STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155846	A. Building B. Wing	10/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Restoracy of Carmel	616 Green House Way Carmel, IN 46032

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 38872 Based on observation, interview and record review, the facility failed to ensure staff placed residents call lights in reach for 3 of 3 residents reviewed for accommodation of needs. (Residents M, J and L) Findings include: 1. During an observation, on 09/27/21 at 10:54 a.m., Resident M was found resting in bed. The head of the bed was raised up to approximately 90 degrees and the call light was observed hooked to the head of the bed on the headboard where it was not accessible because it was behind the raised head of the bed. During an interview, on 09/27/21 at 10:56 a.m., CNA 8 indicated the call light should have been in reach. The record for Resident M was reviewed on 09/30/21 at 8:45 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, age related physical debility and muscle weakness. A care plan, initiated on 09/24/20, indicated Resident M had a communication problem. Resident M was able to shake her head for yes and no questions and she rarely spoke. When she did speak her words were not clear. An intervention, initiated on 09/24/20, indicated the call light was to be in reach. A care plan, initiated on 06/09/17, indicated Resident M had a potential for falls due to poor safety awareness. An intervention, initiated on 06/09/17, was to ensure the call light was in reach. Under the same care plan, another intervention, initiated on 06/09/17, indicated the resident needed a safe environment with a working and reachable call light. 2. During an observation, on 09/28/21 at 02:58 p.m., Resident J was observed resting in a low bed. The call light cord was observed from the wall box running down the wall and then not observable. During an interview, on 09/28/21 at 3:00 p.m., LPN 13 indicated the call light was to be in reach. The record for Resident J was reviewed on 09/27/21 at 3:43 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, unspecified glaucoma and osteoarthritis. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan, initiated on 03/03/20, indicated Resident J had a potential risk for falls due to confusion. An intervention, initiated on 03/03/20, indicated to check placement of the call light and ensure it was within reach. Another intervention, initiated on 06/04/21, indicated be sure the call light was within reach. 3. During an observation, on 09/28/21 at 3:10 p.m., Resident L was observed sitting in a chair, in the corner, of her room, the call light was observed to be on the other side of the room with the bed between the resident and call light. During an interview, on 09/28/21 at 03:11 p.m., CNA 14 indicated the call light should have been in the resident's reach and who ever had put her in her chair did not give her the call light. The record for Resident L was reviewed on 09/27/21 at 12:02 p.m. Diagnoses included, but were not limited to, dementia, heart failure and weakness. A care plan, initiated on 11/22/19, indicated Resident L was a potential fall risk related to impaired safety awareness and to check for the placement of the call light and ensure it was within reach. A care plan, initiated on 11/22/19, indicated Resident L had a hemiarthroplasty of the right hip from a fall and the call light was to be within reach. A current facility policy, titled Use and Answering of Elder Call Light, dated 2001 and provided by the Admissions/Trainer (MAT) on 09/29/21 at 1:47 p.m., indicated .When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident 3.1-3(v)(1)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. 38872 Based on interview and record review, the facility failed to provide an Authorization for Release of Medical Information to the Resident Representative upon the initial request for a copy of a care plan for 1 of 1 resident reviewed for release of medical records. (Resident J) Finding includes: A document provided by the Social Services Worker (SSW) on 9/28/21 at 12:20 p.m., indicated .6/29/21 Care Conference. Daughter requested a copy of care plan .SS (Social Services) informed medical records of daughter's request .7/13/21 Daughter made a request for a copy of care plan. SS informed IDT (Interdisciplinary Team) members and team wanted to review before sending to daughter .8/18/21 Daughter made another request for a copy of care plan .SS apologized for the confusion and delay .SS sent daughter a consent to release .Daughter sent the consent back but it was not filled out or signed, it was blank .SS consulted with ED (Executive Director) .SS consulted with ED .ED directed SS to send care plan to daughter An email correspondence from the Resident Representative, dated July 13, 2021, provided by the SSW on 09/28/21 at 12:20 p.m., indicated a request for a copy of a care plan from the care plan meeting on June 29, 2021 was made. An email correspondence from the Resident Representative, dated August 16, 2021, provided by the SSW on 09/28/21 at 12:20 p.m., indicated a request for a copy of a care plan from the care plan meeting on June 29, 2021 was made. An email correspondence from SSW to Resident Representative, dated August 16, 2021, indicated .I'm sorry for any delay .I've attached a consent to release that needs to be filled out before it can be sent to you This email was the first email to mention the need for an authorization to have the care plan released to the Resident Representative. An email correspondence to the Resident Representative, dated 08/19/21, indicated .Please find attached a copy of the care plan During an interview, on 10/04/21 at 8:40 a.m., the Social Services Worker initially indicated no authorization was needed for a copy of a care plan, she then indicated the facility had a medical records person, previously, which handled the Authorizations for Record Release and she thought the authorization had already been taken care of by the medical records person. A current facility policy, titled Authorization for Release of Medical Information Form, dated 2016 and provided by the Executive Director on 09/28/21 at 10:29 a.m., indicated .Team Members Responsible: Health Information Coordinator, Social Services, Nursing Director, Financial Director, Executive Director .To ensure . Medical . Information is protected and released only at the request of .Elder specified individuals, i. e. POA, Legal representative .the request will be made in writing utilizing a designated form .Complete the Authorization for .Copies will be provided within 48 hrs (hours) (continued on next page)

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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This Federal Tag relates to Complaint IN00362377. 3.1-4(b)(2)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 37727 Based on observation, interview and record review, the facility failed to implement interventions documented in a fall care plan for a resident who was at risk for falls (Resident H) and failed to develop a diabetic care plan for a resident who had a diagnosis of Diabetes Mellitus (Resident K) for 2 of 14 residents reviewed for care plans. Findings include: 1. On 09/30/2021 at 10:59 a.m., the resident's room was observed to be cluttered, without a scoop mattress on the bed and his bathroom door was open. There was a sign taped to his bathroom door indicating close the bathroom door when not in use. On 09/30/2021 at 3:03 p.m., the resident's bathroom door was observed open. On 10/01/2021 at 1:50 p.m., the resident's bathroom door was observed open and there was not a scoop mattress on his bed. On 10/04/2021 at 9:13 a.m., the resident's room was observed cluttered with a wristwatch, gloves, bag of drinking straws and a pencil sharpener on the floor. His bathroom door was open and there was not a scoop mattress on his bed. The record for Resident H was reviewed on 09/30/2021 at 11:08 a.m. Diagnoses included, but were not limited to, Parkinson's Disease, unsteadiness of feet and repeated falls. A Health Status note, dated 07/09/2021 at 9:27 a.m., indicated the resident was found lying on the fall mat at 5:00 a.m. The resident was in bed prior to the fall. A Health Status note, dated 08/11/2021 at 2:52 a.m., indicated the resident was found lying on a matt next to his bed. The resident was unable to say how the fall occurred. A fall care plan, dated 03/30/2021, indicated the resident was a risk for a fall due to gait, balance disturbances and poor safety awareness. Interventions included, but were not limited to, close the bathroom door when not in use to distract resident's obsessiveness of going to the bathroom frequently which was initiated on 04/14/2021, the use of a scoop mattress which was initiated on 04/22/2021 and the resident's room should be free of clutter which was initiated on 03/30/2021. During an observation and interview, on 10/04/2021 at 12:48 p.m., the MDS (Minimum Data Set) Coordinator indicated the resident did not have a scoop mattress on his bed and his bathroom door was open. She also indicated nursing should be following and implementing all care plan interventions. 38872 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The record for Resident K was reviewed on 09/28/21 at 2:48 p.m. Diagnoses included, but were not limited to, hypertension, depressive disorder and dementia. The Minimum Data Set Assessment, dated 07/26/21, indicated under Section I (where diagnoses are noted) indicated .NO for diabetes and in section N (where medications given during the seven day review are noted) indicated the resident received seven insulin injections. A physician's order, dated 07/03/21, indicated to give Levemir (an insulin) by injection, 25 units daily for diabetes. During an interview, on 10/04/21 at 8:44 a.m., the MDS Coordinator indicated she was responsible to develop care plans for diabetes and Resident K did not have a diagnosis of diabetes. She then reviewed the resident record and indicated Resident K should have had a care plan for diabetes. A current facility policy, titled Care Plan Completion, dated October 2019 and provided by the Executive Director on 10/04/21 at 11:16 a.m., indicated .the IDT (interdisciplinary team) must evaluate information gained to develop a care plan that addresses .resident's .problems and needs This Federal Tag relates to Complaint IN00362607. 3.1-35(a) 3.1-35(b)(1)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 38872 Based on interview and record review, the facility failed to ensure the target dates on the comprehensive care plans were updated for 1 of 14 residents reviewed for care plan revision. (Resident J) Finding includes: The record for Resident J was reviewed on 09/27/21 at 3:43 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, glaucoma and chronic obstructive pulmonary disease. The care plans for Resident J contain 30 focus areas addressing the resident's preferences and care needs and each focus area has a goal target date of 08/28/21. The target dates had not been reassessed and updated on the care plan. During an interview, on 10/04/21 at 8:40 a.m., the Social Services Worker (SSW) indicated the care plans should have been updated if the target date was 08/31/21 and the dates (of the target goal) had past. A current facility policy, titled Care Plan Completion, dated October 2019 and provided by the Executive Director on 10/04/21 at 11:16 a.m., indicated .Residents' preferences and goals may change throughout their stay, so facilities should have ongoing discussions .so that changes can be reflected in the comprehensive care plan This Federal tag relates to Complaint IN00362377. 3.1-35(d)(2)(B)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 37727 Based on observation, interview and record review, the facility failed to provide nutritional supplements as ordered by the physician and Registered Dietician and failed to follow-up on recommendations from the Registered Dietician to prevent further weight loss for 1 of 5 residents reviewed for nutrition. (Resident D) This resulted in Resident D having a decrease in weight of 12.9% in 180 days. Finding includes: During a dining observation, on 09/27/2021 at 12:24 p.m., Resident D did not receive yogurt for lunch. During a dining observation, on 09/29/2021 at 9:02 a.m., the resident was not given a straw or a Provale cup (a specialized cup used to deliver small amounts of liquid with every drinking motion used with swallowing disorders). During a dining observation, on 9/29/2021 at 12:45 a.m., the resident was not given a Provale cup or yogurt. On 9/30/2021 at 9:49 a.m., the resident was in her room, sitting in her chair, she had a Styrofoam cup of water sitting on her bedside table. On 9/30/2021 at 3:20 p.m., a Styrofoam cup of water was in the resident's room. The resident indicated she was not given yogurt or ensure for lunch. During a dining observation, on 10/01/2021 at 8:55 a.m., the resident was not given a Provale cup. During an interview, on 10/01/2021 at 2:00 p.m., the resident indicated she was not given yogurt for lunch. During a kitchen tour with CNA 6 at 2:11 p.m., she indicated there was not any yogurt in either refrigerator. During a dining observation, on 10/04/2021 at 8:46 a.m., the resident was given water in a Styrofoam cup. During an interview, on 10/04/2021 at 09:20 a.m., the resident indicated she did not get her ensure with breakfast and in her room she had a large Styrofoam cup of water on her night stand. During a dining observation, on 10/04/2021 at 12:36 p.m. through 1:55 p.m., the resident was given a large Styrofoam cup of water and was not given Ensure or a straw. At 12:45 p.m., LPN 10 brought the resident a large plastic cup filled with lemonade. It was not a Provale cup and did not have a straw. During an interview, at that time, LPN 10 indicated She just don't want it in that cup. She also did not receive yogurt. During an interview, at that time, CNA 7 indicated communication was poor and she was unaware of which residents were supposed to have yogurt with lunch. The nurse would be the one to know but did not communicate the information with her. At 1:13 p.m., LPN 10 indicated she did not know the resident was suppose to get a yogurt, she did not know where to find out if a resident was supposed to have anything special with meals. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	The record for Resident D was reviewed on 09/29/2021 at 10:10 a.m. Diagnoses, included but were not limited to, Parkinson's disease, stroke and malnutrition. A care plan, dated 10/20/2020, indicated the resident had an ADL (activities of daily living) performance deficit related to Parkinson's disease. Interventions included, but were not limited to, Provale cup for all liquids which was initiated on 11/20/2020. A care plan, dated 07/28/2021, indicated the resident was a nutritional risk related to Parkinson's disease, triggering for a significant weight loss x 30 day. Interventions included, but were not limited to, provide and serve supplements as ordered. A physician's order, dated 01/18/2021, indicated the resident was to receive a mechanical soft texture diet (food which was ground up for easier swallowing), yogurt at lunch and all fluids in a Provale cup. A physician's order, dated 08/30/2021, indicated the resident was to receive 120 ml (milliliters) of Med Pass (a nutritional supplement) four times a day. A physician's order, dated 09/16/2021, indicated the resident was to receive one can of Ensure Plus two times a day with breakfast and lunch. A dietary report sheet indicated the additional directions for the resident's diet were to provide one can of ensure with breakfast and lunch, give 120 ml of Med Pass, yogurt at lunch and all fluids provided in a Provale cup. A RD (Registered Dietician) note, dated 08/28/2021, indicated the resident had a 8.4% significant weight loss over 30 days and recommended to offer yogurt at lunch and start Med Pass 120 ml four times a day. Also recommend to offer ice cream at dinner and yogurt at lunch related to the enjoyment of softer foods. Will discuss with the Nurse Practitioner (NP) to start an appetite stimulant. A RD note, dated 09/15/2021, indicated the resident had a 7.4% significant weight loss over 30 days, a 7.8% significant loss over 90 days and a 12.9% significant loss over 180 days. The resident was receiving yogurt at lunch and ice cream at dinner to provide extra calories. The resident had increased difficulty feeding self and a decreased appetite. The RD recommended to offer Ensure plus 1 can at meals and to discuss with the NP to start an appetite stimulant related to weight loss and intake of less than 50%. There was no documentation in the resident's record to indicated the NP was notified to discuss starting an appetite stimulant after the RD recommendation on 8/28/21 or 9/15/21. During an interview, on 10/04/21 at 3:29 p.m., the Admissions/Trainer (MAT) indicated it was the dieticians responsibility to follow through with her recommendations. Dietary interventions recommended from the RD would be documented on the resident's dietary sheet and kept in a binder in the kitchen. The CNAs and Nurses should know to refer to the sheet for added dietary recommendations for increased calories/nutritional value. The resident should have received yogurt with each lunch. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	During an interview, on 10/14/2021 at 3:30 p.m., the ED indicated each residents diet including nutritional supplements, special additions and restrictions were kept in a binder in the kitchen of each cottage. During an interview, on 10/4/21 at 4:30 p.m., the current dietician indicated she just started and had not been in to officially assess the resident yet and she was unable to talk with the previous RD who made the recommendations. She could not attribute as to why there was a delay in getting the order for the appetite stimulant. A nutrition/weight loss policy was not provided when requested, on 10/04/2025 at 4:15 p.m., the ED indicated at that time it was the expectation of nursing to follow physician orders. 3.1-46(1)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 02799 Based on observation, record review and interview, the facility failed to ensure a medication error rate of less than 5 percent based on medication errors observed during 2 of 25 opportunities for errors during random medication administration observations, resulting in a medication error rate of 8 percent (Residents P and N). Findings include: 1. During a random medication administration observation, on 09/28/2021 at 9:01 a.m., Qualified Medication Aide (QMA) 3 administered one loratadine (a medication for allergies) 10 mg (milligram) tablet to Resident P. Resident P's record was reviewed on 09/28/2021 at 12:31 p.m. Diagnoses included, but were not limited to, diabetes mellitus, hypothyroidism (low thyroid), hyperlipidemia (high cholesterol) and peripheral vascular disease. Current physician's orders were not observed to contain an order for loratadine 10 mg. During an interview, on 09/30/2021 at 10:11 a.m., LPN 9 was unable to locate a physician's order for the Loratadine 10 mg. LPN 9 indicated she remembered the resident had previously had an order for this medication, however she thought the medication had been discontinued. On 09/30/2021 at 10:23 a.m., LPN 9 indicated she had talked with Resident P's nurse practitioner (NP) and the NP indicated this medication had been discontinued. LPN 9 indicated she was unable to locate an order for the loratadine 10 mg or the date of the discontinuation of this medication. During an interview, on 09/30/2021 at 11:58 a.m., the MDS (Minimum Data Set) Coordinator indicated she would research Resident P's physician orders regarding the Loratadine 10 mg. At 12:19 p.m., the MDS coordinator indicated she had found the following order, dated 07/13/2021 at 3:13 p.m., Loratadine Tablet 10 mg, give one tablet by mouth one time a day for allergy. The MDS coordinator indicated the physician order for Loratadine 10 mg was discontinued the following day on 07/14/2021. Resident P's Medication Administration Record (MAR), for the month of September 2021, was reviewed on 09/28/2021 at 2:12 p.m. Loratadine 10 mg was not listed as a medication to be administered to Resident P. 38872 2. During an observation of medication administration, on 09/29/21 at 10:15 a.m., QMA 18 was observed to prepare one Vitamin B-12 500 milligrams (mg), one famotidine (a medication used for reflux) 20 mg, one divalproex (a medication used for seizures and bipolar disorder) 125 mg, one ferrous sulfate (an iron tablet) 325 mg, one allupurinol (a medication for gout) 100 mg and 17 grams of Miralax (a medication for constipation) for Resident N. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When QMA 18 had finished preparing the medication and prior to administering the medications, it was brought to her attention the medication card and the order on her computer indicated Resident N was to receive two divalproex 125 mg. The QMA reviewed the order and indicated she was to give two divalproex 125 mg (for a total dose of 250 mg) to Resident N. A current facility policy, titled Administration of Oral Medications, dated 2016 and provided by the Executive Director on 09/30/2021 at 3:27 p.m., indicated .2. Check accuracy and completeness of each medication ordered (MAR). a. Verify the elder's name, drug name, drug dosage, route of administration and time of administration between medication container and medication administration record. b. If there is a discrepancy a household licensed nurse will check the physician's order and/or with a pharmacist This Federal Tag relates to Complaint IN00363744. 3.1-48(c)(1)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 38872 Based on observation, interview and record review, the facility failed to ensure medications were stored in their pharmacy containers, failed to label medications when opened, failed to return/discard medications for residents no longer residing in the facility and failed to ensure medications were labeled with resident names for 1 of 3 medication carts reviewed for medication storage (Cottage 4 Medication Cart) Finding includes: During an observation of the medication cart in Cottage 4, on 09/29/21 at 11:23 a.m., with QMA 19 the following pills were found loose in the drawers of the cart: two small pink round tablets, one brown square tablet, one large round white tablet, one white oval tablet, one small white round tablet and one orange, partially dissolved tablet. In the top drawer, a Trelegy inhaler (an inhaler for chronic pulmonary obstructive disorder) was found without an open date and no resident label, one bottle of ipratropium (a medication used for allergic and nonallergic runny nose) nasal spray was found without an open date, a bottle of Combigan (a medication for glaucoma) eye drops was found wet in a container, the label was unreadable. In the second drawer, one bottle of over the counter Calcium was found without a label to indicate who the medication belonged to, a one quart bottle of ProMod (a supplement) was found without a label to indicate who it belonged to and one container of Reguloid (a medication for constipation) was found with an illegible label. In the third drawer, one tube of clotrimazole (an antifungal cream) was found for a resident which was no longer in the facility. During an interview, on 09/29/21 during the observation, QMA 19 indicated all staff were responsible to keep the cart clean and medications for residents which are no longer in the facility should be discarded. A current facility policy, titled Storage of Medications, dated 2016 and provided by the Admissions/Trainer (MAT) on 09/29/21 at 1:47 p.m., indicated .Medications will be maintained in the containers they were received from the pharmacist A current facility policy, titled Labeling of Medication Containers, dated 2016 and provided by the Admissions/Trainer (MAT) on 09/29/21 at 1:47 p.m., indicated .All medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations .Medication labels must be legible at all times .Any medication packaging or containers that are inadequately or improperly labeled shall be returned to the issuing pharmacy .Labels for .drug containers shall include all necessary information, such as .The resident's name .Labels for over the counter drugs shall include all necessary information, such as . The resident's name (continued on next page)

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	155846	A. Building B. Wing	10/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Restoracy of Carmel	616 Green House Way Carmel, IN 46032

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-25(j) 3.1-25(k)(1) 3.1-25(l)(1) 3.1-25(o) 3.1-25(r)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02799 Based on observation, interview and record review, the facility failed to serve food in accordance with professional standards for food service safety when the staff failed to wear hair restraints to prevent hair from contaminating food, failed to ensure dry goods were sealed after opening, failed to remove expired items from the cabinets, refrigerators and pantry, failed to put open and use by dates on dry, refrigerated and frozen foods, failed to ensure a recipe was followed while preparing a pureed diet and failed to ensure kitchens were maintained for cleanliness and safety in 5 of 5 cottages reviewed. (Cottages 5, 2, 1, 4 and 3) Findings include: 1. During an observation of the kitchen in Cottage 5, on [DATE] at 9:23 a.m., with CNA 1 present, the following was observed: a. In the Lower corner cabinet next to the stove: A large bottle of liquid butter alternative was found with an expiration date of [DATE] and without a label to indicate when it was opened. A large bottle of sweet BBQ sauce, with an open date of [DATE], was observed to have instructions to refrigerate after opening. Enriched white hominy corn grits had an open date of [DATE] and an expiration date of [DATE]. A large bottle of vegetable oil was found half empty without a label to indicate when the bottle was opened. A plastic container of biscuit gravy & white sauce mix was observed to have been half empty and wrapped in cling wrap without a label to indicate when it was opened. b. In the black refrigerator/freezer in the kitchen area: A thermometer to monitor the temperature of the refrigerator and freezer was not observed. Foods in the freezer were packed in tightly with no air circulation around the packages of food. All packages had a buildup of ice crystal formation on the food inside of the bags. Temperature logs for the refrigerator were not observed and CNA 1 was unaware of the refrigerator temperature logs. A digital temperature was measured to be 47 degrees in the refrigerator and 18 degrees in the freezer. An open bottle of horseradish was observed to have an expiration date of [DATE]. Two partially used one pound blocks of unsalted butter were found unwrapped and open to air, without a label to indicate when they were opened. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A dinner plate of mixed vegetables, a serving of potato salad and a piece of bread covered with ground meat in a red sauce was found covered in cling wrap and found without a label of when the item had been placed in the refrigerator or to whom the plate of food belonged. One open 12 ounce bottle of Gatorade fruit punch was found without a label to indicate when it was opened. One open bottle of Body [NAME] alkaline water was found without a label to indicate when it was opened. One 4 quart container, containing 2 quarts of an unknown brown substance, was found without a label to identify the substance or indicate when the substance was placed in the refrigerator. One gallon of milk, labeled as fortified milk, had an expiration date of [DATE]. One large container of coleslaw had an expiration date of [DATE]. c. In the white refrigerator/freezer in the pantry area: A thermometer to monitor the temperature of the refrigerator and freezer was not observed. Foods in the freezer were observed to have a buildup of ice crystal formation on the food inside the bags. Temperature logs for the freezer were not observed and CNA 1 was unaware of the freezer temperature logs. A digital temperature was measured to be 38 degrees in the refrigerator and 11 degrees in the freezer. One unopened one-half gallon of milk was found with an expiration date of [DATE]. On the bottom right shelf of the refrigerator, 8 loose eggs were found. 4 of the eggs were cracked with the yolk of the eggs spilling out. A large amount of yellow substance was observed dried on the shelf. A four pound container of unopened potatoes aug-gratin was on the shelf. The potato container was unable to be moved when touched. The entire bottom of the refrigerator was observed to be soiled with an unidentifiable yellow substance. d. The dry goods shelves: One undated package of flour tortilla shells was observed in a plastic bag. The bag was torn and open to air and the tortillas crumbled when picked up. The tortillas had an expiration date of [DATE]. One large, opened bottle of maple syrup was found without a label to indicate when the syrup was opened and found to have a label to refrigerate after opening. One opened 13 ounce bag of potato chips was found without a label to indicate when they were opened and an expiration date of [DATE]. Two unopened bottles of horseradish were found to have an expiration date of [DATE]. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	e. The free standing freezer in the dry pantry area: When the door to the freezer was opened, water was observed to be dripping from the bagged vegetables on the shelf and loaves of bread were soft to the touch. A thermometer to monitor the temperature of the freezer was not observed. Temperatures logs for the freezer were not observed and CNA 1 was unaware of the temperature logs. A digital temperature was measured to be 36 degrees. The following items were in the freezer: One unopened bag of dinner rolls One unopened bag of pre-cooked beef strips One wrapped fully cooked half ham One unopened 3 pound package of cooked ham steaks One unopened 2 pounds package of salami Ten unopened 7 ounce chicken pot pies Two unopened 3 pound packages of seasoned beef fajita strips Two unopened 4 pound bags of broccoli florets Two unopened 4 pounds bags of cauliflower florets Two unopened 4 pound packages of fully cooked meatballs One unopened 5 pound bag of cheddar potatoes Fifteen unopened 8 ounce Ensure Plus drinks 2. On [DATE] at 12:31 p.m., Cook 21 was observed in the kitchen food preparation area of Cottage 2 with a turban type scarf wrapped around her head. The scarf covered the sides of her head, leaving the crown of her head uncovered. The cook was not observed to be wearing a hairnet. 3. During a medication pass in Cottage 2, on [DATE] at 9:11 a.m., QMA (Qualified Medication Aide) 18 was observed to leave a resident's room and enter the kitchen food preparation area, without wearing a hair restraint to wash her hands. 37727 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. During an observation in Cottage 1, on [DATE] at 12:13 p.m., CNA 3 was observed to perform hand hygiene at the sink outside the kitchen. She put a very minimal amount of soap on her hands, turned on the faucet and began to wash her hands while under the running water. She washed her hands for less than ten seconds. She then entered the kitchen food prep area without her hair net on properly. Cook 4 walked into the kitchen, placed a foiled wrap dish into the oven and placed the rest of the lunch on the kitchen counter. He did not have a beard hair net covering in place. During an interview, at that time, Cook 4 indicated he should have had a beard hair net covering on and CNA 3 indicated she should have washed her hands for at least 20 seconds and not under the water. She also indicated she should have made sure all of her hair was in the hair net. 5. During an observation of the kitchen in Cottage 1, with CNA 6, on [DATE] at 2:11 p.m., the following were observed: a. A thermometer could not be located in freezer 1. b. An unopened package of tortillas with an expiration date of [DATE] and a half gallon of whole milk with an expiration date of [DATE] was in refrigerator 1. c. An unidentifiable plastic bag of meat which was discolored with freezer burn was in freezer 2. d. Six unopened packages of tortillas with expiration dates of [DATE] for 2 bags, [DATE] for 3 bags, and [DATE] for 1 bag was observed. One very soft, discolored and bruised melon was in the dry storage area. During an interview, at the time of the kitchen tour, CNA 6 indicated she could not find a thermometer for freezer 1 and there should have been one, all expired foods should have been thrown away immediately and all foods should be labeled and dated. 38872 6. During an observation in Cottage 4, on [DATE] at 1:00 p.m., Cook 4 was observed to puree chicken breasts without using a recipe. At that time, Cook 4 indicated he did not have a recipe for puree to follow. During an interview, on [DATE] at 1:59 p.m., the Director of Nursing indicated a recipe should have been followed when preparing pureed foods. 7. During an observation of the Cottage 4 Kitchen, on [DATE] beginning at 10:13 a.m., with Cook 4 in attendance the following items were noted: a. In one freezer there was an undated and open bag of frozen fries in the freezer, an open and undated bag of cheese ravioli, a small open and undated ice cream container and two open, unlabeled frozen plastic bottles of soda were found. At that time, Cook 4 indicated he believed the soda belonged to an employee. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	b. In the diary refrigerator, two one-gallon milk containers labeled whole milk were found. At that time, Cook 4 indicated the containers contained fortified milk which he had mixed and stored in the whole milk containers. They were not labeled to indicate anything other than whole milk was contained inside. c. In a drawer of the dairy refrigerator a package of sharp cheddar cheese slices was found open to air. d. In a refrigerator an eight-quart container with approximately 12 ounces remaining was found uncovered. e. In another freezer an open bag of crinkle cut fries was found open and without an open date, a bag of sausage links was found open and without an open date and a red substance was noted in the bottom of the freezer. At that time, Cook 4 indicated it was from when the freezer went out and frozen strawberries melted and had not been cleaned up. f. In the dry storage/pantry one package of tortillas was found with an expiration date of [DATE] and 12 more packages of tortillas were found with an expiration date of [DATE]. g. Under a wire shelf in the dry storage/pantry an open single server half full pack of Snackin' Squares was found on the floor. h. The microwave was found with food debris on the top, bottom, and sides. At that time, Cook 4 indicated the microwave needed to be cleaned. During an observation of the Cottage 4 Kitchen (a kitchen in the memory care unit), on [DATE] beginning at 10:13 a.m., with Cook 4 in attendance the following items were observed: in a drawer by one refrigerator knives were stored in a drawer which did not lock. A large knife was found in a drawer on the kitchen island, located opposite the sink in the island, the drawer did not have a lock. On the right side of the stove the cabinet door was hanging and loose. There was a broken handle on a low cabinet to the left of the refrigerator, four below the counter cabinet doors were loose and needed to be screwed back into place and the kitchen sink was missing a faux drawer cover and the sink basin was visible the cabinet. During an interview, on [DATE] at 10:14 a.m., Cook 4 indicated he did not know where the quat disinfectant cleaner was kept or if the facility had any quat disinfectant. The bucket for the disinfectant was in another cottage and he had been using soapy water to clean the counter tops. During an observation of Cottage 4, on [DATE] at 2:21 p.m., a large round trash can was found uncovered with over-flowing trash, in the common area hall, outside of the kitchen. During an interview, on [DATE] at 2:22 p.m., Cook 4 indicated he had used the trash can for the kitchen and he was responsible to dump the trash. 8. During an observation of the Cottage 3 kitchen, with Cook 4 in attendance, on [DATE] beginning at 09:30 a.m., the following items were noted: a. The microwave was found to have food debris on the top, sides and bottom. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	b. The freezer of the dairy refrigerator did not have a thermometer. In this freezer, two bags of frozen breadsticks were found open and undated and one bag of broken funnel cakes was found without an open date. c. In the beverage cooler, three jars of horse radish were found with an expiration date of [DATE], a large brick of cream cheese received on [DATE] was found without an open date and an expiration date of [DATE]. A metal scoop with a plastic handle was found lying in the freezer, at that time, Cook 4 indicated it should not have been in the freezer. During an observation of the Cottage 3 kitchen, with Cook 4 in attendance, on [DATE] beginning at 09:30 a. m., the following items were noted: the handle on a cabinet to the left of the sink was hanging sideways, the faux drawer on the kitchen island was missing leaving the sink basin visible through the cabinet and the cabinet below the sink in the kitchen island containing cleaning products did not lock. During an observation of Cottage 3, on [DATE] at 11:30 a.m., a large, uncovered trash can was found in the common area hall, outside of the kitchen. During an interview, during the walk through of the Cottage 3 Kitchen, Cook 4 indicated he had quat disinfectant tablets but no testing strips to check the chemical levels. During an interview, on [DATE] at 12:08 p.m., Maintenance Staff 20 indicated he was notified verbally of repairs needed and he completed them right away. He was in the cottages daily looking at things and fixing them. The kitchens could always use work, he could go in fix the cabinets and then he would get a call a week later because they were broke again. He indicated his job was maintenance and repair. He was unable to say when he was last in Cottages 3 and 4 and did an assessment. He indicated Cottages 3 and 4 were not bad compared to restaurants. The Dietary Manger was unavailable for interview during the survey, according to the Executive Director (ED), when interviewed on [DATE] at 3:11 p.m. A current facility policy, titled Environmental Services Director, dated on [DATE] and provided by the ED on [DATE] at 11:00 a.m., indicated .Performs routine maintenance on building interior and exterior A current facility policy and procedure was requested and received from the Executive Director on [DATE] at 11:16 a.m. The policy, dated 2016, indicated POLICY: Provided refrigerate and freezer storage facilities will keep food safe. They will be clean, dry and free of contaminates .PROCEDURE 1. Refrigerated Food Storage A. All refrigerated units will be kept clean and in good working order at all times B .foods will be maintained at or below 41 F [degrees Fahrenheit] unless otherwise specified. Temperature of the refrigerator units will be taken periodically to assure temperatures are at or below 41 F. C. Every refrigerator unit will have a thermometer . E. Once food is removed from the original packaging it will be stored in plastic containers with tight fitting lids or sealed tightly. All sealed food and containers will be labeled and dated . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A current facility policy, titled Dietary Policies and Procedures, Sanitary Practices, dated 2013 and provided by the ED on [DATE] at 5:55 p.m., indicated .Shahbazim [CNA/Cook] will wear hair restraint [hairnet .beard net] while in kitchen .The hair restraint should be worn to cover all exposed hair A current facility policy, titled Hand Hygiene/Hand Washing, dated 2016 and provided by the ED on [DATE] at 11:16 a.m., indicated .All team members who have direct contact with elders or food will wash their hands for at least 20 seconds A current facility policy, titled Refrigerator & Freezer Storage, dated 2016 and provided by the ED on [DATE] at 5:00 p.m., indicated .All sealed foods and containers will be labeled and dated .Every freezer will have an internal thermometer .Any food items found to be past safe use dates or expiration dates will be discarded immediately An undated facility policy, titled Nursing Home Resident Right, provided by the Executive Director on [DATE] at 4:13 p.m., indicated .rights you have as a nursing home resident .A safe, clean, comfortable, home-like environment This Federal Tag relates to Complaints IN00362607, IN00363744, IN00362377 and IN00362752. 3XXX,d+[DATE](a)(3) 3XXX,d+[DATE](i)(1) 3XXX,d+[DATE](i)(2) 3XXX,d+[DATE](i)(3) 3XXX,d+[DATE](i)(5) 3XXX,d+[DATE](j)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 38872 Based on observation, interview and record review, the facility failed to develop and implement written policies and procedures for infection control, to contain the spread of the Covid-19 virus, when the facility failed to ensure staff preformed hand hygiene after touching face masks, failed to ensure staff wore face masks and eye protection properly, failed to perform hand hygiene when changing gloves during resident care and failed to ensure masks were in use while working over food during food preparation for 5 of 5 randomly observed staff members. (CNA 12, CNA 8, Cook 4, Physical Therapist 16 and an unidentified CNA) Findings include: 1. On 09/29/21 at 8:51 a.m., during an observation of morning care for Resident 22, CNA 12 was observed to perform hand hygiene and don gloves. She picked out the resident's clothing, then put shoes on the resident and explained she was going to get the resident up. CNA 12 put Resident 22's hands on her walker, put a gait belt around the resident's waist and assisted her to the restroom. The CNA assisted the resident to the commode and removed the gait belt and the resident's shoes. The CNA then proceeded to wash the resident beginning with her upper thighs, mons pubis (the rounded area in front of the pubic bones at the lower part of the belly), then dried the area with a towel. The CNA put a clean brief on the resident, pulled it up to her thighs and then put the resident's pants on, pulling them up to her thighs. The CNA then put shoes on the resident. The CNA removed the resident's shirt and proceeded to wash under the resident's arms, apply deodorant and put a new shirt on the resident. CNA 12 then put the gait belt around the resident's waist. She then removed her gloves, discarded them, and put on new gloves. The CNA was not observed to perform hand hygiene after the glove removal or prior to putting on new gloves. CNA 12 combed the resident's hair, used a clean cloth to wash her face and then removed and discarded her gloves. CNA 12 applied new gloves and assisted the resident to a standing position, dried the resident's perineum (the area between the anus and genitals) with toilet paper. The CNA then removed her left glove, discarded the glove, put on a new glove, pulled the resident's pants up, assisted the resident out of the bathroom, discarded the used linens, removed her gloves, discarded them, and assisted the resident out of the room. The CNA was not observed to change gloves after handling shoes, prior to washing the resident's upper thighs and mons pubis, prior to handling a clean brief, after handling shoes again, prior to washing the resident's upper body and she was not observed to perform hand hygiene when glove changes were performed. During an interview, on 09/29/21 at 9:09 a.m., CNA 12 indicated hand hygiene was to be performed after removing gloves and after providing care. She did not perform hand hygiene with gloves changes. 2. During a random observation, on 09/27/21 at 10:58 a.m., CNA 8 was observed to adjust her mask with her hands. She did not perform hand hygiene after touching the mask. 3. During a random observation, on 09/27/21 at 11:03 a.m., Cook 4 was observed working in the kitchen, standing over asparagus with his mask under his nose. During an interview, on 09/27/21 at 11:04 a.m., Cook 4 indicated he could not breath with the mask on. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a random observation, on 09/27/21 at 11:26 a.m., Cook 4 was observed, again, in the kitchen preparing food with his mask below his nose. He put his mask up over his nose with his gloved hand. He was not observed to remove the glove used to adjust his mask and continued with his task. 4. During a random observation, on 09/27/21 at 11: 23 a.m., Physical Therapist 16 was observed working in close proximately (less than 6 feet) with Resident 51. He was using a face shield and his mask was observed to be positioned below his chin. During an interview, on 09/27/21 at 11:24 a.m., Physical Therapist 16 indicated Resident 51 could not hear him and she needed to see his mouth. He put his mask up and was not observed to perform hand hygiene after touching the mask. 02799 5. During an observation in Cottage 5, on 09/29/2021 at 1:46 p.m., an unidentified CNA was observed to be walking in the common area of the facility towards the laundry room. The CNA's eye protection was observed on top of her head and she was carrying a large bundle of laundry in her arms, in front of her body, against her uniform. A current facility policy, titled Mash Use Policy and Procedure, undated and provided by the Marketing/Admissions/Trainer (MAT) on 09/29/21 at 1:47 p.m., indicated .Wash your hands or use hand sanitizer after each time you adjust your mask A current facility policy, titled Standard Precautions for Infection Prevention and Control, dated 2016 and provided by the Executive Director on 10/04/21 at 11:16 a.m., indicated .Wash hands after touching blood, body fluids, secretions, excretions and contaminated items regardless of whether gloves are worn .Wash hands immediately after gloves are removed .Use soap and water or an alcohol based product for routine hand hygiene .Change gloves between tasks and procedures on the same elder and after contact with material that may contain a high concentration of microorganisms This Federal tag relates to Complaints IN00362752, IN00363744 and IN00362607. 3.1-18(b) 3.1-18(l)