STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255264	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	**200 LONG STREET , BOONEVILLE, Mississippi, 38829**

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F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey with one (1) complaint investigation (CI) MS#2633061 at the facility from 12/8/25-12/11/25. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F0578, F0584, F0656, F0677, F0695, F0761, F0851, and F0919. There were no deficiencies cited for CI MS #2633061. The census at the time of the survey was 51 and the facility is licensed for 64 beds.	F0000		
F0578 SS = D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still	F0578		

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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F0578 SS = D	Continued from page 1 legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interviews, and facility policy review, the facility failed to ensure the resident's right to participate in healthcare decision-making regarding advance directives and code status for (1) one of 18 sampled residents. (Resident #6) Findings Include: Review of the facility policy titled "Advance Directives Policy and Procedure" with no revision date revealed, "...3. The resident's advance directives will be recorded in the resident clinical record..." Record review on 12/08/2025 at 2:00 PM revealed Resident #6's medical record indicated a code status of Do Not Resuscitate (DNR). The signed document located in the chart was a Cardiopulmonary Resuscitation (CPR) form, not a signed DNR order. Record review on 12/09/2025 revealed the resident's DNR status was displayed on the patient profile in the electronic medical record (EMR). When the hyperlink was selected to review supporting documentation, a signed CPR form dated 8/08/25, signed by the resident representative, was present. A physician's order for DNR dated 8/26/25 was also located in the chart; however, a signed DNR form was not available. During an interview with Registered Nurse (RN) #1 on 12/09/25 at 3:10 PM, stated Resident #6 was a DNR based on the information listed on the resident's profile and	F0578		

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F0578 SS = D	Continued from page 2 in the chart. She stated she was unaware that there was no signed DNR form on file. During an interview with the Director of Nursing (DON) on 12/09/2025 at 4:15 PM, she stated that Resident #6's son signed paperwork when the resident went on hospice services. The DON reviewed documents scanned into the resident's medical record and confirmed CPR form dated 8/08/25, along with a physician's order dated 8/26/25. The DON stated the family had signed a DNR when the resident went on hospice; however, the signed DNR document could not be located. Record review of the Admission Record revealed the facility admitted Resident #6 on 6/04/2025 with a medical diagnosis that included Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/2025 revealed, under section C, a Brief Interview for Mental Status (BIMS) Summary score of 01, indicating the resident was cognitively impaired.	F0578		
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584		

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F0584 SS = D	Continued from page 3 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident interview, and staff interviews, the facility failed to ensure a homelike environment by maintaining resident equipment in a clean condition, as evidenced by a visibly soiled wheelchair for one (1) of 38 wheelchairs observed at the facility. (Resident #48) Findings Include: On 12/09/25 at 11:30 AM, observation and interview revealed Resident #48's wheelchair was visibly dirty. The bottom frame of the wheelchair had a caked, dried brown substance present. The resident stated he did not realize his wheelchair was so dirty until it was brought to his attention and stated, "Oh, I didn't notice it was that dirty. It does need to be cleaned." On 12/09/25 at 11:45 AM, Licensed Practical Nurse (LPN) #3 observed the wheelchair and stated it should have been cleaned on the night shift. During an interview with the Administrator and observation of Resident #48's wheelchair on 12/09/25 at approximately 2:05 PM, she stated the resident spills	F0584		

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F0584 SS = D	Continued from page 4 food and liquids onto the chair often. The Administrator confirmed the wheelchair was dirty and had not been cleaned in a while, she stated she expected the wheelchairs to be cleaned on the night shift. Review of facility documentation on facility letterhead dated 12/10/25 and signed by the Administrator revealed the facility did not have a policy or procedure addressing the routine cleaning, monitoring, or maintenance of resident wheelchairs to ensure a homelike environment. Record review of the Admission Record revealed the facility admitted Resident #48 on 7/23/2025 with a medical diagnosis that included Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/30/2025 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 08, indicating the resident was moderately cognitively impaired.	F0584		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it	F0656		

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F0656 SS = D	Continued from page 5 must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observations, resident and staff interviews, record reviews, and facility policy reviews, the facility failed to implement care plans related to Activity of Daily Living (ADL) needs, such as personal hygiene, to include shaving, for four (4) of the eighteen sampled residents. Resident #7, #8, #27, and #40. Findings Include: Review of the facility policy titled, “Care Plan Policy and Procedure,” undated, revealed under Purpose: “To provide a comprehensive person-centered plan of care addressing resident’s needs, strengths, goals and approaches.” Under Policy: “Each resident’s care plan will remain current and inform staff of resident’s needs, strengths, goals, and approaches.” Resident #7 Record review of Resident #7’s Care Plan Focus …The resident has an ADL self-care performance deficit related to primary lateral sclerosis, chronic weakness and decreased mobility …Interventions …Self Care Personal hygiene: Usually requires substantial/maximal to dependent assist to maintain personal hygiene,	F0656		

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F0656 SS = D	Continued from page 6 including combing hair, shaving… On 12/08/2025 at 11:03 AM an observation and interview revealed Resident #7, a female resident, with sporadic facial hair on the chin measuring approximately one-half (1/2) inch in length. Resident #7 revealed she did not like the hair on her chin. On 12/09/2025 at 9:00 AM an observation revealed that Resident #7's facial hair in the chin area was unchanged from the previous day. On 12/09/2025 at 11:05 AM, during an interview and observation Certified Nurse Aide (CNA) #2 revealed it is the CNA's responsibility to ensure facial hair is removed, particularly during a resident's shower. CNA #2 confirmed Resident #7 had a shower this morning and continued to have long facial hair on her chin. CNA #2 stated, "Yes, she should have been shaved." On 12/09/2025 at 11:15 AM,during an observation and interview Licensed Practical Nurse (LPN) #2 confirmed that Resident #7 had ½ inch sporadic long chin hairs. LPN #2 revealed the resident should not have long facial hair, especially since she just had her morning shower. LPN #2 stated, "That's part of daily grooming, to ensure the resident is shaved and presentable." During an interview on 12/09/2025 at 11:25 AM, the Director of Nurses (DON) revealed it is the facility's expectation that female residents have no visible facial hair and that shaving is considered part of their routine personal hygiene. The DON stated, "If the resident was not adequately groomed, including being appropriately shaven, then the resident's plan of care was not being followed." Record review of the Admission Record revealed Resident #7 was admitted to the facility on 6/9/25 with medical diagnoses that included Primary Lateral Sclerosis, lack of coordination, and need for assistance with personal care. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/30/25, revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #7 is cognitively intact.	F0656		

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F0656 SS = D	Continued from page 7 Resident #8 Record review of Resident #8's ADL Care Plan with review date, 10/20/2025, revealed, "I have an ADL self-care performance deficit ...Interventions...Bathing/Showering (times 1 Assist) ...Personal Hygiene Routine: The resident prefers shower 3 times weekly...) On 12/08/2025 at 10:24 AM, during an observation of Resident #8 it was noted that the resident had approximately three-fourths of an inch-long whiskers on his cheeks, chin, and upper lip. On 12/08/2025 at 1:50 PM an additional observation and interview revealed that Resident #8 still had facial hair on his cheeks, chin, and upper lip. He stated that he would prefer to be clean-shaven. On 12/09/2025 at 11:20 AM, during an observation and interview CNA #1, she confirmed that Resident #8 did not receive a shower or shave on Saturday, 12/06/2025. She stated that she worked on 12/06/2025 but was not assigned to Resident #8. Record review of the Admission Record revealed the facility admitted Resident #8 on 9/26/25 with diagnoses including need for assistance with personal care. Record review of Resident #8's MDS with an ARD of 10/3/25 revealed a BIMS score of 12 indicating moderate cognitive impairment. Resident #27 Review of Resident #27's ADL care plan with review date, 1/23/2025, revealed, "I have an ADL self-care performance deficit r/t Alzheimer's...Interventions.. Self Care Personal hygiene: Requires (usually requires partial/moderate assist times 1) to maintain personal hygiene, including combing hair, shaving, ..." On 12/08/2025 at 10:27 AM and again at 12:19 PM, during observations of Resident #27 it was noted that Resident #27 had facial hair on his cheeks, upper lip, and chin, approximately one-half inch in length. On 12/08/2025 at 2:19 PM, during an interview Resident #27 expressed that he would like to be clean-shaven. On 12/09/2025 at 11:16 AM, during an observation and interview CNA #1, confirmed that Resident #27 did not	F0656		

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F0656 SS = D	Continued from page 8 receive a shower or shave on Saturday, 12/06/2025. She stated that she worked on 12/06/2025 but was not assigned to Resident #27. Record review of Resident #27's Admission Record revealed the facility admitted him on 1/16/25 with diagnoses including Alzheimer's Disease and need for assistance with personal care. Record review of the MDS with ARD of 10/22/25 revealed a BIMS score of 10 indicating moderate cognitive impairment. Resident #40 Review of Resident #40's ADL care plan with review date, 11/03/2025, revealed, "I have an ADL self-care performance deficit ...Interventions... Self Care Personal hygiene: (usually requires dependent assist to maintain personal hygiene, including combing hair, shaving, ... During observation and interview of Resident #40 on 12/08/2025 at 10:24 AM, it was noted that Resident #40, a female resident, had full facial hair on her cheeks, upper lip, and chin. Resident #40 expressed that she would like to be clean-shaven. On 12/09/2025 at 11:25 AM, during an interview with CNA #4, confirmed that Resident #40 did not receive a shower or shave on Saturday, 12/06/2025. Record review of the Admission Record revealed Resident #40 was admitted to the facility on 10/01/2025 with medical diagnoses that included Cerebral Infarction. Record review of the MDS with an ARD of 11/03/25, revealed under section C, a BIMS summary score of 15, indicating Resident #40 is cognitively intact. During an interview on 12/09/2025 at 2:14 PM, the Minimum Data Set (MDS) Coordinator revealed she is responsible, in collaboration with nursing staff, for developing each resident's individualized care plan. She explained that under the ADL care plan, specifically in the self-care/personal hygiene section, grooming needs such as shaving are addressed. The MDS Coordinator confirmed that if Resident #7, Resident #8, Resident #27 and Resident #40 was not shaved as	F0656		

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F0656 SS = D	Continued from page 9 indicated, it would indicate the resident's care plan addressing personal hygiene were not being followed.	F0656		
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, resident and staff interview, record review, and facility policy review, the facility failed to provide care to maintain personal hygiene for four (4) of 51 residents reviewed for Activities of Daily Living (ADL) care. Resident #7, #8, #27 and #40. Findings Include: Review of the facility policy titled, "ADL Care of a Resident Policy and Procedure," undated, revealed "Policy: Resident ADL care will be provided to the resident according to the individualized resident needs..." Resident #7 An observation and interview on 12/08/2025 at 11:03 AM revealed Resident #7, a female resident, with sporadic facial hair on the chin measuring approximately one-half (1/2) inch in length. Resident #7 revealed she did not like the hair on her chin. An observation on 12/09/2025 at 9:00 AM revealed that Resident #7's facial hair in the chin area was unchanged from the previous day. During an interview and observation on 12/09/2025 at 11:05 AM, Certified Nurse Aide (CNA) #2 revealed it is the CNA's responsibility to ensure facial hair is removed, particularly during a resident's shower. CNA #2 confirmed Resident #7 had a shower this morning and continued to have long facial hair on her chin. CNA #2 stated, "Yes, she should have been shaved." During this interaction, Resident #7 nodded affirmatively when asked if she would like her chin hair removed.	F0677		

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F0677 SS = D	Continued from page 10 During an observation and interview on 12/09/2025 at 11:15 AM, Licensed Practical Nurse (LPN) #2 confirmed that Resident #7 had ½ inch sporadic long chin hairs. LPN #2 revealed the resident should not have long facial hair, especially since she just had her morning shower. LPN #2 stated, “That’s part of daily grooming, to ensure the resident is shaved and presentable.” In an interview on 12/09/2025 at 11:25 AM, the Director of Nurses (DON) revealed it is the facility's expectation that female residents have no visible facial hair, and shaving is considered part of their personal hygiene and is completed on shower days. Record review of the Admission Record revealed Resident #7 was admitted to the facility on 6/9/25 with medical diagnoses that included Primary Lateral Sclerosis, lack of coordination, and need for assistance with personal care. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/30/25, revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #7 is cognitively intact. Resident #8 During an observation of Resident #8 on 12/08/2025 at 10:24 AM, it was noted that the resident had approximately three-fourths of an inch-long whiskers on his cheeks, chin, and upper lip. An additional observation and interview on 12/08/2025 at 1:50 PM revealed that Resident #8 still had facial hair on his cheeks, chin, and upper lip and stated that he would prefer to be clean-shaven. During an observation and interview on 12/09/2025 at 11:20 AM, CNA #1 confirmed that Resident #8 did not receive a shower or shave on Saturday, 12/06/2025. She stated that she worked on 12/06/2025 but was not assigned to Resident #8. She further explained that if a resident refused to take a shower or be shaved, the CNA was to notify the nurse, who would then follow up to see if she could persuade the resident to shower or shave. The CNA accessed the computer charting for Saturday, 12/06/2025, which documented "N/A" for shower/bath. She noted that there is an option for	F0677		

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F0677 SS = D	Continued from page 11 "refused," but it seems that the shower aide for that day did not mark it. In an observation and interview on 12/09/2025 at 11:30 AM, LPN #1, she stated that when a resident refuses to take a shower or bath on their scheduled day, the CNA is supposed to inform the nurse so that the nurse can attempt to persuade the resident to shower. If the resident still refuses, the reason must be documented. She confirmed that she worked this hall on Saturday, 12/06/2025, and no one made her aware that Resident #8 had refused his shower. She also confirmed that Resident #8 did not usually have this much facial hair, so she knew he had not been shaved in a while. During an interview on 12/09/2025 at 11:42 AM with the Administrator, it was confirmed that when a resident refuses to take a shower or shave on their assigned shower day, the CNA is to inform the nurse, who will then follow up. The Administrator further stated that she checks the daily alerts on her computer to see if a resident has gone more than three days without a shower. She reviewed the CNA task documentation and confirmed the residents should be showered and shaved on their scheduled days and as needed. Record review of the Admission Record revealed the facility admitted Resident #8 on 9/26/25 with diagnoses including need for assistance with personal care. Record review of Resident #8's MDS with an ARD of 10/3/25 revealed a BIMS score of 12 indicating moderate cognitive impairment. Resident #27 During observations of Resident #27 on 12/08/2025 at 10:27 AM and again at 12:19 PM, it was noted that Resident #27 had facial hair on his cheeks, upper lip, and chin, approximately one-half inch in length. During an interview on 12/08/2025 at 2:19 PM, Resident #27 expressed that he would like to be clean-shaven. During an observation and interview on 12/09/2025 at 11:16 AM, CNA#1, confirmed that Resident #27 did not receive a shower or shave on Saturday, 12/06/2025. She stated that she worked on 12/06/2025 but was not assigned to Resident #27. She further explained that generally, if a resident refused to take a shower or be shaved, the CNA was to notify the nurse, who would then follow up to see if she could persuade the resident to shower or shave. The CNA accessed the computer charting	F0677		

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F0677 SS = D	Continued from page 12 for Saturday, 12/06/2025, which documented "N/A" for shower/bath. She noted that there is an option for "refused," but evidently, the shower aide for that day did not mark it. During an observation and interview on 12/09/2025 at 11:27 AM, LPN #1 stated that when a resident refuses to take a shower or bath on their scheduled day, the CNA is supposed to inform the nurse so that the nurse can attempt to persuade the resident to shower. If the resident still refuses, the reason must be documented. She confirmed that she worked this hall on Saturday, 12/06/2025, and no one made her aware that Resident #27 had refused his shower. She also confirmed that his facial hair was long and that, based on his appearance, Resident #27 had not been showered or shaved on Saturday. During an interview on 12/09/2025 at 11:42 AM with the Administrator, it was confirmed that when a resident refuses to take a shower or shave on their assigned shower day, the CNA is to inform the nurse, who will then follow up. The Administrator further stated that she monitors daily alerts on her computer to check if a resident has gone more than three days without a shower. She reviewed the CNA task documentation and confirmed the residents should be showered and shaved on their scheduled days and as needed. Record review of Resident #27's Admission Record revealed the facility admitted him on 1/16/25 with diagnoses including Alzheimer's Disease and need for assistance with personal care. Record review of the MDS with ARD of 10/22/25 revealed a BIMS score of 10 indicating moderate cognitive impairment. Resident #40 An observation and interview on 12/08/2025 at 10:24 AM revealed Resident #40, a female resident, with full facial hair covering her cheeks, chin, upper lip. Resident #40 revealed she did not get a shower and shave over the weekend, and she did not like the hair on her face. During an interview with CNA #4 on 12/09/25 at 11:25 AM she stated that she had showered Resident #40 and shaved her this morning. She stated, "Resident told me that she did not get a shower and shave over the weekend."	F0677		

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F0677 SS = D	Continued from page 13 An interview conducted with the DON on 12/09/2025 at 11:25 AM, confirmed that she had full facial hair on 12/08/25. She stated it is the facility's expectation that female residents have no visible facial hair, and shaving is considered part of their personal hygiene and is completed on shower days. Record review of the Admission Record revealed Resident #40 was admitted to the facility on 10/01/2025 with medical diagnoses that included Cerebral Infarction. Record review of the MDS with an ARD of November 3, 2025, revealed under section C, a BIMS summary score of 15, indicating Resident #40 is cognitively intact.	F0677		
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations, staff interviews, and facility policy review, the facility failed to ensure oxygen tubing was properly stored when not in use, resulting in the potential for contamination and compromised resident safety for two (2) of 10 residents reviewed for respiratory. (Resident #19 and #27) Findings included: Review of facility policy titled, "Oxygen Concentrator Cleaning Policy and Procedure" with no date revealed, "...Store Oxygen tubing, cannula, and mask in plastic bag when not in use..." Resident #19 During an observation on 12/08/2025 at 3:20 PM, it was noted that Resident #19's oxygen tubing was not stored properly in a bag; instead, it was wrapped around the top of the portable oxygen tank. During an observation and interview on 12/09/2025 at	F0695		

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F0695 SS = D	Continued from page 14 1:35 PM with Certified Licensed Practical Nurse (CLPN) #1, she confirmed that Resident #19's oxygen tank had open tubing wrapped around the top of the tank, rather than being stored in a bag. Review of the "Admission Record" indicated that the facility admitted Resident #19 on 4/7/2025 with a medical diagnosis that included Chronic Obstructive Pulmonary Disease. A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/15/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15 which indicated Resident #19 was cognitively intact. Resident #27 During an observation on 12/08/2025 at 10:27 AM, it was noted that Resident #27's oxygen tubing was not stored properly in a bag; instead, it was wrapped around the top of the portable oxygen tank. During an interview on 12/09/2025 at 1:45 PM with the Director of Nursing, she confirmed that oxygen tubing should always be stored in a bag when not in use. She further explained that the purpose of this practice is to ensure that the tubing remains clean. Review of the "Admission Record" indicated that the facility admitted Resident #27 on 1/16/2025 with a medical diagnosis that included Other Specified Chronic Obstructive Pulmonary Disease, Alzheimer's Disease, and Need for Assistance with Personal Care. A review of the MDS with an ARD of 10/22/25 revealed under section C, a BIMS summary score of 10 which indicated Resident #27 had moderate cognitive impairment.	F0695		
F0761 SS = D	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. §483.45(h) Storage of Drugs and Biologicals	F0761		

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F0761 SS = D	Continued from page 15 §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, staff interviews, and facility policy review, the facility failed to ensure medications were stored in a properly secured refrigerator for one (1) of two (2) medication storage rooms. Findings Include: Review of the facility's policy titled "Medications Storage Policy and Procedure with no revision date revealed, "Purpose: To properly secure medications and biologicals according to CMS guidelines..." An observation on 12/10/25 at 8:28 AM revealed the medication storage room on C Hall contained a narcotic lock box located inside the refrigerator, locked, but not secured/affixed to the refrigerator. The lock box was easily removable and contained a bottle of Lorazepam. An interview conducted on 12/10/25 at 8:30 AM with Licensed Practicing Nurse (LPN) #2, she stated she thought the lock box was secured properly. During an interview conducted on 12/10/25 at 8:35 AM with the Director of Nursing (DON), she confirmed the narcotic lock box was not secured, explained that it had been secured in the past, and she was unaware that the lock box was not secured/affixed to the refrigerator.	F0761		
F0851 SS = F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing	F0851		

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F0851 SS = F	Continued from page 16 information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.	F0851		

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F0851 SS = F	Continued from page 17 §483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to submit accurate staffing data into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. 3rd Quarter 2025. Findings Include: Record review of the facility policy titled, "Staffing Hours-Monitoring of Policy and Procedure "undated, revealed, "Purpose: To assure the facility staffing meet federal and state guidelines." Record review of "PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 3 2025 (April 1-June 30)", revealed the facility triggered on this report for excessively low weekend staffing. During an interview on 12/11/25 at 9:53 AM, the Administrator (ADM) revealed the data that was submitted to PBJ was not accurate because they did not include the termed employees worked hours during this 3rd quarter, therefore the data showed low weekend staffing when actually the staffing was adequate. This was a data entry error. They were supposed to capture current and termed employees who had worked during that pay period, but they failed to capture those employees who actually worked. She revealed the Corporate Office submits the PBJ information and the facility was unaware that they had triggered for low weekend staffing.	F0851		
F0919 SS = D	Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and	F0919		

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F0919 SS = D	Continued from page 18 §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, facility policy review, and record review, the facility failed to ensure a resident had a call system in her room for one (1) of 18 resident rooms reviewed. Resident #6 Findings Include: Review of the facility policy titled “CALL LIGHTS USE OF POLICY AND PROCEDURE” with no revision date revealed, "Purpose: To provide the resident with a call light to notify staff to meet the need of the resident..." On 12/08/25 at 10:50 AM, observation revealed Resident #6 was in her room without a call light within reach and no alternative method available to request assistance. A second observation on 12/09/25 at 2:18 PM, at the resident’s bedside revealed no call light present within reach and no alternative method available for the resident to request assistance. At the time of the observation, Housekeeper #1 was present in the resident’s room and stated, “She doesn’t have a call light.” An interview on 12/09/25 at 2:40 PM, was conducted at the bedside with Licensed Practicing Nurse (LPN) #3, who stated there was no call light at the bedside and she did not know if it had been borrowed and put in another resident's room, stating there was one present previously. During an interview on 12/09/25 at 3:30 PM with the Director of Nursing (DON) revealed all residents are expected to have call lights at their bedside so they can request assistance as needed. The DON stated the resident did have a call light, but she did not know what had happened to it. Record review of the Admission Record revealed the facility admitted Resident #6 on 6/04/2025 with a medical diagnosis that included Dementia.	F0919		

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F0919 SS = D	Continued from page 19 Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/2025 revealed, under section C, a Brief Interview for Mental Status (BIMS) Summary score of 01, indicating the resident was severely cognitively impaired.	F0919		