STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175471	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	**105 N HIGHWAY 99 , WESTMORELAND, Kansas, 66549**

(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 are the result of a recertification survey with complaint investigations 3090957, 3036893, and 3045725 were investigated. The facility census on the first day of the survey was 31. The sample size included 13 residents.	F0000		
F0801 SS = F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be	F0801		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175471	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/28/2026

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F0801 SS = F	Continued from page 1 deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to provide the services of a	F0801		

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F0801 SS = F	Continued from page 2 full-time certified dietary manager for the 31 residents who resided in the facility and received their meals from the kitchen. Findings included: - On 07/26/2026 at 08:35 AM, observation revealed that dietary staff in the kitchen prepared the breakfast meal. On 07/27/2026 at 09:30 AM, Dietary Staff BB verified she was the certified dietary manager and had been in the position for one month. Dietary Staff BB stated the facility had six residents with a pureed diet. On 07/28/2026 at 01:00 PM, Administrative Staff A verified Dietary Staff BB was not certified and stated the previous dietary manager quit a month ago and Dietary Staff BB started and will be enrolled in the Certified Dietary Manager classes soon. The facility's "Certified Dietary Manager" policy, dated 06/26/2026, documented the facility would employee a qualified Dietary Aupervison/Certified Dietary Manager responsible for organizing, directing, staffing, monitoring, and evaluating all food service operations to ensure compliance with facility policies, resident care standards, infection prevention practices, food safety requirements, and nutrition standards. The Dietary Supervisor shall possess successful completion of a state-approved Certified Dietary Manager certification program.	F0801		
F0689 SS = E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by:	F0689		

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F0689 SS = E	Continued from page 3 Based on observation, record review, and interview, the facility failed to ensure an environment free from accident hazards when staff failed to secure chemicals safely from access by the seven cognitively impaired, independently mobile residents who resided in the facility's memory care unit. Findings included: - On 07/26/2026 at 07:55 AM, observation revealed an unlocked kitchenette door where one twenty-four ounce (oz) spray bottle of One Step Disinfectant Cleaner, with the warning "keep out of reach of children," in the storage cabinet. Continued observation revealed R23 was in the unlocked kitchenette, and there were no staff in the area. He opened a coffee carafe, unscrewed the lid, and poured the coffee into his cup, then screwed the lid on and walked over to the dining room table, sat down, and drank the coffee. Continued observation revealed an electric cooking griddle approximately 15 inches by 20 inches, with the lid on the griddle turned off, still warm to the touch and could be readily turned on with a dial. One staff was in the shower house giving a resident a shower and the other aide went to the main facility commons area to help with residents. The kitchenette and dining room were left unattended by staff for approximately eight minutes. On 07/27/2026 at 07:35 AM, observation revealed Certified Nurse Aide (CNA) M assisted residents in the memory care unit serving breakfast. At 07:45 AM, CNA M left the kitchenette/dining room to get another resident to come to the dining room. CNA M left the dining room unattended for approximately two minutes. Observation revealed two residents were eating their breakfast and one was drinking coffee. Ongoing observation revealed the kitchenette was unattended by staff and the electric cooking griddle had the lid open with scrambled eggs on the griddle and the temperature dial turned to low. On 07/27/2026 at 08:10 PM, Administrative Nurse D verified the kitchenette cabinet storage door should be closed and locked and chemicals out of reach from the residents. Administrative Nurse D verified the kitchenette/dining rooms should not be left unattended while cognitively impaired residents are	F0689		

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F0689 SS = E	Continued from page 4 in the room, verified the electric cooking griddle should be turned off and not in use, and verified the coffee should not be accessible for residents to pour their own drinks, especially with hot liquids. The facility's "Control of Hazardous Chemicals" policy, dated 01/31/2024, documented the facility was committed to eliminating and controlling hazards that could cause injury or illness to our residents. The facility would meet the requirements of safety standards where there are specific rules about hazards or potential hazards in the facility. The policy documented all hazardous chemicals in each workspace would be labeled with the identity of the chemical and the appropriate hazard warnings. All hazardous chemicals are to be always locked to avoid accessibility to any resident in the facility. The facility's "Safe Serving of Coffee and other Hot Liquids and Handling of Hot Surfaces" policy, date 07/06/26, documented coffee and other hot beverages would be consumed at 155 to 175 degrees Fahrenheit (F) noting that the temperature can result in burns if the beverage contacts the skin or mucous membranes. Residents at risk for handling hot liquids the following measures would be implemented: Access to coffee would be supervised. Assistive devices would be offered as necessary, including but not limited to sealed covers on all hot liquids and prohibition of straws for hot liquids, and hot liquids would be cooled prior to allowing the residents to handle them. The staff would limit access to hot liquids in the dining room to the coffee thermos carafes no more than 30 minutes before meals. The thermos carafes would remain in the kitchen until staff is available in the dining room for meal service. Hot beverages would not be left unattended without accessibility of hot beverages of choice in carafes or carriers with secured covers to reduce the risk of accidental dispensing.	F0689		
F0761 SS = E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F0761		

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F0761 SS = E	Continued from page 5 §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to store medications and biologicals adequately when staff failed to discard expired stock medication from the emergency kit. Findings included: - On 07/28/2026 at 01:30 PM, observation of the facility emergency kit in the medication room revealed an expiration date of 05/19/2026 with the following: Ceftriaxone (antibiotic medication) 1 gram (g), two bottles, expiration 05/2026. Epinephrine (a hormone medication that reverses severe allergic reactions) 50 milligrams (mg), two bottles, expiration 11/2025. Lidocaine (anesthetic medication) 50 mg, two bottles, expiration 4/2026 Naloxone (opioid receptor antagonist medication, reverses opioid overdose) Hydrochloride 2 mg, one Injection pen, expiration 4/2026. Glucagon (medication that increases blood sugar) Emergency Kit that contains one mg vial of	F0761		

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F0761 SS = E	Continued from page 6 glucagon, and sterile water to be mixed with the glucagon. Amoxicillin (antibiotic medication) 500 mg, four tablets, expiration 5/19/2026 Amoxicillin and Clavulanate Potassium tablet (antibiotic medication) 500-125 mg, four tablets, expiration 05/04/2026. Cefdinir (antibiotic medication) 300 mg, four tablets, expiration 05/14/2026. Ciprofloxacin (antibiotic medication) 250 mg, eight tablets, expiration 05/18/2026. Cephalexin (antibiotic medication) 250 mg, two capsules, expiration 05/15/2026. Nitrofurantoin (antibiotic medication) 100 mg, four tablets, expiration 05/18/2026 Doxycycline (antibiotic medication) 100 mg, four tablets, expiration 05/04/2026. Warfarin (blood thinner medication) one mg, six tablets, expiration 12/22/2025. Potassium Chloride (potassium supplement medication) four tablets, expiration 12/02/2025. Clonidine (antihypertensive medication) 0.1 mg, four tablets, expiration 12/26/2025. Lisinopril (medication that lowers blood pressure) 10 mg, four tablets, expiration 12/05/2025. Furosemide (diuretic medication) 20 mg, eight tablets, expiration 05/14/2026. Phytonadione (coagulant medication) 5 mg, four tablets, expiration 10/02/2025.	F0761		

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F0761 SS = E	Continued from page 7 Prednisone (corticosteroid medication) (5 mg, four tablets, expiration 05/11/2026. Fluconazole (antifungal medication) 150 mg, one tablet, expiration 03/2026 On 07/28/26 at 01:40 PM, Administrative Nurse D verified the expired E kit medications and verified the pharmacy was to check the medication periodically for expired medications and discard expired medications. Administrative Nurse D was not sure when the pharmacy had checked the E-kit and stated he would call the pharmacy that day and have them bring a new E-kit and remove the expired medications. The facility's "Emergency Pharmacy Services and Emergency Drug kits" policy, dated 07/26/2026, documented and emergency supply of medications, including emergency drugs, antibiotics, controlled substances, and products for infusion, is supplied by the provider pharmacy in limited quantities, in compliance with applicable state regulations. The emergency supply of medications is provided in portable, sealed containers. Emergency kits are inventoried by the pharmacy provider at least every 30 days for completeness and expiration dating the contents, and the date of inventory is noted on the outside of the kit.	F0761		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access	F0550		

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F0550 SS = D	Continued from page 8 to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and observation, the facility failed to provide care for Resident (R)7 in a manner that protected and promoted their dignity. Findings included: - On 07/27/2026 at 07:52 AM, observation revealed R7 sat at the dining room table. Licensed Nurse (LN) G had R7 wheel over to the medication cart in the commons area adjacent to the dining room. LN G obtained R7's blood sugar reading using a glucometer (an instrument used to calculate blood glucose) from R7's right index finger. Continued observation revealed two residents were seated in the dining room eating breakfast, while staff and a visitor were in the dining room and commons area within view. On 07/27/2026 at 10:00 AM, Administrative Nurse D stated staff should not check residents' blood sugar readings in the dining room; staff should take the residents to their room or to a private area. The facility's "Right to Dignity" policy, dated	F0550		

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F0550 SS = D	Continued from page 9 04/16/2025, documented the facility would promote care for the residents of the facility in a manner and in an environment that maintains and enhances each resident's dignity and respect in full recognition of the resident's individuality. The policy documented all staff would refrain from any practice that could be considered demeaning to a resident.	F0550		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number	F0580		

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F0580 SS = D	Continued from page 10 of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to notify Resident (R) 36's family when R36 had a change in condition. Findings included: - R36's Electronic Medical Record (EMR) documented R36 had a diagnosis of localized edema (swelling resulting from an excessive accumulation of fluid in the body tissues). R36's "Quarterly Minimum Data Set" (MDS) dated 04/08/2026 documented the resident had a Brief Interview of Mental Status (BIMS) of two, which indicated severely impaired cognition. The MDS documented R36 required partial, moderate staff assistance with most activities of daily living (ADLs). The MDS documented R36 used oxygen therapy. R36's "Care Plan," revised 04/13/2026, documented R36 required diuretic (medication used to help produce and excrete urine) therapy for her edema. The plan instructed staff to administer medications as the physician ordered, monitor side effects, and report any lab results to the physician. The plan documented R36 had altered respiratory status and instructed staff to monitor R36 for signs and symptoms of respiratory distress and report to the physician as needed. The "Nurses Note," dated 04/17/2026 at 07:32 PM, documented the resident was being treated for fluid overload and was showing some improvement from yesterday. Her lung sounds were diminished but clear to the bases; less oxygen was needed that	F0580		

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F0580 SS = D	Continued from page 11 day. Her oxygen saturation (percentage of oxygen in the blood) was 92% on room air (RA) when R36 sat upright. The “Nurses Note,” dated 04/19/2026 at 12:15 PM, documented the resident was having labored breathing and feeling tired, with slight wheezing (a high-pitched whistling or squeaky sound that happens because the airways in the lungs are narrow or blocked) heard in R36’s lungs bilaterally. The note recorded R36 was on four liters of oxygen per face mask. The resident complained of lower back pain and received pain medication. The note documented that staff provided R36 with a breathing treatment and placed her on four liters of oxygen per nasal cannula. R36 ate lunch per her request and then afterwards staff placed R36 in a recliner with four liters of oxygen per mask, and R36’s saturations were 98-99 %. The note documented R36’s oxygen saturations ranged from 92-98% all afternoon while on four liters of oxygen. R36’s clinical record lacked evidence that the physician and family were informed of R36’s change related to an increased oxygen need of four liters per mask that occurred on 04/19/2026. On 07/28/2026 at 12:27 PM, Licensed Nurse (LN) G stated she faxed the physician but did not document it and does not remember if she notified the family because they were already aware R36 was having problems with breathing and required oxygen at times. On 07/28/2026 at 12:30 PM, Administrative Nurse D verified the facility or the physician's office lacked documentation that the physician was notified and stated the physician’s office had received a fax from the following day but not from 04/19/2026. The facility’s “Nurse Notification of Physician, Resident and Representative of Changes Policy,” undated, documented it was the responsibility of licensed nurses employed at the facility to notify the resident’s physician/designee, the resident and the representative if/ when the resident’s clinical condition may require or requires physician intervention to consult with the resident’s physician when there is any significant change in the resident’s physical, mental or psychosocial status; a need to alter treatment significantly or a decision	F0580		

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F0580 SS = D	Continued from page 12 to transfer or discharge the resident from the facility.	F0580		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic;	F0605		

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F0605 SS = D	Continued from page 13 (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in	F0605		

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F0605 SS = D	Continued from page 14 §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure an appropriate indication or a documented physician rationale, which included unsuccessful attempts at nonpharmacological symptom management and risk versus benefits for the continued use for Resident (R)29's and R12's antipsychotic (a medication used to treat any major mental disorder characterized by a gross impairment testing) medication. Findings include: - 1.R29's Electronic Medical Record (EMR) included diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion with agitation including verbal and physical aggression, wandering and hoarding), 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). R29's "Quarterly Data Set" (MDS), dated 03/16/2026, recorded R29 had moderately impaired cognition. The MDS recorded R29 required staff supervision with most activities of daily living (ADL). The MDS recorded the resident received antipsychotic medication during the observation period. The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 03/20/2026, recorded R29 received antipsychotic medication and had a diagnosis of depression and dementia with behavioral disturbance. R29's "Psychotropic Medication Care Plan," dated	F0605		

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F0605 SS = D	Continued from page 15 06/17/2026, recorded the nurse would administer medications as prescribed by the physician and monitor for side effects and effectiveness. The care plan documented R29 used Zyprexa (antipsychotic) medication for Dementia with unspecified severity with agitation. The "Physician's Order," order dated 04/22/2026, directed the staff to administer Zyprexa oral tablet 5 milligrams (mg), one tablet at bedtime for a diagnosis of dementia, unspecified severity with agitation. R29's EMR lacked documentation of nonpharmacological approaches that were attempted but unsuccessful for behavioral management and lacked evidence of a physician's rationale, including risk versus benefits for the Zyprexa. On 07/28/2026 at 11:00 AM, observation revealed R29 lying in bed with eyes closed. 2.R12's Electronic Medical Record (EMR) documented that R12 had a diagnosis of psychotic disorder (any major mental disorder characterized by a gross impairment in reality perception) with delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). R12's "Quarterly Minimum Data Set" (MDS), dated 04/28/2026, documented that R12 had a Brief Interview of Mental Status (BIMS) score of seven, indicating severe cognitive impairment. The MDS documented R12 required substantial/maximal staff assistance with most activities of daily living (ADLs). The MDS documented R12 received an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication during the look back period. R12's "Care Plan," revised 07/28/2026, documented R12 received risperidone and instructed staff to administer the medication as the physician ordered. The plan instructed staff to monitor for side effects and the medication's effectiveness, and to consult with the pharmacy and physician to consider a dosage reduction when clinically appropriate, at least quarterly.	F0605		

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F0605 SS = D	Continued from page 16 The “Physician Order,” dated 04/04/2025, instructed staff to administer to R12 risperidone 1 milligram (mg), tablet two times a day related to vascular dementia (decreased blood flow to areas of the brain). R12's EMR, reviewed for the time period of 07/14/2025- 07/14/2026 lacked evidence that the CP identified and reported R12’s risperidone did not have an acceptable indication for use and/or a physician-documented rationale with risks versus benefits and the nonpharmacological interventions that were attempted and failed. On 07/26/2026 at 02:011 PM, observation revealed R12 sat quietly in a chair in the living room area by a window. On 07/28/2026 at 11:30 AM, Administrative Nurse D verified R29 received Zyprexa for a diagnosis of dementia with agitation and verified R12 received Risperdal for a diagnosis of vascular dementia and stated the facility would contact the physician for appropriate documentation for the resident’s use of antipsychotic medications. The facility’s “Psychoactive Medications” policy dated 03/14/2025 recorded the residents drug regimen must be free from unnecessary drugs that are used in excessive doses, for excessive duration, without adequate indication, without adequate monitoring, or without adequate indications for its use; or in the presence of adverse consequences, which indicates the dosage should be reduced or discontinued. The policy recorded that residents who receive psychoactive medications receive gradual dose reductions and behavioral interventions, including individualized non-pharmacological interventions unless clinically contraindicated, in an effort to discontinue these drugs. Every psychotropic. Medication would be initiated with a signed “Informed Consent” to ensure the physician has reviewed with the resident and/or resident representative the potential adverse effects of the order of any psychoactive medication. The physician order for a psychotropic drug would include both a qualifying Diagnosis for the medication and a list of specific target behaviors which the staff would monitor during the medication administration. The physician must certify that psychotropic medication is necessary to treat a specific condition/behavior.	F0605		

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F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.	F0628		

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F0628 SS = D	Continued from page 18 §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the	F0628		

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F0628 SS = D	Continued from page 19 mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with	F0628		

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F0628 SS = D	Continued from page 20 paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to provide Resident (R) 6 and/or their representatives with a written notification of transfer for facility-initiated transfers and a bed hold policy upon transfer to the hospital. The facility further failed to notify the long-term care ombudsman (LTCO) of transfers to the hospital. Findings included: - Resident (R) 6's "Discharge Minimum Data Set" (MDS) dated 04/20/2026 documented a planned discharge to an acute hospital with a return anticipated. R6's "Entry MDS," dated 04/23/2026, documented a re-entry to the facility from an acute hospital.	F0628		

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F0628 SS = D	Continued from page 21 On 07/29/2026 at 11:30 AM, the bed hold, written notification of transfer, and LTCO notification were requested from the facility for R6. The facility was unable to provide the requested information regarding R6's transfers to the hospital on 04/20/2026. On 07/29/2026 at 11:30 AM, Social Services (SS) X stated that Administrative Staff A and she had been discussing who would be responsible for sending notifications to the Ombudsman and family, but they had not decided, so the notifications were not provided. Administrative Staff A stated she was responsible for providing residents or their representatives with the bed hold policy and verified it had not been provided when R6 was transferred to the hospital. On 07/29/2026 at 02:00 PM, Administrative Staff A verified the Ombudsman notification had not been provided when R6 was transferred to the hospital and stated the facility had recently obtained a new Ombudsman, and she did not give her contact information. The facility's "Bed Hold Policy," undated, was a form for residents or representatives to fill out when they were transferred to the hospital or therapeutic leave. The facility's "Ombudsman Notification and Monthly Discharge Log Policy" documented the facility would maintain a monthly discharge log and provide notification to the designated LTCO office regarding resident discharges, transfers, and anticipated returns to the facility.	F0628		