STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115566	A. Building B. Wing	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Towne Center	5131 Warm Springs Rd Columbus, GA 31909

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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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47948 Based on observations, resident and staff interviews, record reviews, and the review of the facility policy titled Resident Rights, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity for one resident (R) (R11) of 59 sampled residents. Findings include: A review of the facility policy titled Resident Rights, last revised February 2021, revealed Policy Interpretation and Implementation 1., a. A dignified existence and b., be treated with respect kindness and dignity. Record review revealed R11 admitted to the facility on [DATE]. R11 has diagnoses that include but are not limited to major depressive disorder, generalized muscle weakness, and unspecified dementia, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. R11 is also noted as being dependent on staff for chair/bed to chair transfer, toileting, and shower/bathe self. During an observation on 10/12/23 at 10:32 am Certified Nurse Aid (CNA) IIII was observed using a mechanical lift to transfer R11 from the bed in his room into his wheelchair in the hallway. An interview with CNA IIII on 10/12/23 at 10:34 am revealed she used the mechanical lift to place him in the wheelchair in the hallway because there was not enough room in his room to complete this task. An interview with R11 on 10/12/23 at 10:52 am revealed this was the first time he had been placed in the chair with a lift in the hallway. He stated that he did not understand why the CNA had done that because they usually do this in his room. He stated that it really hurt his feelings being placed in his chair in the hallway. An interview with the Director of Nursing on 10/12/2023 at 1:18 pm revealed R11 may have been being cared for by someone new and did not know there was enough space for the procedure to be completed in his room. She also confirmed transferring residents from their beds to the shower stretcher located in the hallway with a mechanical lift was commonly practiced.

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

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47948 Based on observation, resident and staff interviews, record reviews, and review of the policy titled Residents Rights, the facility failed to allow four residents (R) (75, 86, 105, and 125) of 59 sampled residents the choice to take showers instead of bed baths. Findings include: Based on the facility's policy Residents Rights last revised February 2021, Policy Interpretation and Implementation 1., e. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to self-determination. 1.Record review revealed that R125 admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS) with a completion date of 9/15/2023 revealed a Brief Interview of Mental Status (BIMS) score of 15 which indicated an intact cognition. The facility's shower list revealed that all residents in even room numbers on the 400 hall were scheduled to receive a shower or bed bath every Monday. Further review of the medical record revealed R125 had been receiving a bath on a regular basis for the past 30 days. During an interview on 10/3/2023 at 1:26 pm with R125 it was revealed that she had been asking for a shower but had not received one for almost two and a half weeks. An interview with Certified Nurse Aid (CNA)/Unit Secretary III on 10/5/2023 at 9:00 am revealed that due to short staffing, they were not able to have a bath team. She confirmed that residents were not able to get showers like they should have been. She stated that there used to be enough staff, but for about three months, they just didn't have the staff. It was further reported that a CNA had been hired as a full-time bath CNA but due to health issues the CNA is unable to work at this time. Lastly, it was reported that most of the residents were getting bed baths now since they didn't have the help to give them a shower. An interview on 10/5/2023 at 1:07 pm with R125 revealed she still had not had a shower for two and a half weeks. She reported that she had received a couple of bed baths, and they have used a shower cap to clean her hair, but she expressed that she wanted to have a real shower with soap and water. R125 revealed that her skin is starting to itch, her hair feels greasy and not clean and that she just needs a real bath. On 10/5/2023 at 1:30 pm Registered Nurse (RN) SSSS was notified of R125's request to take a shower and indicated she would get the Certified Nurse Assistant (CNA) to assist R125 with a shower. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with RN/Unit Manager NNNN on 10/5/2023 at 1:35 pm revealed the facility no longer uses a bath or shower log to document when the residents receive their baths. She revealed that everything is now documented in the electronic medical record. She also revealed there was not a way to specify what type of bath the resident had received, so it was not possible to know if the resident had a shower or bed bath. She revealed residents are supposed to be bathed according to the bath/shower schedule, and able to get a shower any time they wanted one, all they had to do is ask. She also stated, A bath is a bath. An interview on 10/6/23 at 9:30 am with R125 revealed she had been given a real shower and was able to wash her hair. An interview with the Director of Nursing (DON) on 10/11/2023 at 3:00 pm revealed that all residents are on the shower/bath schedule and can choose what type of bath they receive. DON further reported that if residents wanted a shower or bath anytime between their scheduled bath or shower, they would be assisted to receive one. She also stated that there was a bath team, and all residents were given the choice of how they wanted to be bathed. 2. Record review revealed that R86 admitted to the facility on [DATE]. Review of the Quarterly MDS dated [DATE] revealed a BIMS score of 15 which indicated an intact cognition. R86 has resided in her current room since 4/5/2022. The facility's shower list revealed that all residents in even room numbers on the 300 hall were scheduled to receive a shower or bed bath every Friday. An interview on 10/3/2023 at 3:14 pm with R86 revealed she hadn't had a shower in about two weeks. R86 stated that she had asked for a shower several times but had not received one yet. An interview on 10/5/2023 at 9:40 am with R86 revealed that she had received a bed bath today but would have preferred a shower. She revealed that she was told that they were short staffed, so they could not assist her with a shower today. An interview on 10/10/23 at 3:00 pm with R86 revealed that she wanted to take a shower. She revealed she had a bed bath last week, but her hair needed to be washed because it was oily. She revealed she had mentioned her request for a shower to the CNA and nurse but had not received one yet. 38154 3. Review of the ADL (activities of daily living)/Bathing Task in the electronic medical record (EMR) for R75 revealed she was totally dependent on staff for bathing. There was no distinction for the type of bath given. In an observation/interview with R75, in her room, on 10/4/2023 at 2:00 pm, she was alert and oriented. She stated she couldn't remember the last time she had a shower, but she would like to have one more often. 4. Review of the ADL/Bathing Task for R105 dated 9/14/2023 through 10/8/2023 revealed he required partial help in part of bathing to total dependence for bathing. There was no distinction for the type of bath given. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview with R105 in his room on 10/4/2023 at 2:20 pm, revealed that he was alert and oriented with a tracheostomy (trach) and speaking valve on room air. He stated last week was the first shower he had since his admission in December 2022. He stated he was satisfied with the frequency of his bed baths but sometimes he needed to feel soap and water running all over his whole body. Review of the Shower List revealed R75 and R105 were scheduled for showers on Tuesdays; boats and Hoyer lifts require two people and can only be done on the 200 Hall (vent unit) with the help of a respiratory therapist (RT). During an interview with Certified Nursing Assistant CNA SS on 10/12/2023 at 2:50 pm, she stated R75 had not had a shower since sometime in July 2023. CNA SS further stated, during the same interview, that R105 had showers since his admission but she confirmed he did not receive his showers as scheduled. She stated she gave her residents bed baths every day but residents with trach tubes must have three people to give showers including an RT. In an interview with Licensed Practical Nurse (LPN) CC on 10/12/2023 at 3:00 pm, she confirmed R75 and R105 did not receive their showers as scheduled and further stated both residents would require three or more staff to provide a shower including an RT because they both had tracheostomies. She stated there was no shower team for that unit, but residents received bed baths daily and as needed.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47948 Based on record review, staff interviews, and review of facility policy titled Care Plans - Baseline revealed the facility failed to ensure the baseline care plan for one resident (R) (R98) of 59 sampled residents was completed to include goals and interventions for fall risk. Findings include: Review of the facility policy titled Care Plans-Baseline last revised December 2016 revealed Policy Interpretation and Implementation (1.) To ensure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission. (2.) The Interdisciplinary Team will review the health care practitioner's orders and implement a baseline care plan to meet the resident's immediate care needs. Review of hospital records for her hospital stay from 6/10/2023 -6/22/2023 revealed R98 had fallen out of the bed during the night on 6/16/2023. Further review of the medical record revealed that R98 was admitted to the facility on [DATE]. R98 was hospitalized and had a readmission on 7/20/2023. Review of the Admission History & Physical Examination dated 6/22/2023 completed by the facility Medical Director upon admission revealed R98's functional capacity: fully dependent, fall risk and needs help. The initial baseline care plans were dated 6/27/2023 and 7/21/2023 respectively and did not include a fall risk care plan. Record review revealed the Morse Fall Scale had been completed by the facility on 6/22/2023 with a calculated score of 40 indicating a moderate fall risk. An interview on 10/10/2023 at 4:06 pm with Licensed Practical Nurse (LPN)/Minimum Data Set (MDS) Coordinator JJJ revealed Morse Fall Scale assessments were completed for R98 upon the admissions dated 6/22/2023 and 7/20/2023. She confirmed R98 was scored as a moderate fall risk on both occasions, and a fall risk base line care plan was not initiated, but a fall care plan should have been initiated. A fall care plan was initiated on 8/9/23, after R98 sustained a fall.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 47948 Based on observations, record reviews, resident and staff interviews, and review of facility policy titled Shower/Tub Bath, the facility failed to ensure Activities of Daily Living (ADL) was provided related to bathing for one resident, (R) (R80), of 59 sampled residents. Findings include: Review of the facility policy titled Shower/Tub Bath last revised October 2010, The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Record review revealed R80 had resided in room [ROOM NUMBER]A since her admission to the facility on [DATE]. The facility's Shower List revealed all residents in even room numbers on the 400 hall were scheduled to receive a shower or bed bath every Monday. The Admission Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental status (BIMS) score of 99, which indicated the assessment was unable to be completed due to cognitive impairment. It further indicated that R80 is dependent on staff for dressing, toileting, and bathing. Record review from Task: ADL-Bathing with documentation answering the question BATHING: SELF PERFORMANCE - How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair) revealed that R80 has had one bath with required physical help in part of bathing activity on 9/20/2023 at 5:28 pm. Record review reveals that on 9/15/2023 at 1:36 pm, 9/17/2023 at 1:15 pm and 9/21/2023 at 6:37 pm bathing was marked as not applicable No further documentation was present since 9/21/2023 indicating R80 had been bathed. Record review from Task-Personal Hygiene question 1 with documentation answering the question PERSONAL HYGIENE: SELF PERFORMANCE - How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) revealed the resident had personal hygiene once a day from 9/13/2023 through 10/6/2023 with the exception of 9/15/2023 and 9/17/2023 which were marked Not applicable and no documentation for 9/30/2023. During an observation and interview on 10/3/2023 at 2:08 pm R80 was lying in her bed in her room and a foul odor was noted coming from the room. R80 was unable to verbalize if she needed to be changed at the current time. During an observation and interview on 10/4/2023 at 3:45 pm R80 was lying in bed with the head of bed nearly flat. She appeared drowsy, and a foul odor was noted in the room. R80 was unable to verbalize if she needed her brief changed. An interview on 10/5/23 at 12:35 pm with the Director of Nursing (DON) confirmed there was not any additional documentation available to verify additional baths or showers had been given from 9/15/2023 through 10/5/2023. She also revealed that all residents could request and get assistance with a bath or shower anytime they wanted one. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with Registered Nurse/Unit Manager NNNN on 10/5/2023 at 1:35 pm revealed the facility no longer used a bath or shower logs to document when the residents receive their baths. It was reported that everything is now documented in the electronic record. She also revealed there was not a way to specify what type of bath the resident had received, so it was not possible to know if the resident had a shower or bed bath. She revealed residents are supposed to be bathed according to the bath/shower schedule but were able to get a shower any time they wanted one, all they had to do is ask. She also stated, A bath is a bath. An observation on 10/10/2023 at 1:45 pm revealed R80 lying in bed supine, with urine smell noted in room. An observation on 10/10/23 at 3:10 pm revealed R80 lying in her bed and a urine odor present. An interview on 10/10/2023 at 3:24 pm with the DON revealed that she had spoken to R80, but R80 was unable to tell her if she had a bath recently. The DON stated that the nurse assigned to R80 today stated R80 had different clothes on than she had on yesterday.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38154 Based on observations, interviews, review of facility documentation, and review of facility policies titled Medication Administration,, the facility failed to administer medication as ordered by the Physician for two residents (R) (R105 and R86) of 59 sampled residents. Specifically, the facility failed to treat diabetes and weight management for resident R105 and failed to have neuropathy medication available for R86. Findings include: 1. Review of the facility policy titled, Medication Administration, revised December 2012 revealed the following: a. Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed. b. Policy Interpretation and Implementation #9: The expiration/beyond use date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container. In an observation and interview with R105 in his room on 10/4/2023 at 2:20 pm, he was alert and oriented with a tracheostomy (trach) tube and speaking valve on room air. He stated he had a physician's order for Ozempic, an injectable medication used to treat type II diabetes, but he had missed the last two weekly doses because the multi-dose pen was thrown out because it was not signed or dated. He stated the nurse asked him to pay for a replacement pen which cost $1000 because his insurance would not cover the replacement and the facility would not replace it. He stated he was very upset because it was no fault of his own and he could not afford it. He stated the doctor ordered it to treat his diabetes and help him lose weight. Review of the Physician's Orders revealed an order for Ozempic, dated 8/24/23, inject 0.5 mg subcutaneously one time a day every Thursday for Pre DM (diabetes mellitus), obesity. Please check the refrigerator for med. Please check the dosage being given. Review of the Medication Administration Record (MAR) for September 2023 revealed the dates of 9/14/2023, 9/21/2023, and 9/28/2023 were initialed by Licensed Practical Nurse (LPN) CC with code #9-Other/See Progress Notes. Review of the Progress Notes on those dates for Administration did not clarify the reason the medication was not given. In an interview with LPN CC on 10/4/23 at 10:30 am, she confirmed her initials on the three dates and code #9 on the MAR, indicating she did not give the Ozempic injection. She stated she was told the Pharmacist threw out the Ozempic pen because it was not dated and signed. She stated each pen contained eight doses. She stated the Unit Manager told R105 his medicine was not available and asked him to pay the $1000 for a replacement pen, which he vehemently refused. She stated R105 would have a replacement pen by the next dose due on 10/5/23. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation and interview with LPN CC on 10/5/2023 at 9:10 am, revealed her opening a new Ozempic pen and dating and signing it before administering a dose to R105. In an interview with LPN QQ/Unit Manager (UM) on 10/5/2023 at 9:32 am, she confirmed R105 missed three doses of Ozempic because the pharmacist discarded the unlabeled/unsigned multi-dose pen. She stated the Ozempic pen could not be replaced due to the cost. She did not clarify whose decision it was not to cover the cost of replacement. She stated when she told the resident the facility would not cover the cost of replacement, he got very angry and threatened her. She stated the procedure when a medication is not available is to notify the Physician or Nurse Practitioner (NP), the Director of Nursing (DON), and the pharmacy to possibly send a replacement dose with approval from the DON. She stated the pharmacy would not replace the pen before the next pen was due to be sent to the facility. In an interview with the Medical Director on 10/05/2023 at 1:26 pm, he stated he was notified about the missed doses of Ozempic due to the payor source being interrupted, however he was not sure exactly when. He stated he was not aware R105 would miss three doses but thought the facility would reconcile it between the payor source and the pharmacy. He stated R105 did not complain to him about it. In an interview with the DON on 10/6/2023 at 11:50 am, she stated she was told there was no Ozempic pen available for R105 after the second dose was missed. She stated the floor nurse told her the facility would not cover the replacement pen and she did not pursue it any further. In a telephone interview with the Pharmacy Consultant (PC) on 10/11/2023 at 12:20 pm, she stated the first time she was in the facility was on or about September 20th and another consultant wrote the notes during that review. She stated she did not recall an unlabeled and undated Ozempic pen. She stated she would not discard any medication without first notifying the nurse that the medication needed to be written up before discarding. In an interview with the Administrator on 10/11/2023 at 4:31 pm, he stated he did not refuse to replace the Ozempic pen, however, the medication was not covered by R105's current insurance and was covered by the facility. He stated the facility staff should have contacted the Physician to discontinue the medication or change to a less expensive alternative. He confirmed R105 did miss doses due to the medication being discarded. 48338 2. Review of the policy titled Administering Medication dated 12/2012 revealed the Policy Interpretation and Implementation 3. Medications must be administered in accordance with the orders, including any required time frame. Review of R86's Quarterly Minimum Data Set (MDS) dated [DATE] revealed: section C documented a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive deficit; section I revealed no documented diagnosis of neuropathy, however, the Medication Administration Record (MAR) did list neuropathy as the rationale for administering the gabapentin as ordered. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physicians' orders revealed an order dated 8/31/2023 for gabapentin (a medication used to treat neuropathy) capsule 300 milligrams (mg), two capsules by mouth three times a day for neuropathy. Review of the Medication Administration Record (MAR) for R86 dated 10/1/2023 through 10/31/2023 revealed gabapentin 300 mg two capsules by mouth three times per day was scheduled to be given at 9:00 am, 1:00 pm, and 9:00 pm every day. Observation of the MAR revealed entries for 10/1/2023 documented a number nine with initials on the 9:00 am and 9:00 pm sections. The legend on the MAR indicated a number nine meant the medication was unavailable. During an interview on 10/12/23 at 10:45 am with R86 it was revealed she had lived at the facility for two years. R86 stated that she had recently begun taking gabapentin for pain management. She said for the last couple of days she had gone without the gabapentin because the night nurse said she did not have any. Interview on 10/12/2023 at 10:20 am with Registered Nurse (RN) MMMM on the 300 Hall verified a number nine on the MARS indicated the medication was unavailable. Observation of R86's MAR with RN MMMM verified the 10/1/2023 9:00 am and 9:00 pm doses of gabapentin were documented as the medication was unavailable. She stated the nurse was probably an agency nurse and did not have access to the automated medication dispensing system. She stated the nurse could have called the Supervisor, the Pharmacy or checked with another nurse on another unit to access the automated medication dispensing system to get the medication for the resident. Interview on 10/12/2023 at 10:56 am with the Director of Nursing (DON) confirmed R86 missed two doses of gabapentin on Sunday 10/1/2023. The DON revealed gabapentin was available in the electronic medication dispensing device if the medication was not readily available in the residents' medication bin, and there was no reason that R#86 should have missed those doses.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45811 Based on observations, staff interviews, record review, the facility failed to provide oxygen therapy as ordered for one resident (R) (R27) of 14 residents who were on oxygen therapy and failed to contain BiPAP tubing in a clean plastic bag when not in use for one resident (R27) out of four residents. Findings include: During a review of the medical record for R27 it was revealed that the medical diagnosis included sleep apnea, chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, personal history of transient ischemia attach and cerebral infarction, and insomnia. Review of the Annual Minimum Data Set (MDS) assessment dated [DATE] indicated R27 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. Review orders for R27 included oxygen at 2 liters(L)/minute (min) via nasal cannula with a start date of 2/23/2023. There also was an order to check oxygen flow at eye level and document accordingly, one time a day. There was an order with a start date of 4/30/2023 for BiPAP mask tubing and reservoir cleaned weekly with soap and rinsed with sterile water. During an observation on 10/3/2023 at 11:30 am R27 was observed sitting up in bed with oxygen tubing and mask lying across the top of the bed. Her mask was not contained in a bag. During an observation and interview with R27 on 10/4/2023 at 9:00 am she was sitting up in bed with no respiratory distress noted, mask and tubing used for BiPAP lying on the top of the bed not contained in bag. R27 reported that she uses BiPAP at night but did not use it last night. During an observation on 10/5/2023 at 9:40 am R27 was observed lying in bed with oxygen at 3L via nasal cannula. The BIPAP tubing and mask were laying across the head of bed and not bagged. During an observation on 10/6/2023 at 8:40 am R27 was lying in bed with oxygen at 3L. The BiPAP tubing and mask were found on top of the bed unbagged. It is also noted that an empty plastic bag was hanging at the bedside. During an interview on 10/6/2023 at 8:50 am with LPN HHHH it was revealed nurses manage respiratory treatments which included monitoring oxygen therapy and giving treatments. LPN HHHH observed the oxygen for R27 was at 3L and confirmed it should have been at 2L. She took the BiPAP tubing off the top of the bed and put it in the bag that was hanging on the bed. She had difficulty removing the tubing from the bed because the tubing was stuck under the mattress. During an interview on 10/6/2023 at 9:30 am with LPN SSS, Unit Manager reported that nurses manage respiratory treatments, including oxygen, which is checked every shift. It was further reported that respiratory supplies are changed every Sunday. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/6/2023 at 3:15 pm with RRT EE; she stated the Respiratory Therapist will check BiPAP twice a week for the floors, excluding the 200 hall; nurses monitor oxygen therapy on all floors except the 200 hall. During an interview with the Administrator on 10/11/2023 at 4:35 pm it was reported that the nurses are responsible for managing oxygen therapy on all halls except the vent unit. The Administrator further reported that the oxygen tubing is changed weekly, and respiratory supplies should be stored in a plastic bag when not in use.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 48338 Based on observations, staff interviews, and review of the policy titled Storage of Medications, the facility failed to discard discontinued and outdated supplements, tube feedings, and Covid-19 test stored in one of two medication storage areas. Findings include: Review of the policy titled Storage of Medication, dated February/2007, revealed the Policy Interpretation and Implementation 2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. Observation on 10/6/2023 at 11:25 am with Licensed Practical Nurse (LPN) CC during tour of the [NAME] Unit medication storage room revealed one container of Osmolite 1.5 calories per 8 ounces supplement with an expiration date of 9/2023, three bags of Nutren 1.5 Kilo calories per cubic centimeter (Kcal/cc), 1000 milliliter (ml) in each bag, with a use by date of 8/29/2023, and one box of partially used COVID-19 Binax test with an expiration date of 9/29/2023. During an interview on 10/6/2023 at 11:25 am with LPN CC it was revealed that after medication, tube feedings, and supplements administration were finished on her hall (200 West), she takes them to the storage room and puts them in a box to be discarded. She stated that the Unit Manager (UM)/Night Supervisor seals and boxes them up for the night carrier from the pharmacy to transport them to the location to be destroyed. She stated that the UM/Night Supervisor must notify the pharmacy of the pick-up. She further stated when the nurse removes the supplement or medication from the storage room it is her/his responsibility to check the expiration date at that time. During an interview on 10/10/2023 at 6:10 pm with the Director of Nursing (DON) it was revealed there was a new supply person that does not look at the expiration dates on the supplies. She stated that the nurses were to follow the supply person for proper disposal of expired medication and supplements. She stated the UM conducted medication cart reviews and checked refrigerator temperatures in the medication storage rooms and the resident's rooms, and she had recently hired a new UM. She stated that the Pharmacist comes once per month, provided education, watched the medication pass, and pulled expired medications from the mediation carts. She further stated that she expected the UM to have a clinical meeting at 8:30 am regarding the refrigerator, resident admit days, antibiotics prescribed, and pending cultures. The DON revealed she did not have a plan in place for UM to check for expired supplements while reviewing the medication storage room. She stated she would add it to the sheet for monitoring in the future.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on observations, interviews, review of facility documentation, failed to get labs administer treatment for infection in a timely manner for one resident (R) (R102) of 59 sampled residents. Review of the electronic medical record of resident R102, revealed that he was admitted to the facility on [DATE]. R102 admission diagnoses included but are not limited to cerebral infarction, gastrostomy status, tracheostomy status, obstructive and reflex uropathy with chronic use of indwelling catheter, and dependence on respirator status. Review of Section G of the quarterly minimum data set (MDS), dated [DATE], revealed that R102 is total dependence with all activities of daily living. Section H revealed that the resident was admitted with and still has a foley catheter. Review of the electronic medical record that included progress notes from the Nurse Practitioner, revealed that the resident had abnormal urine and ordered for staff to collect urine and blood work on 6/7/2023. The blood work never resulted and per the lab report the blood sample was not collected. The blood work resulted on 6/13/2023 and showed an increased white blood cell count of 17.2, which the physician diagnosed as leukocytosis. The physician then prescribed for the resident a broad-spectrum antibiotic for the leukocytosis until the results were received. Review of the nurse practitioner notes dated 6/20/2023, revealed that urine was never collected and noted that she would reorder. Review of the nurses notes revealed that there were no notes written that revealed that the urine was collected and sent off. Review of the lab results for urine that was collected on 6/7/2023, the lab stated that the urinalysis was not completed due to the sample was rejected because staff did not write first name on the sample. The nurses note did not reflect that information or that the urine was recollected. The urinalysis results dated on 6/24/2023, reflected that the resident had greater than 100,000 CFU/ml (colony forming unit/milliliters) of Carbapenea Resistant Enterobacteriaceae (CRE). CFU's are an indication of the number of cells that remain viable enough to proliferate and form small colonies. The CRE was resistant to ertapenem, imipenem, and meropenem. The organism that was growing in the sample after 48 hours was Klebsiella pneumoniae and was extended spectrum beta-lactamase(ESBL) producing. ESBL are enzymes that are produced by some bacteria that make them resistant to some antibiotics. This multidrug resistant infection is very hard to treat. At that time, the Rocephin that was ordered by the physician was discontinued and the resident was started on gentamicin to be given intramuscularly for 7 days. Review of the medical record for R102 revealed a letter to the facility from the Department of Public Health (DPH). The letter alerted the staff of the facility to use contact precautions due to the severity of the situation and the difficulty in treating this infection. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with licensed practical nurse/unit manager QQ on 10/5/2023 at 2:55 pm. She revealed that it is the responsibility of the nurse taking the phone call from the lab to notify the physician and/or nurse practitioner of any abnormal results and to get treatment orders. She also revealed that the lab kept rejecting the urine that was collected and the staff kept reordering the urine and resending it. She also revealed that the nurse herself should have documented that they kept sending the sample and the lab kept rejecting the sample. She stated that the facility does not have the resources to keep up with the blood work and urine orders. An interview with the Medical Director on 10/5/2023 at 4:45 pm, revealed that he is not placing blame on anyone, but the facility does have difficulties with the lab. He also revealed that he was not sure what had happened, but he stated that they will always order a broad-spectrum antibiotics for the resident until the culture and sensitivity is resulted. An interview with the DON was conducted on 10/11/2023 at 4:35 pm. It revealed that she expects her nurses to follow through with the orders that they receive from the providers and then to make sure that they follow up with the orders and make sure they are collected and resulted in a timely manner.

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on record review, staff interviews, review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, and review of the job description for the Administrator, the facility Administration failed to ensure the health and safety of the residents by not maintaining an effective Infection Prevention Control Program (IPCP) that would identify and investigate an infection outbreak to prevent or reduce the spread of Covid-19 by not following current guidelines for resident and staff testing (contact tracing or broad based testing). This failure resulted in a total of five residents and two staff members who tested positive for COVID-19. The facility census was 131. On 10/4/2023, a determination was made that a situation in which the facilities noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, serious harm, impairment, or death to residents. The Administrator, the Director of Nurses, and the Regional [NAME] President were notified on 10/4/2023 at 6:20 pm of the Immediate Jeopardy (IJ). The noncompliance related to the IJ was identified to have existed on 9/18/2023. An Acceptable IJ Removal Plan was received on 10/6/2023. Based on observation, record reviews, review of facility policies as outlined in the Removal Plan, and staff interviews, it was validated that the corrective plans and the immediacy of the deficient practice was removed on 10/6/2023. Findings included: Review of the Administrator's job description revealed that the responsibility of the Administrator is to assist the Infection Control Coordinator and/or committee in identifying, evaluating, and classifying routine and job-related functions to ensure that tasks involving potential exposure to blood/body fluids are properly identified and resolved. They are to also consult with departmental directors concerning the operation of their departments to assist in eliminating / correcting problem areas, and /or improvement of services. Review of the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on May 8, 2023, recommends source control for individuals in healthcare settings who: have suspected or confirmed COVID -19 infection or had close contact with someone who has COVID-19 infection , for 10 days after exposure. It also recommends that patients be placed in a single-person room. The door should be kept closed. If co-horting, only residents with the same respiratory pathogen should be housed in the same room. Testing is recommended immediately, usually day 1, 3 and 5. They also recommend a process to make everyone entering the facility aware of recommended actions to prevent transmission to others. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on 10/4/2023 at 3:10 pm with the Assistant Director of Nurses/Infection Preventionist (ADON/IP) it was reported that staff and residents were tested on [DATE] but he confirmed that outbreak testing had not been done. He further reported that CDC does not recommend routine testing. He reported that he had not reached out to the Department of Community Health (DPH) or any other agency for guidance related to the facility's COVID-19 status. Lastly, it was reported that COVID-19 positive and COVID-19 negative residents had not been moved because there were no empty rooms to move them to. Interview on 10/5/2023 at 11:00 am with the Administrator who revealed that he believed that the facility had some issues to work out, but he did not believe the problems rose to the IJ level. He reported that residents and staff were tested after the initial outbreak but acknowledged that the facility was not testing consistently until there were no other positives. It was reported that the residents in the Transmission Based Precautions (TBP) rooms could request that their doors be opened but he did not provide any documentation to confirm the doors being open were the residents' choice. The Administrator reported that staff and visitors were to be screened on entry to the facility and he was not aware of the inconsistency in the screenings. Interview on 10/5/2023 at 11:17 am with ADON/IP revealed that the nurse managers are responsible for educating staff about residents COVID status. ADON/IP responded that he was not sure why all staff and all residents had not been tested . He reported that he completed rounds for the residents in rooms with TBP, but he was unsure as to why residents on TBP doors were left open. It was reported that whoever becomes aware of the COVID-19 outbreak is responsible for putting signage at the front entrance to alert staff and visitors of the facility's outbreak status. Interview on 10/12/2023 at 8:15 am with the Administrator who reported that he thought the ADON/IP was doing his job, but he was not. It was further reported that he had to let the ADON/IP go, because he did not like sloppy work. The Administrator stated that he had his certificate for IP and would be doing the infection control aspect for the facility until he was able to hire someone new. The facility implemented the following actions to remove the IJ: 1. R#94 tested positive for COVID-19 on 09/18/23 and came off precautions on 09/28/23, R#89 tested positive for COVID-19 on 09/21/23 and came off precautions on 10/01/23, R#15 tested positive for COVID-19 on 09/24/23 and came off precautions on 10/04/23, R#111 tested positive for COVID-19 on 09/25/23 and came off precautions on 10/05/23, and R#433 tested positive for COVID-19 on 09/25/23 and came off precautions on 10/05/23. R#94, R#89, R15, R#111, and R#433 were identified in the deficient practice. The status of each resident (R#94, R#89, R15, R#111, and R#433) is that they are all off COVID precautions and asymptomatic. 2. All staff and residents were tested for COVID-19 on 10/04/23 and 10/05/23 by facility Nursing staff. 119 residents were tested , 7 residents refused to be tested and will be monitored for signs and symptoms of cough, shortness of breath or fever. 95 staff members have been tested . No new positive residents and 1 new positive staff member. Outbreak total positive residents is 5 and total positive staff is 1. 3. Following testing results, cohorting of current residents was reviewed by Administrator, DON and ADON and room assignments meet recommendations via CDC COVID-19 Infection Control Guidelines. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Review of the following job descriptions was completed by the Administrator, DON, ADON/Infection Preventionist and each employee acknowledged their responsibilities. 5. Education was provided to Administrator by Regional [NAME] President on responsibilities related to ensuring the safety of all residents in the facility, current guidelines related to COVID-19 for resident and staff testing, infection control, monitoring and documenting COVID-19 symptoms for residents during an outbreak on 10/04/2023. 6. Education was provided by Administrator to Infection Preventionist and DON on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family on 10/04/2023. 7. The facility COVID-19 Infection Control Guidelines policy was reviewed by Administrator and Regional [NAME] President on 10/04/2023. No revisions were made but review was noted. 8. On 10/04/23, staff, residents and family were notified via mass messaging system, signage at front entrance, time clock and nurses' stations of COVID-19 outbreak, recommended actions to prevent COVID-19 spread, and source control to help prevent the spread of COVID-19. 234 family members were notified, and 106 staff members were notified. 9. Education on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family was initiated on 10/04/23 and will be completed on 10/05/23. 8 of 8 RN's, 26 of 27 LPN's, 27 of 34 CNA's, 17 of 17 Therapists (PT/OT/ST/PTA/OTA), 10 of 10 Respiratory Therapists, 7 of 7 Housekeeping, 2 of 2 Maintenance, 5 of 5 Dietary, 2 of 2 Social Workers, 2 of 2 MDS Nurses, 2 of 2 Business Office Staff, 1 of 1 Receptionist, and 3 of 3 Administration Staff have been in-serviced. 106 of 120 total stall members or 88% have been in-serviced. 10. No staff member shall work until they have completed in-service education. Staff members will be educated on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family by the DON and/or ADON prior to being allowed to work. 11. Newly hired staff will be in-serviced during orientation upon hire by the DON and/or ADON on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family. Newly hired staff members will not work until they have received COVID-19 education. 12. Facility implemented interventions of testing all residents and staff, review of the cohorting of resident room assignments and education on COVID-19 Infection Control guidelines. Documentation included (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46579 Based on record review, staff interviews, review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, and review of the facility's COVID -19 Response, the facility failed to implement initial and ongoing testing of residents and staff as recommended by the CDC to lessen the exposure of COVID-19 during an outbreak, failed to ensure source control was used during outbreak, ensure the safety of all residents in the facility by not following current guidelines related to COVID-19 for resident and staff testing, infection control, monitoring and documenting COVID-19 symptoms for residents, notification of staff and family of outbreak status during an outbreak and source control that resulted in five residents (R)(R15, R89, R94, R111, and R433) and two staff testing positive for COVID-19. On 10/4/2023, a determination was made that a situation in which the facilities noncompliance with one or more requirements of participation had caused, or had the likelihood to cause, serious injury, serious harm, impairment, or death to residents. The Administrator, the Director of Nurses, and the Regional [NAME] President were notified on 10/4/2023 at 6:20 pm of the Immediate Jeopardy (IJ). The noncompliance related to the IJ was identified to have existed on 9/18/2023. An Acceptable IJ Removal Plan was received on 10/6/2023. Based on observation, record reviews, review of facility policies as outlined in the Removal Plan, and staff interviews, it was validated that the corrective plans and the immediacy of the deficient practice was removed on 10/6/2023. Findings included: Review of the Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Health Care Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, that was updated on 5/8/2023, recommends the following: Patient Placement - Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If limited single rooms are available, residents should remain in their current location. Review of the COVID-19 Response, undated, revealed the following: Procedural guidelines that were listed included but were not limited to: 8). Each skilled nursing facility shall maintain room(s) or units set up for transmission-based precautions. Reporting 5. The facility shall post notification of an outbreak and ongoing testing at all points of entry into the facility. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Residents 1. all residents shall be screened for fever and respiratory symptoms once per shift. This screening includes but is not limited to: A. Assessing signs and symptoms of COVID-19/respiratory symptoms. B. Temperature. C. Oxygen saturation by pulse oximetry as indicated by respiratory symptoms. Outbreak Testing Residents: 1. Resident tested should be initiated within 24 hours of the positive test being reported and be completed as soon as possible. 5. All residents who test negative must be tested every 3 to 7 days until no new cases for at least 14 days since the most recent positive result, regardless of their vaccination status. Employees 3. All employees who test negative must be tested every 3 to 7 days until no new cases for at least 14 days since the most recent positive result, regardless of their vaccination status. The following residents were positive for COVID-19 and reviewed related to the outbreak in the facility: 1.On 9/18/2023 R94 was noted to have symptoms that included a cough. R94 was tested for COVID-19 and had a positive test result. R94 was the roommate to R89 in room [ROOM NUMBER]. 2. On 9/18/2023 R89 was moved from room [ROOM NUMBER] with R94 once R94 tested positive for COVID-19. R89 was then placed into room [ROOM NUMBER] with R15. R89 tested positive for COVID-19 on 9/20/2023 and was then moved back into her original room with R94. 3.On 9/24/2023 R15 tested positive for COVID-19. 4. On 9/25/2023 R111 tested positive for COVID-19. R90 remained the roommate of R111 and was COVID-19 negative when tested . There is no evidence that R90 was monitored for COVID symptoms. 5. On 9/25/2023 R433 tested positive for COVID-19. R119 remained the roommate of R433 and was COVID-19 negative when tested . There is no evidence that R119 was monitored for COVID symptoms. The testing schedule for residents revealed two residents were tested on [DATE] and both were COVID-19 positive. There were 89 residents tested on [DATE] resulting in one positive resident. On 9/20/2023 there were 18 residents tested and they were all negative. On 9/24/2023 one resident was tested and was COVID-19 positive. There were 18 residents tested on [DATE] resulting in two residents being COVID-19 positive. Other resident testing dates included 9/27/2023 and 9/28/2023 of which one resident was tested each day resulting in a COVID-19 negative status. Review of the staff testing scheduled revealed 49 staff were tested for COVID-19 on 9/19/2023 and there was no evidence of any other outbreak staff testing until 10/4/2023. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During the initial entrance into the facility on [DATE] at 10:45 am the receptionist at the front desk was unable to confirm if there were any COVID-19 positive cases in the facility. There were screening sheets on the counter but there was no thermometer to check temperature. The Administrator then reported that there were three residents that were COVID-19 positive and on transmission-based precautions (TBP). It was noted that there was no signage at the front to inform visitors of any positive COVID cases, or to inform visitors of the proper use of source control. Observation on 10/3/2023 at 11:30 am revealed the door to room [ROOM NUMBER] was open. The door had signage and PPE on the door, that alerted staff and visitors that the residents in the room were on aerosol contact precautions. Observation on 10/3/2023 at 12:02 pm revealed signage and PPE on the door to room [ROOM NUMBER]. The signage on the door alerted that the resident (R15) was in Aerosol Contact Precautions and that proper PPE was needed that included N-95 mask. The signage also alerted staff that the door was to remain closed. The door was observed to be open. Observation on 10/3/2023 at 1:17 pm revealed the door to room [ROOM NUMBER] had signage indicating aerosol contact precautions and PPE. The door was open and there were two residents in the room and the privacy curtain was not pulled. R90 was COVID-19 negative and R111 was COVID-19 positive. Observation on 10/3/2023 at 1:24 pm revealed the door to room [ROOM NUMBER] remained open. Observation on 10/3/2023 at 3:45 pm revealed that the doors were open for rooms [ROOM NUMBER]. It was also noted that room [ROOM NUMBER] and room [ROOM NUMBER] each had two residents in each and the privacy curtain was not pulled. On 10/3/2023 at 4:30 pm a visitor for R90 expressed that he/she was not notified why his/her family member was requiring isolation. Observation on 10/4/2023 at 7:45 am revealed the receptionist at the front desk without a mask on. There was a thermometer on the counter, but the receptionist reported that she did not know how to work it. The receptionist denied any knowledge of the facility's COVID-19 status. There also was no signage alerting staff or visitors that the facility was in outbreak status. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on 10/4/2023 at 2:30 pm with the Assistant Director of Nurses (ADON)/Infection Preventionist (IP) who revealed that he was doing contact tracing for the current outbreak. It was reported that the initial COVID-19 positive resident probably contracted it from family and the other positive residents are likely from the original resident. ADON/IP explained that R94 had symptoms that included a cough and tested positive for COVID-19 ON 9/18/2023. R94's roommate, R89, was then moved into the room with R15. R89 tested positive for COVID-19 on 9/20/2023 and was then moved back into the room with R94. On 9/24/2023 R15 tested positive for COVID-19. It was further reported that more residents on 800 hall were tested out of caution which resulted in R111 and R433 testing positive. The roommate for R111 was R90 and the roommate for R433 was R119. R90 and R119 both were COVID-19 negative when tested . ADON/IP further reported that the cart nurse is responsible for testing the residents and the cart nurse had the responsibility of setting up the transmission-based precautions and moving residents once they tested positive for COVID-19. The ADON/IP reported that on 9/22/2023 an agency nurse was working her shift when she tested positive for COVID-19 and was sent home after noon on that day. He could not initially recall which hall the nurse worked on but later said she worked on 400 hall. Lastly, it was reported that a mass message is sent to residents and families related to COVID-19 status in the facility. He also reported that the receptionist should offer a mask to visitors as they enter the facility. During a subsequent interview on 10/4/2023 at 3:10 pm with the ADON/IP it was reported that staff and residents were tested on [DATE] but he confirmed that outbreak testing had not been done. He further reported that CDC does not recommend routine testing. He reported that he had not reached out to the Department of Community Health (DPH) or any other agency for guidance related to the facility's COVID-19 status. Lastly, it was reported that COVID-19 positive and COVID-19 negative residents had not been moved because there were no empty rooms to move them to. Observation on 10/4/2023 at 3:35 pm revealed the door to room [ROOM NUMBER] was half open and the door to room [ROOM NUMBER] was fully open and the privacy curtains were not pulled between the residents residing in those rooms. The resident that resided in room [ROOM NUMBER] and had a COVID-19 positive status. There were two residents that resided in room [ROOM NUMBER] with one being COVID-19 negative and one being COVID-19 positive. Interview on 10/4/2023 at 4:20 pm with CNA ZZZ revealed that both residents in room [ROOM NUMBER] were COVID-19 positive. Interview on 10/4/2023 at 4:25 pm with CNA AAAAA revealed that one of the residents in room [ROOM NUMBER] was COVID-19 negative and the other was COVID-19 positive. She reported that she would provide care to the resident that was COVID-19 negative first and care to the COVID-19 positive resident last. Interview on 10/5/2023 at 11:17 am with ADON/IP revealed that the nurse managers are responsible for educating staff about residents COVID status. ADON/IP responded that he was not sure why all staff and all residents had not been tested . He reported that he completed rounds for the residents in rooms with TBP but he was unsure as to why residents on TBP doors were left open. It was reported that whoever becomes aware of the COVID-19 outbreak is responsible for putting signage at the front entrance to alert staff and visitors of the facility's outbreak status. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on 10/5/2023 at 11:45 am with Licensed Practical Nurse (LPN) SSS revealed that the cart nurses are responsible for completing the resident testing. She revealed that the residents were scheduled to be COVID tested on [DATE] because they were in outbreak. LPN SSS was observed not wearing a mask, but she revealed that she was not told that she needed to wear a mask. Interview on 10/5/2023 at 12:25 pm with Agency CNA II who was not wearing a mask, revealed that she was not told that she needed to wear a mask. She also acknowledged that she was aware that the door to the isolation rooms were supposed to be closed. Interview on 10/5/2023 at 12:29 pm with CNA ZZZ who revealed that she knew that the door was supposed to be closed and had no excuse for the door to the isolation room to be open. She also revealed that she was not told that she needed to wear a mask. Interview on 10/5/2023 at 1:15 pm with Receptionist BBBBB who reported that she was not aware that the facility was in outbreak status until she received a call from a family member on 10/4/2023 stating that they had received a text message from the facility. Receptionist BBBBB also reported that she was never informed to offer visitors a mask. Interview on 10/5/2023 at 1:28 pm with the Medical Director revealed that it was his desire to keep the residents on the East side of the facility separate from the [NAME] side residents, due to the severity of the disease processes of the residents on 200 hall. He also revealed that he was not aware that there were no available beds to move COVID-19 negative residents out of the room from their COVID-19 positive roommates. Interview on 10/12/2023 at 8:15 am with the Administrator who reported that he thought the ADON/IP was doing his job but he was not. It was further reported that he had to let the ADON/IP go, because he did not like sloppy work. The Administrator stated that he had his certificate for IP and would be doing the infection control aspect for the facility until he was able to hire someone new. The facility implemented the following actions to remove the IJ: 1. R#94 tested positive for COVID-19 on 09/18/23 and came off precautions on 09/28/23, R#89 tested positive for COVID-19 on 09/21/23 and came off precautions on 10/01/23, R#15 tested positive for COVID-19 on 09/24/23 and came off precautions on 10/04/23, R#111 tested positive for COVID-19 on 09/25/23 and came off precautions on 10/05/23, and R#433 tested positive for COVID-19 on 09/25/23 and came off precautions on 10/05/23. R#94, R#89, R15, R#111, and R#433 were identified in the deficient practice. The status of each resident (R#94, R#89, R15, R#111, and R#433) is that they are all off COVID precautions and asymptomatic. 2. All staff and residents were tested for COVID-19 on 10/04/23 and 10/05/23 by facility Nursing staff. 119 residents were tested , 7 residents refused to be tested and will be monitored for signs and symptoms of cough, shortness of breath or fever. 95 staff members have been tested . No new positive residents and 1 new positive staff member. Outbreak total positive residents is 5 and total positive staff is 1. 3. Following testing results, cohorting of current residents was reviewed by Administrator, DON and ADON and room assignments meet recommendations via CDC COVID-19 Infection Control Guidelines. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. The facility COVID-19 Infection Control Guidelines policy was reviewed by Administrator and Regional [NAME] President on 10/04/2023. No revisions were made but review was noted. 5. On 10/04/23, staff, residents and family were notified via mass messaging system, signage at front entrance, time clock and nurses' stations of COVID-19 outbreak, recommended actions to prevent COVID-19 spread, and source control to help prevent the spread of COVID-19. 234 family members were notified, and 106 staff members were notified. 6. Education on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family was initiated on 10/04/23 and will be completed on 10/05/23. 8 of 8 RN's, 26 of 27 LPN's, 27 of 34 CNA's, 17 of 17 Therapists (PT/OT/ST/PTA/OTA), 10 of 10 Respiratory Therapists, 7 of 7 Housekeeping, 2 of 2 Maintenance, 5 of 5 Dietary, 2 of 2 Social Workers, 2 of 2 MDS Nurses, 2 of 2 Business Office Staff, 1 of 1 Receptionist, and 3 of 3 Administration Staff have been in-serviced. 106 of 120 total stall members or 88% have been in-serviced. 7. No staff member shall work until they have completed in-service education. Staff members will be educated on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family by the DON and/or ADON prior to being allowed to work. 8. Newly hired staff will be in-serviced during orientation upon hire by the DON and/or ADON on COVID-19 Infection Control Guidelines to include outbreak testing procedure and notification, cohorting of COVID-19 positive and COVID-19 negative residents, use of Transmission Based Precautions, performing contact tracing, screening of staff and visitors during an outbreak and properly informing staff, visitors and family. Newly hired staff members will not work until they have received COVID-19 education. 9. Facility implemented interventions of testing all residents and staff initially on 10/04/23 and every 7 days thereafter until no new positive cases are identified for 14 days, review of the cohorting of resident room assignments and education on COVID-19 Infection Control guidelines. Documentation included consists of testing results for all residents and staff, copy of the COVID-19 Infection Control Guideline, copies of education and sign in sheets conducted with staff members. 10. Audits will be completed for outbreak testing procedures, notification and screening of staff and visitors, cohorting of residents, use of TBP, and contact tracing daily during a COVID-19 outbreak and will be monitored by the Administrator daily using a COVID-19 Guideline Tracking Tool to ensure the deficient practice does not reoccur. If a problem is identified it will be addressed via corrective action and education with the staff member(s). (continued on next page)

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