STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175465	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE PITTSBURG	**1502 E CENTENNIAL , PITTSBURG, Kansas, 66762**

(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 a Health Recertification Survey and complaint survey regarding allegations in 3090929. The census was 88. The sample included 20 residents.	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide sanitary conditions for food storage and food preparation in the facility's one kitchen to prevent the spread of food borne illness. Findings included: - Initial tour of the kitchen on 08/17/2026 at 08:02	F0812		

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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F0812 SS = F	Continued from page 1 AM with Dietary Staff BB revealed the following areas of concern: The storage room had one case of sweet peppers with eighteen cans dated 08/06; one case of diced sweet peppers with 19 cans and one case with 24 cans dated 08/06; one case with six, five pound bags of brownie mix; one package of devils food cake mix dated 08/06; two packages of white cake mix dated 08/06 and one package dated 07/09; one case of six, five pound packages of pancake mix dated 08/13; one bag of cornbread mix dated 05/28 and one case with three, five pound packages dated 06/26; one large white bag labeled bread crumbs dated 07/25; one case of six, 15 ounce packages of brown gravy mix; one case of biscuit gravy mix dated 8/13. The food items had no documentation of the year listed with the dates marked on them. The food items had a label with a code for an expiration date. The expiration date code on the case of the sweet peppers was SL05G034C5. Dietary Staff BB stated she did not know how to determine what the expiration date was from the code. Dietary Staff BB looked up how to read the code on the manufacturers' website and determined the provided code used a Julian date (a continuous count of days used in science) system and stated their products may be good for two to five years. Dietary staff BB stated that there is no way to determine if a product expires in two, three, four, or five years. There were seven undated loaves of bread in the cooler. Two double ovens had the interior and exterior clear glass doors stained brown and had dark brown drip stains from the top of the doors to the bottom of the doors. The backsplash behind the stove had dark brown and black stains. The red double oven clear glass door was stained dark brown. On 08/18/2026 at 12:01 PM, Dietary Staff CC placed a thermometer into the pureed pork loin and did not sanitize the thermometer prior to placing the same thermometer into the pureed peas and carrots on unit E. On 08/18/2026 at 10:40 AM, Consultant HH reported that they were not in the facility full-time. Consultant GG reported she was unaware staff were unable to determine expiration dates with the manufacturers'	F0812		

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F0812 SS = F	Continued from page 2 labels. Consultant GG stated staff should have labeled all products with a received date and a use by date that included the month, the day, and the year. On 08/18/2026 at 12:04 PM, Dietary Staff BB stated it was expected that any thermometer used on a food product should be sanitized before using it on another food product. On 08/19/2026 at 08:15 AM, Dietary Staff CC stated a thermometer should be sanitized before it is placed into food. The facility's policy "Food Safety Requirements," dated 01/01/2026, documented it is the policy of this facility to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety.	F0812		
F0880 SS = F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify	F0880		

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F0880 SS = F	Continued from page 3 possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and record review, the facility failed to maintain an effective infection control program when staff failed to sanitize the mechanical lift between using it on different residents.	F0880		

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F0880 SS = F	Continued from page 4 Finding included: - On 08/17/2026 at 09:55 AM, Certified Nurse Aide (CNA) N transferred Resident (R)1 with a full-body mechanical lift from the chair to the bed. R1 required the use of Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high-contact care) and Personal Protective Equipment (PPE). Upon completion of the transfer, CNA N removed the full body lift from R1's room and transported it through the hallway to the storage room. On 08/17/2026 at 09:55 AM, CNA N confirmed she did not clean the mechanical lift after it was used with R1's transfer. She also stated she did not sanitize the lift when she removed it from the storage area prior to using it with other resident transfers. CNA N said that the night shift staff cleaned the lifts at night. On 08/18/2026 at 12:19 PM, Administrative Nurse D stated that the staff should have cleaned the mechanical lift after providing direct care to prevent the spread of infection. She said staff should have followed the facility policy for sanitizing mechanical lifts after providing direct care. On 08/19/2026 at 10:25 AM, LN J stated the lifts were not cleaned between each resident unless visible soiled. On 08/19/2026 at 08:57 AM, Administrative Nurse E confirmed 17 residents required the use of mechanical lifts for transfers. She stated mechanical lifts should have been sanitized after each use and before it was transported through the hall and placed in storage. The facility policy titled "Cleaning and Disinfection of Resident-Care Equipment," dated 07/07/2026, documentation included resident-care equipment can be a source of indirect transmission of pathogens. Reusable resident-care equipment will be cleaned and disinfected to break the chain of infection. Multiple-resident use equipment shall be cleaned and disinfected after each use.	F0880		
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.	F0628		

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F0628 SS = D	Continued from page 5 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. §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	F0628		

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F0628 SS = D	Continued from page 6 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 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	F0628		

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F0628 SS = D	Continued from page 7 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 paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of	F0628		

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F0628 SS = D	Continued from page 8 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 interviews, the facility failed to ensure Resident (R)6 and their representatives received a written notification of transfer that included a statement of the residents' rights, the transfer location, reason for the transfer and the state ombudsman information, as soon as practicable upon their transfer to the hospital. Additionally, the facility failed to notify the office of the Long-Term Care Ombudsman (LTCO) of the transfers. Findings included: - R6's Electronic Medical Record (EMR) recorded a "Discharge Minimum Data Set" (MDS) dated 06/14/2026, which documented an unplanned discharge to an acute hospital with a return anticipated. R6's "Licensed Nurse Progress Note" dated 06/14/2026 documented R6 was sent to the hospital by ambulance on 06/14/2026 at 08:48 AM.	F0628		

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F0628 SS = D	Continued from page 9 R6's clinical record lacked evidence that a written notification of transfer was provided to the Ombudsman. Upon request, the facility was unable to provide evidence of the written notification. On 08/19/2026 at 12:30 PM, Administrative Staff A stated the facility had not provided the Ombudsman with written notice that R6 had transferred to the hospital and stated they were aware that the written notice was required for the Ombudsman to be notified as soon as it is practicable. Administrative Staff A stated the social service department was responsible for the notification. The facility transfers and discharge policy dated 07/14/2025 documented it is the policy of this facility to permit each resident to remain in the facility and not transfer or discharge the resident from the facility, except in limited circumstances. This policy applies to all residents regardless of their payor source.	F0628		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide the necessary activities of daily living (ADL) cares for Resident (R)11, who did not receive oral care. Findings included: - Review of the Electronic Health Record (EHR) revealed that R11's diagnoses included protein-calorie malnutrition, peripheral vascular disease (PVD-slow and progressive circulation disorder causing narrowing, blockage, or spasms in blood vessels), dementia (a progressive mental disorder characterized by failing memory and confusion), Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), pain, and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).	F0677		

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F0677 SS = D	Continued from page 10 R11's "Comprehensive Minimum Data Set (MDS)," dated 12/11/2025, documented a Brief Interview for Mental Status (BIMS) of three, indicating severe cognitive impairment. She required a wheelchair and was substantial/maximal assistance with oral care and upper body dressing and was dependent on staff for bathing and all other ADLs. There was no "Functional Abilities Care Area Assessment (CAA)." The "Nutritional Status CAA," dated 12/11/2025, noted R11's nutrition will be addressed in the resident's care plan. Staff to monitor body weight as ordered to help monitor trends in body weight. Staff to monitor if pain or functional mobility is affecting food and fluid intake. The Registered Dietitian would meet with R11 regularly to ensure nutritional needs are met. Nutrition will be addressed in R11's "Care Plan". The "Urinary Incontinence and Indwelling Catheter CAA", dated 12/11/2025, noted that R11 requires total assist to meet activities of daily living (ADLS) and self-care personal needs and documented R11 is non-ambulatory requiring use of wheelchair propelled by staff for mobility and a Hoyer Lift (a mobile mechanical device used to lift and transfer people with limited mobility safely from one surface to another), R11 is usually unable to notify staff of toileting needs. R11's nutrition "Care Plan," dated 05/14/2026, instructed staff to encourage intake of nutritional supplements between meals and to evaluate for signs of impaired swallowing. R11's "CAA 12 Nutrition Care Plan," revision date of 03/03/2026, documented the need for modified diet and thickened liquids with no signs or symptoms of malnutrition or dehydration with unavoidable decline due to a diagnosis of protein calorie malnutrition. The plan instructed staff to provide and serve supplements as ordered. R11's "Potential for Skin Impairment Care Plan," revision date 04/23/2026, instructed staff to encourage good nutrition and hydration to promote healthier skin that was initiated on 10/10/2025. R11's "CAA 6 Urinary Care Plan" dated 07/15/2025 instructed staff to encourage fluids during the day to promote prompted voiding responses. R11's EHR under the "Assessments" tab showed a dehydration assessment dated 05/15/2026, which	F0677		

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F0677 SS = D	Continued from page 11 documented R11 is at risk for dehydration. R11's EHR, under "Assessments," documented a dehydration assessment dated 08/13/2026 that documented R11 was at risk for dehydration. R11's EHR, under "Miscellaneous-Lab" on 03/13/2026, documented R11's "Bun-Creatinine ratio" (indicates reduced fluid levels are affecting how well the kidneys are working) was high at 35.9 (normal range is 12 to 20.0) R11's EHR, under "Physicians Orders" dated 08/17/2026, documented regular diet, pureed texture, nectar consistency fluids. Observation on 08/18/2026 at 08:40 AM, R11 sat in a Broda chair (specialized wheelchair with the ability to tilt and recline) in front of television in common area. R11's mouth and lips were dry, with cracked and flaking lips around the edges of the upper and lower lips; the tongue was white and pasty and had grooves in the middle of the tongue. R11's eyes were closed, and her mouth was open while breathing; fluids were not offered and were not near her location in the common area. An observation on 08/18/2026 at 09:06 AM revealed R11 sat in a Broda chair in front of the television with eyes closed in the common area. No hydration was available near R11. No hydration was offered to R11. An observation on 08/18/2026 at 09:15 AM revealed R11 was dependently transferred to her room in her Broda chair by Certified Medication Aide (CMA) S and CMA T. R11 was transferred into bed and received incontinence care from CMA S and CMA T. R11's eyes were closed and breathing with mouth open. R11's tongue was dry; the upper and lower lip was dry, the outer edges of the lips were dry, cracked, flaking, and chapped. No fluid or oral care was offered to R11. An observation on 08/18/2026 at 01:31 PM revealed R11 lay in bed with eyes closed, mouth open; oral mucosa was dry, tongue was white and pasty. R11's upper and lower lips were dry and cracked. The bedside table across the room had an empty cup on it. An observation on 08/18/2026 at 03:37 PM revealed R11 lying in bed with eyes closed. R11's mouth was dry, lips were cracked and flaky, tongue was coated with a white substance, and her lips were flaky and cracked. The bedside table had a cup on it with 1	F0677		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0677 SS = D	Continued from page 12 milliliter (mL) of thickened liquid. An observation on 08/19/2026 at 09:22 AM revealed R11 lying in bed, eyes closed. R11 with slow, even respirations with mouth closed. No cracking of the upper or lower lip; unable to observe tongue. Cup on bedside table with 240 ml of a thickened liquid. The Bedside table was located across the room. On 08/18/20267 at 01:29 PM, CMA S stated that at 12:54 PM, CMA R stated thickened liquids are always available in the refrigerator on our unit, and R11 is offered thickened liquids throughout the day as well as being provided with each meal. CMA R stated oral care should be performed when R11 is repositioned every two hours. On 08/19/2026 at 11:37 AM, CNA MM stated R11 drinks from a straw and at times it has run out of her mouth. CNA MM stated they had given R11 a drink after noticing R11's mouth was dry, her tongue was white and pasty and had lines on it, and her lips were dry and cracked when they provided care to R11 this morning. On 08/19/2026 at 11:52 AM, Licensed Nurse (LN) I stated that hydration depends on the person and maybe hydration should be offered every two hours. Licensed Nurse I stated that they had frequently been in R11's room and found her cup empty. On 08/19/2026 at 12:15 PM, Administrative Nurse D stated that fluids should be offered every two hours when R11 was checked and changed. This is not documented anywhere because it is standard practice. The facility policy for ADLs was not provided.	F0677		
F0697 SS = D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 87 received pain medications in a timely manner after she	F0697		

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F0697 SS = D	Continued from page 13 notified staff of pain at a level of 10 out of 10 on the 0-10 pain scale. Findings included: R87's Electronic Medical Record (EMR) showed a diagnosis of malignant neoplasm of greater curvature of the stomach, secondary malignant neoplasm of liver and intrahepatic bile duct, and pain in the left hip. R87's "Admission Minimum Data Set" (MDS), dated 08/04/2026, documented a Brief Interview for Mental Status (BIMS) of 14, which indicated she was cognitively intact. R87 required partial to moderate staff assistance with transfers. The MDS documented that R87 frequently had pain, and it affected her sleep. R87's "Pain Care Area Assessment" (CAA), dated 04/28/2026, documented R87 frequently reported pain to her buttock region and had as-needed (PRN) hydrocodone-acetaminophen 5 milligram (mg)/325 mg. R87's "Care Plan," dated 04/28/2026, documented R87's pain exhibited an alteration in comfort (generalized) due to osteoarthritis, and she was to be assessed for pain each shift and to treat reported pain in a timely manner. R87's "Care Plan," dated 08/17/2026, instructed staff to monitor, record, and report to the nurse any signs or symptoms of non-verbal pain that included changes in breathing (noisy, deep, shallow, labored, fast, slow), vocalizations (grunting, moans, yelling out, silence), mood, behavior (changes, more irritable, restless, aggressive, squirmy, constant motion), eyes (wide open, narrow slits, shut, glazed, tearing, no focus), face (sad, crying, worried, scared, clenched teeth, grimacing), and body (tense, rigid, rocking, curled up, thrashing). R87's EMR documented the following physician orders: 1. Oxycodone HCL, oral tablet, five mg, one tablet every six hours as needed for pain, ordered on 08/12/2026. 2. Hydrocodone-acetaminophen, oral tablet, 10-325 mg, one tablet every six hours as needed for pain, ordered on 08/04/2026. 3. Fentanyl transdermal patch, 72-hour 25 microgram (MCG)/hour, apply one patch trans dermally every 72 hours for back pain, ordered on 08/17/2026.	F0697		

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F0697 SS = D	Continued from page 14 4. Tylenol extra strength oral tablet, 500 mg, give two tablets every six hours as needed for pain, ordered on 04/28/2026. R87's "Medication Administration Record" (MAR) documented on 08/13/2026 at 23:21 PM fentanyl transdermal patch 25 MCG was placed. No documentation of removal after 72 hours per order was charted in the MAR. R87's MAR documented on 08/16/2026 at 09:26 AM oxycodone HCl oral tablet five mg was given for a pain level of five, and the next one was documented given on 08/17/2026 at 09:22 AM for a pain level of 10. Observed on 08/17/2026 at 08:25 AM, R87 laid in her bed, and her call light was activated. R87's representative was at her bedside. R87 was in bed with her head raised off her pillow; her body appeared tense and curled up a little. Observed on 08/17/2026 at 08:35 AM, R87's representative exited R87's room and asked a staff member walking by for a pain pill for R87. Observed on 08/17/2026 at 08:42 AM, R87's call light was still activated, and she had not received pain medication. Observed on 08/17/2026 at 08:49 AM, a staff member walked into R87's room and asked what she needed, as her call light was on and R87 informed the staff member that she was waiting on a pain pill she had requested approximately 30 minutes earlier. Observed on 08/17/2026 at 09:22 AM, A Staff member went into R87's room and turned the call light off. R87's representative informed the staff member that R87 still had not received her medication that was requested around 08:15 AM. Observed on 08/17/2026 at 09:25 AM, Licensed Nurse (LN) H entered R87's room and gave her a pain medication On 08/17/2026 at 08:25 AM, R87 stated that she had asked for a pain pill for 10 out of 10 pain at approximately 08:15 AM and had not received one yet. R87 said that she was told the nurse was busy and had to get Accu-checks (blood glucose monitoring test) done first. On 08/17/2026 at 08:26 AM, R87's representative stated that R87 had asked for a pain pill about 10 to	F0697		

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F0697 SS = D	Continued from page 15 15 minutes ago and was informed by the nurse that it would be five to ten minutes before she would be able to get her a pain pill, as she had to get Accu-checks done first. She then stated that R87 was recently diagnosed with stomach cancer and was in a lot of pain. On 08/17/2026 at 08:59 AM, R87's representative stated that R87 still had not received pain medication and appeared to be in a lot of pain. On 08/17/2026 at 09:11 AM, R87's representative stated that R87 had not received her pain medication. On 08/17/2026 at 09:29 AM, R87 stated her pain was a ten when she asked for the pain pill, and it was still at ten. She stated that she sometimes had to wait a long time for a pain pill. On 08/18/2026 7:38 AM, Administrative Staff A stated that R87 received pain medication on 08/17/2026 at 09:22 AM. She said the nurse for that unit was on the other unit taking care of residents, and only nurses were able to give narcotic medication. Administrative Staff A said she expected staff to provide pain medication within 15 minutes of it being requested, and pain rated at a 10 should have been a priority. On 08/18/2026 at 08:30 AM, Licensed Nurse (LN) H stated that she did not think waiting an hour for pain medication was acceptable; 10-15 minutes was acceptable. She said she was on another unit dealing with an emergency. LN H said she was notified by a Certified Nurse Assistant (CNA) that R87 was in pain. LN H said she had notified the CNA that she was getting Accu-checks. On 08/18/2026 at 08:44 AM, Administrative Nurse F stated that she had entered R87's room because the call light was on and helped her to the restroom. She stated that she did not give narcotics to the nurse because the nurse had the key and signed off on the medication count sheet. She said that an acceptable amount of time to wait for a pain medication was between 15-30 minutes but was not familiar with the policy and would have to read the policy to see what it stated. On 08/18/2026 at 09:54 AM, R87 stated it was hard to describe how she felt when she was in pain, but she would raise her head off the bed, and it felt like she was trying to roll up into a ball, and she would tense up in response to the pain. R87 said that was how she reacted when pain was bad, like a ten level.	F0697		

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F0697 SS = D	Continued from page 16 She stated that she had pain most of the time. On 08/20/2026 at 09:01 AM, Administrative Staff A documented in an email that R87 had chronic pain and received pain medication approximately 40 minutes after she requested. She also documented that the facility had sufficient staffing on 08/17/2026. She documented that on 08/17/2026 there were three licensed nurses who were able to provide assistance. Policy "Pain Management" dated 02/05/2025 documented that the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.	F0697		
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §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- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the residents remained	F0757		

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F0757 SS = D	Continued from page 17 free from unnecessary related to monitoring of effectiveness and side effects for Resident (R)93's anticoagulant medication and failed to follow physician orders related to heart rate monitoring and related parameters. Findings Included: - R93's undated "Physician Orders" documented diagnoses which included transient ischemic attack (TIA-temporary episode of inadequate blood supply to the brain) trigeminal neuralgia (a chronic painful disease that affects the nerve that carries sensation from face to brain), 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), epilepsy (seizures), venous thrombosis (blood clots), and chronic kidney failure (CKF). The 06/30/2026 "Annual Minimum Data Set" (MDS) documented a brief interview for mental status (BIMS) of 13, indicating intact cognition. She was dependent on staff assistance with bed mobility, transfers, and hygiene due to functional impairment in range of motion (ROM) on both sides of her lower extremities. She experienced shortness of breath or trouble breathing when lying flat. The resident received medication, which included injection, antipsychotic, anti-anxiety, antidepressant, anticoagulant, diuretic, opioid, hypoglycemic, anticonvulsant. The 07/01/2026 "Psychotropic Drug Use Care Area Assessment" (CAA) documentation R93 medications should be reviewed/monitored closely by pharmacy and nursing for conditions requiring medication interventions. The 07/10/2026 "Care Plan" directed staff to monitor R93 at risk for potential side effects related to my current medication regimen. Monitor for and intervene if any serious or life-threatening side effects related to the current medication regimen are noted, and report to physician per protocol. R93 takes anticoagulant therapy (blood thinner) Eliquis related to history of venous thrombosis. Staff should monitor/document/report adverse reactions of anticoagulant therapy, which includes significant changes in vital signs. The Electronic Health Records (EHR) "Physician Orders" documented an order for Eliquis Oral Tablet, 2.5 (milligrams (MG), give one tablet by mouth, two times a day, for history of venous thrombosis and embolism, ordered 06/27/2025.	F0757		

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F0757 SS = D	Continued from page 18 Obtain Weekly Vital Signs, including pulse (P). Review and notify physician as indicated if readings are outside of set pulse parameters greater than 100 or less than 45 beats per minute, ordered 07/10/2025. Review of the resident's Vital Signs and Weight Tab and “Medication Administration Record/Treatment Administration Record” (MAR/TAR) for 07/01/2026 through 08/18/2026 documentation revealed medications were given when outside of ordered pulse parameters without notification of the physician as follows: 07/02/2026 at 09:00AM, heart rate (HR) 127 heart beats per minute (bpm) 07/02/2026 at 02:23PM, HR 122 bpm 07/07/2026 at 11:24AM, HR 123 bpm 07/08/2026 at 03:31PM, HR 102 bpm 07/12/2026 at 08:08PM, HR 104 bpm 07/23/2026 at 12:00PM, HR 108 bpm 07/30/2026 at 02:23PM, HR 129 bpm 08/06/2026 at 02:07PM, HR 124 bpm 08/15/2026 at 08:32PM, HR 118 bpm Review of the pharmacist’s “Monthly Medication Regimen Review” documentation revealed a failure to identify the facility’s lack of physician notification of VS outside of the parameters as ordered by the physician on 07/20/2026 and 08/06/2026. Additionally, the “Monthly Medication Regimen Review" documentation dated 08/06/2026 revealed no irregularities. On 08/17/2026 at 11:40 AM, R93 laid in bed with the head of the bed elevated; no shortness of breath noted. She reported she had some left shoulder pain related to a fall she had years prior. R93 reported she could not take some medications because of side effects that included vomiting and making her feel out of her mind. On 08/18/2026 at 10:24 AM, R93 lay in her bariatric bed laying in bariatric bed. She reported she was experiencing kidney failure and taking blood thinners.	F0757		

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F0757 SS = D	Continued from page 19 On 08/18/2026 at 09:11 AM, Certified Nurse Aide (CNA) M reported R93 can get very anxious and become tearful. The staff routinely takes vital signs (VS), including the pulse (P), but VS required due to medications are normally obtained by the Certified Medication Aides and/or the nurse in charge. If the VS is not in a normal range should be reported to the charge nurse. The nurse in charge would then follow up with the physician. On 08/18/2026 at 10:01 AM, Licensed Nurse (LN) G confirmed the resident had multiple complaints, and then when followed up, she would have a different complaint. LN G stated that abnormal findings and/or change in condition should be reported to the physician. Parameter orders were set by the physician. Physicians should be notified of outliers when VS are obtained. Obtained VS is one method to monitor effectiveness and potential. On 08/18/2026 at 02:33 PM, Administrative Nurse D confirmed the above elevated heart rates above 100. She stated the nurse should have notified the physician of the HR outside of the parameters in keeping with the physician orders. Administrative Nurse D stated she expected the pharmacist to notify her and the medical director of abnormal VS as part of the monthly medication review to identify effectiveness and adverse side effects of medications. She reviewed the pharmacist's medication regimen reviews for R93 and confirmed a lack of identification of the irregularities as noted above from 07/01/2026 through 08/18/2026. She stated she expected the CMA to report abnormal VS to the charge nurse. The nurse in charge was to report a pulse over 100, and the CMA was to report to the nurse, retake the pulse, then notify the physician if outside of the parameters. The facility policy titled "Medication Regimen Review," dated 01/26/2026, documentation of a medication regimen review (MRR), is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse and potential risks associated with medications. A review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities.	F0757		