STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. Building B. Wing	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Danville	1701 North Bowman Danville, IL 61832

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to ensure residents were treated with dignity and respect and provided privacy during care for three (R55, R27, R101) of 32 residents reviewed for resident rights in the sample list of 55. Findings include: 1.) R55's Minimum Data Set (MDS) dated [DATE] documents R55 is cognitively intact. On 3/13/23 at 12:03 PM R55 stated it bothers R55 that the staff do not always pull the curtain between R55 and R55's roommate during cares. On 3/12/23 at 10:54 AM R55 was lying in bed. V15 and V16 Certified Nursing Assistants entered R55's room and provided incontinence care. The privacy curtain was pulled between R55 and R55's roommate but was not pulled to block the view from R55's door. R55's perineal area was exposed and in view of the door when V18 entered and left R55's room on two occasions and when V13 Assistant Director of Nursing left R55's room. On 3/13/23 at 1:44 PM V2 Director of Nursing stated privacy curtains should be pulled between residents and to block the view from the door during cares. 2.) R55's Minimum Data Set (MDS) dated [DATE] documents R55 is cognitively intact. On 3/12/23 at 9:08 AM R55 stated, (V18 Licensed Practical Nurse (LPN)) doesn't like me (R55). She chews me out about things. Chews my A** (expletive). I haven't talked to anyone about her. She's kind of a little cross with me, tells me I should do things more. It gets to me sometimes. I don't think I deserve to feel that way. On 3/13/23 at 12:03 PM R55 stated there were times where V18 treated R55 badly and yelled at R55. R55 stated, I'm not a child. I'm a resident here and don't deserve to be treated that way. R27's Nursing Note dated 3/9/23 documents R27 is alert and oriented x 4 (person, place, time, and situation.) R101's MDS dated [DATE] documents R101 is cognitively intact. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/13/23 at 2:06 PM R101 and R27 stated they both have orders for oxygen and V18 argues with them about their oxygen settings. R27 stated, V18 no longer speaks to me when V18 is in R27's room. V18 will place R27's medications on the table and walk out of R27's room without saying anything to R27. On 3/13/23 at 2:26 PM V1 Administrator stated staff should not argue with the residents and confirmed residents should be treated with dignity and respect. V18's Employee Job Performance Evaluation dated 9/21/22 documents V18 is rated as below average in communicating with supervisors, coworkers, and residents. The facility's Resident Rights policy dated as revised August 2017 documents residents have the right to privacy and confidentiality. The facility's Dignity policy dated as revised April 2018 documents: Residents shall be cared for in a manner that maintains or enhances residents' dignity and respect.

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. 35046 Based on observation, interview, and record review the facility failed to act upon and respond to concerns made in the resident council monthly meetings. This failure has the potential to effect eight of eight residents (R26, R63, R112, R101, R33, R56, R27, and R74) reviewed for resident council on the sample list of 55 and all 116 residents residing in the facility. Findings include: The facility's Resident Council Minutes form dated 3/22/22 for the North building documents food is often cold when it is served. The facility's Resident Council Minutes form dated 3/29/22 documents concerns with call light response times and staff not returning after call light is shut off. This form documents concerns with staffing. The facility's Resident Council Minutes form dated 4/26/22 does not document old business or a follow-up to concerns made in March's resident council. This form documents concerns with call light response times and concerns with snack availability. The Resident Council Minutes for the North building dated 4/26/22 does not document old business or a follow-up to concerns made in March's resident council. This form documents concerns with cold food and that the food needs improved. The facility's Resident Council Minutes form dated 5/31/22 documents concerns with call light response time. The Resident Council Minutes for the North building dated 5/31/22 documents, food needs improvement, the sausage is horrible, dinner is terrible, would like fresh fruits and snacks. This form does not document a follow-up to concerns made in the April resident council meeting. The facility's Resident Council Minutes form dated 6/28/22 documents concerns with call light response times and would like more variety at meals. The Resident Council Minutes for the North building dated 6/21/22 does not document follow up for concerns made in the May resident council meeting. The facility's Resident Council Minutes form dated 7/26/22 documents concerns with call light response times and that the residents would like more beef on the menu and concerns that the menu is not being followed and they would like substitutions for the meals. The facility's Resident Council Minutes form dated 8/30/22 documents concerns with call light response time and wanting more beef on the menu and the kitchen not following the menu. This form documents old business but does not document step taken by the facility to resolve the concerns. The Resident Council Minutes dated 8/23/22 for the North building documents concerns with the portion size of the food. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Resident Council Minutes form dated 9/27/22 documents concerns with call light response times, concerns that the staff answer the lights and do not come back, and that they would like bigger portions. This form documents the concerns for August but does not document the facility's response. The Resident Council Minutes dated 9/28/22 for the North building documents concerns that there are more alternatives available for the food. These minutes do not document the facility's response to concerns brought forth in the August resident council meeting. The facility's Resident Council Minutes form dated 10/25/22 documents the Certified Nurse's Assistants are working short. This form does not document the facility's response to concerns brought up in the September Resident Council meeting. The facility's Resident Council Minutes for the North Building dated 10/25/22 documents a request that more snacks are available. These minutes do not documents the facility's response to concerns brought forth in the September resident council meeting. The facility's Resident Council Minutes form dated 11/29/22 documents concerns with call light times. This form does not document the facility's response to concerns brought up in the October resident council meeting. The facility's Resident Council Minutes for the North building dated 12/6/22 for November of 2022 documents the residents are requesting a pitcher of hot water so they can make their own coffee or hot tea and that more snacks are available for the evening snack. There is no follow-up or documentation of the facility's response to the October concerns. The facility's Resident Council Minutes form dated 12/27/22 documents concerns with call light response times and that breakfast is cold. This form does not documents the facility's response to the November resident council concerns. The facility's Resident Council Minutes for the North building dated 12/28/22 documents the residents are not getting milk or cereal, the fold is cold, the portions need to be bigger, requesting hot water, no drinks for lunch, and no variety for the snacks. This form does not documents old business or the facility's response to the November resident council concerns. The facility's Resident Council Minutes form dated 1/31/23 documents concerns with call light response times and answering the light and not coming back to help them. This form does not document the facility's response to the concerns made in the December resident council. The facility's Resident Council Minutes dated 1/31/23 for the North building documents the residents would like larger portions, stated for example they will receive one strip of bacon, three french fries, barely half a bowl of soup. This form states the facility upsets them when they are told they can't have seconds and then watch the dietary staff throw away food. Beverages are not full or not on their trays. This form does not documents the response to the resident council concerns for December. The facility's Resident Council Minutes form dated 2/28/23 does not document the response to concerns given at the January resident council meeting. The facility's Resident Council Minutes dated 2/28/23 documents breakfast is horrible, food is cold, there are no snacks in the evening, and there are no substitutes. This form does not document the facility's response to concerns for January. On 3/13/23 at 1:43 PM, a group meeting was held with R26, R63, R112, R101, R33, R56, and R27. All seven residents reported and concurred the following issues have not been addressed by the facility for several months: Call light noise level, call lights not being answered timely due to lack of staffing, food is overcooked, lacking utensils, food is cold and the facility will not reheat the food, lack of alternative food choices, lack of snacks due to insufficient amounts. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/12/23 at 9:18 AM, R74 stated the food is always cold and the serving sizes are too small. R74 stated he is the [NAME] President of the resident council for the North building and they address all issues except for the food. R74 stated they never use the warming table so the food is always cold. On 3/13/23 at 2:25 PM, V2 Director of Nursing stated the nursing staff is not allowed to reheat food. V2 stated food can not taken back into the kitchen to be reheated. V2 stated it is a rule from the kitchen. V2 stated there have been multiple complaints about the food. V1 stated they don't give them new trays if the food is cold. On 3/13/23 at 3:00 PM, V1 Administrator stated call lights have been a problem. V1 stated V1 turned up the sound so that the staff will answer them quicker. The facility's Census and Conditions report dated 3/12/23 signed by V3 Psychiatric Rehabilitation Service Director documents there are 116 residents residing in the facility.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on interview and record review the facility failed to notify the resident's physician and representative of a change in condition and refusal of meals and poor food intake for four (R55, R27, R73, R114) of 32 residents reviewed for changes in condition in the sample list of 55. Findings include: The facility's Physician-Family Notification- Change in Condition dates as revised November 2018 documents the physician and resident representative will be notified of changes in a resident's condition and when there is a need to alter treatment. 1.) On 3/12/23 at 11:21 AM R55 stated, Finally after all these weeks I get to see a dermatologist Tuesday (3/14/23). R55 stated R55 last saw a dermatologist for R55's psoriasis a few months ago. On 3/13/23 at 12:03 PM R55 stated R55 can't sit up in R55's wheelchair for extended periods or attend activities as often as R55 did previously due to R55's pain/itching caused from R55's psoriasis. R55 described the pain as an ache rated as an 8 on a 1-10 scale. R55 stated R55 itched R55's back so hard one time it bled. R55 became tearful and stated, I (R55) just want to feel better. On 3/12/23 at 10:54 AM V15 and V16 Certified Nursing Assistants entered R55's room and provided incontinence care. R55's abdominal folds, groin, and underneath R55's breasts were red/inflamed. R55 said, Ow when V15 cleansed R55's perineal area, groin, and abdominal fold. There were large scaly, red patches covering R55's back, buttocks, and posterior thighs. V15 stated R55 has had Psoriasis for a while now and this area (pointing to abdominal fold) looks worse. R55's Skin Condition Report dated 1/28/23 documents R55 has moisture associated skin damage (MASD) and does not document the location or extent of the skin impairment. There are no other detailed skin assessments until 3/13/23. R55's 3/13/23 Skin Condition Report documents denuded/excoriation skin and MASD noted to groin, upper/mid back and under breasts. This report documents R55's skin condition was not new and did not warrant physician notification. R55's February and March 2023 Shower Sheets document R55 had reddened areas including R55's chest, back, buttocks and groin on 2/25, 3/1, 3/4, 3/8. There is no documentation that R55's worsening skin condition was reported to a physician in February 2023 and March 2023, prior to 3/14/23. On 3/12/23 at 1:48 PM V13 Licensed Practical Nurse stated, R55 does not have any scheduled treatments. R55's groin looks raw and it is really red. It flares up, goes away, and comes back again. On 3/14/23 10:40 V13 Assistant DON stated V13 oversees skin/wounds in the facility. V13 stated R55 has psoriasis and excoriation of the grain. R55 sees a dermatologist, but was last seen a few months ago, has Ketoconazole shampoo and Nystatin ordered. V13 confirmed Nystatin is as needed and R55 has no topical creams scheduled routinely. V13 stated the nurses should follow up with the dermatologist when R55's skin conditions worsen or flair up to adjust R55's treatment orders. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/14/23 at 10:00 AM V11 Nurse Practitioner stated, V11 last saw R55 a few weeks ago, but it was for an eye infection and not for psoriasis. V11 stated, They should notify me or R55's physician of any changes in her skin or if there's no improvement. V11 is in the facility frequently. V11 stated, There are problems with the facility not regularly notifying us (the practitioners) of resident changes. V11 will need to follow up and evaluate R55 today. 2.) On 3/13/23 at 2:06 PM R27 stated that R27 told V18 (Licensed Practical Nurse) that R27's legs and stomach were swelled up bad. R27 said V18 argued with R27 that there was not fluid in R27's stomach. R27 said V18 told R27 that V18 contacted the Nurse Practitioner and told R27 to stay in bed for a few days. R27 said, nothing had changed, so the next day R27 told a nurse that R27 needed to go to the hospital. R27 said either the facility was going to send R27 to the hospital, or R27 was going to contact R27's family to take R27 to the hospital. R27 was put on emergency dialysis at the hospital. R27's After Visit Summary dated 12/7/22 documents to monitor weight daily and take medications as instructed. R27's weight upon discharge was 193 pounds (lbs.). R27's weight log dated 3/14/23 documents R27's weights as follows. 12/8/22 191.2 lbs. (pounds), 12/10/22 218.7 lbs. (27.5 lb. gain in 2 days). 12/16/22 223.1 (additional 4.4 lb. gain in 6 days) and 223 on 12/18/22. R27 had a total weight gain of 31.9 lbs. in 8 days. There is no documentation that R27's weight gain was reported to a physician after 12/9/22 and prior to being hospitalized on [DATE] for fluid volume overload and Congestive Heart Failure exacerbation. R27's Nursing Note dated 12/19/22 at 9:59 AM documents R27 notified the nurse that R27 had gained 20 pounds since admission. R27 reported having difficulty breathing and requested to go to the emergency room . On 3/13/23 at 1:44 PM V2 (Director of Nurses) stated the physician should be notified of a weight gain of 5 pounds or more in a week for a resident with Congestive Heart Failure, and physician notification is documented in a progress note. 3.) R73's Minimum Data Set, dated dated dated [DATE] documents R73 has severe cognitive impairment. R73's Nursing Note dated 3/5/23 at 5:00 PM documents R73 had a coffee ground emesis (vomiting). There is no documentation that R73's physician or R73's Healthcare Power of Attorney (V19) was notified. On 3/13/23 at 8:49 AM V19 stated, about a week ago R73 had vomiting, the facility did not notify V19. V19 stated V19 found out from R33, R73's roommate. On 3/13/23 at 1:44 PM V2 Director of Nursing stated the physician and resident representative should be notified of changes in a resident's condition and recorded in a progress note. V1 stated the facility uses a lot of agency nurses and sometimes the notification does not get done. 35046 (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. R114's meal intake logs dated 2/1/23 through 2/13/23 document R114 refused the lunch meal on 2/3/23. This log does not document an intake for the dinner meal on 2/3/23. This log documents R114 ate between 26 to 50 percent for breakfast and refused lunch. This log also documents that R114 ate between zero and twenty-five percent on 3/11/23 and 3/12/23 for breakfast and lunch. On 3/14/23 at 10:20 AM, V11 Nurse Practitioner stated the facility didn't notify me that she wasn't eating. They should call and tell me.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 35046 Based on observation, interview, and record review the facility failed to promote a homelike environment by failing to ensure call light sounds levels were comfortable and by failing to ensure a non-institutional dining experience. This failure affected eight of eight (R26, R63, R112, R101, R33, R56, R27, and R74) residents reviewed for resident council and all 116 residents residing in the facility. Findings include: On 3/19/23 through 3/23/23 and on 3/21/23 from 9:00 AM to 3:00 PM, the call light system alarm could be heard throughout the facility. The sound was a high-pitched alarm sound that repeated over and over until the call light was answered. The call light alarm sounded repetitively throughout the day with infrequent breaks. The high pitch and constant sound level interrupted concentration and was pervasive. On 3/13/23 at 1:43 PM, a group meeting was held with R26, R63, R112, R101, R33, R56, and R27. All seven residents reported and concurred the following issues have not been addressed by the facility for several months: Call light noise level, call lights not being answered timely due to lack of staffing, food is overcooked, lacking utensils, food is cold and the facility will not reheat the food, lack of alternative food choices, lack of snacks due to insufficient amounts. The residents reported the call light impact their quality of life as it is impacting their ability to sleep as well as their leisurely time during the day. On 3/12/23 at 9:18 AM, R74 stated R74 is the [NAME] President of the resident council for the North building and stated the facility addresses all issues except for the food. R74 stated our quality of life is affected by our food. On 3/12/23 at 12:25 PM, R74 stated the atmosphere of the dining room was not home like. R74's lunch and all residents' food were served on trays. The resident council meeting minutes dated March of 2022 through February of 2023 contained complaints about call lights and food service. On 3/13/23 at 3:00 PM, V1 Administrator stated call lights have been a problem. V1 stated V1 turned up the sound so that the staff will answer them quicker. V1 stated she was not aware that residents couldn't use the microwave or that anyone put a rule in about no one using the microwave to heat up residents' food.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 40385 Based on interview and record review the facility failed to timely report an allegation of verbal/mental abuse to the state survey agency for one resident (R55) of two residents reviewed for abuse in the sample list of 55. Findings include: On 3/12/23 at 9:08 AM R55 stated, (V18 Licensed Practical Nurse (LPN)) doesn't like me (R55). She chews me out about things. Chews my A** (expletive). I haven't talked to anyone about her. She's kind of a little cross with me, tells me I should do things more. It gets to me sometimes. I don't think I deserve to feel that way. At 10:14 AM R55 stated V18 has yelled at R55. R55 stated, V1 Administrator spoke with R55 this morning about R55's concerns with V18. R55 told V1 what R55 previously reported about V18. On 3/12/23 at 9:35 AM V1 Administrator stated R55 has not reported concerns involving V18, and V18 is the only staff person employed by the facility with the name given by R55. At this time R55's allegation was reported to V1. V1 stated V1 was going to follow up with R55. On 3/13/23 at 11:49 AM V1 Administrator stated V1 filed a grievance regarding R55's concern with V18. Since R55 denied feeling abused by V18, V1 did not report R55's abuse allegation to the Illinois Department of Public Health. R55's Concern/Compliment Form dated 3/12/23 at 9:30 AM documents an allegation that V18 chews her (R55) out and R55 requested that V18 no longer provide care for R55. There is no documentation that this allegation was reported to the Illinois Department of Public Health within 2 hours of the allegation being reported to V1. The facility's Abuse Prevention and Reporting - Illinois policy dated as revised October 2022 documents: Mental abuse is nonverbal or verbal and causes or potentially causes a resident to feel humiliation, intimidation, fear, shame, agitation or degradation. Verbal abuse can be oral, written, gestures, or sounds directed towards residents or within hearing distance. Allegations of abuse will be reported to the state survey agency within two hours of the allegation.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. 40385 Based on observations, interview, and record review the facility failed to initiate an investigation for an allegation of verbal/mental abuse and remove an alleged perpetrator (employee) from further contact with residents to prevent potential further abuse. This failure has the potential to affect 20 residents (R55, R51, R212, R101, R104, R71, R33, R57, R27, R70, R68, R60, R15, R59, R35, R73, R62, R5, R13, R90). Findings include: On 3/12/23 at 9:08 AM R55 stated, (V18) Licensed Practical Nurse (LPN)) doesn't like me (R55). She chews me out about things. Chews my A** (expletive). I haven't talked to anyone about her. She's kind of a little cross with me, tells me I should do things more. It gets to me sometimes. I don't think I deserve to feel that way. At 10:14 AM R55 stated: V18 has yelled at R55 before. R55 stated, V1 Administrator spoke with R55 this morning about R55's concerns with V18. R55 told V1 what R55 previously reported about V18. On 3/12/23 at 9:35 AM V1 Administrator stated R55 has not reported concerns involving V18, and V18 is the only staff person employed by the facility with the name given by R55. At this time R55's allegation was reported to V1. V1 stated V1 was going to follow up with R55. On 3/12/23 at 10:42 AM, 10:54 AM, 1:48 PM, and 2:05 PM V18 was present in the facility and working on R55's hallway. On 3/13/23 at 11:49 AM V1 Administrator stated V1 did not report R55's abuse allegation to the state survey agency. V1 stated V1 spoke with R59 (R55's roommate), and other unidentified residents who had no concerns with V18. V1 has no documentation of this. V1 told V18 that V18 could no longer provide care for R55 and confirmed V1 did not remove V18 from care of other residents on 3/12/23. R55's Concern/Compliment Form dated 3/12/23 at 9:30 AM documents an allegation that V18 chews her (R55) out and R55 requested that V18 no longer provide care for R55. There is no documentation that an investigation of R55's allegation was conducted or that R55 was removed from resident contact pending the results of an investigation. The facility's Nursing Daily Schedule dated 3/12/23 documents V18 worked on the South hall of the South building. The facility's Resident List Report dated 3/12/23 documents R55, R51, R212, R101, R104, R71, R33, R57, R27, R70, R68, R60, R15, R59, R35, R73, R62, R5, R13, R90. (continued on next page)

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	145753	A. Building B. Wing	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Danville	1701 North Bowman Danville, IL 61832

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Abuse Prevention and Reporting - Illinois policy dated as revised October 2022 documents: Mental abuse is nonverbal or verbal and causes or potentially causes a resident to feel humiliation, intimidation, fear, shame, agitation or degradation. Verbal abuse can be oral, written, gestures, or sounds directed towards residents or within hearing distance. Reports of abuse allegations should be documented and investigated. Interviews will be conducted with the person who reported the allegation, anyone who may have knowledge of the incident, residents and employees who interact with the alleged perpetrator. Employees accused of abuse will immediately be removed from resident contact. The employee will not return to work until the investigation results are reviewed by the administrator and abuse is unsubstantiated.

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F 0675 Level of Harm - Actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. 40385 Based on observation, interview and record review the facility failed to develop a plan of care for skin impairment, monitor skin impairment, and notify the physician to alter treatment for one (R55) of two residents reviewed for skin conditions on the sample list of 55. These failures resulted in R55 developing psoriasis and erythema intertrigo to over half of her body. R55 experienced severe itching and pain that interfered with Activities of Daily Living and participation in activities. Findings include: On 3/12/23 at 11:21 AM R55 stated, Finally after all these weeks I get to see a dermatologist Tuesday (3/14/23). R55 stated R55 last saw a dermatologist for R55's psoriasis a few months ago. On 3/13/23 at 12:03 PM R55 stated R55 can't sit up in R55's wheelchair for extended periods or attend activities as often as R55 did previously due to R55's pain/itching caused from R55's psoriasis. R55 described the pain as an ache rated as an 8 on a 1-10 scale. R55 stated R55 itched R55's back so hard one time it bled. R55 became tearful and stated I (R55) just want to feel better. On 3/12/23 at 10:54 AM V15 and V16 Certified Nursing Assistants entered R55's room and provided incontinence care. R55's incontinence brief was saturated with urine and a large amount of soft bowel movement. There was a small amount of urine on R55's bed sheets. There was a strong urine odor. R55's abdominal folds, groin, and underneath R55's breasts were red/inflamed. R55 said Ow when V15 cleansed R55's perineal area, groin, and abdominal fold. There were large scaly, red patches covering R55's back, buttocks, and posterior thighs. V15 stated R55 has had Psoriasis for a while now and this area (pointing to abdominal fold) looks worse. R55's Diagnoses List dated 3/15/23 documents diagnosis of Psoriasis (skin disease with itchy, scaly patches, most commonly on the knees, elbows, trunk and scalp) as of 2/8/22 and Erythema Intertrigo (inflammation caused by skin-to-skin friction, often in warm, moist areas of the body, such as the groin, between folds of skin on the abdomen, under the breasts, under the arms or between toes) as of 9/26/19. R55's Care Plan dated 9/1/21 documents R55 is at risk for skin impairment. Interventions include to administered medications, monitor the effectiveness, assess and record skin changes, avoid scratching, keep hands and body parts from excessive moisture, notify the physician of changes in skin condition, and wound doctor to assess and treat as needed. R55's Care Plan has not been updated since 9/1/21 and does not include R55's skin impairment and psoriasis. R55's February and March 2023 Medication Administration/Treatment Administration Record (MAR/TAR) documents: R55 has received Ketoconazole Shampoo 2% topically to body twice weekly since 6/27/22 and Nystatin External Cream 100,000 Unit/gram topically to breasts and lower abdomen every 12 hours as needed for reddened areas as of 12/15/22. Nystatin is only documented as administered one time on 3/11/23. There are no other treatments for R55's skin impairment. R55's weekly skin assessments document a check as completed, but do not document a description of R55's skin. (continued on next page)

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F 0675 Level of Harm - Actual harm Residents Affected - Few	R55's Skin Condition Report dated 1/28/23 documents R55 has moisture associated skin damage (MASD) and does not document the location or extent of the skin impairment. There are no other detailed skin assessments until 3/13/23. R55's 3/13/23 Skin Condition Report documents denuded/excoriation skin and MASD noted to groin, upper/mid back and under breasts. This report documents R55's skin condition was not new and did not warrant physician notification. R55's February and March 2023 Shower Sheets document R55 had reddened areas including R55's chest, back, buttocks and groin on 2/25, 3/1, 3/4, 3/8. R55's Dermatology Progress Notes document R55 was evaluated on 9/30/22 for a rash beneath breasts and thighs. The rash is itchy and red/irritated. R55 had used topical steroids in the past that improved the rash. R55's diagnoses was Dermatitis and Triamcinolone 0.1% steroid cream was ordered for twice a day alternating between two weeks on and two weeks off. There is no documentation that R55's Dermatologist was contacted regarding R55's skin condition after 9/30/22, or that R55's skin condition was reported to R55's physician in February or in March 2023. R55's Dermatology After Visit Summary dated 3/14/23 documents: R55 has diagnoses of Psoriasis Vulgaris and Erythema Intertrigo, and orders for Triamcinolone 0.1% topical ointment applied to body twice daily for two weeks on and then two weeks off. New orders were given for the following laboratory tests for Complete Blood Count, Comprehensive Metabolic Panel, Hepatitis B Surface Antigen, human immunodeficiency virus Ag/AB screen, and tuberculosis infection QuantiFERON. V23 Physician Progress Note dated 1/18/23 documents R55 has severe Psoriasis and Candidal Dermatitis (fungal infection). R55 receives Hydroxyzine 50 milligrams twice daily for refractory pruritis (itching not responding to system treatment). R55's active medication list includes Calcipotriene 0.005 % (psoriasis treatment) topically to psoriatic patches twice daily x 21 days, Betamethasone Dipropionate 0.05 % steroid cream topically to psoriatic patches daily x 21 days and (over the counter medicated power) twice daily x 21 days. V11 Nurse Practitioner Progress Note dated 3/6/23 documents R55 was evaluated for an eye infection. This note documents R55 had Psoriatic skin lesions to back of left thigh, between 2 legs, left arm fold, and back, and intermittent itching with Diflucan (antifungal) prescription. This note does not document new orders or adjustments in R55's psoriasis treatment. There is no documentation that R55 received Diflucan in February or March 2023. On 3/12/23 at 1:48 PM V13 Licensed Practical Nurse stated: R55 does not have any scheduled treatments. R55 refuses to get out of bed and refuses R55's showers. R55's groin looks raw and it is really red. It flares up, goes away, and comes back again. R55 had a flare up and was supposed to see a dermatologist in December 2022. Treatment orders were implemented at that time. We have also had changes in the last three months with our physicians and nurse practitioners as well. On 3/14/23 at 9:04 AM V2 Director of Nursing (DON) stated skin assessments are completed weekly and recorded on the MAR/TAR with a check mark indicating completed. V2 confirmed the MAR does not document a description of the resident's skin. V3 Psychiatric Rehabilitation Services Director stated the facility also uses skin assessments to document resident's skin assessments. On 3/14/23 10:40 V13 Assistant DON stated V13 oversees skin/wounds in the facility. V13 stated R55 has psoriasis and excoriation of the grain. R55 sees a dermatologist, but was last seen a few months ago, has Ketoconazole shampoo and Nystatin ordered. V13 confirmed Nystatin is as needed and R55 has no topical creams scheduled routinely. V13 stated the nurses should follow up with the dermatologist when R55's skin conditions worsen or flair up to adjust R55's treatment orders. (continued on next page)

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F 0675 Level of Harm - Actual harm Residents Affected - Few	On 3/14/23 at 11:46 AM V13 Assistant Director of Nursing stated skin conditions are expected to be on the resident's care plan. On 3/14/23 at 4:18 PM V1 Administrator provided R55's 9/30/22 dermatology notes. V1 stated: 9/30/22 was the last time that R55 was evaluated by a dermatologist. R55 had COVID-19 in January 2023, and V1 wonders if staff had canceled a prior appointment and forgot to reschedule during that time. Either way we dropped the ball on this. On 3/14/23 at 10:00 AM V11 Nurse Practitioner stated: V11 last saw R55 a few weeks ago, but it was for an eye infection and not for psoriasis. They should notify me or her physician of any changes in her skin or if there's no improvement. V11 is in the facility frequently. There are problems with the facility not regularly notifying us (the practitioners) of resident changes. V11 will need to follow up and evaluate R55 today. The facility's Skin Condition Assessment & Monitoring- Pressure and Non-Pressure dated as revised June 2018 documents: non-pressure related skin conditions including rashes will be assessed weekly for healing progress and complications. Assessments are documented in the residents medical record. The facility's Physician-Family Notification- Change in Condition dates as revised November 2018 documents the physician will be notified of changes in a resident's condition and when there is a need to alter treatment.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to provide timely incontinence care and failed to provide assistance with shaving and nail care for four (R55, R5, R70, R73) of six residents reviewed for activities of daily living on the sample list of 55. Findings include: 1. On 3/13/23 at 12:18 PM R55 stated R55 calls for staff during the night, but they tell her that they're short staffed and can't assist her. Sometimes R55 must wait until 6:00 AM before R55 is provided incontinence care. On 3/12/23 at 9:08 AM R55 stated R55 was incontinent and was last changed at approximately 7:00/8:00 PM. At 10:14 AM R55 stated R55 told V15 Certified Nursing Assistant (CNA) that R55 needed to be changed. At 10:38 AM V15 answered R55's call light. V15 stated V15 was waiting for staff assistance to change R55. On 3/12/23 at 10:54 AM V15 and V16 Certified Nursing Assistants (CNAs) entered R55's room and provided incontinence care. R55's incontinence brief was saturated with urine and a large amount of soft bowel movement. There was a small amount of urine on R55's bed sheets. There was a strong urine odor. R55's abdominal folds, groin, and underneath R55's breasts were red/inflamed. R55 said Ow when V15 cleansed R55's perineal area, groin, and abdominal fold. V15 stated R55 has had Psoriasis for a while now and this area (pointing to abdominal fold) looks worse. On 3/12/23 at 11:27 AM V15 stated: V15 was not sure when R55 was last changed, and V15 had not changed R55 earlier this morning. V10 CNA was initially on R55's hall this morning, but V10 got pulled to work the North building around 9:30 AM and V15 took over V10's hallway. There have been problems with night shift staffing due to call offs. They are supposed to have 3 CNAs, and about 2-3 times per week V15 comes in for dayshift and residents are incontinent as if they had not been changed on night shift. On 3/12/23 at 11:38 AM, V10 CNA stated she did not provide care to R55. V10 stated she only took R55 a breakfast tray. At 11:56 AM, V10 stated that she just remembered that R55 refused cares this morning. On 3/14/23 at 12:50 PM V1 Administrator stated residents should be offered/provided incontinence care at least every 2 hours. There is no documentation in R55's medical record that R55 refuses incontinence care. R55's Minimum Data Set (MDS) dated [DATE] documents R55 is cognitively intact, is dependent on two staff for toileting, and is incontinent of bowel and bladder. 2. On 3/12/23 at 9:02 AM R5 stated they don't change R5 during the night, and R5's sheets are often wet with urine in the mornings. R5's Power of Attorney (V24) stated she comes to the facility in the mornings every day to assist R5 with morning care, and every morning R5's bed linens are soaked with urine. R5's MDS dated documents R5 is dependent on two staff for toileting. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 3/12/23 at 10:01 AM R70 stated: I need my lip shaved. I sure need it. I am growing a beard. I hate to be hairy. It's embarrassing. There was dark facial hair noted to R70's upper lip and chin. On 3/14/23 at 12:33 PM V17 CNA stated facial hair is removed during shower days and residents are showered twice weekly. At 12:35 PM V17 CNA confirmed R70 had long, dark, facial hair. R70's Care Plan updated 1/9/23 documents R70 is dependent on one staff person for hygiene. On 3/14/23 at 12:50 PM V4 Social Services Director stated: R73 is cooperative with care provided by facility staff. R70 allows staff to shave R70's facial hair. If residents refuse care it is documented on the Care Plan. 4. On 3/12/23 at 8:35 AM R73 was lying in bed and R73's fingernails were approximately 1/2 past R73's fingertips. R73 stated the staff don't trim them very often, R73's fingernails are too long, and R73 would like them trimmed. On 3/12/23 at 10:30 AM R73's fingernails remained long, past R73's fingertips. R73's MDS dated [DATE] documents R73 is dependent on one staff person for hygiene. R73's Care Plan dated as revised 11/20/20 documents R73's care needs and does not document R73 is resistive with cares. On 3/13/23 at 8:49 AM V19 (R73's Power of Attorney) stated R73's fingernails are long and V19 usually must trim R73's fingernails. On 3/14/23 at 12:33 PM V17 CNA stated resident's fingernails are trimmed by the CNAs at least weekly. On 3/14/23 at 12:50 PM V4 Social Services Director stated: R73 is cooperative with care provided by facility staff. R70 allows staff to shave R70's facial hair. If residents refuse care it is documented on the Care Plan. The facility's Nail Care policy dated as revised January 2018 documents: Observe condition of resident nails during each time of bathing. Note cleanliness, length, uneven edges, hypertrophied nails. Trim toe nails carefully in a straight fashion and fingernails in an oval fashion avoiding tissue after bathing or when needed.

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety 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** 35046 Failures at this level required more than one deficient practice statement. A. Based on interview and record review the facility failed to address the physical needs of a resident by overlooking a provider ordered blood work-up for a resident experiencing weakness and feelings of impending death. This failure affects one of one resident (R114) reviewed for death on the sample list of 55. This failure resulted in R114 experiencing respiratory distress and being sent to the hospital. R114 was found to be hypoxic, expiring after cardiac arrest due to Severe Anemia, Adult Failure to Thrive, and Anorexia. a. These failures resulted in an immediate jeopardy. The Immediate Jeopardy began on [DATE] when the facility failed to follow through with an order for blood work. V1 Administrator was notified of the Immediate Jeopardy on [DATE] at 1:04 PM. The surveyor confirmed by interview and record review that the Immediate Jeopardy was removed on [DATE], but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training, conduct daily audits and hold weekly Quality Assurance meetings to ensure compliance. Findings include: R114's Death Certificate dated [DATE] documents R114 expired on [DATE] at 8:43 AM. This certificate documents R114 cause of death as Cardiac Arrest due to Severe Anemia and Failure to Thrive. This certificate documents other contributing factors as Anorexia. R114's Progress Note written by V11 Nurse Practitioner dated [DATE] at 11:22 AM documents, New order blood work-up. This note also documents, ASSESSMENT/PLAN: #New order; Blood workup #Follow up visit; in one month or as needed. Plan of care discussed with nursing staff and patient. On [DATE] at 10:20 AM, V11 Nurse Practitioner stated she evaluated R114 on [DATE] and that R114 told her she felt weak and felt like she wasn't going to make it. On [DATE] at 9:17 AM, V11 stated V11 was new to the facility and she saw R114 for the first time that day. V11 stated she gave a lab requisition to V13 Assistant Director of Nursing on [DATE]. V11 stated she ordered a Complete Blood Count (CBC), a Complete Metabolic Profile (CMP), a Thyroid Stimulating Hormone (TSH), Vitamin D, and Hemoglobin A1C. R114's medical record does not contain orders for a CBC, CMP, TSH, Vitamin D, or Hemoglobin A1C after V11 made rounds on [DATE]. On [DATE] at 9:39 AM, V13 Assistant of Nursing stated she doesn't remember getting a lab order for R114. V13 stated V11 will fill out a lab requisition and then give it to me or the floor nurse. V13 stated then we take it and put an order into the computer. The lab will then come in and draw it. I am not aware of a change in condition. She wasn't a person we would talk about in clinical's. I guess we didn't notice her (R114) decline. We throw the lab requisitions away after a month. So that lab requisition would be recycled by now. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R114's nursing note written by V12 Licensed Practical Nurse dated [DATE] at 10:55 AM documents, Writer informed (V11) that (R114) is having abnormal breathing. (Blood pressure),d+[DATE], (pulse) 77, (respirations) 30, (temperature) 98.0. (R114) has increased confusion. (V11) went and assessed (R114) and order to send (R114) to (emergency room) obtained. Writer called and notified ambulance of needed transport. Writer called and informed (V14) guardian of transport. On [DATE] at 12:37 PM, V12 stated that morning ([DATE]) the CNAs (Certified Nursing Assistant) came to me and told me she wasn't breathing right I noticed her respirations were 30 and V11 came in and gave orders to send to the emergency room . On [DATE] at 10:20 AM, V11 Nurse Practitioner stated she seen R114 on [DATE] and she was weak and telling her she wasn't going to make it. V11 stated she ordered labs and they never got done. V11 stated that when she returned on [DATE] that she sent her to the emergency room and she passed away. V11 stated if the labs were completed, I would have identified that she needed sent out. V11 stated that not getting the labs contributed to R114 expiring. They didn't notify me that she wasn't eating. They should call and tell me. R114's Hospital notes dated [DATE] at 11:59 AM, document R114 was brought in via emergency medical services from the facility. R114 was diaphoretic, hypoxic, pale, and lethargic. These notes document the clinical impressions as Pneumonia of right lung due to infectious organism, Severe Anemia, Acute Renal Failure, Hyperkalemia, and Cardiac Arrest. These notes document that a Complete Metabolic Profile (CMP), a Pro time, a Lactic Acid, a Troponin and a Complete Blood Count (CBC)were obtained and all values were abnormal ([DATE] Laboratory results - CMP: Potassium 6.6 milliequivalent/Liter, Blood Urea Nitrogen (BUN) 125 milligrams/Deciliter, Albumin 2.6 grams/Deciliter, BUN to Creatinine Ratio 26 milligrams/Deciliter, A/G (Albumin/Globulin) ratio 0.7 grams/liter, GFR (Glomerular Filtration Rate) 9 milliliters/minutes; Lactic Acid 6.7 millimole/Liter; CBC: [NAME] Blood Cells 26.20 cells per microliter, Red Blood Cells 1.77 cells per microliter, Hemoglobin 5.8 grams per deciliter, Hematocrit 18.7 percent). These notes document that the hospital obtained consent for a blood transfusion and shortly afterwards R114 stopped breathing and went into asystole (heart stopped) and was pronounced dead at 1:08 PM. These notes documents R114's disposition as deceased . On [DATE] at 1:00 PM, V2 Director of Nursing stated that after V11 visited and wanted blood work an order was not written in the EHR (Electronic Medical Record) to complete the blood work. On [DATE] at 1:13 PM, V1 Administrator stated V11 was new to the building. V11 stated she heard there has been miscommunication between the nurses and V11. V1 stated the nurse managers should be reviewing progress notes after each visit to ensure all orders have been processed and written and then carried through. V1 stated the nursing staff should have called the physician and clarified what blood work needed obtained. The facility's Lab policy with a revision date of ,d+[DATE] documents, A requisition is to be completed and lab to be drawn on next scheduled lab draw day. On [DATE] between 9:00 AM to 3:00 PM and on [DATE] between 9:00 AM to 11:00 AM, the surveyor confirmed through observation, interview, and record review that the facility took the following action to remove the immediacy: (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. On [DATE] at 1:59 PM, an audit was completed by V30 Regional Nurse Consultant to ensure all orders and labs are entered into the electronic health record. 2. On [DATE] at 2:21 PM, an audit was completed by V30 Regional Nurse Consultant to ensure all Nurse Practitioner Progress notes to ensure there were not missed orders for labs. 3. On [DATE] at 2:22 PM, all nursing staff were educated on physician notification of laboratory, radiology, diagnostic results policy, order transcription for labs, order entry requisitions, requirement to review all labs at end of shift to [NAME] lab work has been obtained after ordering, notification and documentation to medical providers and power of attorneys as needed by V30. 4. On [DATE] at 3:00 PM, V11 Nurse Practitioner was educated by V30 Regional Nurse Consultant on order entry into the electronic health record and the process on the 24-hour report review. 5. On [DATE], all other Nurse Practitioners working for the facility were educated on order entry and on the 24-hour report by V30 and V1. 40385 B. Based on interview and record review the facility failed to monitor weights, follow physician orders, and promptly report a significant weight gain for a resident (R27) with a diagnosis of Congestive Heart Failure. These failures resulted in a delay in treatment for R27's significant weight gain and R27 being hospitalized for 10 days with congestive heart failure and fluid volume overload. R27 is one of 34 residents reviewed for change in condition on the sample list of 55. Findings include: b. The facility's Physician-Family Notification- Change in Condition dates as revised [DATE] documents the physician will be notified of changes in a resident's condition and when there is a need to alter treatment. On [DATE] at 2:06 PM R27 stated: R27 told V18 Licensed Practical Nurse that R27's legs and stomach were swelled up bad. V18 disagreed with R27 that there was not fluid in R27's stomach. V18 told R27 that V18 contacted the Nurse Practitioner and told R27 to stay in bed for a few days. Nothing had changed, so the next day R27 told a nurse that R27 needed to go to the hospital. R27 stated, either the facility was going to send R27 to the hospital, or R27 was going to contact R27's family to take R27 to the hospital. R27 was put on emergency dialysis at the hospital. R27's After Visit Summary dated [DATE] documents to monitor weight daily and take medications as instructed. R27's discharge medications include Bumex (diuretic) 2 milligrams (mg) by mouth twice daily, Coreg 12.5 mg by mouth twice daily, Hydralazine 50 mg by mouth twice daily, and Imdur 60 mg by mouth daily. R27's Post-Acute Transition Document dated [DATE] documents R27 has Congestive Heart Failure, continue Bumex (diuretic) 2 milligrams twice daily and R27 needs accurate intake/output monitoring. R27 has Chronic Kidney Disease Stage 4, needs hypertension controlled, and needs access for dialysis. R27's hypertension is uncontrolled and recommendations include Coreg, Hydralazine, and Imdur as listed previously. R27's weight upon discharge was 193 pounds (lbs.). (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R27's [DATE] Medication Administration Record (MAR) documents: R27 had a daily fluid restriction of 1800 milliliters (ml) implemented on [DATE], 560 ml from nursing and 1240 ml from dietary. The intake is not recorded prior to night shift on [DATE]. 560 ml is incorrectly transcribed for 560 ml fluid allowance from nursing per shift, and not per day as ordered. R27 received more than the allotted 560 ml on 7 days between [DATE] and [DATE], including 1360 ml on [DATE], and 1400 ml on [DATE]. Daily weights were scheduled between [DATE] and [DATE], and do not document weights were obtained on ,d+[DATE]-[DATE]. Bumex, Coreg, Hydralazine, and Imdur was not administered as ordered/scheduled on [DATE], and documents to refer to a nursing note. Post dialysis monitoring was initiated on [DATE]. R27's weight log dated [DATE] documents R27's weights as follows. [DATE] 191.2 lbs. (pounds), [DATE] 218.7 lbs. (27.5 lb. gain in 2 days). [DATE] 223.1 (additional 4.4 lb. gain in 6 days) and 223 on [DATE]. R27 had a total weight gain of 31.9 lbs. in 8 days. R27's Nursing Notes documents R27 admitted to the facility on [DATE]. There is no documentation as to why R27's medications were not given on [DATE], or that the physician was notified of the missed doses. The Nurse Practitioner Progress Note with effective date of [DATE] and created date of [DATE] (late entry) documents: R27 recently admitted to the facility after a hospital admission for fluid volume overload and is scheduled to start dialysis in January. R27 had swelling to bilateral lower legs. R27's Chronic Kidney Disease was worsening and recommended to see a Nephrologist (kidney specialist) in one week. R27's Nursing Note dated [DATE] at 9:59 AM documents R27 notified the nurse that R27 had gained 20 pounds since admission. R27 reported having difficulty breathing and requested to go to the emergency room . An ambulance was called and R27 was transported to the hospital. There is no documentation that R27's weight gain was reported to R27's physician after [DATE] or that an appointment was made for R27 to see a Nephrologist prior to [DATE]. R27's Hospital Admission History & Physical dated [DATE] documents R27 presented to the emergency room for concerns of fluid overload. R27 reported gaining 20 pounds in one week and noted swelling in R27's lower legs and decreased urine output. R27's weight was 222 pounds on [DATE]. R27 had peripheral edema and course breath sounds. R27 was admitted for treatment of Congestive Heart Failure exacerbation. On [DATE] at 1:44 PM V2 Director of Nurses stated the physician should be notified of a weight gain of 5 lbs. or more in a week for a resident with Congestive Heart Failure, and physician notification is documented in a progress note. On [DATE] at 11:14 AM V2 stated intake/output is not recorded for fluid restrictions, dietary and nursing just give the designated amount. V2 confirmed a check mark on the MAR indicates medication was given. V2 stated a 9 on the MAR means other and prompts to record the reason the medications were not given in a nursing note. If a medication is not available the nurse should contact the pharmacy to have the medication delivered from a backup pharmacy, and the medications usually arrives within 4 hours. V2 reviewed R27's December MAR and confirmed the fluid restriction is incorrectly transcribed to allow for 560 ml fluids given by nursing per shift and not daily as ordered. V2 confirmed R27's medical record does not document daily weights were obtained between [DATE] and [DATE]. V2 was unable to provide documentation that R27 had seen a neurologist after [DATE], prior to [DATE]. (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 10:00 AM V11 Nurse Practitioner stated the facility should have monitored R27's weights closely and followed up with the Nephrologist. Residents with Congestive Heart Failure should be weighed weekly and notified of weight changes per the physician's ordered parameter. V11 confirmed R27's Bumex should have been administered as ordered and the facility should have notified R27's physician of R27's significant weight gain prior to R27's hospitalization on [DATE]. V11 stated missed doses of Bumex could contribute to weight gain. On [DATE] at 11:55 AM V26 Nephrologist stated: V26 began seeing R27 when R27 was admitted to the hospital for Congestive Heart Failure exacerbation and fluid volume overload on [DATE] and was dialyzed (fluid removed through dialysis). We were able to remove quite a bit of fluid weight off R27. R27 had Chronic Kidney Disease Stage 4 that progressed to Stage 5 gradually. On [DATE] at 12:50 PM V1 Administrator stated the former Nurse Practitioner (V25) was not documenting her progress notes timely and charting during her visits. She was placed on suspension by her company due to not completing charting timely.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to provide routine foot care for one resident (R73) reviewed for foot care on the sample list of 55. Findings include: On 3/13/23 at 8:49 AM V19, R73's Power of Attorney, stated: R73's toenails are long, but the facility has never told V19 that R73 needs to see a podiatrist. V19 would schedule a podiatry appointment if R73 needed one. On 3/14/23 at 12:33 PM V17 Certified Nursing Assistant removed R73's socks and confirmed R73's toenails needed to be trimmed. R73's toenails were long and thick. Both great toenails were sticking up and approximately 1/2 past the tip of R73's toe. On 3/14/23 at 12:38 PM V1 Administrator stated the podiatrist rounds at the facility every 3 months. At 12:50 PM V4 Social Services Director stated We are not able to trim R73's toenails, and R73 toenails need to be trimmed by a podiatrist. R73 has refused to allow a podiatrist to trim R73's toenails previously. R73 is cooperative for V4, and V4 thought about assisting R73 at the next podiatry visit. V4 confirmed V4 has not contacted V19 to assist with R73's podiatry visit. At 2:25 PM V1 Administrator stated R73 was on the podiatrist list on 12/29/22, but was ineligible and was not seen due to needing a new signed consent form since it had been over a year since R73 was last seen. R73's Minimum Data Set, dated dated dated [DATE] documents R73 has severe cognitive impairment and is dependent on one staff person for personal hygiene. The facility's podiatry list dated 12/29/22 documents R73 was not eligible to be evaluated, and R73 was last seen by a podiatrist on 1/18/21. There is no documentation in R73's medical record that R73 has seen a Podiatrist since 2021.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 32853 Based on interview and record review the facility failed to implement post fall interventions for two of six residents (R24, R81) reviewed for falls on the sample list of 55. Findings include: The facility's Fall Prevention Program with a revised date of May 2022 documents, Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Safety interventions will be implemented for each resident identified at risk. Accident/Incident Reports involving falls will be reviewed by the Interdisciplinary Team to ensure appropriate care and services were provided and determine possible safety interventions. Nursing personnel will be informed of residents who are at risk of falling. The fall risk interventions will be identified on the care plan. Foot wear will be monitored to ensure the resident has proper fitting shoes and/or footwear is non-skid. 1. R24's Order Summary dated 3/13/23 documents diagnoses including Osteoarthritis of the Knee, Altered Mental Status, Type 2 Diabetes Mellitus, Hypertensive Heart Disease Without Heart Failure, Chronic Obstructive Pulmonary Disease, Unspecified Dementia, Unsteadiness on Feet, Hypertensive Encephalopathy and Hypothyroidism. The facility's Accident/Incident log provided on 3/12/23 documents R24 had falls on 12/21/22, 12/26/22, 1/22/23 and 3/2/23. R24's Care Plan documents a post fall interventions dated 12/22/22 to provide assist rails to bed, a post fall intervention dated 12/28/22 of an Urinary Analysis with Culture and Sensitivity, a post fall intervention dated 1/23/23 to offer toileting during routine room rounds, and a post fall intervention dated 3/3/23 to remove wheelchair from bedside. On 3/12/23 at 9:38 AM, R24 was in bed in R24's room and R24's wheelchair was on the right side of the bed in R24's sight. On 3/14/23 at 10:37 AM, R24's wheelchair is on the right side of the bed. On 3/14/23 at 11:00 AM, V29 Certified Nursing Assistant stated R24 will try to transfer R24's self out of bed. V29 stated that R24 likes to keep R24's wheelchair next to the bed. On 3/15/23 at 10:22, AM, V2 Director of Nursing confirmed that R24's wheelchair is supposed to be kept out of R24's sight. 2. R81's Order Summary dated 3/14/23 documents diagnoses including Dementia with Anxiety, Post-Traumatic Stress Disorder, Anxiety Disorder, Altered Mental Status and Muscle Weakness. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	The facility's Accident/Incident log provided on 3/12/23 documents R81 had falls on 1/29/23 and 2/4/23. R81's Care Plan documents a post fall intervention dated 1/30/23 to anticipate and meet the resident's needs, be sure the resident's call light is within reach and encourage the resident to use it, educate staff to ensure proper footwear and ensure that the resident is wearing appropriate footwear, a post fall intervention dated 2/6/23 to request (spouse) remove footwear that does not have a proper sole on the bottom from residents room. On 3/14/23 at 10:45 AM, R81 was in R81's room sitting on the side of R81's bed, R81's shoes were off, R81's socks were halfway off both feet, balled up in the middle of R81's foot. On 3/15/23 at 10:22, AM, V2 Director of Nursing confirmed R81's socks should be all the way on R81's feet and R81's shoes should be on R81's feet.

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F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172 Based on observation, interview, and record review the facility failed to supervise and assist with meals and document meal intake for two of two residents (R78, R114) reviewed for Nutrition on the sample list of 55. This failure resulted in R78 losing 20 pounds in six months' time which is a significant weight loss of 10.95%. Findings include: 1. R78's Physician Order Sheet (POS) dated March 2023 documents R78 is diagnosed with Dementia, Type II Diabetes, Chronic Kidney Disease Stage 4, Unspecified Protein-Calorie Malnutrition, and Altered Mental Status. R78 is ordered a Low Concentrated Sweets diet with thin liquids. Frozen Nutritional Supplement at lunch and supper, Fortified Cereal at breakfast, High Protein/Calorie Diet for Weight Loss, House Supplement (nutritional supplement) three times per day and Nutritional Drink two times per day for Weight Loss. R78's Minimum Data Set, dated dated dated [DATE] documents R78 is Severely Cognitively Impaired and requires Supervision (Oversight, Encouragement, Cueing), for eating. R78's Care Plan dated 3/2/23 documents the facility identified R78 has impaired cognitive function, is at nutritional risk related to Dementia, Diabetes Type II, Chronic Kidney Disease, Depression, and Advanced Age, and has nutritional issues (weight loss) related to loss of appetite. The facility is to provide and serve R78's diet as ordered, serve supplements as ordered, chart meal intakes, monitor/document/report any signs of Dysphagia- swallowing issues- meal refusals, encourage R78 to eat at least 50% of two meals, reorient and cue R78 as needed, and refer R78 to a registered dietician to evaluate when needed. R78's Weight Records document R78 weighed 184.4 pounds on 9/6/22 and has since trended down to 164.2 pounds on 3/6/23. This is a significant weight loss of 10.95%. R78's Task Documentation for Eating for February 2023 documents no meal intake recorded for 45 out of 84 meals. The March 2023 Task Documentation for Eating documents no meal intake recorded for 18 out of 38 meals so far for the month. R78's Dietary Note dated 2/21/23 documents V22 Dietician completed an assessment for R78 and noted R78 had significant weight loss over three months and recommended fortified cereal at breakfast and pudding at lunch. On 3/12/23 at 12:00 PM R78 was lying in R78's bed, food untouched, with no supervision or assistance. On 3/12/23 at 12:15 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/12/23 at 12:30 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	On 3/13/23 at 12:00 PM R78 was lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:15 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:30 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:45 PM R78 was still lying in R78's bed food untouched. V21 Certified Nurse Assistant picked up R78's lunch tray to put back on the cart. R78's lunch tray had a nutritional shake that was untouched and unopened. The lunch meal did not include a pudding cup. On 3/14/23 at 9:20 AM V11 Nurse Practitioner (NP) confirmed R78 has had significant weight loss and has dementia and a cognitive decline. V11 confirmed staff should be supervising and assisting R78 with eating R78's meals and should accurately record R78's intake. V11 stated the staff often leave R78 in bed and do not bring R78 to the dining room to eat and do not provide supervision or assist with eating. V11 stated it doesn't matter how many supplements are ordered, if the staff aren't encouraging R78 and assisting R78 with the consumption of the supplements and meals, R78 will continue to lose weight due to low intake. V11 confirmed R78 should be in the dining room, sitting upright, with supervision and assistance to eat. 35046 2. R114's meal intake log dated 2/1/23 through 2/13/23 does not document a meal intake for breakfast on 2/1/23, 2/2/23, 2/3/23, or 2/6/23 through 2/10/23. This log does not document a meal intake for lunch on 2/2/23, 2/3/23, or 2/6/23 through 2/10/23. This log does not document a meal intake for dinner on 2/3/23 through 2/7/23 or on 2/10/23. R114's meal intake log documents R114 refused the lunch meal on 2/3/23 and 2/4/23, ate zero to 25 percent for breakfast and lunch on 2/11/23 and 2/12/23, and ate zero to 25 percent for breakfast on 2/13/22. R114's Nutrition Care Plan dated 10/5/15 documents R114 is at risk for malnutrition and includes interventions to encourage R114 to eat part of the meal, encourage and monitor at meals to ensure adequate intake, monitor appetite and weights and report to physician. R114's medical record does not document that R114 was encouraged to eat when refusing meals, that R114's meal intakes were monitored, or that refusals and poor intake were reported to the physician. On 3/14/23 at 11:31 AM, V2 Director of Nursing stated the Certified Nurse's Assistants pass the trays and then they document when pick up the trays. If they don't document then it comes up on the Electronic Health Record Dashboard alerts and me and V13 Assistant Director of Nursing are supposed to monitor it. I did not know they weren't doing all this charting.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 32172 Based on observation, interview, and record review the facility failed to change residents oxygen and nebulizer tubing. These failures affect four of five residents (R14, R43, R52, R110) reviewed for respiratory care on the sample list of 55. Findings include: The facility's Oxygen & Respiratory Equipment - Changing/Cleaning policy with a revised date of January 2019 documents, Purpose: 1. To provide guidelines to employees for changing all disposable respiratory supplies. 2. Nasal Cannula. a. Nasal cannulas are to be changed once a week and PRN (as needed). c. A clean plastic bag with a zip lock or draw string, etc. will be provided to store the cannula when it is not in use. It will be dated with the date the tubing was changed. 1. R14's Physician Order Sheet (POS) dated March 2023 documents R14 is diagnosed with Shortness of Breath, Chronic Obstructive Pulmonary Disease, and Dependence on Supplemental Oxygen. The same POS documents an order for Oxygen at two liters nasal cannula every shift as needed for Shortness of Breath. The same POS documents an order to change oxygen tubing weekly and as needed. R14's Care Plan dated 2/17/23 documents R14 is on Oxygen therapy due to Chronic Obstructive Pulmonary Disease and Shortness of Breath and the staff are to provide oxygen as ordered by the physician. On 3/12/23 at 9:04 AM R14 was wearing R14's oxygen and the tubing was dated 3/2/23. On 3/12/23 at 9:05 AM R14 stated the facility staff is supposed to change R14's oxygen tubing weekly but the one R14 is wearing is over a week old. 2. R43's Physician Order Sheet (POS) dated March 2023 documents R43 is diagnosed with Pneumonia, Asthma, Chronic Obstructive Pulmonary Disease, and Dependence on Supplemental Oxygen. The same POS documents an order for Oxygen at two (to) three liters nasal cannula every shift as needed. The same POS documents an order to change oxygen tubing weekly and as needed. R43's Care Plan dated 2/8/23 documents R43 has an Impaired Respiratory System and is on Oxygen therapy due to Asthma, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. The staff are to provide oxygen as ordered by the physician. On 3/12/23 at 9:28 AM R43 was wearing R43's oxygen and the tubing was dated 3/2/23. On 3/12/23 at 9:29 AM R43 stated the facility staff is supposed to change R43's oxygen tubing weekly but do not do it regularly. 3. R52's Physician Order Sheet (POS) dated March 2023 documents R52 is diagnosed with Bronchopneumonia and Chronic Obstructive Pulmonary Disease. The same POS documents an order for Oxygen at two liters nasal cannula every shift as needed. The same POS documents an order to change oxygen tubing weekly and as needed. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R52's Care Plan dated 2/21/23 documents R52 has an Impaired Respiratory System and is on Oxygen therapy due to Chronic Obstructive Pulmonary Disease. The staff are to provide oxygen as ordered by the physician. On 3/12/23 at 10:35 AM R52 was wearing R52's oxygen and the tubing was not dated. 4. R110's Physician Order Sheet (POS) dated March 2023 documents R110 is diagnosed with Pulmonary Fibrosis, Emphysema, Shortness of Breath, Idiopathic Sleep Related Non-Obstructive Alveolar Hypoventilation. The same POS documents an order for Oxygen at two (to) three liters nasal cannula continuously. The same POS documents an order to change oxygen tubing weekly and as needed. R110's Care Plan dated 2/15/23 documents R110 is on Oxygen therapy due to Respiratory Illness. The staff are to provide oxygen as ordered by the physician. On 3/12/23 at 10:46 AM R110 was wearing R110's oxygen and the tubing was not dated. On 3/12/23 at 10:47 AM R110 stated the facility staff is supposed to change R110's oxygen tubing weekly but do not do it unless R110 reminds them. On 3/13/23 at 12:45 PM V1 Administrator confirmed oxygen tubing should be changed weekly and dated when changed.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 38780 Based on observation, interview, and record review, the facility failed to treat a resident's pain by failing to obtain and administer ordered narcotic pain medications for one of two residents (R8) reviewed for pain on the sample list of 55. Findings include: R8's Face Sheet dated 3/14/23 documents diagnoses including Spina Bifida, Spastic Paraplegia, Syringomyelia, Syringobulbia, Scoliosis, and Migraines. R8's Care Plan (current) documents: R8 is at risk for pain related to impaired mobility, urogenital implant, spastic paraplegia, and wound to buttock. Administer analgesic medications as ordered by physician. Monitor/document side effects and effectiveness each shift. R8's Physician Order Sheet dated 3/14/23 documents the following orders: Ultram (Tramadol/Opioid) 50 milligrams (mg), take 1 tablet by mouth two times a day for moderate pain; Acetaminophen (Tylenol/Analgesic) 650mg, take 1 tablet by mouth every 6 hours as needed for general discomfort; and document pain three times a day. R8's March 2023 Medication Administration Record (MAR) documents R8 did not receive R8's evening dose of Ultram on 3/11/23 and did not receive any doses of Ultram on 3/12/23. On 3/13/23 at 9:32am, during observation of medication administration, R8 rated pain as a 10 out of 10. R8 stated, Not sure if [R8] has any Tramadol and has been out for four days. They [staff] have been giving me Tylenol instead. On 3/13/23 at 9:35am, V13 Assistant Director of Nursing (ADON) stated V13 called the pharmacy and stated the pharmacy needed a prescription to send R8's Tramadol. V13 stated V13 has contacted the Nurse Practitioner to send R8's prescription to the pharmacy. On 3/14/23 at 11:14am, V2 Director of Nursing (DON) confirmed the check mark on the MAR indicates the medication has been given. V2 stated 9 means other and the reason not given should be recorded in a nursing note. V2 stated if a medication is not available staff should contact pharmacy in order for the medication to be delivered by the backup pharmacy. V2 stated medications from the back up pharmacy are usually delivered within four hours. On 3/14/23 at 11:37am, R8 stated R8 did not receive Tramadol for two and a half days. R8 stated suffered through it [pain]. R8 rated pain 9 to 10 on 0 to 10 pain scale with 10 being the worse pain. R8 stated, I was told staff forgot to order the medication and that is why it was not available. (continued on next page)

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	145753	A. Building B. Wing	03/21/2023

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Pain Management Program Policy dated 3/2023 documents the following: Purpose: To establish a program which can effectively manage pain in order to remove adverse physiologic and physiological effects of unrelieved pain and to develop an optimal pain management plan to enhance healing and promote physiological and psychological wellness. It is the goal of the facility to facilitate resident independence, promote resident comfort, preserve and enhance resident dignity and life involvement.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 35046 Based on observation, interview, and record review the facility failed to monitor and document fluid intake and obtain vitals per physician orders for one (R25) of two residents reviewed for Dialysis on the sample list of 55. Findings include: On 3/12/23 at 10:00 AM R25 stated they don't keep track of my fluids. R25 pointed to a water pitcher and stated, I never know if I am drinking enough or too much. R25's physician order with a revision date of 3/12/23 documents Fluid Restriction - Total: 1500 milliliters every 24 hours, 237 ml (8oz) beverage with meals, and Nursing to give 237 (8oz) per shift (3 shifts) for medication pass every shift. No Bedside water/drink. R25's Medication Administration Record (MAR) for 3/1/23 through 3/31/23 documents an order for 1500 milliliters/day fluid restriction every shift. This MAR does not specify how much R25 is supposed to receive per shift. R25's meal and fluid intakes documents R25's fluid intakes as the following: On 3/13/2023 there was no documentation of fluid intake for breakfast, 480 ml for lunch, and 840 ml for supper, on 3/14/2022 600 ml for breakfast, 480 ml for lunch, and 900 ml for supper, on 3/15/2023 no documentation for breakfast, 480 ml for lunch, and no documentation for supper, on 3/17/2023, 240 ml for breakfast, 240 for lunch, and no documentation for supper, on 3/18/2023 480 ml for breakfast, 600 ml for lunch, and 480 ml for supper, on 3/19/2023 360 ml for breakfast, 740 ml for lunch, and 640 ml for supper, and on 3/20/2023 480 ml for breakfast. R25's physician orders documents and order dated 12/2/22 documents an order to obtain vital signs before and after dialysis every Monday, Wednesday, and Friday. R25's MAR does not document R25's vital signs were taken pre-dialysis on Wednesday 3/8/23, Friday 3/10/23, Wednesday 3/15/23, or Monday 3/20/23. R25's MAR does not documents R25's vital signs were taken post dialysis on Wednesday 3/1/23, Friday 3/3/23, Friday 3/10/23, Monday 3/13/23, Wednesday 3/15/23, or Friday 3/17/23.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to assess for the use of side rails for one (R70) of two residents reviewed for side rails on the sample list of 55. Findings include: R70's Minimum Data Set, dated dated dated [DATE] documents R70 has moderate cognitive impairment. R70's Care Plan last revised 3/3/23 does not document the use of side rails. R70's 11/1/22 Quarterly Side Rail Assessment documents R70's bed does not contain side rails and side rails are not indicated at this time. There are no documented Side Rail Assessments after 11/1/22. On 3/12/23 at 10:04 AM R70 was lying in bed and R70's bed contained bilateral siderails. The siderail closest to the door was loose and moved side to side and back and forth. R70 stated R70 uses the siderails to turn in bed and during transfers. On 3/13/23 at 1:44 PM V2 Director of Nursing stated: V2 completes Side Rail Assessments quarterly. We have been behind in completing the assessments quarterly and correctly. R70 uses side rails for turning and transfers. Side Rails should be care planned. The facility's Side Rails/Bed Rails policy dated as revised October 2019 documents: Alternative interventions will be attempted prior to installing side rails. Once the alternative interventions do not meet the resident's needs, the facility will assess the resident for the risk of entrapment and benefits of side rail use. Record the alternative interventions attempted on the side rail assessment. Other risks that are assessed include accident hazards, barriers, physical restraint, and potential negative outcomes. Side Rail use will be included in the resident's plan of care.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 40385 Based on observation, interview, and record review the facility failed to sufficiently staff Certified Nursing Assistants (CNAs). This failure affects four residents (R3, R5, R27, R55) on the sample list of 55. This failure has the potential to affect all 116 residents residing in the facility. Findings include: The facility's Resident Council Minutes document: On 1/13/23 residents had concerns with call light response times and residents not getting showers timely. On 2/28/23 residents voiced concerns with night shift not checking on them and answering call lights. On 3/12/23 at 9:50 AM R3 stated there are not enough staff, and R3 does not get help every day to get dressed and assisted out of bed. On 3/12/23 at 9:02 AM R5 stated they don't change R5 during the night, and R5's sheets are often wet with urine in the mornings. R5's Power of Attorney (V24) stated she comes to the facility in the mornings every day to assist R5 with morning care, and every morning R5's bed linens are soaked with urine. On 3/12/23 at 8:44 AM R27 stated: The facility is short staffed on CNAs. There are times where there is only 1 CNA working on night shift and 2 CNAs working evening shift. We don't' get changed during the night. I'm wet when I wake up in the morning. I sleep soundly, and require staff to wake me and change me, but they don't. Every morning I request a bucket of water to wash up. Night shift CNAs tell me I must wait for first shift, because they don't have time due to staffing. This morning I waited for 30 minutes before my call light was answered. On 3/13/23 at 12:18 PM R55 stated R55 calls for staff during the night, but they tell her that they're short staffed and can't assist her. Sometimes R55 must wait until 6:00 AM before R55 is provided incontinence care. On 3/12/23 at 8:45 AM in the North building there were no staff present at the nurse's station or dining area. No staff responded upon knocking on the door entrance to the locked unit. There were no staff visible in the hallways. Residents sitting in the dining area stated they did not know where the staff are. On 3/12/23 at 10:54 AM V15 and V16 Certified Nursing Assistants entered R55's room and provided incontinence care. R55's incontinence brief was saturated with urine and a large amount of soft bowel movement. There was a small amount of urine on R55's bed sheets. There was a strong urine odor. R55's abdominal folds, groin, and underneath R55's breasts were red/inflamed. R55 said Ow when V15 cleansed R55's perineal area, groin, and abdominal fold. There were large scaly, red patches covering R55's back, buttocks, and posterior thighs. V15 stated R55 has had Psoriasis for a while now and this area (pointing to abdominal fold) looks worse. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/12/23 at 11:27 AM V15 stated: V15 was not sure when R55 was last changed, and V15 had not changed R55 earlier this morning. V15 CNA stated she's not sure when R55 was last changed, she had not changed her prior to this morning. V10 CNA was initially on R55's hall this morning, but V10 got pulled to work the North building around 9:30 AM and V15 took over V10's hallway. There have been problems with night shift staffing due to call offs. They are supposed to have 3 CNAs in the South building, and about 2-3 times per week V15 comes in for dayshift and residents are incontinent as if they had not been changed on night shift. On 3/12/23 at 11:38 AM, V10 CNA stated she did not provide care to R55. V10 stated she only took R55 a breakfast tray. At 11:56 AM, V10 stated that she just remembered that R55 refused cares this morning. There is no documentation in R55's medical record that R55 refused incontinence care. On 3/14/23 at 12:50 PM V1 Administrator confirmed there have been staffing issues on night shift. V1 stated last night there was a CNA that called off and there was only 1 CNA and 1 nurse in the South building. At 3:25 PM V1 Administrator provided the facility's daily hall assignments. V1 stated: The hall assignment sheets accurately reflect the facility's daily staffing. We are to have 2 CNAs in the North Building for all shifts, and the South building should have 5-7 CNAs on 1st and 2nd shifts, and 2-3 CNA's on night shift. Ideally, we should have 3 CNAs on night shift in the South building. On 3/15/23 at 9:18 AM V1 stated: V1 is aware of the low weekend staffing. We staff fully, but then people don't show up or call off. The facility's Facility Assessment updated 3/13/23 documents the facility will staff 7 CNAs on 1st and 2nd shifts and 4 or 5 CNAs on 3rd shift. The facility's Nursing Daily Schedules dated 2/28/23-3/14/23 document: There was 1 CNA working the North building on dayshift on 3/11, and night shift on 3/12/22. The South building had one CNA on night shift on 3/7, 3/8, and 3/13/23. There are less than 7 CNAs on 1st or 2nd shifts on 12 days. The Resident List Report dated 3/12/23 documents 71 residents reside in the South building. R3, R5, R27 and R55 reside in the South building. Resident Census and Conditions of Residents dated 3/12/23 documents: 116 residents reside in the facility, at least 83 residents require assistance or dependent on one to two staff for bathing, dressing, transferring, toileting, or eating.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 40385 Based on observation, interview, and record review the facility failed to administer medications in accordance with physician orders and manufacturer instructions and failed to administer gastrostomy tube medication separately for three (R20, R8, R54) of three residents reviewed for medication administration in the sample list of 55. The facility had 14 medication errors out of 31 opportunities resulting in a 45.16% medication error rate. Findings include: 1. R20's Physician's Orders dated 3/15/23 documents: Check blood glucose before meals and at bedtime. Novolog (Insulin Aspart) 100 units (u)/milliliter (ml) administer subcutaneous 15 units three times daily. Levothyroxine 100 micrograms (mcg) by mouth daily. Ferrous Sulfate (Iron) 325 mg by mouth daily. Atorvastatin Calcium 40 mg Metoprolol Succinate Extended Release 50 mg by mouth daily, hold if systolic blood pressure is less than 120 or diastolic blood pressure is less than 55. On 3/13/23 at 9:14 AM V13 Assistant Director of Nursing obtained R20's blood glucose level of 310. At 9:20 AM V13 Assistant Director of Nursing prepared and administered R20's Insulin Aspart, Metoprolol, Ferrous Sulfate, Januvia, Torsemide, Lantus, Metformin, Senna, Levothyroxine, and Lisinopril. V13 did not obtain R20's blood pressure prior to administering Metoprolol. Atorvastatin was not given. V13 stated R20 was out of Atorvastatin. On 3/13/23 at 9:24 AM V13 stated breakfast is between 7:30 and 8:00 AM and confirmed R20 had already ate breakfast. At 10:03 AM V13 stated: R20's blood sugar runs low in the mornings so R20's insulin is given after R20 eats. V13 did not check R20's blood sugar prior to breakfast and did not check R20's blood pressure this morning prior to administering Metoprolol. The Novolog Insulin Aspart Injection manufacturer's instructions for use dated 1/12/2007 documents: NovoLog should generally be given immediately before a meal (start of meal within 5 to 10 minutes after injection) because of its fast onset of action. The undated Levothyroxine manufacturer's instructions for use, provided by V2 Director of Nursing, documents: Levothyroxine should be given on an empty stomach 30-60 minutes prior to breakfast and spaced at least 4 hours apart from medications and food that can cause decreased absorption. Iron supplements decrease the absorption of Levothyroxine and should be given spaced 4 hours apart. 2. R8's Order Summary Report dated 3/13/23 documents: Linzess Capsule 290 MCG by mouth daily. Tramadol 50 mg by mouth two times a day for moderate pain. Pulmicort Flexhaler Aerosol Powder Breath Activated 180 mcg per actuation give 1 puff twice daily. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/13/23 at 9:30 AM V13 prepared and administered R8's morning medications including Linzess. The Linzess contained a label that instructed to administer on an empty stomach at least 30 minutes before meals. V13 gave the Pulmicort inhaler to R8. R8 self-administered one puff, and V13 did not instruct R8 to rinse R8's mouth after administration. At 9:32 AM R8 stated R8's pain was a 10 on a 1-10 scale. R8 told V13 that R8 had been out of Tramadol for the last 4 days. There was no supply of R8's Tramadol, and V13 did not administer Tramadol. At this time V13 contacted the pharmacy. V13 stated the pharmacy needs a signed prescription in order to refill the Tramadol, and V13 contacted the provider and requested a signed prescription. At 10:03 AM V13 confirmed R8 had already ate breakfast prior to administering R8's medications. On 3/14/23 at 8:31 AM V13 stated R8's Tramadol was obtained from the (facility's back up medication system) and administered on 3/13/23 at 12:13 PM. The undated Pulmicort Flexhaler manufacturer's instructions for use, provided by V2, documents to rinse the mouth with water after use and do not swallow the water. The undated Linzess manufacturer's instructions for use, provided by V2, documents to administer on an empty stomach at least 30 minutes prior to breakfast. When the medication is given after breakfast it resulted in loose stools and increased stool frequency. 3.) R54's Order Summary Report dated 3/13/23 documents the following medications are to be administered through gastrostomy tube: Chewable aspirin 81 mg daily. Benztropine Mesylate 0.5 mg twice daily. Famotidine Tablet 20 mg daily. Glipizide 10 mg twice daily. Metoprolol Tartrate 25 mg twice daily. Sennosides Tablet 8.6 mg twice daily. Topamax 25 mg twice daily. On 3/13/23 at 9:50 AM V13 crushed R54's Topamax, Sennoside, Metoprolol Tartrate, Glipizide, Famotidine, Benztropine, and Aspirin. At 9:53 AM V13 mixed 30 ml of water with R54's crushed medications and poured the mixture into a syringe connected to R54's gastrostomy tube. The mixture did not drain and V13 had to manually push the medications with a plunger through the syringe. On 3/13/23 at 9:50 AM V13 stated R54 has an order to administer R54's crushed medications together. The facility's Medication Administration- Gastrostomy or Nasogastric Tube dated as revised August 2020 documents: Use medications in liquid form whenever possible. Administer medications separately when multiple medications are given at one time. Flush with 10 ml of water between each medication. Medications should be crushed and dissolved in water. The facility's Medication Administration Policy dated as revised January 2015 documents: Medications are to be administered according to physician's orders.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 40385 Based on interview and record review the facility failed to administer medications as ordered resulting in significant medication errors for one resident (R27) of 34 residents reviewed for changes in condition in the sample list of 55. Findings include: R27's After Visit Summary dated 12/7/22 documents R27's discharge medications include Bumex (diuretic) 2 milligrams (mg) by mouth twice daily, Coreg 12.5 mg by mouth twice daily, Hydralazine 50 mg by mouth twice daily, and Imdur 60 mg by mouth daily. R27's December 2022 Medication Administration Record (MAR) documents Bumex, Coreg, Hydralazine, and Imdur were not administered as ordered/scheduled on 12/8/22, and documents to refer to a nursing note. There are no documented nursing notes explaining why the medications were not given or that the physician was notified. R27's weight log dated 3/14/23 documents R27's weighed 191.2 lbs (pounds) on 12/8/22 and 218.7 lbs on 12/10/22 (27.5 lb gain in 2 days). On 3/14/23 at 11:14 AM V2 Director of Nursing confirmed a check mark on the MAR indicates medication was given. V2 stated: A 9 on the MAR means other, and prompts to record the reason the medications were not given in a nursing note. If a medication is not available the nurse should contact the pharmacy to have the medication delivered from a backup pharmacy, and the medications usually arrive within 4 hours. On 3/14/23 at 10:00 AM V11 Nurse Practitioner confirmed R27's Bumex should have been administered as ordered. V11 stated missed doses of Bumex could contribute to weight gain. The facility's Medication Administration Policy dated as revised January 2015 documents: Medications are to be administered according to physician's orders.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. 35046 Based on observation, interview, and record review the facility failed to follow-up with a referral to an oral surgeon for one (R25) of two residents reviewed for dental on the sample list of 55. Findings include: On 3/12/23 at 10:00 AM, R25 stated R25 was supposed to have some teeth pulled and that was two years ago and I haven't gotten to go. R25's teeth had areas of decay. R15's Nursing Note dated 4/30/21 at 2:23 PM documents, (R25) stated that (R25's) tooth broke off a few days ago, (R25) showed (Registered Nurse) and tooth was cracked. (R25) stated that (R25's) mouth feels swollen and there is pain. (R25) is requesting to see a dentist. This note also documents a dentist appointment was scheduled for 5/27/21. On 3/14/23 at 10:38 AM, V3 Psychiatric Rehabilitation Service Director stated there is no documentation of R25 seeing the dentist on 5/27/21. V3 stated there is no documentation of R25 refusing to go to an appointment. V3 stated R25 did see the dentist in January and the dentist also made a referral for an oral surgeon. It has not been set up yet.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 38780 Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 116 residents residing in the facility. Findings include: On 3/12/23 at 10:05am, V5 Dietary Manager was actively supervising dietary operations in the facility kitchen during resident meal preparations. V5 reported being the full-time manager of the facility food service and reported not being a clinically qualified Certified Dietary Manager or having the equivalent training. The Resident Census and Conditions of Residents report dated 3/12/23 documents 116 residents reside in the facility.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 35046 Based on observation, interview, and record review the facility failed to provide meals honoring food preferences for one (R17) of 32 residents reviewed for food preferences on the sample list of 55. Findings include: On 3/12/23 at 9:20 AM, R17 stated the food is terrible. R17 stated eating pork is against his religion but they continue to serve it to him. R17 stated he is allergic to bananas but gets bananas on the tray. R17 stated R17 does not like hot cereal but they serve him hot cereal. On 3/12/23 at 12:20 PM, V10 Certified Nursing Assistant took a tray over to R17, V10 took the lid off and walked away. V10 did not check the diet slip before providing the meal. R17 was served a pork chop with mashed potatoes and green beans. R17's diet card lying on the tray stated no pork. On 3/12/23 at 12:25 PM, V9 Dietary Aide stated R17 isn't supposed to receive pork.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 35046 Based on observation, interview, and record review the facility failed to serve palatable food at an appetizing temperature. This failure affected 12 (R26, R63, R112, R101, R33, R56, R27, R17, R105, R99, R85, and R25) of 32 residents reviewed for food on the sample list of 55 and all 116 residents residing in the facility. Findings include: The facility's Resident Council Meeting minutes dated March of 2022 through February 2023 all documented concerns with the food temperatures and taste. 1. On 3/13/23 at 1:43 PM, a group meeting was held with R26, R63, R112, R101, R33, R56, and R27. All seven residents reported and concurred there are several issues with the quality, temperature, and palatability of the food. The residents also voiced concern they are not able to access food choice alternatives readily. At that time, R27 had a tray in front of her and stated, I just got back from Dialysis, and they had a tray ready when I got back but it was cold and it can't be reheated. 2. On 3/12/23 at 9:20 AM, R17 stated the food is terrible. On 3/12/23 at 12:00 PM, R17 stated the food is always cold. R17 stated they have a steam table in the kitchen but the staff don't use it and they will serve out of the pans brought over from the other side. On 3/12/23 at 12:30 PM, R17 received a hamburger on white bread. The burger appeared overcooked and the bread was soaked with liquid. R17 put his burger on some wheat bread. R17 stated the facility doesn't provide wheat bread and R17 must buy it. 3. On 3/12/23 at 10:00 AM, R25 stated the kitchen doesn't use the warmer to ensure the food stays warm. R25 stated the food here makes me sick. We complain and it never gets better. The food is made next door and then they send it over. 4. On 3/12/23 at 9:10 AM, R85 stated R85 does not get enough food. R85 stated the serving size is too small. R85 stated R85 is still hungry after he eats. On 3/12/23 at 12:30 PM, R85 stated, Another thing they don't wear hair nets. I have had hair in my food. Yesterday, I got on scoop of scrambled eggs and that was it. Nothing else. We don't get seconds. We had waffles one day with no syrup and no butter. And when we had biscuits and gravy it was one biscuit with a little bit of gravy. Look I took pictures! R85 then pulled up pictures on R85's phone. The first picture was of a plate with a scoop of scrambled eggs. There was nothing else on the plate. The second picture was a plate that had a single small biscuit with gravy on top of it. 5. On 3/12/23 at 9:20 AM, R99 stated the food is always cold and R99 does not like it. (continued on next page)

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	145753	A. Building B. Wing	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Bella of Danville	1701 North Bowman Danville, IL 61832

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. On 3/12/23 at 9:15 AM, R105 stated the food is always cold and we don't get enough food. The portions are always small. We only get one egg when they have eggs. R105 stated they will only let them have one carton of milk and when they ask for more, they won't let them have it. R105 stated the pancakes can't possibly be made with pancake mix because they don't taste like pancakes. I used to love food and not I don't enjoy it. On 3/12/23 at 12:25 PM, R105 took tray back to the cart. R105 ate 50 percent of the meal. The facility's Census and Conditions report dated 3/12/23 signed by V3 Psychiatric Rehabilitation Service Director documents there are 116 residents residing in the facility.

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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. 38780 Based on observation, interview, and record review, the facility failed to maintain sanitary food storage areas and failed to maintain sanitary kitchen floor surfaces. These failures have the potential to affect all 116 residents residing in the facility. Findings include: On 3/12/23 at 8:25am, the floor areas throughout the kitchen and adjacent dishwashing areas were soiled with accumulations of decomposing food and grease deposits. V6 Dietary Aide was present and stated the floors are cleaned once per shift. On 3/12/23 at 12pm, the kitchen refrigerator had water pooling on the bottom shelf. V5 Dietary Manager (DM) was present and stated this issue had been ongoing for a week or two. V5 stated V5 was not sure if it was a door seal issue or condenser issue V5 stated the condenser/evaporator had been blown out by V20 Maintenance Director and that seemed to help for a bit. V5 confirmed the kitchen and adjacent dishwashing area floors were dirty and stated staff are to clean the floors each shift. On 3/12/23 at 1:15pm, V20 Maintenance Director replaced refrigerator door seal. On 3/13/23 at 12:11pm, water was observed pooling on bottom shelf of refrigerator. On 3/15/23 at 11:25pm, V20 Maintenance Director stated V20 replaced the refrigerator door seal on 3/12/23 but was not sure it [seal] was fitting properly. V20 stated a commercial kitchen repair vendor was coming out today to replace the door seal. V20 stated not sure if it is a condenser/evaporator issue but will know today after they come out to fix it either way. V20 stated the refrigerator started holding water a couple of weeks ago. A repair service invoice dated 3/16/23 documents the following: Service performed: Evaporator condensate line plugged, leaking water into cabinet. Remove rear flex line and flush debris, break clog of lime from drain line in wall. Flush with hot water to test, now draining to condensate pan. The Resident Census and Conditions of Residents report dated 3/12/23 documents 116 residents reside in the facility.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 32853 Based on observation, interview and record review, the facility failed to ensure there is a Licensed Administrator managing the facility. This failure has the potential to affect all 116 residents residing in the facility. Findings include: On 3/12/23 at 11:17 AM, V1 acting Administrator was in the building. On 3/13/23, 3/14/23, 3/15/23 and 3/16/23 V1 was in the building as the acting Administrator. On 3/15/23 at 11:07 AM, V1 stated that V1 does not have an Administrator's license nor does V1 have a temporary Administrator's license. V1 stated that the owner's license is on the wall. V1 stated that the owner usually comes to the facility on ce every two weeks. V1 stated that V1 tried to apply for a temporary license and it was denied. The Resident Census and Conditions of Resident report dated 3/12/23 documents there are 116 residents reside in facility.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 40385 Based on interview and record review the facility failed to have required members attend the Quality Assurance Performance Improvement (QAPI) meetings. This failure has the potential affect all 116 residents residing in the facility. Findings include: On 3/13/23 at 3:19 PM the Quality Assurance meeting sign in sheets provided by V3 Psychiatric Rehabilitation Services Director, documents: The 4/20/22 meeting did not have a Medical Director or Director of Nursing in attendance. The undated meetings that reviewed April- September 2022 documents V1 Administrator was in attendance. V1 is not a Licensed Nursing Home Administrator. The undated meeting that reviewed October, November, and December documents there was no Medical Director or Administrator in attendance. On 3/15/23 at 11:07 AM V1 Administrator confirmed the facility's QAPI meeting sign in sheets are missing some of the required members and confirmed V1 is not a Licensed Nursing Home Administrator. Resident Census and Conditions of Residents dated 3/12/23 documents 116 residents reside in the facility.

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to ensure side rails were secure and assess side rails for the risk for entrapment for two (R70, R101) of two residents reviewed for side rails in the sample list of 55. Findings include: 1.) R70's Minimum Data Set, dated dated dated [DATE] documents R70 has moderate cognitive impairment. R70's Care Plan last revised 3/3/23 does not document the use of side rails. On 3/12/23 at 10:04 AM R70 was lying in bed and R70's bed contained bilateral siderails. The siderail closest to the door was loose and moved side to side and back and forth. R70 stated R70 uses the siderails to turn in bed and during transfers. 2.) On 3/12/23 at 10:13 AM R101 was lying in bed. R101's bed contained bilateral side rails. The side rail that was closest to the door was loose and moved back and forth. R101 stated R101 does not use the side rails. On 3/13/23 at 3:48 PM V20 Maintenance Director stated V20 inspects side rails annually for risk for entrapment and was last completed on 10/20/22. If the resident had side rails installed after 10/20/22, then we would not have an assessment for the bed and side rails. V20 stated side rails are inspected monthly as part of our routine checks and the Certified Nursing Assistants should report when side rails are loose. At 3:57 PM V20 confirmed R101's side rail was loose and stated it needed tightened. At 3:59 PM V20 confirmed both of R70's side rails were loose and not secure. V20 stated they needed to be tightened. V20 stated the facility is gradually phasing out the use of this type of side rail. V20 was unable to provide documentation that R70's bed and side rails were inspected for risk of entrapment. V20 stated R101's and inspection of R101's bed and side rails were not completed after R101 changed beds. The facility's Side Rails/Bed Rails policy dated as revised October 2019 documents: Assuring the correct installation and maintenance of bed rails is an essential component in reducing the risk of injury resulting from entrapment or falls. Inspect and regularly check the mattress and bed rails for areas of possible entrapment. Regardless of mattress width, length and/or depth, the bed frame, bed rail and mattress should leave no gap wide enough to entrap a resident's head or body. Check bed rails regularly to make sure they are still installed correctly as rails may shift or loosen over time.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 38780 Based on observation, interview, and record review, the facility failed to maintain an effective pest control program by failing to prevent cockroaches in the kitchen area. This failure has the potential to affect all 116 residents in the facility. Findings include: On 3/12/23 at 8:20am, the kitchen and pantry flooring was soiled throughout with accumulations of food debris. The legs of food preparation tables and dishwasher drain boards were also soiled with splattered food debris. Live German cockroaches were observed on the wall underneath of the mechanical dishwasher and the three compartment sink. Dead cockroaches were observed on the floor near the employee handwashing sink. On 3/12/23 at 10:35am, live German cockroaches were observed on the wall underneath of the mechanical dishwasher and the three compartment compartment sink. V5 Dietary Manager was present and confirmed the above insects were German cockroaches. V5 stated, They [pest control] come out monthly to treat for them [roaches] and not as bad as they used to be, but staff need to keep the floors cleaner. On 3/13/23 at 12:11pm, live German cockroaches were observed on the wall underneath of the mechanical dishwasher. The facility pest control reports (January 2022-March 2023) document the presence of cockroaches each month in the facility kitchen areas. The March 2023 report documents: Used a bait in some common areas where cockroach activity has been noticed. Please do not use store bought products for pest control. Other products can counteract what we use and will negate both or help pests gain resistances against all products. The Resident Census and Conditions of Residents report dated 3/12/23 documents 116 residents reside in the facility.