STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325129	A. Building B. Wing	01/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Health Care	1701 N Turner Street Hobbs, NM 88240

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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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on interview and record review, the facility failed to provide quarterly statements for resident's personal funds entrusted to the facility for 1 (R #23) of 2 (R #23, and R #54) residents sampled for personal funds. If residents are not provided quarterly statements for their personal funds accounts, then residents could experience unnecessary anxiety or depression, because they are unaware of their finances. The findings are: A. On 01/23/24 at 12:29 PM, during an interview with R #23, she stated she did not receive any statements for her personal funds account that the facility handled. B. Record review of R #23's medical record revealed she was admitted on [DATE] and she did not have a designated power of attorney (legal authorization that gives authority to someone to act on behalf of the resident). C. On 01/26/24 at 11:51 AM, during an interview with the contracted business office manager, she confirmed that she did not send the quarterly statement to R #23. The BOM stated that she sent the statements to R #23's daughter. The BOM was not aware of any reason R #23 would not be able to receive the quarterly statement.

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

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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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48960 Based on record review and interview, the facility failed to ensure residents, resident representatives, and Ombudsman received a written notice of transfer as soon as practicable for 2 (R #50 and R # 72) of 2 (R #50 and R #72) residents reviewed. This deficient practice could likely result in the resident and/or representatives not knowing the reason or location the resident was transferred or discharged or their options to appeal the transfer or discharge. The findings are: R #50 A. Record review of R #50's Electronic Medical Record (EMR) revealed the following: 1. R #50 was transferred to the emergency department on 12/03/23 for shortness of breath and returned to the facility the same day. 2. R #50 was transferred back to the hospital on 12/04/23 for altered mental status and returned to the facility on [DATE]. 3. The record did not contain documentation staff provided a written transfer notice to R #50 or to the Ombudsman. B. On 01/25/24 at 8:45 am, during an interview with the Social Services Director (SSD), she confirmed R #50 discharged to the hospital. The SSD also confirmed a written notice was not provided to the Ombudsman, resident, or resident representative. R #72 C. Record review of R #72's medical record revealed the following: 1. R #72 was transferred to the emergency department on 12/27/23 due to increased agitation. The resident did not return to the facility. 2. The medical record identified that the Power of Attorney was verbally notified of the transfer; however, the record did not contain documentation staff provided a written transfer notice or notice to the Ombudsman of the transfer. D. On 01/23/24 at 4:22 pm during interview with the Social Services Director (SSD), she confirmed R #72 discharged to the hospital. The SSD also confirmed a written notice was not provided to the Ombudsman, resident, or resident representative. 49827

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 48960 Based on record review and interview, the facility failed to provide a written notice to the resident or resident representative that specified the bed-hold policy and the number of days the facility would hold a bed for the resident at the time of the transfer for 2 (R # 50, R # 72) of 2 (R # 50, R # 72) residents sampled for hospitalization s. This deficient practice could likely result in the resident and/or representatives being unaware of the resident's ability to return to their previous bed or the next available bed upon return from the hospital. The findings are: R #50 A. Record review of R #50's electronic medical record (EMR) revealed R#50 was transported to the hospital on 12/04/23. The medical record did not contain evidence to show the resident or legal representative received notice of the bed-hold policy in writing at the time of transfer. R #72 B. Record review of R # 72's EMR revealed he was sent to the emergency roiagnom on [DATE] due to agitation. C. On 01/25/24 at 11:48 AM, during an interview, the Regional Nurse Consultant stated the facility staff have not provided written notice of the facility's bed hold policy to the residents at the time of transfer. She stated staff did not provide written notice to R #50 or R #72. 49827

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510 Based on record review and interview, the facility failed to ensure the MDS accurately reflected the resident's status at the time of the assessment for 1 (R #37) of 3 (R #11, R #23, and R #37) residents sampled for MDS accuracy. This deficient practice could likely result in residents not receiving the care and treatment they need. The findings are: A. Record review or R #37's physician's orders revealed a prescription for corrective lenses, dated 05/18/22. B. Record review of R #37's quarterly MDS, dated [DATE], revealed the record did not contain documentation R #37 had vision impairments or corrective lenses. C. On 01/23/24 at 10:19 AM, during an interview with R #37, he said he had problems with his right eye. R #37 said his right eye was blurry. R #37 said he went to the doctor for his eyes. D. On 01/25/24 at 4:42 PM, during an interview with SS, she said R #37 had a prescription for glasses. E. On 01/25/24 at 4:52 PM, during an interview, the MDS Nurse stated staff did not document in R #37's MDS that the resident had a vision impairment and corrective lenses. The MDS Nurse said R #37's vision and corrective lenses should have been documented in the quarterly MDS.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 49313 Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered care plan for 4 (R #3, R #30, R #43, and R #70) of 4 (R #3, R #30, R #43, and R #70) residents reviewed for comprehensive care plans. Failure to develop a person-centered care plan could likely result in staff's failure to understand the needs, preferences, and treatments for residents to achieve their highest level of well-being. The findings are: A.On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed resident care plans should be person centered and should include the resident's activity preferences, so staff know what activities the residents liked to do. R #3 B. On 01/23/24 at 11:56 AM, during an interview with R#3, he stated he needed to have dental crowns (a type of restoration that covers and protects a damaged or decayed tooth). R #3 stated he had not had a dental visit for approximately five years. C. Record review of R #3'S Care Plan, dated 09/12/23, revealed the record did not contain information regarding the resident's need for dental care. R #30 D. On 01/23/24 at 9:50 AM, during an interview with R #30, she stated she went to dialysis. The resident stated sometimes she did not want to go, because she did not want to stay long. R #30 also stated sometimes she feels sick after dialysis. E. Record review of R #30's care plan, initiated 12/05/23, revealed the care plan did not include the care and monitoring R #30 required due to receiving dialysis three times a week. F. On 01/26/25 at 12:40 PM, during an interview with the DON, she confirmed R #30's care plan did not include details on how nursing staff should assess R #30 before and after dialysis or what to do when the resident refused to go to dialysis. The DON said her expectation for the dialysis care plan was to include assessment and monitoring of the resident and to include a care plan for refusals. R #43 G. Record review of R #43's face sheet revealed an admitted [DATE]. H. On 01/25/24 at 9:57 AM, during an interview with R #43, he stated he was a loner, liked to be in his room, and did not like to attend group activities. He stated staff have not done activities with him in his room, but he would like them to. He also stated he did not have family that came to visit, but he had friends visit about once a month. He stated he enjoyed the following activities: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Listening to Chicano and rap music. 2. Coloring activities. 3. Arts and crafts. 4. Reading DC and [NAME] comics. 5. Reading the headlines in the newspaper. 6. Completing word search puzzles. 7. Working on jigsaw puzzles. 8. Playing with poker cards. I. Record review of R #43's admission MDS, dated [DATE], section F0500, revealed the following activities were very important to the resident: 1. Have books, newspapers, and magazines to read. 2. Listen to music he likes. 3. Be around animals such as pets. 4. Keep up with the news. 5. Do things with groups of people. 6. Do his favorite activities. 7. Go outside to get fresh air when the weather is good. 8. Participate in religious services or practices. J. Record review of R #43's care plan for activities, initiated 01/04/23, revealed the following: 1. R #43's care plan did not reflect R #43's preferences. 2. Stated R #43 will be invited to a variety of group activities frequently.R #43's care plan indicated R #43 preferred to be in his room and play on his phone, watch tv, and be on social media. 3. R #43's care plan indicated R #43 was very social, and staff will encourage R #43 to participate in daily activities. 4. R #43's care plan did not include activities for staff to engage with R #43. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	K. On 01/25/24 at 12:33 PM, during an interview with the Activities Assistant, she confirmed R #43 did not like to participate in group activities. She said R #43 liked the newspaper, but sometimes there were not enough newspapers for everyone. She stated she dropped off crossword puzzles in his room, but she was unsure if he completed them. She stated she was unsure when the last time R #43 attended a group activity. L. On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed R #43's care plan was not person centered and did not reflect R #43's preferences. R #70 M. On 01/24/24 at 1:47 PM, during an interview with R #70's wife, she stated the following: 1. R #70 was unable to talk, but he understood English and Spanish. 2. R #70 was able to answer questions by nodding and shaking his head. 3. She visited with R #70 daily for about two hours. 4. R #70 would probably be interested in participating in activities. N. Record review of R #70's admission MDS, dated [DATE], section F0500, revealed that the following activities were very important to the resident: 1. Have books, newspapers, and magazines to read. 2. Listen to music he likes. 3 Be around animals such as pets. 4. Keep up with the news. 5. Do things with groups of people. 6. Do his favorite activities. 7. Go outside to get fresh air when the weather is good. 8. Participate in religious services or practices. O. Record review of R #70's care plan for activities, dated 01/22/24, revealed the following: 1. Resident is very social: Staff will converse with the resident, provide conversation, listen, and provide meaningful interaction. 2. R #70 had a communication issue related to aphasia and was able to communicate using gestures. 3. The care plan did not contain any type of activities for R #70. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	P. On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed the following: 1. R #70's care plan indicated R #70 was very social, and staff will encourage R #70 to participate in daily activities. 2. R #70's care plan did not include activities for staff to engage with R #70. 3. R #70's admission MDS indicated R #70 said it was very important to do the following: a. Have books, newspapers, and magazines to read. b. Listen to music he likes. c Be around animals such as pets. d. Keep up with the news. e. Do things with groups of people. f. Do his favorite activities. g. Go outside to get fresh air when the weather is good. h. Participate in religious services or practices. 4. R #70's care plan was not person centered and did not reflect R #70's preferences. 49827

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 41755 47510 Based on record review and interview, the facility failed to revise the care plan for 2 (R #23 and R #37) of 4 (R #23, R #37, R #48, and R #63) residents reviewed for care plans. This deficient practice could likely result in staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are: R #23 A. On 01/23/24 at 12:28 PM, during an interview with R #23, she said she fell approximately three months ago. B. Record review of R #23's electronic medical record (EMR), no date, revealed R #23 fell in her bathroom on 10/01/23. C. Record review of R #23's care plan, initiated 03/27/23, revealed: 1. Intervention: R #23 had an actual fall with no injury, related to poor balance. 2. The care plan revision on 01/03/24 did not indicate the date the fall occurred or what changes in care the resident required after the fall. D. On 01/26/24 at 12:45 PM, during an interview with the DON, she confirmed R #23's care plan was not revised in a timely manner. R #37 E. Record review of R #37's care plan, dated 12/29/23, revealed R #37 was to be evaluated for physical therapy (PT; the treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery) due to his risk for falls. F. Record review of R #37's physicians orders, dated 01/17/24, revealed PT evaluated R #37, and PT would see R #37 three times a week for 60 days to address impairments. G. On 01/26/24 at 9:16 AM, during an interview with the DON, she confirmed R #37's care plan had not been updated to document R #37's current PT plan. The DON said staff should update the care plan to reflect the resident's current status.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313 Based on record review and interview, the facility failed to provide an ongoing activity program to support residents in their choice of activities designed to support their physical, mental, and psychosocial well-being for 2 (R #43 and R #70) of 3 (R #43, R #48, and R #70) residents reviewed for activities. If the facility does not ensure all residents receive an ongoing activity program and make in-room activity accommodations, then residents are likely to demonstrate an increase in isolation and depression and could likely experience a decline in independence. The findings are: A. On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed the following: 1. Activities has a one-to-one program where the staff meet one-to-one with residents. 2. Residents get in the one-to-one program depending on their activity needs. 3. Residents who cannot participate or do not like to participate in group activities should be included in the one-to-one program. R #43 B. On 01/25/24 at 9:57 AM, during an interview with R #43, he stated he was a loner, liked to be in his room, and did not like to attend group activities. He stated staff have not done activities with him in his room, but he would like them to. He also stated he did not have family that came to visit, but he had friends visit about once a month. He stated he enjoyed the following activities: 1. Listening to Chicano and rap music. 2. Coloring activities. 3. Arts and crafts. 4. Reading DC and [NAME] comics. 5. Reading the headlines in the newspaper. 6. Completing word search puzzles. 7. Working on jigsaw puzzles. 8. Playing with poker cards. C. Record review of the facility's list of residents who received one-to-one visits from the activities department revealed R #43 was not included in the one-to-one visits. D. Record review of R #43's admission MDS, dated [DATE], section F0500, revealed the following activities were very important to the resident: (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Have books, newspapers, and magazines to read. 2. Listen to music he likes. 3. Be around animals such as pets. 4. Keep up with the news. 5. Do things with groups of people. 6. Do his favorite activities. 7. Go outside to get fresh air when the weather is good. 8. Participate in religious services or practices. E. Record review of R #43's care plan for activities, initiated 01/04/23, revealed the following: 1. The care plan did not include R #43's activity preferences. 2. Stated R #43 will be invited to a variety of group activities frequently. F. Record review of R #43's medical record revealed the record did not contain documentation of R #43 participation or refusal to participate in activities. G. On 01/25/24 at 12:33 PM, during an interview with the Activities Assistant, she stated the following: 1. R #43 did not like to participate in group activities. 2. R #43 liked the newspaper, but sometimes there were not enough newspapers for everyone. 3. She dropped off crossword puzzles in R #43's room but was unsure if he completed them. 4. She did not know when was the last time R #43 attended a group activity. 5. R #43 was not on the list of residents who received one-to-one visits. 6. Staff did not document the resident's participation or refusal to participate in activities. H. On 01/25/24 at 12:44 PM, during a follow-up interview with R #43, he stated the last newspaper he received sat on the windowsill. He also stated he has not received any word search puzzles since his admission to the facility on [DATE]. I. Observation on 01/25/24 at 12:45 PM of the newspaper on R #43's windowsill revealed it was dated 01/18/24. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	J. On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed that R #43 qualified for one-to-one visits. R #70 K. On 01/24/24 at 1:47 PM, during an interview with R #70's wife, she stated the following: 1. R #70 was unable to talk, but he understood English and Spanish. 2. R #70 was able to answer questions by nodding and shaking his head. 3. She visited with R #70 daily for about two hours. 4. Staff have not done any activities with R #70 since his admission to the facility on [DATE]. 5. R #70 would probably be interested in participating in activities. L. Record review of R #70's admission MDS, dated [DATE], section F0500, revealed that the following activities were very important to the resident: 1. Have books, newspapers, and magazines to read. 2. Listen to music he likes. 3 Be around animals such as pets. 4. Keep up with the news. 5. Do things with groups of people. 6. Do his favorite activities. 7. Go outside to get fresh air when the weather is good. 8. Participate in religious services or practices. M. Record review of R #70's care plan for activities, dated 01/22/24, revealed the following: 1. Resident is very social: Staff will converse with the resident, provide conversation, listen, and provide meaningful interaction. 2. R #70 had a communication issue related to aphasia and was able to communicate using gestures. 3. The care plan did not contain any type of activities for R #70. N. Record review of R #43's medical record revealed the record did not contain documentation of R #70's participation or refusal to participate in activities. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	O. On 01/24/24 at 2:00 PM, during an interview with the Activities Director, she stated the following: 1. R #70 was not able to talk. 2. R #70 did not come out of his room for activities. 3. The resident's family was usually visiting with R #70. 4. R #70 was not on one-to-one visits. 5. The activities department has not done activities with R #70, they just reminisced with him (R #70 is nonverbal). 6. Staff did not document the resident's participation or refusal to participate in activities. P. On 01/25/24 at 1:45 PM, during an interview with the DON, she confirmed that R #70 qualified for one-to-one visits. Q. Record review of the facility's list of residents who received one-to-one visits from the activities department revealed R #70 was not included in the one-to-one visits.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510 Based on interview and record review, the facility failed to ensure residents received proper treatment to maintain vision and hearing for 4 (R #3, R #37, R #51, and R #63) of 6 (R #3, R #12, R #37, R #48, R #51, and R #63) residents reviewed for vision and hearing. This deficient practice could likely result in residents losing some independence if they cannot see or hear, which would compromise their quality of life. The findings are: R #3 A. Record review of R #3's quarterly MDS, dated [DATE], indicated R #3 needed glasses. B. Record review of R #3's care plan, dated [DATE], showed the resident had a history of glaucoma, and the facility would arrange appointments with the eye doctor. C. On [DATE] at 11:52 AM, during an interview with R #3, he stated he had not been to the eye doctor in three or four years. He said he felt his glasses were not as strong as they used to be, and he may require a new prescription. D. On [DATE] at 12:14 AM, during an interview, Social Services (SS) stated they did not provide annual vision assessments. She stated the facility will make appointments based on complaints. R #37 E. On [DATE] at 10:19 AM, during an interview with R #37, he said he had problems with his right eye. R #37 said he went to the doctor for his eyes, but it had been a while since that visit. The resident said the facility stopped taking him to the eye doctor. R #37 said he had glasses, but they broke. R #37 did not remember when they broke. R #37 said he told staff about the broken glasses, but they have not made an appointment for him. F. Record review of R #37's physician's orders revealed a prescription, dated [DATE], for corrective lenses. The prescription expired [DATE]. G. On [DATE] at 4:42 PM, during an interview with SS, she confirmed R #37 had a prescription for glasses, and the prescription expired. SS said she did not remember R #37 with glasses. SS stated R #37's last visit to the eye doctor was [DATE]. She said staff should have taken R #37 back to the eye clinic. R #51 H. On [DATE] at 8:48 during an observation of R #51 in the dining area, R #51 did not wear any hearing aids. This surveyor asked R #51 a question, but the resident could not hear. R #51 leaned closer and cupped his left ear to hear better, but he still could not hear. (continued on next page)

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	I. On [DATE] at 11:05 AM, during an interview with R #51's son, he said R #51 had a brand-new pair of hearing aids, but the hearing aids were lost. R #51's son said he spoke with the facility staff regarding the hearing aids, and they said they would replace the hearing aids. R #51's son said it has been a couple of months since he reported the lost hearing aids to the facility staff. J. On [DATE] at 12:00 PM, during an observation of R #51 at lunch in the dining area, R #51 sat at the table with other residents and attempted to communicate with them. R #51 told the residents he could not hear them. R #51 leaned into them, cupped his left ear with his hand, and said he could not hear them. R #51 tried several times to converse with the residents who sat at the table with him. R #51 could not hear them. K. On [DATE] at 12:14 PM, during an interview with Social Services (SS), she said R #51 was missing one hearing aid. SS said R #51 loses his hearing aids, but the facility staff usually finds them. SS said she did not know when they went missing. SS said the last time R # 51's hearing aids went missing, they were found. L. On [DATE] at 1:15 PM, during a follow up interview with SS, she confirmed R #51 was missing both of his hearing aids. R #63 M. On [DATE] at 1:12 PM, during an interview, R #63 stated she needed an eye appointment. R #25 said she had a hard time seeing things at a distance. R #25 said she told staff, but they have not made an appointment for her. N. On [DATE] at 11:50 AM, during an interview with Social Services (SS), she said R #63 did not have an eye appointment. SS said R #63 did not tell her she needed an appointment for her eyes. SS said that up until now, they did not do routine vision care. SS said her expectation was for staff to tell her when the residents say they need an appointment for care, so she can make the appointment. 49827

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49313 Based on observation and interview, the facility failed to keep residents free from the potential for accidents for 1 (R #32) of 1 (R #32) residents reviewed for accidents, when they failed to ensure the mattress fit the bed. This deficient practice could likely result in injury. The findings are: B. On 01/23/24 at 11:09 AM, during an observation of R #32's room, the following was observed: 1. R #32's bed had a gap between the bariatric air mattress and the foot board. 2. Staff placed a pad between the mattress and the footboard. The pad was tall and did not extend to width of the mattress, with gaps on both sides of the pad. C. On 01/23/24 at 11:09 AM, during an interview, R #32 revealed the following: 1. The mattress and pad had been like that since before he was moved from his previous room to the skilled unit. 2. The mattress used to slide up and down in the bed so the staff put the pad there to prevent the mattress from sliding. D. Record review or R #32's medical record no date, revealed that R #32 was moved from another room to his current room on 11/02/23. E. On 01/24/24 at 10:58 AM, during an interview with LPN #31, she confirmed the following: 1. R #32's bed had a gap between the bariatric air mattress and the foot board. 2. Staff placed a pad between the mattress and the footboard. 3. There were gaps on both sides of the pad. F. On 01/24/24 at 11:03 AM, during an interview, the DON stated the following: 1. Staff extended R #32's bed for length. 2. R #32's mattress was too short for the frame and did not reach the foot board. 3. Staff placed a pad between the mattress and the footboard. 4. There were gaps on both sides of the pad. 5. A mattress that did not fit the bed can cause injury to the resident. 6. The expectation was for the mattress to fit the bed without gaps.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. 41755 Based on record review and interview, the facility failed to ensure ongoing communication and collaboration with the dialysis (clinical purification of blood as a substitute for the normal function of the kidney) facility regarding dialysis care and failed to monitor the resident before and after dialysis treatment for 1 (R #30) of 1 (R #30) residents reviewed for dialysis care. This deficient practice could likely result in the facility being unaware of the resident's condition or possible complications that arise during dialysis treatment, and residents may not receive the appropriate monitoring and care. The findings are: A. Record review of R #30's admission record, no date, revealed R #30 had a diagnosis of end stage renal disease (ESRD; chronic irreversible kidney failure). B. Record review of R #30's physician orders revealed, order revision date 12/29/23, resident to have dialysis Monday, Wednesday, and Friday at 12:45 PM. C. Record review of R #30's Electronic Medical Record (EMR) revealed: 1. Dialysis Communication Record, dated 12/20/23 for dialysis time 12:00 pm, revealed the facility completed pre-dialysis information, and the dialysis center completed dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 2. Dialysis Communications Record, not dated for dialysis time AM (morning), the form included pre-dialysis information, and the dialysis center completed dialysis information. The dialysis center nurse signed and dated the form 01/19/24. The form did not include any post dialysis information, monitoring, or assessments. 3. The resident's EMR did not contain additional Dialysis Communication Records, nursing assessment, or nurse progress notes upon the resident's return from dialysis. D. On 01/25/24 at 6:20 PM, during an interview with the Regional Nurse Consultant, she stated the facility only had the two Dialysis Communication Records on file for R #30. E. On 01/26/24 at 12:40 PM, during an interview with the DON, she stated staff should assess R #30 after dialysis, and they may need to monitor the resident. She also stated staff should scan the Dialysis Communication Records should into the resident's EMR after each dialysis appointment.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 48960 Based on record review and interview, the facility failed to ensure staff demonstrated competency, were tested , or evaluated in skills and techniques necessary to care for residents' needs for 6 (CNA #31, CNA #32, CNA #33, LPN #34, LPN #35, LPN #36) of 6 (CNA #31, CNA #32, CNA #33, LPN #34, LPN #35, LPN #36) staff sampled for staff competency. This deficient practice could likely result in staff working who are not competent to give care to residents. The findings are: A. Record review of CNA #31's, CNA #32's, CNA #33's, LPN #34's, LPN #35's, LPN #36's personnel records revealed a On The Job Training/Competency Assessment form did not contain documentation to show the nursing staff demonstrated competency, were tested , or evaluated in skills and techniques necessary to care for residents' needs. B. On 01/24/24 at 3:30 PM, during an interview, the DON and ADON stated the On The Job Training and Competency Assessment form was the most current form the facility used to evaluate nursing staff competency. The DON and ADON stated the employees checked off the skills listed without a return demonstration.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 41755 Based on record review and interview, the facility failed to ensure the consultant pharmacist's recommendations were reviewed and acted on for 3 (R #11 and R #23, R #30) of 5 (R #11, R #23, R #30, R #48, and R #50) residents reviewed for pharmacy medication regimen review. This deficient practice could likely result in residents suffering from unnecessary adverse side effects. The findings are: R #11 A. Record review of the pharmacy recormendations for R #11, dated 10/31/23, revealed the following lab results could not be located on R #11 chart: Complete blood count (CBC), comprehensive metabolic panel (CMP), magnesum (Mg), thyroid stimulating hormone (TSH), free thyroxine 4 (FT4), lipid panel, Vitamin D level, folate level, and Vitamin B12 level. These labs were ordered by the physician on 09/29/23. B. Record review of R #11's Electronic Medical Record (EMR) revealed the record did not contain lab results for orders dated 09/29/23. C. On 01/10/24 at 12:56 PM, during an interview, the DON stated staff did not collect or draw the labs ordered for R #11 on 09/29/23. The DON stated the staff did not follow the pharmacist recommendation to place the labs results in the resident's medical record. R #23 C. Record review of the pharmacy recormendations for R #23, dated 11/28/23, revealed the following lab results could not be located in the resident's chart: CBC with Differential, CMP, TSH, hemoglobin A1C (hgA1C), urinalysis with culture and sensitivity (UA C & S) for hematuria (blood in the urine). These labs were ordered by the physician on 11/01/23. D. Record review of R #23's Electronic Medical Record (EMR) revealed the record did not contain lab results for orders dated 11/01/23. E. On 01/26/24 at 12:45 PM, during an interview with the DON, she stated staff did not collect or draw the labs ordered for R #23 on 11/01/23. The DON stated the staff did not follow the pharmacist recommendation to place the labs results in the resident's medical record. R #30 F. Record review of the pharmacy recormendations R #30, dated 12/30/23, revealed: 1. Please write a clarification to include specific order parameters for holding midodrine (medication used for patients who have symptoms of low blood pressure). a. Prescriber response was marked agree. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. The facility Nurse Practitioner (NP) signed the form and dated it 01/05/24. 2. The Resident (R #30) is currently receiving gabapentin (medication used to relieve nerve pain), 300 mg, two times a day. She goes to dialysis (clinical purification of blood as a substitute for the normal function of the kidney) three days a week. The maximum recommended dose of gabapentin for dialysis patients is 300 mg, three days a week, to be given after dialysis. Please consider changing order to gabapentin, 300 mg, three days a week, after dialysis. a. Prescriber response was marked disagree and to be managed per PCP (primary care provider) was written in. b. The facility NP signed the form and dated it 01/05/24. G. Record review of R #30's current physician's orders revealed: 1. Order date 01/22/24, midodrine oral tablet, 5 MG. Give one tablet by mouth two times a day for hypotension (low blood pressure). Do not hold per nephrology (doctor who specializes in treating diseases that affect the kidneys.) 2. Order date 12/01/23, gabapentin oral capsule, 300 MG. Give one capsule by mouth two times a day for neuropathy (a medical condition which results from damaged or malfunctioning of nerves that cause weakness, numbness, and pain in hands and feet). H. Record review of R #30's EMR revealed: 1. The record did not contain documentation from nephrology to administer medication regardless of blood pressure readings. 2. The record did not contain the PCPs rationale for not changing the resident's gabapentin. I. On 01/26/24 at 12:40 PM, during an interview with the DON and phone interview with the facility NP, they confirmed: 1. Holding parameters were not updated to the resident's midodrine order as indicated on the pharmacy recommendation. 2. The resident's EMR did not contain documentation to indicate nephrology wanted the medication given regardless of blood pressure readings. 3. The facility NP stated she did not speak to the nephrologist to verify the order. She stated she entered it as she did because nursing staff communicated the information to her. 3. The facility NP did not address the recommendation to decrease gabapentin and should have. 48960

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510 Based on record review and interview, the facility failed to ensure residents did not receive psychotropic medications unless the medication was necessary to treat a specific psychiatric diagnosis and was documented in the medical record for 2 (R #48 and R #69) of 4 (R #11, R #30, R #48 and R #69) residents reviewed for unnecessary psychotropic medications. This deficient practice could likely result in residents receiving medications without a medical reason and being at a higher risk of adverse side effects (unwanted, harmful, or abnormal result). The findings are: R #48 A. Record review of R #48's admission record, no date, revealed an admitted [DATE]. B. Record review of R #48's Physician's orders revealed an order, dated 09/07/23, for aripiprazole (an antipsychotic medication used to treat bipolar disease) tablet, 2 mg. Give one tablet a day for bipolar disease. C. Record review of R #48's pharmacy review, Note to attending physician/prescriber, dated 11/29/23, revealed the following: 1. R #48 took aripiprazole, 2 mg, for bipolar disease since July 2023 2. The pharmacist recommended an evaluation and gradual dose reduction (GDR; involves the tapering of a dose in steps to determine if symptoms, conditions, or risks can be managed by a lower dose) 3. The provider did not review the recommendation. D. On 01/24/24 at 3:13 PM, during an interview, the DON stated the provider did not review the pharmacy recommendations for November, 2023. R #69 E. Record review of R #69's Physician's orders revealed an order, dated 01/05/24, for buspirone (a psychotropic medication used to treat anxiety) tablet, 5 mg. Give one tablet by mouth two times a day for anxiety. F. Record review of R #69's medical record, no date, revealed the record did not contain a psychiatric diagnosis to indicate the need for a psychotropic. G. On 01/12/24 at 11:29 AM, during an interview, the DON confirmed R #69 did not have a psychiatric diagnosis on file for the psychotropic medication.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49313 Based on observation and interview, the facility failed to properly store medications, when they failed to ensure medications were not expired in the Pyxis (medication management software and medication dispensing machine). This deficient practice could affect all 73 residents in the facility. Residents were identified by the resident matrix provided by the Administrator on 01/15/24. This deficient practice could likely result in residents obtaining medications that are no longer effective, resulting in adverse side effects. The findings are: A. On 01/25/24 at 11:15 AM, an observation of the Pyxis in the Medication Storage Room revealed the following medications were expired: 1. Singulair (medication used to treat allergies and prevent asthma attacks), 10 mg, expired 06/28/23. 2. Allopurinol (medication used to treat gout and kidney stones), 100 mg, expired 05/10/23. 3. Finasteride (medication used to treat enlarged prostate), 5 mg, expired 06/08/23. 4. Atenolol (medication used to treat high blood pressure and chest pain, It can also reduce the risk of death after a heart attack), 25mg, expired 05/05/23. 5. Ondansetron (medication used to prevent nausea and vomiting), 4mg/2 mL (milliliter), expired 10/31/23. 6. Glucagon (natural substance given by injection that raises blood sugar rapidly by causing the body to release sugar stored in the liver. Used to treat very low blood sugar), 1mg/1mL emergency kit, expired 10/31/23. B. On 01/25/24 at 11:15 AM, during an interview, LPN #22 stated the following: 1. Singulair, allopurinol, finasteride, atenolol, ondansetron, glucagon medications in the Pyxis were expired. 2. The contracted pharmacist completed the audits for expired medications in the Pyxis and was responsible to remove the expired medications. C. On 01/25/24 at 11:46 AM, during an interview, the DON confirmed the following: 1. The contracted pharmacist was responsible to check for and remove expired medications in the Pyxis. 2. If medication is needed prior to arrival from pharmacy then the nursing staff can get the medication from the Pyxis. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. If medications are expired in the Pyxis, the medication would not be available to give to the resident.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. 41755 Based on record review and interview, the facility failed to obtain laboratory testing for 1 (R #23) of 1 (R #23) residents reviewed for laboratory services. If the facility fails to obtain labs that have been ordered this could delay treatment of potential medical issues and could cause unnecessary harm to the resident. The findings are: A. Record review of R #23's progress notes revealed: 1. Nursing progress note, dated 10/30/23, stated R #23 complained of red urine. Staff contacted the on-call provider, and the resident was to follow-up with their primary physician. 2. Provider progress note, dated 11/01/23, for chief complaint of hematuria (blood in urine). Order urinalysis with culture and sensitivity and other labs. B. Record review of R #23's Physician's orders revealed an order, dated 11/01/23, complete blood count (CBC; blood test that measures many different parts and features of your blood) with differential, comprehensive metabolic panel (CMP; blood sample test that measures 14 different substances in your blood), thyroid stimulating hormone (TSH), hemoglobin A1C (hgA1C), urinalysis with culture and sensitivity (UA C & S) for hematuria. C. Record review of R #23's Electronic Medical Record (EMR) revealed the record did not contain lab results for orders dated 11/01/23. D. On 01/26/24 at 1:20 PM, during an interview with the DON, she confirmed R #23 did not have labs completed as ordered on 11/01/23. The DON said the provider entered the order incorrectly, and the nurses were unaware of the order.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or obtain dental services for each resident. 49827 Based on observation, record review, and interview, the facility failed to ensure residents obtained routine dental care to include an annual inspection of the mouth for signs of disease, dental cleaning, fillings, or minor partial or full denture adjustments for 1 resident (R #3) of 1 resident (R#3) resident reviewed for dental services. This deficient practice is likely to cause the resident unnecessary pain, embarrassment over the condition/appearance of teeth, and potential dental or oral complications. The findings are: R #3 A. On 01/23/24 at 11:56 AM, during an interview with R#3, he stated he needed to have dental crowns (a type of restoration that covers and protects a damaged or decayed tooth). R #3 stated he had not had a dental visit for approximately five years . B. On 01/25/24 at 1:30 PM, during an interview with the Social Services Director (SSD), She stated R #3 has not had a dental exam since 2012.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47510 Based on observation and interview, the facility failed to label food in accordance with professional standards of food service safety. This failure had the potential to affect all 74 residents in the facility who eat food prepared in the kitchen. Residents were identified by the Resident Matrix provided by the Administrator on 01/22/24. If the facility fails to adhere safe food storage, residents are likely to be exposed to foodborne illnesses. The findings are: A. On 01/22/24 at 3:37 PM, during an observation of the kitchen revealed the following: 1. Yellow cake mix opened and not dated. 2. Original cheesecake filling opened and not dated. 3. Strawberry gelatin mix opened and not dated. 4. [NAME] cracker crumbs opened and not dated. B. On 01/22/24 at 3:44 PM, during an interview with the Dietary Manager, she stated the food items did not have open dates. The Dietary Manager stated the food should have opened dates to determine expiration dates.

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313 Based on record review and interview, the facility failed to ensure the medical records contained documentation each resident received or was offered pneumococcal (a bacteria that causes pneumonia infection of the respiratory tract) and influenza (an acute respiratory infection caused by influenza viruses) immunizations for 2 (R #43 and R #70) of 5 (R #11, R #19, R #30, R #43, and R #70) residents reviewed for immunizations. This deficient practice could likely lead to residents contracting respiratory infections and could result in the spread of infection to other residents. The findings are: A. On 01/25/24 at 5:59 PM, during an interview with the DON, she stated the following: 1. The Infection Preventionist (IP) nurse was expected to offer and administer influenza and pneumococcal vaccinations to all residents. 2. The facility staff have a 48 hour meeting where the IP nurse was expected to meet with new residents and/or their representatives to discuss their vaccination status. 3. All vaccinations should be documented in the resident's Electronic Medical Record (EMR). 4. All refusals for vaccinations should be documented in the resident's EMR. B. On 01/26/24 at 8:39 AM, during an interview with the IP, she stated the following: 1. It is expected the IP would offer all new residents the influenza, and pneumococcal vaccines within one week of admission. 2. All vaccination administrations or refusals should be documented in the resident's EMR. 3. All consents and refusal forms should be scanned into the resident's EMR. R #43 C. Record review of R #43's face sheet revealed an admitted [DATE]. D. Record review of R #43's medical record revealed the following: 1. The record did not contain R #43's state immunization history. 2. R #43 did not receive the influenza or pneumococcal vaccinations. 3. The record did not contain documentation R #43 received education about the influenza or pneumococcal vaccinations. 4. The record did not contain documentation R #43 refused the pneumococcal or influenza vaccinations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325129	A. Building B. Wing	01/26/2024

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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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R #70 E. Record review of R #70's medical record revealed the following: 1. The record did not contain R #70's state immunization history. 2. R #70 did not receive the pneumococcal vaccination. 3. The record did not contain documentation R #70 received education about the pneumococcal vaccination. 4. The record did not contain documentation R #70 refused the pneumococcal vaccination. F. On 01/26/24 at 8:39 AM, during an interview, the IP stated the following: 1. Staff offered R #43 the influenza and pneumococcal vaccinations, but the resident refused. 2. The resident's medical record did not contain documentation that R #43 refused the influenza and pneumococcal vaccinations. 3. Staff did not offer R #70 the pneumococcal vaccination. 4. Staff did not provide R #70 or his representative education regarding the pneumococcal vaccination.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325129	A. Building B. Wing	01/26/2024

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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313 Based on record review and interview, the facility failed to ensure the residents' medical record contained documentation each resident received or was offered covid-19 (an acute respiratory infection caused by the SARS-CoV-2 virus) immunization for 1 (R #43) of 5 (R #11, R #19, R #30, R #43, and R #70) residents reviewed for immunizations. This deficient practice could likely lead to residents contracting respiratory infections and could result in the spread of infection to other residents. The findings are: A. On 01/25/24 at 5:59 PM, during an interview with the DON, she stated the following: 1. The Infection Preventionist (IP) nurse was expected to offer and administer the covid-19 vaccinations to all residents. 2. The facility staff have a 48 hour meeting after the resident is admitted , where the IP nurse was expected to meet with new residents and/or their representatives to discuss their vaccination status. 3. All vaccinations should be documented in the resident's Electronic Medical Record (EMR). 4. All refusals for vaccinations should be documented in the resident's EMR. B. On 01/26/24 at 8:39 AM, during an interview with the IP, she stated the following: 1. It was expected the IP would offer all new residents the covid-19 vaccines within one week of admission. 2. All vaccination administrations or refusals should be documented in the resident's EMR. 3. All consents and refusal forms should be scanned into the resident's EMR. C. Record review of R #43's face sheet revealed an admitted [DATE]. D. Record review of R #43's medical record revealed the following: 1. The record did not contain R #43's state immunization history. 2. R #43 did not receive the covid-19 vaccination. 3. The record did not contain documentation R #43 received education about the covid-19 vaccination. 4. The record did not contain documentation R #43 refused the covid-19 vaccination. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. On 01/26/24 at 8:39 AM, during an interview, the IP stated the following: 1. Staff offered R #43 the covid-19 vaccination, but the resident refused. 2. The resident's medical record did not contain documentation that R #43 received education about the covid-19 vaccine. 3. The resident's medical record did not contain documentation that R #43 refused the covid-19 vaccine.