STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455684	A. Building B. Wing	02/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Longview Hill Nursing and Rehabilitation Center	3201 N Fourth St Longview, TX 75605

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892 Based on observation, interview, and record review the facility failed to consult with the resident's physician when there was a significant change in the resident's physical and mental status that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications for 1 of 4 (Resident #1) residents reviewed for notification of change. The facility failed to notify Resident #1's NP when she had a worsening of her skin conditions. This failure could result in residents not receiving treatments, supplements, or medications to maintain health. Findings included: Record review of a face sheet dated 02/24/2024 indicated Resident #1 was a [AGE] year old female initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included acute pyelonephritis (sudden and severe infection of the kidney due to a bacterial infection), paraplegia (paralysis of all or part of your trunk, legs, and pelvic organs), and diabetes mellitus due to underlying condition without complications (condition results from insufficient production of insulin, causing high blood sugar due to other conditions). Record review of the Comprehensive MDS assessment dated [DATE], indicated Resident #1 was able to make herself understood and understood others. The MDS assessment indicated Resident #1 had a BIMS score of 9, which indicated her cognition was moderately impaired. The MDS assessment indicated Resident #1 required supervision or clean-up assistance with eating, partial/moderate assistance with oral hygiene, upper body dressing, dependent for toileting hygiene, lower body dressing, and putting on/taking footwear off, substantial/maximal assistance with personal hygiene and shower/bathe self. The MDS assessment indicated Resident #1 was at risk for developing pressure ulcers/injuries. The MDS assessment indicated Resident #1 had a Stage 2 pressure ulcer (a shallow, open wound that has broken through both the top and bottom layers of the skin) that was present upon admission/entry or reentry to the facility. The MDS assessment indicated Resident #1 had moisture associated skin damage. Record review of Resident #1's care plan with date initiated 02/08/2024 indicated she had an impaired cognitive function or impaired thought processes related to short-term memory loss with interventions which included: (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	administer medication as ordered monitor/document for side effects and effectiveness. Resident #1's care plan indicated she had diabetes mellitus to check all of her body for breaks in skin and treat promptly as ordered by the doctor. Record review of Resident #1's wound evaluation conducted by the wound care physician dated 02/20/24, indicated Resident #1 had a non-pressure wound to the left buttock with partial thickness. The wound evaluation indicated the etiology of the wound was moisture associated skin damage with wound measurements of 0.4cm x 0.3 cm x 0.1 cm. The wound dressing treatment plan was to apply barrier cream once daily for 30 days. The wound evaluation also indicated Resident #1 had allergic dermatitis/eczema to bilateral arms and face with the treatment to apply hydrocortisone 1% twice daily to affected areas. Record review of Resident's #1's weekly skin assessment completed by LVN B and dated 02/24/24, indicated Resident #1 had abnormal skin issues and pressure ulcer(s). The skin assessment indicated some of those wounds were new since last assessment. LVN B indicated Resident #1 had extreme excoriation to right and left buttock. LVN B failed to acknowledge Resident #1 had allergic dermatitis/eczema to her bilateral arms and face. During an interview on 02/24/2024 at 11:30 AM, Resident #1's family member said her immediate concern was Resident #1's backside (buttocks) because it had deteriorated quickly in one week Resident #1's family member said she had a rash or something on her skin that she had been concerned about and it kept getting dismissed by the nurses at the facility. Resident #1's family member said Resident #1's issues with her buttocks started after a hospitalization from which she returned on 02/01/24 to the facility. Family member said Resident #1's bottom was worsening for about a week on the interview on Saturday 02/24/24 and Tuesday (2/20/24) was when she noticed the rash to her body, but since Tuesday Resident #1's buttocks had worsened and the rash wash spreading. Resident #1's family member said on Friday she noticed her buttocks had worsened from what she said was a pinpoint area on Tuesday to both of her buttocks on Friday (the Treatment Nurse in an interview confirmed that Resident #1 had a tiny area to one buttock on Tuesday and it had worsened). Resident #1's family member said yesterday (02/23/2024) she had requested to speak with the DON regarding Resident #1's buttocks, but ADON D had spoken with her. Resident #1's family member said she had shown pictures of Resident #1's buttocks to ADON D, but she refused to look at Resident #1's buttocks. Resident #1's family member said ADON D said she would notify the NP of Resident #1's buttocks to see if he would order something. Resident #1's family member said ADON D did not return to provide them any information regarding new orders. Resident #1's family member said they had gone to look for ADON D and were told by the charge nurse that ADON D had left for the day. Resident #1's family member said the nurses told her the cream for Resident #1's buttocks and rash had not been delivered. Resident #1's family member said the nurses were not applying any creams or ointments to Resident #1's buttocks, arms, or face, and her rash was spreading. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 02/24/2024 at 1:55 PM, Resident #1's family member was at her bedside. Resident #1 had patchy red like areas that covered her arms, face, scalp, neck, chest area, bends of her arms and underarms. Resident #1 had deep red, irritated skin under both of her breasts and under her abdominal skin fold, the skin was observed to be peeling. Resident #1's vaginal area was red and irritated. Resident #1's buttocks, approximately 75% of the surface area, was deep red, irritated, and inflamed. No ointments or creams appeared to be on any of the areas noted above. Resident #1's family member said nobody had been into Resident #1's room to apply any ointments or creams. Resident #1 did not appear to be in pain at the time. Resident #1's family member said Resident #1 had expressed pain and discomfort related to her buttocks the previous days. Resident #1 had confusion. During an interview on 02/24/2024 at 6:36 PM, LVN A said Resident #1 had orders to apply Lantiseptic, nystatin and hydrocortisone to her buttocks and sacral area. LVN A said he had mixed the ointments and given it to the CNAs to apply to Resident #1's buttocks and sacral area. LVN A said he had not performed a skin assessment on Resident #1 because the weekly skin assessment was not due on his shift. During an observation and interview starting on 02/25/2024 at 9:25 AM, the Treatment Nurse performed a skin assessment on Resident #1 with the assistance of LVN A. The Treatment Nurse said she had last observed Resident #1's skin on Tuesday (02/20/2024) with the wound care doctor. The Treatment Nurse said the allergic dermatitis on the arms and face was present on Tuesday (02/20/2024), but the other areas were not. Resident #1 had redness and irritation to her vaginal area. The Treatment Nurse said the redness and irritation to Resident #1's vaginal area was not there on Tuesday (02/20/2024). The Treatment Nurse said the reddened, irritated areas under her breasts and abdominal fold appeared raw and like a yeast-like rash. The Treatment Nurse confirmed Resident #1's moisture associated skin damage to her buttocks had worsened from Tuesday (02/20/2024). The Treatment Nurse said on Tuesday (02/20/2024) Resident #1 only had a small area to the left buttock. The Treatment Nurse said she was not aware of the areas under Resident #1's breasts and abdominal fold. She said she was only aware of the areas to Resident #1's arms and face. The Treatment Nurse said the areas to Resident #1's arms and face appeared to have worsened. The Treatment Nurse said the charge nurses should have notified the NP that Resident #1's rash had worsened, and her moisture associated skin damage had worsened. The Treatment Nurse said the nurses should have been applying hydrocortisone cream to Resident #1's arms and face because the wound care doctor had given an order for it on Tuesday 02/20/2024. The Treatment Nurse said it appeared like the redness underneath Resident #1's breasts and abdominal fold had been there for a couple of days at least. During an interview on 02/25/2024 at 10:12 AM, ADON D said the DON had walked out (quit with no notice) on Friday (02/23/2024). ADON D said Resident #1's family member had reported to her on Friday (02/23/2024) that Resident #1's excoriation to her buttocks had worsened. ADON D said she had not performed a skin assessment or looked at Resident #1's buttocks because she had told LVN E to do the skin assessment and get an order from the NP. ADON D said if the nurses noted new skin concerns, they should notify the Treatment Nurse or DON , do a skin assessment, and notify the NP and the family. During an interview on 02/25/2024 at 10:24 AM, the NP said he was aware Resident #1 had a rash to her buttocks, face, and arms. The NP said he had ordered nystatin for her buttocks, and the staff was applying hydrocortisone to her face and arms. The NP said the nurses had told him on Thursday (02/22/2024) that Resident #1's rash had improved. The NP said he was not aware that Resident #1's skin condition had worsened. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/25/2024 at 12:28 PM, LVN B said when she arrived for her shift on Friday (02/23/24), Resident #1's buttocks were very excoriated, and she was all red and stuff on the side of her neck and she had 2 bumps on her face. LVN B said she had not notified the doctor or the NP because this was something that had been going on with Resident #1. LVN B said there was an order for Resident #1's buttocks it was a mixture of ointments, and she was waiting for it to arrive from the pharmacy, but it had not arrived at the facility yet. LVN B said she had not applied any ointments to Resident #1's buttocks because it had not arrived from the pharmacy. LVN B said she did not notice any other skin issues for Resident #1. LVN B said her left arm had some redness, but it was a redness like white people get. LVN B said she did not think it was a skin concern. During an interview on 02/25/2024 at 1:33 PM, LVN E said she had not performed a skin assessment on Resident #1. LVN E said Resident #1's family member had shown her pictures of Resident #1's buttocks, and then ADON D went into the room to handle the situation. LVN E said she assumed ADON D had done a skin assessment. LVN E said ADON D had ended up leaving and the family member came back to her, and she called the NP and received an order for nystatin, zinc, and hydrocortisone cream for Resident #1's sacrum and buttocks. LVN E said Resident #1 had a rash on her body on her neck, arms, and chest area, and she had applied hydrocortisone to Resident #1's arms. LVN E said it was important to apply the hydrocortisone, nystatin, zinc so the areas could heal. During an interview on 02/25/2024 at 2:19 PM, the Treatment Nurse said she had not yet notified the NP of Resident #1's worsened skin condition, and of the reddened, irritated, peeling areas under her breasts and abdominal skin folds. During an interview on 02/25/2024 at 3:16 PM, the Administrator said she expected for the nurses to report any new skin concerns to the physician and for them to document it at least in the progress notes. The Administrator said it was important for skin assessments to be completed accurately to prevent any worsening of skin conditions. The Administrator said she expected the nurses to follow the physician's orders. The Administrator said she expected Resident #1 to receive care according to her physician's orders. The Administrator said it was important for the nurses to follow the physician's orders to ensure the residents received the care they required. The Administrator said nurse management was responsible for ensuring the nurses followed the physician's orders. Record review of the facility's policy titled, Skin Assessment, dated 12/07/2022 did not address physician notification of new or worsening skin conditions.

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F 0684 Level of Harm - 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** 46892 Based on observation, interview, and record review the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for 1 of 3 (Resident #1) residents reviewed for quality of care. 1. The facility failed to ensure ADON D and LVN E performed a skin assessment on Resident #1, after her family member reported concerns regarding worsening of moisture associated skin damage (inflammation and erosion of the skin, results from prolonged exposure to different sources of moisture such as feces, urine, sweat and other bodily fluids) to her buttocks on 02/23/2024. 2. The facility failed to ensure LVN A applied Resident #1's nystatin (cream used to treat fungal infections), hydrocortisone (Medication applied to the skin used to treat skin conditions such as insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, itching of the outer female genitals, anal itching. This medication reduces the swelling, itching, and redness that can occur in these types of conditions), and zinc (ointment typically used to treat diaper rashes) to her buttocks on 02/24/2024. 3. The facility failed to ensure LVN A applied hydrocortisone cream to Resident #1's face and both arms on 02/24/2024. 4. The facility failed to ensure LVN B and LVN C documented accurate skin assessments for Resident #1. This failure could place residents of risk for not receiving appropriate care and treatment, a decreased quality of life, and pressure ulcers. Findings included: Record review of a face sheet dated 02/24/2024 indicated Resident #1 was a [AGE] year old female initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included acute pyelonephritis (sudden and severe infection of the kidney due to a bacterial infection), paraplegia (paralysis of all or part of your trunk, legs, and pelvic organs), and diabetes mellitus due to underlying condition without complications (condition results from insufficient production of insulin, causing high blood sugar due to other conditions). Record review of the Comprehensive MDS assessment dated [DATE], indicated Resident #1 was able to make herself understood and understood others. The MDS assessment indicated Resident #1 had a BIMS score of 9, which indicated her cognition was moderately impaired. The MDS assessment indicated Resident #1 required supervision or clean-up assistance with eating, partial/moderate assistance with oral hygiene, upper body dressing, dependent for toileting hygiene, lower body dressing, and putting on/taking footwear off, substantial/maximal assistance with personal hygiene and shower/bathe self. The MDS assessment indicated Resident #1 was at risk for developing pressure ulcers/injuries. The MDS assessment indicated Resident #1 had a Stage 2 pressure ulcer (a shallow, open wound that has broken through both the top and bottom layers of the skin) that was present upon admission/entry or reentry to the facility. The MDS assessment indicated Resident #1 had moisture associated skin damage. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Record review of Resident #1's care plan with date initiated 02/08/2024 indicated she had an impaired cognitive function or impaired thought processes related to short-term memory loss with interventions which included: administer medication as ordered monitor/document for side effects and effectiveness. Resident #1's care plan indicated she had diabetes mellitus to check all of her body for breaks in skin and treat promptly as ordered by the doctor. Resident #1 had a stage II pressure ulcer to buttocks related to immobility that she readmitted from the hospital with a goal of the resident will show signs of healing and remain free from infection by/through review date, and interventions included administer medications as ordered and monitor/document for side effects and effectiveness, administer treatments as ordered and monitor effectiveness. Resident #1 had an ADL self-care deficit related to impaired balance, limited mobility, and severe weakness with interventions that included avoid scrubbing and pat dry sensitive skin, the resident required extensive assistance with bathing, bed mobility, personal hygiene, toileting, and transfers. Record review of the Order Summary Report dated 02/24/2024 indicated Resident #1 had orders for hydrocortisone external cream 1% (Medication applied to the skin used to treat skin conditions such as insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, itching of the outer female genitals, anal itching. This medication reduces the swelling, itching, and redness that can occur in these types of conditions) apply to arms topically one time a day for allergic dermatitis (condition that causes swelling and irritation of the skin)/eczema (skin condition characterized by red itchy rashes) with a start date of 02/21/2024. Hydrocortisone external cream 1% apply to sacrum and buttocks topically (applied to the skin) as needed for moisture associated skin damage (inflammation and erosion of the skin, results from prolonged exposure to different sources of moisture such as feces, urine, sweat and other bodily fluids) mix with zinc (zinc ointment commonly used to treat diaper rashes) and nystatin (used to treat fungal infections) with a start date of 2/23/2024. Hydrocortisone External Cream 1 % (Hydrocortisone Topical) Apply to Sacrum and Buttocks topically every shift for MASD mix with Zinc and Nystatin with a start date of 02/23/2024. Hydroxyzine hydrochloride Oral Tablet 10 MG (medication used for itching and allergic reactions) Give 1 tablet by mouth every 6 hours as needed for itching with a start date of 01/10/2024. Hydroxyzine hydrochloride Oral Tablet 10 MG (medication used for itching and allergic reactions) Give 1 tablet by mouth every 6 hours as needed for itching with a start date of 01/10/2024. Lantiseptic Skin Protectant External Ointment 50 % (skin protectant ointment) Apply to bottom topically two times a day for preventative barrier with a start date of 01/11/2024. Nystatin External Cream 100000 UNIT/GM (Nystatin Topical) Apply to sacrum and buttocks topically as needed for moisture associated skin damage with a start date of 02/23/2024. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Nystatin External Cream 100000 UNIT/GM (Nystatin Topical) Apply to sacrum and buttocks topically every shift for moisture associated skin damage mix with zinc and hydrocortisone with a start date of 02/23/2024. Zinc Oxide External Cream 10 % (Zinc Oxide Topical) Apply to sacrum and buttocks topically as needed for moisture associated skin damage mix with Nystatin & Hydrocortisone with a start date of 02/23/2024. Zinc Oxide External Cream 10 % (Zinc Oxide Topical) Apply to sacrum and buttocks topically every shift for moisture associated skin damage mix with Nystatin & Hydrocortisone with a start date of 02/23/2024. Record review of the February 2023 MAR indicated: Apply Zinc to Sacrum every day for moisture associated skin damage one time a day for Wound Management with a start date of 02/06/2024 at 8:00 AM with a discontinue date of 02/09/2024 with dates administered of 02/06/2024-02/08/2024. Apply Zinc to Sacrum every day for Stage 2 one time a day for Wound Management -Start Date 02/09/2024 discontinued Date 02/13/2024 indicated administered from 02/09/24-02/12/24. House Barrier cream to left buttocks ever day one time a day start date 02/21/24 and discontinue date 02/23/24 was applied on 2/21/24-02/23/24. Hydrocortisone External Cream 1 % (Hydrocortisone (Topical)) Apply to Arms topically one time a day for Allergic Dermatitis/Eczema Start Date 02/21/2024 indicated it was administered on 02/21/24-02/24/24. Apply Zinc to Sacrum every shift to prevent redness or skin breakdown every shift for Wound Treatment/Prevention Start Date 02/13/2024 discontinued on 02/23/2024 indicated it was administered on 02/13/24-02/23/24 on the day shift and night shift. Hydrocortisone External Cream 1 % (Hydrocortisone (Topical)) Apply to Sacrum & Buttocks topically every shift for moisture associated skin damage mix with Zinc & Nystatin Start Date 02/23/2024 indicated administered on 02/23/24 and 02/24/24. Zinc Oxide External Cream 10 % (Zinc Oxide (Topical)) Apply to Sacrum & Buttocks topically every shift for MASD mix with Nystatin & Hydrocortisone Start Date 02/23/2024 indicated it was administered on 02/24/24. Lantiseptic Skin Protectant External Ointment 50% (Skin Protectants) Apply to bottom topically two times a day for preventative barrier Start Date 01/11/2024 indicated it was administered from 02/01/24-02/24/24. Nystatin External Cream 100000 UNIT/GM (Nystatin (Topical)) Apply to Sacrum & Buttocks topically every shift for MASD mix with Zinc & Hydrocortisone Start Date 02/23/2024 indicated it was administered on 02/24/24. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Venelex External Ointment ([NAME]-[NAME] Oil) Apply to bottom topically two times a day for treatment Start Date 02/01/2024 discontinued 02/13/2024 indicated administered 02/01/24-02/13/24. Record review of Resident #1's skilled nurse's note dated 2/19/24 signed by LVN C indicated Resident #1's skin was intact. Record review of Resident #1's unsigned skilled nurses note dated 02/20/24, did not indicate Resident #1 had any skin issues. Record review of Resident #1's wound evaluation conducted by the wound care physician dated 02/20/24, indicated Resident #1 had a non-pressure wound to the left buttock with partial thickness. The wound evaluation indicated the etiology of the wound was moisture associated skin damage with wound measurements of 0.4cm x 0.3 cm x 0.1 cm. The wound dressing treatment plan was to apply barrier cream once daily for 30 days. The wound evaluation also indicated Resident #1 had allergic dermatitis/eczema to bilateral arms and face with the treatment to apply hydrocortisone 1% twice daily to affected areas. Record review of Resident #1's skilled nurses note dated 02/22/24 and signed by LVN C indicated Resident #1's skin was not intact. The nurses note indicated Resident #1 continued with order for zinc to buttocks every shift. The nurse failed to acknowledge Resident #1's allergic dermatitis/eczema to bilateral arms and face. Record review of Resident's #1's weekly skin assessment completed by LVN B and dated 02/24/24, indicated Resident #1 had abnormal skin issues and pressure ulcer(s). The skin assessment indicated some of those wounds were new since last assessment. LVN B indicated Resident #1 had extreme excoriation to right and left buttock. LVN B failed to acknowledge Resident #1 had allergic dermatitis/eczema to her bilateral arms and face. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 02/24/2024 at 11:30 AM, Resident #1's family member said her immediate concern was Resident #1's backside (buttocks) because it had deteriorated quickly in one week Resident #1's family member said she had a rash or something on her skin that she had been concerned about and it kept getting dismissed by the nurses at the facility. Resident #1's family member said Resident #1's issues with her buttocks started after a hospitalization from which she returned on 02/01/24 to the facility. The Family Member said the facility was not applying anything to Resident #1's bottom. Family member said Resident #1's bottom was worsening for about a week on the interview on Saturday 02/24/24 and Tuesday (2/20/24) was when she noticed the rash to her body. She had been expressing her concerns about the creams to Resident #1's bottom since her return from the hospital, and on Tuesday added the concerns regarding the rash to her body. Resident #1's family member said she asked them about the cream and treatment every day. She said the nurses kept telling her they were waiting for the cream to come in. On Friday she noticed her buttocks had worsened from what she said was a pinpoint area on Tuesday to both of her buttocks on Friday (the Treatment Nurse in an interview confirmed that Resident #1 had a tiny area to one buttock on Tuesday and it had worsened). Resident #1's family member said yesterday (02/23/2024) she had requested to speak with the DON regarding Resident #1's buttocks, but ADON D had spoken with her. Resident #1's family member said she had shown pictures of Resident #1's buttocks to ADON D, but she refused to look at Resident #1's buttocks. Resident #1's family member said ADON D said she would notify the NP of Resident #1's buttocks to see if he would order something. Resident #1's family member said ADON D did not return to provide them any information regarding new orders. Resident #1's family member said they had gone to look for ADON D and were told by the charge nurse that ADON D had left for the day. Resident #1's family member said the nurses told her the cream for Resident #1's buttocks and rash had not been delivered. Resident #1's family member said the nurses were not applying any creams or ointments to Resident #1's buttocks, arms, or face, and her rash was spreading. During an observation and interview on 02/24/2024 at 1:55 PM, Resident #1's family member was at her bedside. Resident #1 had patchy red like areas that covered her arms, face, scalp, neck, chest area, bends of her arms and underarms. Resident #1 had deep red, irritated skin under both of her breasts and under her abdominal skin fold, the skin was observed to be peeling. Resident #1's vaginal area was red and irritated. Resident #1's buttocks, approximately 75% of the surface area, was deep red, irritated, and inflamed. No ointments or creams appeared to be on any of the areas noted above. Resident #1's family member said nobody had been into Resident #1's room to apply any ointments or creams. Resident #1 did not appear to be in pain at the time. Resident #1's family member said Resident #1 had expressed pain and discomfort related to her buttocks the previous days. Resident #1 had confusion. During an interview on 02/24/2024 at 4:31 PM, the Treatment Nurse said Resident #1 was seen by wound care for a stage 2 pressure ulcer that resolved on 02/13/24, but then the wound care doctor started seeing her again for moisture associated skin damage. The Treatment Nurse said the nurses should be applying a mix of nystatin, hydrocortisone, and zinc to Resident #1's buttocks. During an interview on 02/24/2024 at 6:36 PM, LVN A said Resident #1 had orders to apply Lantiseptic, nystatin and hydrocortisone to her buttocks and sacral area. LVN A said he had mixed the ointments and given it to the CNAs to apply to Resident #1's buttocks and sacral area. LVN A said he had not performed a skin assessment on Resident #1 because the weekly skin assessment was not due on his shift. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Longview Hill Nursing and Rehabilitation Center	3201 N Fourth St Longview, TX 75605

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F 0684 Level of Harm - Actual harm Residents Affected - Few	During an observation and interview on 02/25/2024 at 9:08 AM, surveyor asked LVN A to allow observation of Resident #1's zinc, hydrocortisone, and nystatin ointments. LVN A said he could not find Resident #1's hydrocortisone on his medication cart. Resident #1's zinc and nystatin were on the medication cart. LVN A checked the medication storage room and said he could not find any hydrocortisone cream there either. During an observation and interview starting on 02/25/2024 at 9:25 AM, the Treatment Nurse performed a skin assessment on Resident #1 with the assistance of LVN A. The Treatment Nurse said she had last observed Resident #1's skin on Tuesday (02/20/2024) with the wound care doctor. The Treatment Nurse said the allergic dermatitis on the arms and face was present on Tuesday (02/20/2024), but the other areas were not. Resident #1 had redness and irritation to her vaginal area. The Treatment Nurse said the redness and irritation to Resident #1's vaginal area was not there on Tuesday (02/20/2024). The Treatment Nurse said the reddened, irritated areas under her breasts and abdominal fold appeared raw and like a yeast-like rash. The Treatment Nurse confirmed Resident #1's moisture associated skin damage to her buttocks had worsened from Tuesday (02/20/2024). The Treatment Nurse said on Tuesday (02/20/2024) Resident #1 only had a small area to the left buttock. The Treatment Nurse said she was not aware of the areas under Resident #1's breasts and abdominal fold. She said she was only aware of the areas to Resident #1's arms and face. The Treatment Nurse said the areas to Resident #1's arms and face appeared to have worsened. The Treatment Nurse said the charge nurses should have notified the NP that Resident #1's rash had worsened, and her moisture associated skin damage had worsened. The Treatment Nurse said the nurses should have been applying hydrocortisone cream to Resident #1's arms and face because the wound care doctor had given an order for it on Tuesday 02/20/2024. The Treatment Nurse said it appeared like the redness underneath Resident #1's breasts and abdominal fold had been there for a couple of days at least. During an interview on 02/25/2024 at 9:57 AM, for further clarification regarding Resident #1's ointments, LVN A admitted that he had not applied any ointments to Resident #1's buttocks or arms or face yesterday (02/24/2024). LVN A said he had documented on the MAR that he administered them, but he had not. LVN A said he was not aware Resident #1 was supposed to get hydrocortisone cream on her arms and face. LVN A said he had missed seeing it on the MAR. LVN A said it was important to apply ointments as ordered because skin conditions could worsen, and the residents could be itchier. During an interview on 02/25/2024 at 10:12 AM, ADON D said the DON had walked out (quit with no notice) on Friday (02/23/2024). ADON D said Resident #1's family member had reported to her on Friday (02/23/2024) that Resident #1's excoriation to her buttocks had worsened. ADON D said she had not performed a skin assessment or looked at Resident #1's buttocks because she had told LVN E to do the skin assessment and get an order from the NP. ADON D said if the nurses noted new skin concerns, they should notify the Treatment Nurse or DON , do a skin assessment, and notify the NP and the family. During an interview on 02/25/2024 at 10:24 AM, the NP said he was aware Resident #1 had a rash to her buttocks, face, and arms. The NP said he had ordered nystatin for her buttocks, and the staff was applying hydrocortisone to her face and arms. The NP said the nurses had told him on Thursday (02/22/2024) that Resident #1's rash had improved. The NP said he was not aware that Resident #1's skin condition had worsened. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	During an interview on 02/25/2024 at 12:28 PM, LVN B said when she arrived for her shift on Friday (02/23/24), Resident #1's buttocks were very excoriated, and she was all red and stuff on the side of her neck and she had 2 bumps on her face. LVN B said she had not notified the doctor or the NP because this was something that had been going on with Resident #1. LVN B said there was an order for Resident #1's buttocks it was a mixture of ointments, and she was waiting for it to arrive from the pharmacy, but it had not arrived at the facility yet. LVN B said she had not applied any ointments to Resident #1's buttocks because it had not arrived from the pharmacy. LVN B said she did not notice any other skin issues for Resident #1. LVN B said her left arm had some redness, but it was a redness like white people get. LVN B said she did not think it was a skin concern. During an interview on 02/25/2024 at 1:33 PM, LVN E said she had not performed a skin assessment on Resident #1. LVN E said Resident #1's family member had shown her pictures of Resident #1's buttocks, and then ADON D went into the room to handle the situation. LVN E said she assumed ADON D had done a skin assessment. LVN E said ADON D had ended up leaving and the family member came back to her, and she called the NP and received an order for nystatin, zinc, and hydrocortisone cream for Resident #1's sacrum and buttocks. LVN E said Resident #1 had a rash on her body on her neck, arms, and chest area, and she had applied hydrocortisone to Resident #1's arms. LVN E said it was important to apply the hydrocortisone, nystatin, zinc so the areas could heal. During an interview on 02/25/2024 at 2:19 PM, the Treatment Nurse said she had not notified the NP of Resident #1's worsened skin condition, and of the reddened, irritated, peeling areas under her breasts and abdominal skin folds. During an interview on 02/25/2024 at 3:16 PM, the Administrator said she expected for the nurses to report any new skin concerns to the physician and for them to document it at least in the progress notes. The Administrator said it was important for skin assessments to be completed accurately to prevent any worsening of skin conditions. The Administrator said she expected the nurses to follow the physician's orders. The Administrator said she expected Resident #1 to receive care according to her physician's orders. The Administrator said it was important for the nurses to follow the physician's orders to ensure the residents received the care they required. The Administrator said nurse management was responsible for ensuring the nurses followed the physician's orders. During an interview on 02/25/2024 at 3:35 PM, LVN C said she had made a mistake on Resident #1's skin assessments and skilled nurses notes. LVN C said she should have documented Resident #1's redness to her buttocks and the rash to her arms/face. LVN C said she was not aware Resident #1 had redness underneath her breasts and abdominal skin folds. LVN C said it was important for skin assessments to be done properly and documented because the residents' skin could breakdown very quickly and could lead to an infection and sepsis (an infection in the blood). Record review of the facility's policy titled, Skin Assessment, dated 12/07/2022, indicated, It is our policy to perform a full body skin assessment as part of our systematic approach to pressure injury preventions and management. This policy includes the following procedural guidelines in performing the full body skin assessment. 1. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, weekly for three weeks, and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury .

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892 Based on observation, interview, and record review, the facility failed to ensure that the resident environment remained as free of accident hazards as possible and provided supervision to prevent avoidable accidents for 1 of 4 residents (Resident #2) reviewed for quality of care. The facility failed to ensure Resident #2's call light was answered promptly by LVN A. This failure could place residents at risk of injury from accidents and hazards. Findings included: Record review of a face sheet dated [DATE] indicated Resident #2 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included fracture of unspecified part of left clavicle (collarbone), displaced fracture of coracoid process (fracture of a part of the shoulder), left shoulder, multiple fractures of ribs, bilateral, and unspecified fracture of unspecified thoracic vertebra (back bone fracture). Record review of the electronic health record on [DATE] indicated Resident #2 did not have an MDS assessment due to recent admission to the facility. Record review of Resident #2's baseline care plan dated [DATE], indicated Resident #2 required assistance with ADLs and was at risk for falls. The baseline care plan did not have any interventions checked. The baseline care plan indicated Resident #2 required substantial/maximal assistance with chair to bed transfers. Record review of the electronic health record on [DATE] indicated Resident #2 did not have a fall risk assessment completed on admission. Record review of Resident #2's nursing progress note dated [DATE] at 7:33 PM, signed by LVN A indicated . At 1700 (5:00 PM) heard a loud commotion and items hitting the floor. Upon investigation of the sound, observed this resident on the floor on his hands and knees. He was between his w/c and bed. The w/c wheels were locked. When asked what happened, resident replied, [I was trying to get myself over to the bed]. During an observation on [DATE] at 4:52 PM, Resident #2's call light was on, and so was the call light of the room next to his. CNA F was providing care in another resident's room. LVN A was observed on his medication cart on the computer approximately 15 feet away from Resident #2's room. LVN A walked past the 2 call lights that were on and did not answer either one. LVN A returned to his medication cart and was on the computer again. LVN A went to the medication supply room and returned with a bottle of medication to his medication cart. At 5:02 PM, LVN A started to prepare medications when a loud bang was heard. LVN A and CNA F rushed to Resident #2's room, and Resident #2 was on the floor on his knees he was holding himself up with his arms and had his face down to the floor. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 5:56 PM, Resident #2 said he had turned his call light on because he needed assistance to transfer from the wheelchair to the bed. Resident #2 was unable to determine for how long his call light had been on. Resident #2 said he had not waited on the staff to come assist him. Resident #2 said he attempted to hold on to his over bed table and transfer from the wheelchair to the bed, but his bedside tabled had rolled and fell over and he had fallen. Resident #2 said his side was hurting. During an interview on [DATE] at 6:36 PM, LVN A said he had not heard or seen Resident #2's call light or the call light next to Resident #2's room. LVN A said the call lights were broken, and they had been broken for a while. LVN A was unable to provide a specific timeframe. LVN A said he had not notified the Maintenance Director or checked to see if it had been placed on the maintenance log because everyone knew about the call lights not functioning properly. LVN A said Resident #2 had no injuries related to the fall. LVN A said nursing and maintenance were responsible for ensuring the residents call lights functioned properly. LVN A said it was the responsibility of the CNAs and the nurses to answer the call lights promptly. LVN A said it was important for the residents call lights to be functioning properly to prevent falls. During an interview on [DATE] at 12:55 PM, ADON D said Resident #2's call light and the call light of the room next to his had not been functioning properly. ADON D said the call light functioned when activated, but after it was turned off it would beep once (as if it was activated again) and then turn off on its own. ADON D said she had notified the Maintenance Director about the issue with the call lights, but it was still going on. ADON D said it was important for the call lights to be functioning properly and to be answered promptly for the resident's safety and to prevent things like falls. During an interview on [DATE] at 3:16 PM, the Administrator said she expected for the fall risk assessments to be completed by the nurses (she was unaware of the frequency on the fall risk assessments). The Administrator said the admitting nurse or the ADONs were responsible for ensuring the fall risk assessments were completed. The Administrator said it was important for the fall risk assessments to be completed to find out who was at risk for falls and to ensure interventions were in place. The Administrator said she expected for the call lights to be answered as timely as possible and everybody was responsible for answering the call lights. The Administrator said it was important for the call lights to be answered and functioning properly to help the residents with their needs. During an interview with the Maintenance Director on [DATE] at 1:57 PM, the Maintenance Director said he was aware Resident #2's call light and the room next to Resident #2's call light needed repair. The Maintenance Director said it was not like the call lights were not working at all that the call lights had glitches and would activate on their own. The Maintenance Director said the staff had notified him again on Friday, [DATE], and he had planned to have a technician service it on Monday. The Maintenance Director said they had looked at the call lights before and had a technician go to the facility, but he was not sure when was the last time the technician had gone out to the facility. The Maintenance Director said it was important for the call lights to be functioning properly so the residents could let the staff know when they needed something. Record review of the facility's Work Orders dated [DATE]-[DATE] did not reveal a work order for Resident #2's call light. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy titled, Call Lights: Accessibility and Timely Response, dated [DATE] indicated, The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to all for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response . staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied . Examples include: replace call light, provide a bell or whistle, increase frequency of rounding, etc . all staff members who see or hear an activated call light are responsible for responding . Record review of the facility's policy titled, Fall Prevention Program, dated [DATE], indicated, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls . upon admission, the nurse will complete a fall risk assessment along with the admission assessment to determine the resident's level of fall risk .

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892 Based on observation, interview, and record review, the facility failed to ensure the medical record was complete and accurately documented for 1 of 4 residents (Resident #1) reviewed for resident records. The facility failed to ensure LVN A accurately documented on Resident #1's February 2023 MAR. The facility failed to ensure LVN B and LVN C documented accurate skin assessments for Resident #1. These failures could place residents at risk of pressure injuries, medication errors, and not receiving medications and required treatments as ordered by the physician. Findings included: Record review of a face sheet dated 02/24/2024 indicated Resident #1 was a [AGE] year old female initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included acute pyelonephritis (sudden and severe infection of the kidney due to a bacterial infection), paraplegia (paralysis of all or part of your trunk, legs, and pelvic organs), and diabetes mellitus due to underlying condition without complications (condition results from insufficient production of insulin, causing high blood sugar due to other conditions). Record review of the Comprehensive MDS assessment dated [DATE], indicated Resident #1 was able to make herself understood and understood others. The MDS assessment indicated Resident #1 had a BIMS score of 9, which indicated her cognition was moderately impaired. The MDS assessment indicated Resident #1 required supervision or clean-up assistance with eating, partial/moderate assistance with oral hygiene, upper body dressing, dependent for toileting hygiene, lower body dressing, and putting on/taking footwear off, substantial/maximal assistance with personal hygiene and shower/bathe self. The MDS assessment indicated Resident #1 was at risk for developing pressure ulcers/injuries. The MDS assessment indicated Resident #1 had a Stage 2 pressure ulcer (a shallow, open wound that has broken through both the top and bottom layers of the skin) that was present upon admission/entry or reentry to the facility. The MDS assessment indicated Resident #1 had moisture associated skin damage. Record review of Resident #1's care plan with date initiated 02/08/2024 indicated she had an impaired cognitive function or impaired thought processes related to short-term memory loss with interventions which included: administer medication as ordered monitor/document for side effects and effectiveness. Resident #1's care plan indicated she had diabetes mellitus to check all of her body for breaks in skin and treat promptly as ordered by the doctor. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 had a stage II pressure ulcer to buttocks related to immobility that she readmitted from the hospital with a goal of the resident will show signs of healing and remain free from infection by/through review date, and interventions included administer medications as ordered and monitor/document for side effects and effectiveness, administer treatments as ordered and monitor effectiveness. Resident #1 had an ADL self-care deficit related to impaired balance, limited mobility, and severe weakness with interventions that included avoid scrubbing and pat dry sensitive skin, the resident required extensive assistance with bathing, bed mobility, personal hygiene, toileting, and transfers. Record review of the Order Summary Report dated 02/24/2024 indicated Resident #1 had orders for hydrocortisone external cream 1% (Medication applied to the skin used to treat skin conditions such as insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, itching of the outer female genitals, anal itching. This medication reduces the swelling, itching, and redness that can occur in these types of conditions) apply to arms topically one time a day for allergic dermatitis (condition that causes swelling and irritation of the skin)/eczema (skin condition characterized by red itchy rashes) with a start date of 02/21/2024. Hydrocortisone External Cream 1 % (Hydrocortisone Topical) Apply to Sacrum and Buttocks topically every shift for MASD mix with Zinc and Nystatin with a start date of 02/23/2024. Lantiseptic Skin Protectant External Ointment 50 % (skin protectant ointment) Apply to bottom topically two times a day for preventative barrier with a start date of 01/11/2024. Nystatin External Cream 100000 UNIT/GM (Nystatin Topical) Apply to sacrum and buttocks topically every shift for moisture associated skin damage mix with zinc and hydrocortisone with a start date of 02/23/2024. Zinc Oxide External Cream 10 % (Zinc Oxide Topical) Apply to sacrum and buttocks topically every shift for moisture associated skin damage mix with Nystatin & Hydrocortisone with a start date of 02/23/2024. Record review of Resident #1's medication administration record for the month of February, indicated LVN A administered Zinc oxide External Cream 10%, hydrocortisone cream 1%, and nystatin cream 100000 unit/gm to Resident #1's sacrum and buttocks, and applied lantiseptic to her bottom on 02/25/24. Record review of Resident #1's skilled nurse's note dated 2/19/24 signed by LVN C indicated Resident #1's skin was intact. Record review of Resident #1's unsigned skilled nurses note dated 02/20/24, did not indicate Resident #1 had any skin issues. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's wound evaluation conducted by the wound care physician dated 02/20/24, indicated Resident #1 had a non-pressure wound to the left buttock with partial thickness. The wound evaluation indicated the etiology of the wound was moisture associated skin damage with wound measurements of 0.4cm x 0.3 cm x 0.1 cm. The wound dressing treatment plan was to apply barrier cream once daily for 30 days. The wound evaluation also indicated Resident #1 had allergic dermatitis/eczema to bilateral arms and face with the treatment to apply hydrocortisone 1% twice daily to affected areas. Record review of Resident #1's skilled nurses note dated 02/22/24 and signed by LVN C indicated Resident #1's skin was not intact. The nurses note indicated Resident #1 continued with order for zinc to buttocks every shift. The nurse failed to acknowledge Resident #1's allergic dermatitis/eczema to bilateral arms and face. Record review of Resident's #1's weekly skin assessment completed by LVN B and dated 02/24/24, indicated Resident #1 had abnormal skin issues and pressure ulcer(s). The skin assessment indicated some of those wounds were new since last assessment. LVN B indicated Resident #1 had extreme excoriation to right and left buttock. LVN B failed to acknowledge Resident #1 had allergic dermatitis/eczema to her bilateral arms and face. During an interview on 02/24/2024 at 11:30 AM, Resident #1's family member said her immediate concern was Resident #1's backside (buttocks) because it had deteriorated quickly in one week Resident #1's family member said she had a rash or something on her skin that she had been concerned about and it kept getting dismissed by the nurses at the facility. Resident #1's family member said Resident #1's issues with her buttocks started after a hospitalization from which she returned on 02/01/24 to the facility. The Family Member said the facility was not applying anything to Resident #1's bottom. Family member said Resident #1's bottom was worsening for about a week on the interview on Saturday 02/24/24 and Tuesday (2/20/24) was when she noticed the rash to her body. She had been expressing her concerns about the creams to Resident #1's bottom since her return from the hospital, and on Tuesday added the concerns regarding the rash to her body. Resident #1's family member said she asked them about the cream and treatment every day. She said the nurses kept telling her they were waiting for the cream to come in. On Friday she noticed her buttocks had worsened from what she said was a pinpoint area on Tuesday to both of her buttocks on Friday (the Treatment Nurse in an interview confirmed that Resident #1 had a tiny area to one buttock on Tuesday and it had worsened). Resident #1's family member said yesterday (01/23/2024) she had requested to speak with the DON regarding Resident #1's buttocks, but ADON D had spoken with her. Resident #1's family member said she had shown pictures of Resident #1's buttocks to ADON D, but she refused to look at Resident #1's buttocks. Resident #1's family member said ADON D said she would notify the NP of Resident #1's buttocks to see if he would order something. Resident #1's family member said ADON D did not return to provide them any information regarding new orders. Resident #1's family member said they had gone to look for ADON D and were told by the charge nurse that ADON D had left for the day. Resident #1's family member said the nurses told her the cream for Resident #1's buttocks and rash had not been delivered. Resident #1's family member said the nurses were not applying any creams or ointments to Resident #1's buttocks, arms, or face, and her rash was spreading. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455684	A. Building B. Wing	02/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Longview Hill Nursing and Rehabilitation Center	3201 N Fourth St Longview, TX 75605

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 02/24/2024 at 1:55 PM, Resident #1's family member was at her bedside. Resident #1 had patchy red like areas that covered her arms, face, scalp, neck, chest area, bends of her arms and underarms. Resident #1 had deep red, irritated skin under both of her breasts and under her abdominal skin fold, the skin was observed to be peeling. Resident #1's vaginal area was red and irritated. Resident #1's buttocks, approximately 75% of the surface area, was deep red, irritated, and inflamed. No ointments or creams appeared to be on any of the areas noted above. Resident #1's family member said nobody had been into Resident #1's room to apply any ointments or creams. Resident #1 did not appear to be in pain at the time. Resident #1's family member said Resident #1 had expressed pain and discomfort related to her buttocks the previous days. Resident #1 had confusion. During an observation and interview starting on 02/25/2024 at 9:25 AM, the Treatment Nurse performed a skin assessment on Resident #1 with the assistance of LVN A. The Treatment Nurse said she had last observed Resident #1's skin on Tuesday (02/20/2024) with the wound care doctor. The Treatment Nurse said the allergic dermatitis on the arms and face was present on Tuesday (02/20/2024), but the other areas were not. Resident #1 had redness and irritation to her vaginal area. The Treatment Nurse said the redness and irritation to Resident #1's vaginal area was not there on Tuesday (02/20/2024). The Treatment Nurse said the reddened, irritated areas under her breasts and abdominal fold appeared raw and like a yeast-like rash. The Treatment Nurse confirmed Resident #1's moisture associated skin damage to her buttocks had worsened from Tuesday (02/20/2024). The Treatment Nurse said on Tuesday (02/20/2024) Resident #1 only had a small area to the left buttock. The Treatment Nurse said she was not aware of the areas under Resident #1's breasts and abdominal fold. She said she was only aware of the areas to Resident #1's arms and face. The Treatment Nurse said the areas to Resident #1's arms and face appeared to have worsened. The Treatment Nurse said the charge nurses should have notified the NP that Resident #1's rash had worsened, and her moisture associated skin damage had worsened. The Treatment Nurse said the nurses should have been applying hydrocortisone cream to Resident #1's arms and face because the wound care doctor had given an order for it on Tuesday 02/20/2024. The Treatment Nurse said it appeared like the redness underneath Resident #1's breasts and abdominal fold had been there for a couple of days at least. During an interview on 02/25/2024 at 9:57 AM, LVN A admitted that he had not applied any ointments to Resident #1's buttocks or arms or face yesterday (02/24/2024). LVN A said he had documented on the MAR that he administered them, but he had not. LVN A said he was not aware Resident #1 was supposed to get hydrocortisone cream on her arms and face. LVN A said he had missed seeing it on the MAR. LVN A said it was important to apply ointments as ordered because skin conditions could worsen, and the residents could be itchier. During an interview on 02/25/2024 at 10:12 AM, ADON D said the DON had walked out (quit with no notice) on Friday (02/23/2024). ADON D said Resident #1's family member had reported to her on Friday (02/23/2024) that Resident #1's excoriation to her buttocks had worsened. ADON D said if the nurses noted new skin concerns, they should notify the Treatment Nurse or DON , do a skin assessment, and notify the NP and the family. During an interview on 02/25/2024 at 12:28 PM, LVN B said when she arrived for her shift on Friday (02/23/24), Resident #1's buttocks were very excoriated, and she was all red and stuff on the side of her neck and she had 2 bumps on her face. LVN B said she did not notice any other skin issues for Resident #1. LVN B said her left arm had some redness, but it was a redness like white people get. LVN B said she did not think it was a skin concern. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/25/2024 at 3:16 PM, the Administrator said she expected for the nurses to report any new skin concerns to the physician and for them to document it at least in the progress notes. The Administrator said it was important for skin assessments to be completed accurately to prevent any worsening of skin conditions. The Administrator said she expected for the nurses to document on the MAR appropriately. If the nurses had not administered a medication, it should not be documented as administered. During an interview on 02/25/2024 at 3:35 PM, LVN C said she had made a mistake on Resident #1's skin assessments and skilled nurses notes. LVN C said she should have documented Resident #1's redness to her buttocks and the rash to her arms/face. LVN C said she was not aware Resident #1 had redness underneath her breasts and abdominal skin folds. LVN C said it was important for skin assessments to be done properly and documented because the residents' skin could breakdown very quickly and could lead to an infection and sepsis (an infection in the blood). Record review of the facility's undated policy titled, Medication Administration the 10 Rights of Medication Administration, indicated, 1. Right Patient - administer to the right patient as prescribed 2. Right drug (medication) . 9. Right documentation . Record review of the facility's policy dated 10/24/22, titled, Documentation in Medical Record, indicated, Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation .i. False information shall not be documented .

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46892 Based on observations, interviews, and record reviews the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from each resident's bedside, for 1 of 4 residents (Resident #2) reviewed for call lights. The facility failed to ensure Resident #2's call light was functioning properly. This failure could place residents at risk of injury, falls, and unmet needs. The findings included: Record review of a face sheet dated [DATE] indicated Resident #2 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included fracture of unspecified part of left clavicle (collarbone), displaced fracture of coracoid process (fracture of a part of the shoulder), left shoulder, multiple fractures of ribs, bilateral, and unspecified fracture of unspecified thoracic vertebra (back bone fracture). Record review of the electronic health record on [DATE] indicated Resident #2 did not have an MDS assessment due to recent admission to the facility. Record review of Resident #2's baseline care plan dated [DATE], indicated Resident #2 required assistance with ADLs and was at risk for falls. The baseline care plan did not have any interventions checked. The baseline care plan indicated Resident #2 required substantial/maximal assistance with chair to bed transfers. Resident #2's baseline care plan indicated he required assistance with his ADLs. During an observation on [DATE] at 4:52 PM, Resident #2's call light was on, and so was the call light of the room next to his. CNA F was providing care in another resident's room. LVN A was observed on his medication cart on the computer approximately 15 feet away from Resident #2's room. LVN A walked past the 2 call lights that were on and did not answer either one. LVN A returned to his medication cart and was on the computer again. LVN A went to the medication supply room and returned with a bottle of medication to his medication cart. At 5:02 PM, LVN A started to prepare medications when a loud bang was heard. LVN A and CNA F rushed to Resident #2's room, and Resident #2 was on the floor on his knees he was holding himself up with his arms and had his face down to the floor. During an interview on [DATE] at 5:56 PM, Resident #2 said he had turned his call light on because he needed assistance to transfer from the wheelchair to the bed. Resident #2 was unable to determine for how long his call light had been on. Resident #2 said he had not waited on the staff to come assist him. Resident #2 said he attempted to hold on to his over bed table and transfer from the wheelchair to the bed, but his bedside tabled had rolled and fell over and he had fallen. Resident #2 said his side was hurting. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 6:36 PM, LVN A said he had not heard or seen Resident #2's call light or the call light next to Resident #2's room. LVN A said the call lights were broken, and they had been broken for a while. LVN A was unable to provide a specific timeframe. LVN A said he had not notified the Maintenance Director or checked to see if it had been placed on the maintenance log because everyone knew about the call lights not functioning properly. LVN A said Resident #2 had no injuries related to the fall. LVN A said nursing and maintenance were responsible for ensuring the residents call lights functioned properly. LVN A said it was important for the residents call lights to be functioning properly to prevent falls. During an interview on [DATE] at 12:55 PM, ADON D said Resident #2's call light and the call light of the room next to his had not been functioning properly. ADON D said the call light functioned when activated, but after it was turned off it would beep once (as if it was activated again) and then turn off on its own. ADON D said she had notified the Maintenance Director about the issue with the call lights, but it was still going on. ADON D said it was important for the call lights to be functioning properly and to be answered promptly for the resident's safety and to prevent things like falls. During an interview on [DATE] at 3:16 PM, the Administrator said she expected for the call lights to be answered as timely as possible and everybody was responsible for answering the call lights. The Administrator said it was important for the call lights to be answered and functioning properly to help the residents with their needs. During an interview with the Maintenance Director on [DATE] at 1:57 PM, the Maintenance Director said he was aware Resident #2's call light and the room next to Resident #2's call light needed repair. The Maintenance Director said it was not like the call lights were not working at all that the call lights had glitches and would activate on their own. The Maintenance Director said the staff had notified him again on Friday, [DATE], and he had planned to have a technician service it on Monday. The Maintenance Director said they had looked at the call lights before and had a technician go to the facility, but he was not sure when was the last time the technician had gone out to the facility. The Maintenance Director said it was important for the call lights to be functioning properly so the residents could let the staff know when they needed something. Record review of the facility's Work Orders dated [DATE]-[DATE] did not reveal a work order for Resident #2's call light. Record review of the facility's policy titled, Call Lights: Accessibility and Timely Response, dated [DATE] indicated, The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to all for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response . staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied . Examples include: replace call light, provide a bell or whistle, increase frequency of rounding, etc . all staff members who see or hear an activated call light are responsible for responding .