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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 275119 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Logan Health - Conrad | | STREET ADDRESS, CITY, STATE, ZIP CODE 805 Sunset Blvd Conrad, MT 59425 | |

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

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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to provide hydration in cups that were not disposable. This deficient practice caused 2 residents (#s 1 and 31) of 17 sampled residents to feel distressed and frustrated. Findings include:</p> <p>During an observation on 4/21/25 at 12:29 p.m., staff member D was passing lunch trays in the main dining room. The lunch trays had hard plastic cups filled with juice or milk, and hard plastic handled cups for coffee, tea, or hot chocolate. After lunch trays were passed staff member D began to pass water in the dining room. The water was in clear, soft plastic, disposable cups.</p> <p>During an interview on 4/22/25 at 8:09 a.m., resident #31 stated using the disposable water cups upsets her and makes her feel like she is in jail. Resident #31 stated she was shaky at times and would spill the water from the soft plastic cup and caused her frustration. Resident #31 stated, I don't understand why my water cannot be in a normal cup, like my other drinks.</p> <p>During an observation and interview on 4/22/25 at 12:19 p.m., staff member D was passing water cups to residents. The water was in clear, soft plastic, disposable cups. Staff member D stated, I was told by [Staff member N] the kitchen does not have enough cups, so we were told to use disposable cups for the water.</p> <p>During an observation on 4/22/25 at 12:27 p.m., resident #1 was sitting at a small table, in his wheelchair. Resident #1 was trying to drink water from a clear, soft plastic cup and appeared to be having problems grabbing the cup. When resident #1 tried to grab the cup, he could not. Resident #1 made a loud sigh sound and moved on to a hard plastic cup, which contained milk. Resident #1 was not able to completely pick up his water cup to drink from it.</p> <p>During an observation and interview on 4/23/25 at 12:27 p.m., resident #1 was sitting at his table in the dining room. He had his lunch meal in front of him. Resident #1 appeared to be distressed. Resident #1 was upset because he could not pick up his water cup. Resident #1 pointed to the cup and stated can't.</p> <p>During an interview on 4/23/25 at 1:26 p.m., staff member O stated she had worked in dietary for many years. Staff member O stated, The nursing staff is choosing to use the disposable cups because it is easier for them. We have a ton of cups down in the kitchen that can be used, all they have to do is let us know, and we would take them upstairs for them.</p> <p>During an interview on 4/23/25 at 3:00 p.m., staff member R stated he worked in dietary. Staff member R stated there were plenty of medium-sized, hard plastic cups. Staff member R stated there was a</p> <p>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>shortage of small, hard plastic cups, but more had been ordered and they had been waiting for them to arrive.</p> <p>During an interview on 4/24/25 at 11:02 a.m., staff member N stated there was a shortage of small, hard plastic cups, but they had plenty of other sizes available. Staff member N stated staff member D was told they could not send up the small cups but offered them another size. Staff member N stated staff member D never told him to send up the other sized hard plastic cups.</p> <p>Review of a facility document titled, Standard of Care, BH227, with an effective date of 2/2025, showed:</p> <p>. G. Residents are provided with appropriate adaptive equipment . to maintain and or improve resident's ability to feed self.</p> | | |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>Based on interview and record review, the facility failed to ensure a resident's diagnosed mental health condition was listed on their PASARR for 1 (#4) of 17 sampled residents. This deficient practice had the potential for appropriate mental health needs to be unaddressed. Findings include:</p> <p>Review of resident #4's physician orders, dated 12/17/24, showed the resident took Aripiprazole 2 mg daily for bipolar disorder.</p> <p>Review of resident #4's PASARR, dated 12/11/24, failed to show bipolar disorder as a listed diagnosis.</p> <p>During an interview on 4/23/25 at 10:00 a.m., staff member I stated the diagnosis of bipolar disorder was in resident #4's past medical history and H&P, but did not carry over to her current diagnoses, which were used when generating the PASARR.</p> <p>During an interview on 4/24/25 at 9:00 a.m., staff member L stated they did not know why a diagnosis which was in the H&P and attached to a medication would not be shown on the resident's list of medical diagnoses.</p> |

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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement a baseline care plan, outlining pertinent information needed to care for a new resident within 48 hours of admission for 1 (#139) of 17 sampled residents. This deficient practice had the ability to affect all new admissions receiving care in the facility. Findings include:</p> <p>During an observation and interview on 4/22/25 at 8:16 a.m., resident #139 was sitting on the edge of his bed watching TV. The volume on the TV was very loud. Resident #139 had his legs in a dependent position, with his feet on the floor. His legs appeared to be swollen and there was an indentation on his legs from his socks. Resident #139 stated he had heart problems, and his legs were swollen all the time. Resident #139 states it can be uncomfortable at times. Resident #139 stated he needed some assistance with getting dressed, personal hygiene, and some help with setting up his meals.</p> <p>Review of resident #139's diagnoses list showed he had congestive heart failure, diabetes mellitus Type 2, bipolar disorder, hypertension, obesity, and atrial fibrillation.</p> <p>Review of resident #139's electronic medical record showed he was admitted to the facility on [DATE].</p> <p>Review of resident #139's baseline care plan was initiated on 4/14/25 and completed and locked on 4/21/25.</p> <p>During an interview on 4/23/25 at 2:55 p.m., staff member H stated she was responsible for completing baseline care plans. Staff member H stated resident #139's baseline care plan was not completed because she was not in the building at the time of his admission but initiated it when she returned. Staff member H stated there was no one else who initiated or completed the baseline care plan. Staff member H stated she knew the care plan was late, and staff looked at that information to care for new admissions.</p> <p>Review of a facility document titled, Care Planning, with a revision date of 6/2023, showed:</p> <p>. 3. The Care Plan is documented and part of the Medical record. A baseline Care Plan is developed within 48 hours of admission . The baseline Care Plan for each resident includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care . [sic]</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review, the facility failed to ensure a resident was showered according to their preference for 1 (#4) of 17 sampled residents. Findings include:</p> <p>During an interview on 4/22/25 at 11:11 a.m., NF2 stated the facility was sometimes short staffed and resident #4 would go a week and a half between showers.</p> <p>During an interview on 4/24/25 at 9:40 a.m., staff member B stated she was unsure if there was an error in documentation or if staff should have charted refused and selected n/a instead, but the records showed resident #4 was getting a shower about every nine days. Staff member B instituted a paper charting system to correct the deficiency.</p> <p>Review of resident #4's shower records, dated 1/1/25 - 4/23/25, showed the resident received 12 showers over the 96-day span.</p> <ul style="list-style-type: none"> - 1/3/25 - 2/21/25 resident #4 was shown as having a shower every seven days. - 3/20/25 is the next documented shower, a 27 day gap. - 4/15/25 is the next documented shower, a 26 day gap. <p>Review of resident #4's shower records, dated 1/1/25 - 4/23/25, showed only one documented refusal on 4/22/25.</p> <p>Review of resident #4's care plan, with a review date of 3/17/25, showed a focus area of ADLs. Interventions listed showed, I prefer a shower 2x/week.</p> |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on interview and record review, the facility failed to ensure the pharmacist identified and addressed an as needed psychotropic medication for an excessive duration for 1 (#20) of 17 sampled residents. Findings include:</p> <p>Review of resident #20's physician orders, dated 11/21/24 to 4/23/25, showed an order for Lorazepam oral concentrate 2 MG/ML. Give 0.25 ml by mouth every 8 hours as needed for anxiety. No stop date was noted on the orders.</p> <p>Review of resident #20's monthly medication regimen review, completed by staff member L showed:</p> <ul style="list-style-type: none"> - December 2024-Resident #20, No Significant Irregularities. - January 2025-Resident #20, No Significant Irregularities. - February 2025-Resident #20, No Significant Irregularities. - March 2025-Resident #20, No Significant Irregularities. <p>During an interview on 4/24/25 at 9:01 a.m., staff member L stated she was responsible for the facility's medication regimen reviews. Staff member L stated when the medication regimen reviews were due she looked in the chart at progress notes, vital signs, current labs, physician's orders, assessments, and noted any change in condition. Staff member L stated, Psychotropic medications are frowned upon and should be minimized. Psychotropic medications have a 14-day limit and after that time the physician needs to re-evaluate the resident. Staff member L stated she was not sure how she missed resident #20's PRN lorazepam for multiple months.</p> <p>Review of a facility document titled, Extended Care Consultant Pharmacist, with an effective date of 5/2021, showed:</p> <ol style="list-style-type: none"> 1. Pharmacist Medication Regimen Review (MRR) <ol style="list-style-type: none"> a. The pharmacist will review the resident's medical chart for irregularities monthly. .d. An irregularity includes, but is not limited to, the following: <ol style="list-style-type: none"> i. The use of a medication that is inconsistent with accepted standards of practice for providing pharmaceutical services, not supported by medical evidence . ii. An unnecessary drug, which is defined as any drug when used in: <ol style="list-style-type: none"> 1. Excessive dose, excessive duration, without adequate monitoring, . . iii. PRN Psychotropic Drugs: <ol style="list-style-type: none"> 1. PRN orders for psychotropic drugs are limited to 14 days <p>(continued on next page)</p> | | |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>a. Exception: If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, the provider should document their rationale in the resident's medical record and indicate duration for the PRN order. [sic]</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>Based on interview and record review, the facility failed to limit an as needed anti-anxiety medication order to 14 days or provide a physician's rationale for continued extension of the medication's use, for 1 (#20) of 17 sampled residents. Findings include:</p> <p>Review of resident #20's physician's orders, dated 11/21/24 to 4/23/25, showed an order for Lorazepam oral concentrate 2 MG/ML. Give 0.25 ml by mouth every 8 hours as needed for anxiety. No stop date noted on the orders.</p> <p>Review of physician's progress notes dated 12/18/24, 2/11/25, and 4/15/25, showed no documentation for the continued use of lorazepam past 14 days.</p> <p>During an interview on 4/24/25 at 9:01 a.m., staff member L stated, Psychotropic medications are frowned upon and should be minimized. Psychotropic medications have a 14-day limit and after that time the physician needs to re-evaluate the resident.</p> <p>Review of a facility document titled, Extended Care Consultant Pharmacist, with an effective date of 5/2021, showed:</p> <p>. iii. PRN Psychotropic Drugs:</p> <p>1. PRN orders for psychotropic drugs are limited to 14 days,</p> <p>b. Exception: If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, the provider should document their rationale in the resident's medical record and indicate duration for the PRN order.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>Based on observation, interview, and record review, the facility failed to remove expired items from the medication room. Findings include:</p> <p>During an observation and interview on 4/21/25 at 1:40 p.m., the following items were found in the medication room:</p> <ul style="list-style-type: none"> - 1 bottle of Humulin R insulin was open but had no resident identifiers or an open or expiration date on the bottle or box, - 1 box of Ayr Saline Nasal gel with an expiration date of 1/2025, - 1 box of 144 individual packets of A&D ointment with an expiration date of 12/2024, - 1 box diaper rash ointment with an expiration date of 3/2025, - 1 suture removal kit with an expiration date of 2/28/25, and - 4 duoderm adhesive dressings with an expiration date of 11/1/2024. <p>Staff member D stated, Pharmacy comes down once a month and goes through the medication room for any expired medications. We are all responsible for double checking medications and supplies for expirations.</p> <p>During an interview on 4/23/25 at 1:30 p.m., staff member Q stated she was responsible for checking the medication room for expired medications. Staff member Q stated she checked the medication room monthly for expired medications, rotate medications, and stock medications that need stocked. Staff member Q stated she was unsure how she missed the expired medications.</p> <p>Review of a facility document titled, Medication Room, with an effective date of 6/2023, showed:</p> <ul style="list-style-type: none"> . 3. Pharmacy staff should verify/check all medication expiration dates . 4. Medications that are expired will be removed . |

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| <p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to have a qualified Dietary Manager. This deficient practice had the potential to affect all residents in the facility. Findings include:</p> <p>During an interview on 4/21/25 at 11:26 a.m., staff member N introduced himself as the Director of Food Services. Staff member N stated he had been in that position since May 2024. Staff member N stated that all of his certifications had expired, and had been for awhile, but he had been trying to get them up to date again. Staff member N stated he registered for the course in October 2024 but had not taken the test yet.</p> <p>During an interview on 2/23/25 at 4:00 p.m., staff member S stated they were working on getting staff member N certified.</p> <p>Review of a facility document titled, Food Service Director, Undated, showed:</p> <ul style="list-style-type: none"> . Job requirements - Bachelor's degree or at least 5 years' experience managing a culinary department or operation. - ServSafe and State Certified in Safe Food Handling and Sanitation . - Certified Dietary Manager Preferred. |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to provide food at a safe and appetizing temperature for 6 (#s 1, 6, 9, 14, 19, and 139) of 17 sampled residents. This deficient practice increased the potential for foodborne illness and decreased the residents' satisfaction and enjoyment of their food. Findings include:</p> <p>During an interview on 4/21/25 at 11:19 a.m., resident #9 stated the food was sometimes cold when served in the dining area or in his room.</p> <p>During an observation and interview on 4/21/25 at 11:26 a.m., kitchen staff were placing food on plates, covering them, and placing them in a metal cart. The doors on the cart remained open while staff were plating food. Staff member N stated the metal carts were not insulated and did not hold heat like they should. Staff member N stated the metal food carts were delivered to the dining room right around noon.</p> <p>During an observation on 4/21/25 at 12:10 p.m., the first tray was served in the dining room. The metal food cart doors were opened, and the tray was removed. The doors were not closed. Passing meal trays in the dining room took another 25 minutes, and in that time the heat inside the uninsulated cart was not maintained due to the doors being open.</p> <p>During an interview on 4/21/25 at 12:29 p.m., staff member D stated meal trays were served in the main dining room first, then the room trays delivered.</p> <p>During an observation on 4/21/25 at 12:39 p.m., staff member P took the metal food cart and started to pass meal trays to the residents who preferred to eat in their rooms.</p> <p>During an interview on 4/21/25 at 2:41 p.m., resident #19 stated her biggest concern living at the facility was her food not being served hot.</p> <p>During an interview on 4/22/25 at 8:15 a.m., resident #14 stated, The food is always cold, I don't think I have had a warm meal since I have been here.</p> <p>During an interview on 4/22/25 at 8:18 a.m., resident #139 stated his food was not bad tasting but a lot of the time it was cold.</p> <p>During an interview on 4/22/25 at 8:42 a.m., resident #6 stated his breakfast was cold. Resident #6 stated, The food in this place is never really warm, it's always on the cold side ,and it takes forever to get the food.</p> <p>During an observation on 4/22/25 at 12:00 p.m., the metal food cart was brought to the dining room.</p> <p>During an observation on 4/22/25 at 12:10 p.m., staff members D and P started to pass meal trays to the residents in the main dining room.</p> <p>During an observation and interview on 4/22/25 at 12:25 p.m., staff member P stated, The food is often cold when it is time to pass the room trays because the room trays sit in this container, and the doors are often left open while trays are passed in the main dining room. Staff member P stated she does not know what the temperature is that food should be served at.</p> <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an observation on 4/22/25 at 12:27 p.m. Staff member P took resident #6's meal tray off the cart. The temperature of the fish sandwich was 123.6 degrees Fahrenheit, and the fries were at 119.0 degrees Fahrenheit.</p> <p>During an observation on 4/22/25 at 12:29 p.m. Staff member P took resident #139's meal tray off the cart. The temperature of the chicken sandwich (alternate entr&eacute;e) was 126.2 degrees Fahrenheit, and the fries were 120.8 degrees Fahrenheit.</p> <p>During an observation on 4/22/25 at 12:31 p.m. Staff member P took resident #14's meal tray off the cart. The temperature of the chicken sandwich (alternate entr&eacute;e) was 123.6 degrees Fahrenheit, and the fries were 119.0 degrees Fahrenheit.</p> <p>During an interview on 4/22/25 at 1:44 p.m., staff member G stated, Maintaining warm food temperatures is tricky for us. Staff member G stated when they used a steam table in the past it kept the food temperatures up, but they do not use it anymore due to lack of staffing. Staff member G stated sometimes food trays will sit for 20 to 30 minutes in the cart before they are served to residents.</p> <p>During an interview on 4/22/25 at 2:11 p.m., staff member D stated everyone tried to chip in to help get food trays out because of the food complaints.</p> <p>During an interview on 4/22/25 at 2:31 p.m., staff member D stated the staff tried to deliver trays as fast as they could to keep the food hot. Staff member D stated a steam tray would be helpful, but We don't know how to get it back, and now it is only used for special occasions.</p> <p>During an observation and interview on 4/23/25 at 11:55 a.m., lunch trays arrived in the dining area. Resident #19 received her lunch tray at 12:07 p.m., the pulled pork temperature was 121.5&deg; Fahrenheit, and the temperature of the mashed potatoes was 126.6&deg; Fahrenheit. Resident #19 stated her lunch was hotter than it normally was.</p> <p>During an observation on 4/23/25 at 12:02 p.m., the metal food cart arrived in the main dining room.</p> <p>During an observation on 4/23/25 at 12:10 p.m., multiple staff started to deliver food trays to residents seated in the main dining room.</p> <p>During an observation on 4/23/25 at 12:18 p.m., resident #1 was served pulled pork and unhappiest. The temperature on the pulled pork was 104.4 degrees Fahrenheit. Resident #1 was served in the main dining room.</p> <p>During an observation on 4/23/25 at 12:23 p.m., staff member IP started to deliver meal trays to residents who preferred to eat in their rooms.</p> <p>During an observation on 4/23/25 at 12:25 p.m., resident #6 was served pulled pork and creamed corn. The temperature on the pulled pork was 128.2 degrees Fahrenheit, and the creamed corn was 126.2 degrees Fahrenheit.</p> <p>During an observation on 4/23/25 at 12:27 p.m., resident #14 was served pulled pork and unhappiest. The temperature on the pulled pork was 127.9 degrees Fahrenheit, and the unhappiest were 121.4 degrees Fahrenheit.</p> <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an observation on 4/23/25 at 12:27 p.m., resident #9 received his lunch tray in his room. The pulled pork was 123.3&deg;F&eacute;, the creamed corn was 127.7&deg;F&eacute;, and the unhappiest were 117.5&deg;F&eacute;.</p> <p>During an observation on 4/23/25 at 12:28 p.m., resident #139 was served pulled pork and mashed potatoes. The pulled pork was 122.7 degrees Fahrenheit, and the mashed potatoes were 125.0 degrees Fahrenheit.</p> <p>During an interview on 4/23/25 at 1:26 p.m., staff member O stated, The food is tempted after it is cooked and when it is coming off the hot area. The food is then put on a plate, placed on a plate warmer, and covered. The food is then placed in the metal cart. The doors to the metal cart are left open until all the trays are placed inside. The doors stay open for about 15 minutes, sometimes longer, it just depends on what is being served that day. Once the doors are closed the metal cart is taken upstairs for staff to hand out (food trays) to the residents. Staff member O stated, The metal carts are not insulated so the food does lose some heat while we are plating. Another possibility (for food losing temperature) is once we deliver the metal cart, the staff upstairs do not always pass the food trays right away and they sit there.</p> <p>Review of a facility document titled, Production Temperature Log, dated 4/22/25, showed:</p> <p>Chicken breast- date-4/22/25, Time- 11:15 A, Temp-173.</p> <p>Breaded Cod- Time-no time documented, Temp-No temp documented</p> <p>Fries- Time-11:35 A, Temp-188. [sic]</p> <p>The sit time from the time the temperature was taken to when resident #S 6, 14, and 139 received their meals was between one hour and one hour and thirty minutes.</p> <p>Review of a facility document titled, Production Temperature Log, dated 4/23/25, showed:</p> <p>pulled pork- date 4/23/25, Time- 11:10 A, Temp-197.7</p> <p>Corn- Time- 11:05 A, Temp- 204.4</p> <p>Unhappiest- Time-11:13 A, Temp- 206.9</p> <p>Mashed pot-Time-11:15 A, Temp-194.4. [sic]</p> <p>The sit time from the time the temperature was taken to when resident #S 6, 14, and 139 received their meals was between one hour and one hour and fifteen minutes.</p> <p>Review of a facility policy titled, Policy & Procedure Manual Food Temperatures, dated 2023, showed the following:</p> <p>. All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135&deg;F .</p> <p>. Hot food items may not fall below 135&deg;F after cooking .</p> <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>. Temperatures should be taken periodically to assure hot foods stay above 135&deg;F .</p> <p>. Foods should be transported as quickly as possible to maintain temperatures for delivery and service. If food transportation times is extensive, food should be transported using a method that maintains temperatures (i.e., hot/cold carts, pellet systems, insulated plate bases and domes, etc.) .</p> <p>. Foods sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) will be transported and delivered to unit storage areas to maintain temperatures . and at or above 135&deg;F for hot foods .</p> <p>. Rapid Bacterial Growth and Foodborne Illness is in the Temperature Danger Zone when hot food temperatures are less than 135&deg;F . [sic]</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store food in accordance with professional standards by failing to dispose of expired food in dry storage and the walk-in cooler; track and record temperatures for a cooler located in a public area; and label and date food stored in the facility freezers; This deficient practice had the potential to affect all residents, staff, and visitors at the facility. Findings include:</p> <p>1. During an observation on 4/21/25 at 12:32 p.m., a package of strawberries covered in thick white mold was observed in a small refrigerator on the secure unit, located inside the Sweet Shop.</p> <p>During an interview on 4/24/25 at 11:10 a.m., staff member J stated there was a resident who helped with the Sweet Shop, and it was possible she had placed the strawberries in the fridge that staff didn't catch.</p> <p>2. During an observation and interview on 4/21/25 at 11:26 a.m., the dry storage area contained six boxes of baking soda with an expiration date of 11/7/2021. The walk-in cooler had one open bag of Brussel sprouts, undated, and one five-pound bag of shallots with a use by date of 4/11/25, and a white, slimy appearance on the shallots and brownish liquid at the bottom of the storage bag. Staff member N stated everyone in the kitchen is responsible for checking items for expiration and disposing of any expired items.</p> <p>A small food cooler was in the corner of a small dining area, just outside of the kitchen. The cooler had no thermometer or temperature logs completed. In the cooler there were:</p> <ul style="list-style-type: none"> - 5 yogurts - 5 individual cheese snack squares - 1 bowl of grapes - 1 bowl of pineapple - 3 bowls of cantaloupe, all undated - 20 Dasani water bottles were also in the bottom of the cooler. <p>Staff member N stated the cooler was not supposed to be used and was not sure why staff kept using it.</p> <p>The freezer in the kitchen had a white plastic bag, sitting on top of a box labeled liver. The plastic bag contained 6 unidentifiable frozen meat product and had no label or date on the bag. Staff member N stated he thought the meat product was chicken fried steak but could not be 100 percent sure.</p> <p>During an observation and interview on 4/21/25 at 1:40 p.m., a refrigerator in the medication storage room contained three yogurt containers with an expiration date of 4/9/25. Staff member D stated all staff were responsible for checking the refrigerators and freezers for expired or undated items.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an observation on 4/21/25 at 2:37 p.m., the freezer located in the main dining room contained one half eaten ice cream cake, no patient identifiers were noted on it, and was undated. There was a box of ice cream sandwiches, undated, and 3 disposable Pepsi cups with a frozen substance in them, which were undated.</p> <p>Review of a facility document titled, Food Storage, undated, showed:</p> <p>. 13. Refrigerated food storage:</p> <p>c. Every refrigerator must be equipped with an internal thermometer,</p> <p>14. Frozen Foods:</p> <p>c. All foods should be covered, labeled and dated. All foods will be checked to assure that foods will be consumed by their use by dates or discarded.</p> <p>There was no documentation in the policy that addressed the expiration of food in the dry storage area.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Provider Order for Life Sustaining Treatment (POLST) was completed to include the signature, date, and time the provider signed the order for 1 (#31) and failed to ensure all areas of the form were completed by the resident or the resident representative for 1 (#139) of 17 sampled residents. Findings include:</p> <p>Review of resident #31's POLST form showed resident #31 wanted no CPR (cardiopulmonary resuscitation) with selective treatment. Resident #31 signed the form on [DATE], but the POLST form was not signed by a physician, or an advanced practice practitioner.</p> <p>Review of resident #139's POLST form showed resident #139 wanted comfort focused treatment with no CPR (cardiopulmonary resuscitation). In the patient signature section of the form there appeared to be what looked like an x and a check mark. There was no printed name or date signed by the resident or resident representative.</p> <p>During an interview on [DATE] at 10:32 a.m., staff member H stated the POLST forms should be filled out completely to include signature, printed name, and date by the resident or resident representative, and the physician needs to sign, print their name, and date the form. Staff member H stated all the POLST forms were in the medical record and also in a binder at the nurse's station. Staff member H could not verbalize why the two POLST forms were not entirely completed. Staff member H stated the physician usually signed the POLST within a couple of days, and if the physician is not available there were other providers who could sign the forms.</p> <p>Review of a facility document titled, Do Not Resuscitate, with an effective date of 4/2024, showed:</p> <p>Procedure:</p> <p>. 2. Patients . will have their POLST form reviewed by the Provider each time the patient is admitted to the facility. A copy of the POLST will be placed in the patient's chart with an initial, date, and time .</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to have the required enhanced barrier precaution signage posted for residents who required enhanced barrier precautions for cares for 2 (#s 4 & 6) of 17 sampled residents; and failed to ensure staff adhered to proper infection control measures and policies for masking and hand hygiene for 1 (#9) of 17 sampled residents. This deficient practice had the potential to affect all residents who received care from staff not following infection control prevention measures. Findings include:</p> <p>1. During an observation on 4/24/25 at 8:45 a.m., resident #4 was having wound care completed for a Stage III three pressure sore on her sacrum. Review of skin and wound assessments for the resident showed the wound had been present since early April 2025. There was no infection control signage, PPE supply cart, or extra PPE donned by staff, for enhanced barrier precautions.</p> <p>During an interview on 4/24/25 at 9:20 a.m., staff member F stated a pressure wound would require the use of enhanced barrier precautions.</p> <p>2. During an observation on 4/21/25 at 2:44 p.m., resident #6 was sitting in his wheelchair in his room. A foley catheter leg bag was attached to the left lower leg and drained by gravity. No enhanced barrier precaution sign was posted outside of resident #6's room.</p> <p>During an observation on 4/22/25 at 8:42 a.m., no enhanced barrier precautions sign was posted outside of resident #6's room.</p> <p>During an observation and interview on 4/22/25 at 12:30 p.m., no enhanced barrier precautions sign was posted outside of resident #6's room. Staff member P stated resident #6 was on enhanced barrier precautions because he had a Foley catheter. Staff member P stated there should have been signs posted. Staff member P stated she was not sure how anyone would know about the precautions if the sign was not up. Staff member P stated she had been educated on enhanced barrier precautions.</p> <p>During an interview on 4/23/25 at 10:54 a.m., staff member F stated when a resident was admitted into the facility or had a change and requires enhanced barrier precautions the nursing staff should notify him and initiate enhanced barrier precautions on that shift. Staff member F stated he was not sure why resident #6 did not have an enhanced barrier precautions sign posted outside of the room.</p> <p>Review of a facility document titled, Enhanced Barrier Precautions, with an effective date of 5/2021, showed:</p> <p>. During Enhanced Precautions:</p> <p>Everyone must perform hand hygiene entering and leaving the room,</p> <p>Providers and staff must also: Wear gloves and a gown for the following high contact resident care activities-</p> <p>Dressing, bathing/showering, changing linens, providing hygiene, changing briefs or assisting with toileting; Device care use (central line, urinary catheter, feeding tube, tracheostomy; wound care (any opening requiring a dressing [sic]</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>CDC recommendations showed: . When implementing Contact or Enhanced Barrier Precautions, it is critical to ensure staff have awareness of the facility's expectations . Post clear signage on the door or wall outside of the residents room indicating the type of Precautions and required PPE. cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html</p> <p>3. During an interview on 4/21/25 at 11:19 a.m., resident #9 stated he was concerned about [Staff Member C Name] who had a cough and did not wear a mask.</p> <p>During an observation on 4/21/25 at 1:26 p.m., staff member C was not wearing a mask in the dining area while coughing; and the cough sounded deep and congested.</p> <p>During an interview on 4/22/25 at 2:31 p.m., staff member D stated staff member C does not wear a mask all the time when it should be used.</p> <p>During an interview on 4/23/25 at 9:48 a.m., staff member B stated staff member C, Has a horrible sounding cough, I tell him to please put on a mask, I gave him cough drops, I told him you need to wear a mask, I can't babysit him all the time, if I ask you to wear a mask, wear it. Staff member B stated a doctor told her to expect a lingering cough from the recent flu outbreak, and staff member C was given cough syrup. Staff member B stated she told staff member C, To sanitize regularly and don't be in people's faces.</p> <p>During an interview on 4/23/25 at 10:53 a.m., staff member F stated staff member C had a lingering cough from an influenza outbreak. Staff member F stated staff member C should be wearing a mask at work with a cough.</p> <p>Review of the facility's posted signage titled, Cover Your Cough, showed:</p> <p>.If you have any illness symptoms, PLEASE WEAR A MASK . [sic]</p> <p>Review of the facility's posted signage on the entrance door to the facility stated, WEAR A MASK IF YOU ARE SICK. [sic]</p> <p>4. During an observation and interview on 4/22/25 at 10:23 a.m., staff member E did not perform hand hygiene after removing her contaminated gown and gloves, prior to walking into the clean side of the laundry facilities. Staff member E stated she performs hand hygiene every other load of dirty laundry.</p> <p>During an interview on 4/22/25 at 10:35 a.m., staff member A stated he had noticed staff member E did not perform hand hygiene after removing her contaminated gown and gloves, prior to walking into the clean side of the laundry facilities. Staff member A stated he was going to talk to staff member E regarding proper hand hygiene use when in the laundry area.</p> <p>Review of the facility's policy titled, Laundry and Linen Services, BHIC710, with a copyright date of 2025, showed:</p> <p>.1. Personal Protective Equipment (PPE) and/or handwashing is required when handling all types of linens.</p> <p>2. All laundry are treated as infectious regardless of isolation precautions .</p> <p>(continued on next page)</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the facility's policy titled, Hand Hygiene, IPC104, with a copyright date of 2025, showed:</p> <p>2 .situations/occasions where hand hygiene needs to be performed to reduce the risk to patients and health care workers .</p> <p>D. After handling contaminated laundry and waste .</p> | | |