to register and recall new information. These items were crucial factors in care planning decisions). --This indicated the resident was severely cognitively impaired. Review of the resident's Functional Abilities and Goals (section GG) dated 6/26/23 showed: -The resident required assistance for toileting. -The resident was totally dependent on staff for urinary incontinent care. -The resident was always incontinent of urine. Review of the resident's Care Plan, undated, showed the resident had bowel and bladder incontinence related to dementia and impaired mobility. Observation on 12/06/23 at 1:00 P.M., Certified Nursing Assistant (CNA) A and CNA B were performing incontinence care for the resident: -Both CNA's washed their hands and put gloves on. -CNA A pulled side room curtain down to bottom of bed and then moved bed out some. -CNA A did not change gloves or wash/sanitize hands. -Both CNA's removed the resident's disposable brief. -CNA B handed CNA A the wipes. -CNA A started cleaning the resident with same gloves which touched items in the room. -CNA A removed gloves but did not wash/sanitize hands. -CNA A put on new gloves. -CNA A cleaned the resident's buttocks and placed a new disposable brief next to the resident. -CNA A then re-wiped the resident's perineal area. -CNA A removed his/her gloves. -CNA A did not wash or sanitize his/her hands. -CNA A put on new gloves. -CNA A positioned the disposable brief under the resident. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Both CNA A and CNA B rolled the resident to the right side and pulled the disposable brief under the resident. -Both CNA A and CNA B fastened the disposable brief and repositioned the resident and made sure he/she was comfortable. -Both CNA A and CNA B removed their gloves and washed their hands. During an interview on 12/06/23 at 8:02 A.M., CNA A said: -He/she changed gloves all of the time when changing the resident. -He/she used sanitizer between taking off the soiled brief and putting on a clean one. During an interview on 12/07/23 at 9:24 A.M., CNA B said: -He/she checked and changed the resident every two hours. -He/she started the changing procedure by letting the resident know what he/she was about to do for the resident. -He/she turned the resident, wiped and put wipes in the trash can. -Then he/she put the clean brief back on the resident. -He/she changed gloves when they were soiled and after changing the resident. -He/she pulled the curtain closed before he/she started the procedure. -He/she closed curtains on the windows. During an interview on 12/07/23 at 10:44 A.M., Licensed Practical Nurse (LPN) A said: -CNA's were responsible for incontinence care, but anyone of the nursing staff could provide incontinence care. -The expectation was to take the resident to their room. -Wash hands and put gloves on. -Help the resident stand and move to the toilet or have them lay down in bed. -Take off old brief and remove gloves. -Put on new gloves, wipe the perineal area. -Remove gloves, wash hands and prepare new brief. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Put on new gloves and put on new brief, degloved and wash hands. During an interview on 12/11/23 at 11:22 A.M., the Director of Nursing (DON) said: -During peri-care he/she expected staff to change gloves every time they went from something dirty to something clean. -If staff touched something dirty, they should change their gloves. -Staff should remove their gloves after touching the curtain or the bed, sanitize and put on clean gloves. -He/she was unaware of when the last handwashing/hand hygiene training was but believed it was in the last couple of months. 3. Review of the facility's policy, Transmission-Based (Isolation) Precautions dated 2023 showed: -Residents on transmission-based precautions (precautions for diseases spread by direct or indirect contact) should remain in their rooms except for medically necessary care. -An order for transmission-based precautions/isolation would specify the type of precaution and the reason for the transmission-based precaution. -The duration would depend upon the infectious agent or organism involved. -Signage that included instructions for use of specific PPE would be placed in a conspicuous location out side the resident's room, wing or facility-wide. -Healthcare personnel caring for residents on Contact Precautions (precautions used to prevent the transmission of infectious agents, which were spread by direct or indirect contact with the patient or the patient's environment) would wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. -Donning (putting on) PPE upon room entry and discarding before exiting the room was done to contain pathogens (a virus that can cause disease), especially those that have implicated in transmission. Review of the facility's policy ,Infection Prevention and Control Program, dated 5/12/23 showed: -Hand hygiene should have been performed in accordance with out facility's established hand hygiene procedures. -Limit transport and movement of the resident outside the room to medically essential purposes. -Health Care Professionals who enter the room of a resident with confirmed COVID-19 infection should have adhered to standard precautions and use a N-95 respirator, gown, gloves, and eye protections. Review of the facility's COVID-19 Prevention, Response and Reporting policy, dated 5/12/23, showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Source control measures included: --A National Institute for Occupational Safety and Health (NIOSH) approved mask with an N95 (is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) rating or higher. --A barrier face covering. --A well fitted face mask. -Source control was recommended for health care settings who had suspected or confirmed COVID-19 infections. -Staff who entered the room of a resident with a confirmed COVID-19 infection should use an approved N95 mask, gloves, gowns and eye protection. Review of Resident #47's quarterly MDS dated [DATE], showed: -The resident scored a 03 on the BIMS. --This indicated the resident was severely cognitively impaired. Review of the resident's care plan, dated 10/9/23, showed there was nothing noted regarding the resident's COVID-19 status. Review of the resident's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated November 2023 showed no documentation of staff performing COVID-19 screenings or assessments. Review of the list of COVID-19 positive residents, undated, showed the resident tested positive for COVID-19 on 11/29/23. Review of the resident's MAR and TAR dated December 2023 showed no documentation of staff performing any COVID-19 screenings or assessments. Review of the resident's COVID-19 Assessment Sheets that were completed after the resident had tested positive for COVID-19 that indicated his/her symptoms showed: -There was no COVID-19 assessment completed that indicated the resident's symptoms on 11/29/23. -There was no COVID-19 assessment completed that indicated the resident's symptoms on 11/30/23. -There was no COVID-19 assessment completed that indicated the resident's symptoms on 12/1/23. -There was no COVID-19 assessment completed that indicated the resident's symptoms on 12/2/23. -There was no COVID-19 assessment completed that indicated the resident's symptoms on 12/3/23. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-There was no COVID-19 assessment completed that indicated the resident's symptoms on 12/4/23. Observation on 12/4/23 at 9:33 A.M., showed: -The resident's room door was closed. -There was a supply cart outside of the room with gloves, shields, masks and gowns. -There was a piece of red paper posted outside the door that indicated to please report to the nurse's station before entering the room. Observation on 12/4/23 at 12:08 P.M., showed: -CNA A brought a lunch tray into the resident's room. -CNA A came back out of the room into the hall and took a gown out of the bin outside of the resident's room. -CNA A entered the resident's room and put on the gown. -He/she was wearing a N-95 mask. -He/she was not wearing gloves or a face shield. -He/she removed the gown in the hallway. -He/she took the gown down the hall and threw it away in a trash can in an unidentified room on the hallway. During an interview on 12/4/23 at 12:08 P.M., CNA A said he/she forgot to put on the PPE. Observation on 12/6/23 at 7:32 A.M., showed CNA B: -Delivered a breakfast tray to the resident's room. -He/She did not put on any PPE. -He/she returned to the hot food serving table and retrieved another tray and delivered it to another room which had a resident who had tested negative. -He/she was not observed to use hand sanitizer. -He/she walked back down the hall to the hot food serving table. -He/she picked up a tray and walked down the hall and entered room [ROOM NUMBER] which had a resident who had tested positive. --He/she did not put on any PPE. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-He/she exited the room, walked down the hall toward the dining area, sanitized his/her hands then returned to the hot food serving table and continued to deliver trays to the residents in the dining room. 4. Observation on 12/4/23 at 12:30 P.M. of the lunch meal in the main dining room showed: -Of the 15 residents in the dining room only two had worn a mask to the meal. -Residents who needed to have been fed were not six feet apart. -Staff were not observed encouraging the residents to wear a mask when they left the dining room. Review of the list of COVID-19 positive residents on 12/4/23 from the DON showed the following rooms had residents who had tested positive for COVID-19: -Rooms six, eight, 10, 11, 15, 16, 23, 24, 27, 29, 30, 32, 33, 44, 45, and 49. Observation on 12/4/23 at 1:21 P.M. showed: -room [ROOM NUMBER] had a red sign on the door, See Nurse before entering. -There was an isolation cart at the door. -The door was open and the resident was inside the room. -There was no sign showing what PPE was required to enter the room. Observation on 12/4/23 at 1:30 P.M. showed: -A resident came out of room [ROOM NUMBER] (positive for COVID-19) with his/her mask below his/her chin. -He/she started to talk to another resident from across the hall who had come out of their room (not positive). -The two residents were within one foot from each other. -A female staff member walked by the two residents and passed them on his/her way down the hallway. -When asked if the two residents were both negative for COVID-19 the staff member said no the resident who had come out of room [ROOM NUMBER] was positive and should not be out of his/her room. -The staff member then assisted each resident back to their room. Observation on 12/07/23 at 10:15 A.M. showed: -room [ROOM NUMBER]'s door was open with a resident inside. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-There was a red sign on the door that indicated, See the Nurse. -There was an isolation cart outside the door. Observation on 12/4/23 at 1:40 P.M. showed Physical Therapist (PT) A: -Came out of room [ROOM NUMBER] with his/her soiled PPE in his/her hand. -He/she was looking up and down the hallway trying to find a trash can. During an interview on 12/4/23 at 1:45 P.M. PT A said: -He/she knew to remove his/her PPE when exiting a COVID-19 isolation room. -There was no sign on the door what staff was expected to wear for PPE when entering a COVID-19 isolation room, but he/she had education on what to wear. -There was no trash can in the room to throw his/her soiled PPE away. -He/she would have to find one. -He/she carried the soiled PPE down the hallway in his/her bare hand to find somewhere to throw it away. Based on observation, interview, and record review, the facility failed to establish and maintain a comprehensive, infection prevention and control program designed to help prevent the development and transmission of water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease), and failed to provide documented assessments for such an outbreak with accepted response protocols, in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility. Additionally, the facility failed to ensure staff were following isolation (being apart from other people) policies for COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) positive residents for five sampled residents (Resident #17, #47, #50, #12, and #42) and one supplemental resident (Resident #43) out of 14 sampled residents and one supplemental residents; and to demonstrate standard infection control practices while performing incontinence care (assistance with clean up urine or feces) for one sampled resident (Resident #17). The facility census was 54 residents with a licensed capacity for 99 residents at the time of the survey. 1. Observation on 12/4/23 between 8:44 A.M. and 9:47 A.M. during the Life Safety Code (LSC) kitchen inspection showed a three-sink area, a chemical dish-washing machine, a sink food preparation table, a handwashing sink, and an ice machine. Observation on 12/5/23 between 10:51 A.M. and 1:21 P.M. during the facility LSC room-by-room inspections with the Director of Maintenance (DOM) showed the following: -There was a facility-wide fire sprinkler system. -There was a boiler room, two dining rooms, and a beauty shop. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-There were at least 40 resident rooms with sinks and bathrooms, two bathhouses, janitor's closets with mop hopper sinks, and staff and public restrooms. Review of the facility's emergency preparedness manual entitled Emergency Preparedness - 2023, last reviewed on 2/23/23 and obtained from the front nurses station, with a 23-page section, Water Management Program to Reduce Legionella Growth and Spread in the Facility, revised on 6/13/22 by the Administrator, showed the following: -There was no facility-specific risk assessment that considered the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) industry standard #188. -There was no completed Centers for Disease Control (CDC) toolkit including control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens. -There was no facility-specific infection prevention program or plan to deal with outbreaks of Legionella and/or other waterborne pathogens. -There were facility maps showing water flow and locations throughout the facility along with a list of system details and outlets, but no assessments of each area's individual potential risk level. -There was no documentation of any site log book being maintained with any cleanings, sanitizings, descalings, and inspections mentioned. During an interview on 12/7/23 at 11:09 A.M., the DOM said the following: -He/she would run the water in vacant resident rooms on a weekly basis. -He/she also tested the water in those rooms and bathhouses for their PH (Potential for Hydrogen is a measure of how acidic/basic water is. The range goes from 0 - 14, with 7 being neutral. pHs of less than 7 indicate acidity, whereas a pH of greater than 7 indicates a base) content. Review of the facility's Legionella Testing Log, conducted and provided by the DOM, showed triannual testing of their water's PH Range and Chlorine Range for each hall from 12/1/22 through 12/1/23, but no guidance as to what the actual control limits were or what would be done if those limits were not met. During an interview on 12/7/23 at 11:41 A.M., the Administrator said the following: -The Legionella Program was in place when he/she started at the facility a little over a year ago. -He/she did not know who developed the program or how. 5. Review of Resident #50's admission record showed he/she admitted on [DATE] and re-admitted on [DATE] with the following diagnosis: -Difficulty in walking dated 3/15/23. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Unsteadiness on feet dated 8/4/23. -Muscle wasting and atrophy (characterized by a significant shortening of the muscle fibers and a loss of overall muscle mass) dated 11/2/23. -COVID-19 dated 11/27/23. Review of the resident's medical record showed he/she was diagnosed with COVID-19 on 11/27/23 and on isolation precautions until 12/7/23. Observation on 12/4/23 at 9:25 A.M., showed: -The resident's room door was open. -The resident was sitting in a wheelchair with a mask on over his/her mouth only. -A sign outside the door instructing visitors to report to the nurses' station before entering. -No sign that indicated any PPE that should be worn when entering the room. -There was not an isolation cart next to the resident's room door. -An isolation cart was across the hall. -Certified Medication Technician (CMT) A entered the room with a KN-95 mask on and gloves no other PPE on such as a protective gown. -CMT A gave the resident medication, removed his/her gloves in the room and washed his/her hands, then exited the room. During an interview on 12/4/23 at 9:26 A.M., CMT A said: -He/she had been gone a week and had just returned today. -He/she was not sure if room doors were supposed to be open or closed if a resident was COVID-19 positive. -This resident was a fall risk and that was probably why the door was open. During an interview on 12/4/23 at 9:31 A.M., the resident said: -He/she did not see staff wearing yellow covers when they come into the room. -He/she stayed in the room and sometimes wore a mask. -He/she ate meals in his/her room. Observation on 12/5/23 at 9:45 A.M., showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The resident's door was open. -The resident was in his/her wheelchair and wearing a KN-95 mask. -An unidentified staff member was in the resident's room without an isolation gown on. Observation on 12/6/23 at 10:45 AM the resident's door remained open. During an interview on 12/4/23 at 9:38 A.M., CMT C said: -If a resident was COVID-19 positive and on isolation precautions staff needed to wear the isolation gown, gloves and a KN-95 mask. -That was the PPE that was included in the isolation carts outside the rooms of the resident's who had tested positive for COVID-19. Observation on 12/4/23 at 9:28 A.M., showed CMT A went to a resident room that had an isolation cart outside the door and passed medications without putting an isolation gown on. 6. Review of Resident #43's significant change MDS dated [DATE] showed the following staff assessment of the resident: -Was severely cognitively impaired. -Used a wheelchair. -Had a diagnosis of dementia. Review of the facility's list of residents who tested positive for COVID-19 in November 2023 and December 2023 showed the resident tested positive for COVID-19 on 11/27/23. Review of the resident's MAR dated November 2023 showed the resident was on contact precautions for COVID-19 every shift for COVID-19 positive for ten days beginning on the night shift on 11/27/23 through 11/30/23. Review of the resident's MAR dated December 2023 showed the resident was on contact precautions for COVID-19 every shift for COVID-19 positive for ten days 12/1/23 through the evening shift on 12/7/23. Review of the resident's undated care plan showed: -The resident had a diagnosis of COVID-19. -The resident required contact and droplet isolation precautions (precautions intended to prevent transmission of infectious agents which are spread by speaking, sneezing, or coughing) and other monitoring related to COVID-19 infection. -Instructions to staff to: (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Independence Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 South Kingshighway Independence, MO 64055	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	--Encourage the resident to wear a mask if leaving his/her room. --Encourage the resident to stay in his/her room and away from other people as much as possible due to contact and droplet precautions. Observation on 12/4/23 at 10:30 A.M. showed: -The resident was sitting in his/her room in his/her wheelchair with his/her door open and was not wearing a mask. -There was a red sign on door frame outside the resident's room to report to the nurses' station before entering the room. -There was an isolation cart outside the resident's room. Observation on 12/4/23 at 10:32 A.M. showed: -The Maintenance Director knocked on the resident's door and entered the room. -The Maintenance Director had on a KN95 mask (personal protective equipment that protect against airborne particles and liquids). -The Maintenance Director did not wear any other personal protective equipment. -The Maintenance Director told the resident he/she was there to look at the resident's bed and to try to fix it. -The Maintenance Director got underneath the resident's bed and began to work on it while the resident remained in the room. During an interview on 12/11/23 10:36 A.M., the Maintenance Director said: -He/she did not know the resident was on isolation when he/she went into the resident's room to fix his/her bed. -He/she knew to wear PPE if there was a red sign and isolation cart outside a resident's room. -He/she did not think there was an isolation cart outside the resident's door when he/she entered to fix the resident's bed. During an interview on 12/11/23 at 11:15 A.M. the DON said anyone who went into a room of a resident who was COVID-19 positive expected to wear full PPE. 7. Review of Resident #12's care plan dated 7/21/23 showed (with undated updates): -The resident had a diagnosis of COVID-19. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The resident required contact and droplet isolation precautions and other monitoring related to COVID-19 infection. -The resident was resistive to wearing a mask due for COVID-19 precautions and was also resistive to staying in his/her room for COVID-19 isolation precautions. -Instructions to staff to: --Encourage the resident to wear a mask if leaving his/her room. --Encourage the resident to stay in his/her room and away from other people as much as possible (contact and droplet precautions). Review of the resident's significant change MDS dated [DATE] showed the following staff assessment of the resident: -Severely cognitively impaired -Rejected care one to three days in the past seven days. -Used a walker. -Had a diagnosis of dementia. Review of the facility's list of residents who tested positive for COVID-19 in November 2023 and December 2023 showed the resident tested positive for COVID-19 on 11/27/23. Review of the resident's Physician's Order Sheets (POS)s and MARs dated November 2023 and December 2023 showed no physician's order for contact precautions for COVID-19 every shift for COVID-19 positive for ten days. Observation on 12/4/23 showed: -At 11:01 A.M.: --There was a red sign on door frame outside the resident's room to report to the nurses' station before entering the room. --There was an isolation cart outside the resident's room. --The door was open. --The resident was not in his/her room. -At 11:14 A.M.: --The resident was sitting in a chair at a dining room table talking to Resident #42 and drinking a beverage. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The residents were sitting right next to each other with approximately one foot between them. -Neither residents were wearing masks. -Staff in the area did not say or do anything related to the residents being this close and without masks. -At 12:43 P.M., the resident was sitting in his/her room eating lunch and the door was open. During an interview on 12/4/23 at 12:47 P.M., CMT B said: -The resident was supposed to be in isolation. -It was hard to get the resident to stay in his/her room and it was hard to keep a mask on him/her. Observation on 12/4/23 showed: -At 1:18 P.M. and 2:24 P.M., the resident was sitting in his/her room and the door was open. -At 2:46 P.M.: --The resident walked to the nurses' station using his/her roller walker with no mask on. --CMT B told him he was supposed to stay in his/her room due to having COVID-19 and gave the resident a mask which he/she put on and walked back to his/her room. Observation on 12/5/23 showed at 9:58 A.M., the resident was in his/her room and the door was open. Observation on 12/6/23 showed: -At 6:56 A.M., the resident was the dining room at a dining room table without a mask on and was watching a movie. -At 7:00 A.M., --There was a red sign on the door frame outside the resident's room to report to the nurses' station before entering the room. --There was an isolation cart outside the resident's room. -Continuous observation from 9:28 A.M., to 10:57 A.M. showed: --The resident was sitting at a dining room table without a mask on and was talking to a staff member who had a KN-95 mask on. --The resident remained in the dining room watching television with no mask on. --No staff encouraged the resident to wear a mask or go back to his/her room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 12/7/23 showed: -At 9:57 A.M., the resident was in his/her room and the red sign and isolation cart were still present. -At 10:12 A.M.: --The resident walked into the dining room without a mask on. --A staff member went to the resident and gave him/her a medical mask and asked the resident to put it on. --The resident put on the mask and walked toward his/her room. -At 10:43 A.M., the resident walked into the dining room without a mask on. -At 10:44 A.M.: --Staff asked the resident to put on a mask. --Staff gave the resident a medical mask and he/she put it on. During an interview on 12/8/23 at 2:45 P.M., the DON said the resident had one COVID-19 symptom and that was a runny nose. During an interview on 12/11/23 at 10:29 A.M., CMT B said: -The resident stayed in his/her room at times. -They tried to re-direct the resident when he/she came out of his/her room. -They tried to keep a mask on him/her and to keep away from other residents. During an interview on 12/11/23 at 11:23 A.M., the DON said: -The residents who were on isolation should stay in their room with the door closed except if they were a fall risk. -Residents who were COVID-19 positive should not be outside of their room without a mask. -Staff was expected to encourage the residents who were COVID-19 positive to wear masks and go back to their rooms. -Residents who were COVID-19 positive should be kept six feet apart from others if out of their room. -The resident did not like to wear a mask. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-He/She was not sure about getting the resident to go back to his/her room. -The resident would probably just walk back out of his/her room. -The resident was difficult to separate from other residents. -All residents who were COVID-19 positive should have a physician's order for 10 days of isolation. 8. Review of Resident #42's care plan dated 1/19/23 (with no updated date) showed: -The resident had a diagnosis of COVID-19. -The resident required contact and droplet isolation precautions and other monitoring related to COVID-19 infection. -Instructions to staff to: --Encourage the resident to wear a mask if leaving his/her room. --Encourage the resident to stay in his/her room and away from other people as much as possible. -The resident was a fall risk related to walking and balance problems with a history of falls. -The resident was unaware of safety needs. -The resident had a non-injury fall on 7/29/23. -The resident had a diagnosis of dementia. Review of the resident's significant change MDS dated [DATE] showed the following staff assessment of the resident: -Had short-term and long-term memory impairment. -Displayed no negative behaviors. -Did not wander. -Did not reject care. -Required supervision when using his/her wheelchair. -Had one non-injury fall since 7/8/23. Review of the resident's POS dated November 2023 showed no physician's orders related to COVID-19. Review of the resident's POS dated December 2023 showed physician's orders dated 11/29/23 for contact precautions due to COVID-19 positive for ten days. (continued on next page)

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