STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175498	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE HAYS KS LLC	2225 CANTERBURY DR , HAYS, Kansas, 67601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following citations represent the findings of complaint investigations 2989812, 2990141, and 3055823. The census was 91. The sample included 7 residents.	F0000		
F0688 SS = E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observation, and interview, the facility failed to provide restorative therapy services to ensure Resident (R) 3, R4, R5, R6, and R7 maintained or improved mobility with the maximum practicable capability. Findings included: 1. R3's Electronic Medical Record (EMR) documented R3 had diagnoses of muscle weakness, difficulty walking, unsteadiness on feet, and abnormalities of gait and mobility.	F0688		

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 reverse for further 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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F0688 SS = E	Continued from page 1 The “Quarterly Minimum Data Set (MDS),” dated 04/28/2026, documented R3 had a Brief Interview for Mental Status (BIMS) score of eight, which indicated R3 had moderate cognitive impairment. The MDS documented R3 required staff supervision for most of his activities of daily living (ADLs). The MDS documented R3 had three days of restorative therapy in the seven-day look-back period. The “Cognitive Loss/Dementia Care Area Assessment (CAA),” dated 07/11/2025, documented R3 had a diagnosis of dementia. The “Functional Abilities CAA,” dated 07/11/2025, was triggered in the MDS but did not have any information. R3’s “Care Plan” dated 10/28/2025 documented R3 received restorative care to achieve the highest level of optimal functioning and directed staff to perform active range of motion to all R3’s extremities using orange bands for 15-20 reps 4-6 times weekly and the NuStep (a recumbent cross-trainer designed for inclusive, low-impact, total body workout) 10-15 minutes a day 4-6 times a week. R3’s EMR documented R3 had received two days of restorative therapy in the last 30 days. No opportunities for observations of restorative therapy existed over two consecutive days. 2.R4’s EMR documented R4 had diagnoses of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), aphasia (condition with disordered or absent language function), hemiparesis/hemiplegia (weakness and paralysis on one side of the body) affecting the right, dominant side, and Parkinson’s disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness). The “Quarterly MDS,” dated 06/17/2026, documented R4 had a BIMS score of 10, which indicated moderately impaired cognition. The MDS documented R4 had moderate to substantial assistance with some of her ADLs and was dependent on staff for other ADLs. The MDS documented R4 had three days of restorative therapy in the seven-day look-back period.	F0688		

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F0688 SS = E	Continued from page 2 The “Cognitive Loss/Dementia CAA,” dated 09/01/2025, documented R4 had orientation, memory, and recall deficits and was at risk for self-care deficits, falls, injury, and pain. The “Functional Abilities CAA,” dated 09/01/2025, documented R4 required assistance with her ADLs due to a cerebrovascular accident (CVA – a type of medical stroke), which resulted in weakness and decreased safety awareness. R4’s “Care Plan,” dated 10/28/2025, documented R4 received restorative care to achieve her highest level of optimal functioning. The care plan directed staff to assist R4 with active range of motion to all extremities using the orange bands, 10-15 reps, 4-6 times weekly. F4’s EMR documented R4 received 8 days of restorative therapy out of 30 days. No opportunities for observations of restorative therapy existed over two consecutive days. 3. R5’s EMR documented R5 had diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), psychotic disturbance (any major mental disorder characterized by a gross impairment in reality perception), mood disturbance (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). The “Quarterly MDS,” dated 07/07/2026, documented R5 had a BIMS of six, which indicated severely impaired cognition. The MDS documented R5 was independent with his ADLs. The MDS documented R5 received one day of restorative therapy in the seven-day look-back period. The “Cognitive Loss/Dementia CAA,” dated 03/30/2026, documented R5 had a BIMS score of less than 13 and had orientation, memory, and recall deficits. The CAA documented R5 was at risk for self-care deficits, falls, injuries, and weight loss. The “Functional Abilities CAA,” dated 03/30/2026, documented R5 required assistance with ADLs and had chronic conditions which resulted in a decreased ability to care for himself. The Care Plan, revised 10/28/2025, documented R5 received restorative care to achieve his highest level	F0688		

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F0688 SS = E	Continued from page 3 of optimal functioning. The care plan directed staff to assist R5 with range of motion to his bilateral upper extremities and bilateral lower extremities with 10-15 reps with the green band 4-6 times weekly, and the NuStep for 10-15 minutes 4-6 times weekly. R5's EMR documented R5 had received restorative therapy four times in the last thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. 4. R6's EMR documented diagnoses of dementia, psychotic disturbance, mood disturbance, and anxiety. The "Quarterly MDS," dated 04/13/2026, documented R6 had a BIMS score of seven, which indicated severely impaired cognition. The MDS documented R6 required moderate to substantial staff assistance for all her ADLs. The MDS documented zero days of restorative therapy during the seven-day look-back period. The "Cognitive Loss/Dementia CAA," dated 12/31/2025, documented R6 had a BIMS score of less than 13 and had orientation, memory, and recall deficits. The CAA documented R5 was at risk for self-care deficits, falls, injuries, and weight loss. The "Functional Abilities CAA," dated 12/31/2025, documented R6 required assistance with ADLs and had a recent injury which affected her ability to take care of herself. The Care Plan dated 07/03/2025 lacked any intervention related to restorative therapy. R6's EMR documented R6 was to have restorative therapy 4-6 times weekly. The EMR documented R6 had participated in restorative therapy nine times in thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. 5. R7's EMR documented diagnoses of Parkinson's disease, anxiety, and hypertension. The "Quarterly MDS," dated 05/28/2026, documented R7 had a BIMS score of 11, which indicated moderately impaired cognition. The MDS documented R7 required substantial staff assistance	F0688		

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F0688 SS = E	Continued from page 4 with most ADLs. The MDS documented R7 had two days of restorative therapy out of the seven-day look-back period. The “Functional Abilities CAA,” dated 11/18/2025, documented R7 had a chronic condition which resulted in a decreased ability to care for herself and was at risk for further decline in ADLs, falls, and pain. R7’s “Care Plan” dated 10/28/2025 documented R7 was to receive restorative therapy 4-6 times daily. The EMR documented R7 had received five days of restorative therapy out of thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. On 07/07/2026 at 09:15 AM, Administrative Nurse D stated the Certified Nursing Assistants (CNA) on each floor of the facility were responsible for completing restorative therapy with residents who were on restorative therapy, and if the day shift did not get to it then the evening shift would complete the tasks. On 07/08/2026 at 09:45 AM, CNA P stated there was not enough staff and not enough time in an eight-hour shift for the CNAs to complete restorative therapy with the residents. CNA P stated there used to be restorative aides, and that was helpful to get the restorative done with residents. On 07/08/2026 at 09:50 AM, CNA Q stated they did not have enough staff to get restorative therapies done during the day, especially on the heavier care halls. On 07/08/2026 at 12:00 PM, Licensed Nurse (LN) G stated there were not enough staff to get restorative done. On 07/08/2026 at 12:45 PM, LN H stated there was no way she could ensure CNAs were completing their tasks all the time, especially given how the facility was set up. As for evening shift staff completing restorative tasks that did not get done during the day shift, no way was that going to happen.	F0688		

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F0688 SS = E	Continued from page 5 The facility's undated "Restorative Nursing Program Policy" documented it is the policy of the facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Nursing personnel are trained in basic or maintenance nursing care that does not require the use of a qualified therapist or licensed nurse oversight. The training may include but is not limited to: Maintaining proper body positioning, encouraging and assisting residents in turning and repositioning, encouraging residents to remain active and assist with any exercises according to the plan of care, promoting independence in ADLs (performing tasks for residents only as needed to ensure the completion of the tasks), assisting resident in adjustment to their disabilities and use of any assistive device, assisting residents with range of motion exercises, and promoting continence with various bladder and bowel training activities. All residents will receive maintenance services as described above, as needed, by certified nursing assistants.	F0688		
F0725 SS = E	Sufficient Nursing Staff CFR(s): §483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and	F0725		

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F0725 SS = E	Continued from page 6 (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observation, and interview, the facility failed to provide sufficient nurse staffing to ensure Resident (R) 3, R4, R5, R6, and R7 were provided with the restorative services designed to improve their abilities to the highest practicable level. (Refer to F688) Findings included: 1. R3's Electronic Medical Record (EMR) R3 received restorative care to achieve the highest level of optimal functioning and directed staff to perform active range of motion to all R3's extremities using orange bands for 15-20 reps 4-6 times weekly and the NuStep (a recumbent cross-trainer designed for inclusive, low-impact, total body workout) 10-15 minutes a day 4-6 times a week. R3's EMR documented R3 had received two days of restorative therapy in the last 30 days. No opportunities for observations of restorative therapy existed over two consecutive days. 2.R4's EMR documented R4 received restorative care to achieve her highest level of optimal functioning. The care plan directed staff to assist R4 with active range of motion to all extremities using the orange bands, 10-15 reps, 4-6 times weekly. R4's EMR documented R4 received 8 days of restorative therapy out of 30 days. No opportunities for observations of restorative therapy existed over two consecutive days. 3. R5's EMR documented R5 received restorative care to achieve his highest level of optimal functioning. The care plan directed staff to assist R5 with range of motion to his bilateral upper	F0725		

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F0725 SS = E	Continued from page 7 extremities and bilateral lower extremities with 10-15 reps with the green band 4-6 times weekly, and the NuStep for 10-15 minutes 4-6 times weekly. R5's EMR documented R5 had received restorative therapy four times in the last thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. 4. R6's EMR documented R6 was to have restorative therapy 4-6 times weekly. The EMR documented R6 had participated in restorative therapy nine times in thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. 5. R7's EMR documented R7 was to receive restorative therapy 4-6 times daily. The EMR documented R7 had received five days of restorative therapy out of thirty days. No opportunities for observations of restorative therapy existed over two consecutive days. On 07/07/2026 at 09:15 AM, Administrative Nurse D stated the Certified Nursing Assistants (CNA) on each floor of the facility were responsible for completing restorative therapy with residents who were on restorative therapy, and if the day shift did not get to it then the evening shift would complete the tasks. On 07/08/2026 at 09:45 AM, CNA P stated there was not enough staff and not enough time in an eight-hour shift for the CNAs to complete restorative therapy with the residents. CNA P stated the CNAs did their best but could not always get it done. CNA P stated there used to be restorative aides, and that was helpful to get the restorative done with residents. On 07/08/2026 at 09:50 AM, CNA Q stated they did not have enough staff to get restorative therapies done during the day, especially on the heavier care halls. CNA Q stated the staff was lucky to get everything they did get done. CNA Q stated staff did the best they could for all the residents.	F0725		

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F0725 SS = E	Continued from page 8 On 07/08/2026 at 12:00 PM, Licensed Nurse (LN) G stated there were not enough staff to get restorative done. LN G stated activities expected nursing staff to get any activity done later in the afternoon with the residents, and that did not happen either. LN G stated there was no way she could ensure the CNAs were completing all their tasks with residents when she had two floors to care for. LN G stated there was no accountability for CNAs when the nurse was off the floor. On 07/08/2026 at 12:45 PM, LN H stated on her shifts, she always had at least two floors to take care of and sometimes had to take care of three floors, which could be up to 44 residents. LN H stated there was no way she could ensure CNAs were completing their tasks all the time, especially given how the facility was set up. As for evening shift staff completing restorative tasks that did not get done during the day shift, no way was that going to happen. LN G stated there were no activities on the evening shift unless a resident was independent and could do it on their own. The facility's undated "Restorative Nursing Program Policy" documented it is the policy of the facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Nursing personnel are trained in basic or maintenance nursing care that does not require the use of a qualified therapist or licensed nurse oversight. The training may include but is not limited to: Maintaining proper body positioning, encouraging and assisting residents in turning and repositioning, encouraging residents to remain active and assist with any exercises according to the plan of care, promoting independence in ADLs (performing tasks for residents only as needed to ensure the completion of the tasks), assisting resident in adjustment to their disabilities and use of any assistive device, assisting residents with range of motion exercises, and promoting continence with various bladder and bowel training activities. All residents will receive maintenance services as described above, as needed, by certified nursing assistants.	F0725		
F0607 SS = D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)	F0607	"Past Noncompliance - no plan of correction required"	

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F0607 SS = D	Continued from page 9 §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record review, the facility failed to implement the policy to conduct a criminal background check as required for one facility employee. The employee was allowed access to residents without knowing if they had been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law. Findings included: - Review of Dietary Staff BB's personnel file recorded a hire date of 02/24/26. The file lacked evidence that an accurate background check was performed before Dietary Staff BB's employment began. The file indicated the facility became aware of a concern regarding Dietary Staff BB and	F0607		

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F0607 SS = D	Continued from page 10 performed another background check using the right name on 06/29/2026. The background check revealed Dietary Staff BB had been convicted of crimes against a person. Dietary Staff BB was terminated from employment. On 07/07/2026 at 10:00 AM, Administrative Staff A stated the human resources employee at the time of Dietary Staff BB's employment in February 2026 had spelled Dietary Staff BB's name wrong on the background check, and the background check came back clear. Administrative Staff A stated a new process had been implemented to complete the pre-employment background check process. Administrative Nurse D would complete all the background checks, and then Administrative Staff A would double-check the background checks. The facility's undated "Employee Background Check Policy" documented the facility is committed to maintaining high-quality care and service while protecting its residents from abuse, neglect, and exploitation. Conducting a thorough pre-hire background check of relevant individuals: individuals have not been found guilty of abuse, neglect, exploitation, or mistreatment or misappropriation of property by a court of law; do not have a finding in the state nurse aide registry concerning abuse, neglect, exploitation, or mistreatment or misappropriation of property; and do not have a disciplinary action in effect taken against their professional license. Developing and implementing policies and procedures related to conducting the above pre-hire background checks.	F0607		
F0726 SS = D	Competent Nursing Staff CFR(s): §483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.	F0726		

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F0726 SS = D	Continued from page 11 §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observation, and interview, the facility failed to ensure Certified Nurse Aides (CNAs) had sufficient training to ensure Residents (R) 1 and R2 received quality care in accordance with standards of practice. Findings included: - R1's Electronic Medical Record (EMR) documented R1 had diagnoses of muscular dystrophy (MD-group of inherited disorders that involve muscle weakness and loss of muscle tissue, and worsen over time), cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) with residual deficits, dizziness, and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain). R1's "Quarterly Minimum Data Set (MDS)," dated 05/28/2026, documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 had physical limitations of her bilateral upper and lower extremities that interfered with her activities of daily living (ADLs). The MDS documented R1 was dependent on staff for most of her ADLs. The "Functional Abilities Care Area Assessment	F0726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175498	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE HAYS KS LLC	2225 CANTERBURY DR , HAYS, Kansas, 67601

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F0726 SS = D	Continued from page 12 (CAA)," dated 07/28/2025, documented R1 had a decreased ability to care for herself and was at risk for further ADL decline, falls, skin breakdown, and pain. R1's "Care Plan," revised 07/23/2025, documented R1 was dependent on staff for most of her ADLs. The care plan documented R1 was dependent on staff to meet her emotional, physical, and social needs. On 07/07/2026 at 10:30 AM, observation revealed R1 sat on a red electric scooter with a handlebar sitting in the middle of the hallway. R1's arms and hands were contracted. R1 could barely reach the handlebars of the electric scooter to locomote. On 07/07/2026 at 10:30 AM, R1 stated on 07/03/2026 at approximately 06:00 PM after supper, she was ready to get ready for bed and CNA M brought the full lift into her room and placed the full lift sling behind her. CNA M lifted the electric chair handlebars away from R1. R1 stated R1 left the room to find another staff member to help her get R1 in bed and on the bedpan. R1 stated CNA M did not ensure her call light was within reach and left her in the room with no way to move in her electric chair to either get her call light or get to the door. R1 stated she started to get too hot in her room and got dizzy. R1 stated she was without any way to request help besides yelling for thirty minutes as she looked at the clock on her wall. R1 stated CNA M's actions were unacceptable and felt like she was abused. On 07/08/2026 at 10:15 AM, CNA M stated she had taken R1 into her room to get her ready for bed and put her on the bedpan. CNA M stated she had taken R1's shirt off and washed R1 up per her preference. CNA M stated she had put the handlebars of R1's scooter up so she could better wash R1. CNA M stated she had put the lift sling behind R1 and the full lift was in the room in front of the door. CNA M stated she was too young to run the lift and had to leave the room to get the other CNA on duty. CNA M stated the resident next to R1 had thrown a glass or something on the floor, and it had broken. Dietary staff were cleaning up the glass. CNA M stated that the resident was throwing a fit, so she decided to go and get him ready for bed first because he would not take too long. CNA M stated after she got the other resident in bed, she went out and found the	F0726		

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F0726 SS = D	Continued from page 13 other CNA to help her with R1. CNA M stated R1's call light was on the bed and she had not made sure R1 had her call light. CNA M stated she forgot she had a walkie-talkie to call for help and should have used it instead of leaving R1 by herself. CNA M stated she was probably out of R1's room for about fifteen minutes. On 07/08/2026 at 11:00 AM, Administrative Nurse E stated camera footage had been reviewed regarding the incident with R1. Administrative Nurse E stated CNA M had only left R1's room for approximately fifteen minutes. Administrative Nurse E stated she was sure R1 had felt like it had been longer. Administrative Nurse E stated CNA M should not have left R1 and should have used her walkie-talkie to call for assistance to transfer R1 to bed. Administrative Nurse D stated CNA M should have ensured R1 had her call light before leaving the room if she had to leave. 2.R2's EMR documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), psychotic disturbance (any major mental disorder characterized by a gross impairment in reality perception), mood disturbance (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R2's "Significant Change MDS," dated 06/17/2026, documented R2 could not complete the BIMS evaluation, had short-term and long-term memory problems, and was moderately cognitively impaired. The "Cognitive Loss CAA," dated 06/04/2026, documented R2 had a BIMS of less than 13, R2 had orientation, memory, and recall deficits, and was at risk for falls, injuries, wandering, decreased socialization, and weight loss. The "Functional Abilities CAA," dated 06/04/2026, documented R2 required assistance with ADLs and had a decreased ability to care for herself. R2's "Care Plan," revised 05/2820/26, documented R2 required partial to moderate assistance with most	F0726		

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F0726 SS = D	Continued from page 14 of her ADLs. The care plan documented R2 had an indwelling urinary catheter and directed staff to anchor the tubing to prevent injury, perform catheter care every shift and as needed, check for tubing kinks when providing care, and monitor and document intake and output. On 07/08/2026 at 11:30 AM, observation revealed R2 sat in her wheelchair at the dining room table. R2's urinary catheter bag was attached to the bottom of the wheelchair. The urinary catheter bag did not have a privacy cover to prevent the urine in the bag from being seen by others. When CNA N and CNA O were made aware of the lack of a privacy cover on R2's urinary catheter bag, they did nothing about the lack of dignity R2 was provided and walked away to perform other duties. On 07/08/2026 at 11:30 AM, CNA N and CNA O stated they were not aware of anything wrong with R2's catheter showing her urine. Upon more questioning. CNA N and CNA O stated R2's catheter did not have the privacy leaf over the urine. CNA N stated R2's catheter should be covered so it would not gross people out. CNA O stated R2's catheter should be covered to maintain her dignity. On 07/08/2026 at 12:00 PM, Administrative Nurse E stated she could not provide CNA M's and four other randomly selected CNAs' nurse competencies as there had been a filing error and no one knew where the competencies were. On 07/08/2026 at 01:30 PM, Administrative Nurse D stated R2's catheter should have been covered with a privacy leaf, and it was the staff's job to ensure the resident's dignity was maintained. Administrative Nurse D stated CNA N and CNA O should have taken R2 back to her room and let the nurse know about the lack of a privacy leaf. The facility's undated "Nursing Services and Sufficient Staff Policy" documented it was the facility's policy to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.	F0726		