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| S 000 | Initial Comments<br><br>First Probationary Licensure Survey | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations 1 of 10:<br><br>300.610a)<br>300.1210a)<br>300.1210b)4)<br>300.1410a)<br>300.1410e)2)<br>300.1410f)<br>300.1410h)<br>300.2220a)1<br>300.3210a)2)A)B)C)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that | S9999 | | |

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includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.

Section 300.1410 Activity Program
a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with

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the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.

e) Activity program staff shall participate in the assessment of each resident, which shall include the following:

2) Current functional status, including communication status, physical functioning, cognitive abilities, and behavioral issues; and

f) The activity staff shall participate in the development of an individualized plan of care addressing needs and interests of the residents, including activity/recreational goals and/or interventions.

h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice.

Section 300.2220 Housekeeping

a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:

1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.

Section 300.3210 General

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a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the resident's status as a resident of a facility.

2) Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team.

A) A facility shall 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 the resident's quality of life, recognizing each resident's individuality.

B) A facility shall protect and promote the rights of the resident.

C) Residents have the right to reside in and receive services in the facility with reasonable accommodation of their needs and preferences except when to do so would endanger the health or safety of the resident or other residents.

This REQUIREMENT is not met as evidenced by:

1A. Based on interview, observation, and record review the facility failed provide respectful dining service by serving residents at the same table at the same time, keeping residents from taking food from other residents for 8 (R4, R9, R10, R24, R29, R39, R42, R44) of 21 residents reviewed for dining in a sample of 39.

Findings include:

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1. R24's admission record dated 03/13/25, documents an admission date of 09/30/24 with diagnoses in part of diabetes mellitus and vitamin d deficiency. R24's MDS (Minimum Data Set) dated 01/06/25 documents in Section C a BIMS (Brief Interview for Mental Status) score of 99 which indicates severely impaired cognition. Section GG documents eating as setup and clean-up assistance. Section K documents no weight loss or weight gain. R24's Care Plan with date revised date of 10/20/24 documents a focus area of R24 (resident) has potential nutritional problem r/t (related to) edentulous, receives therapeutic diet. Interventions include in part: provide and serve diet as ordered.

On 03/10/25 at 12:00PM, R24 stated he was going to leave the dining room because he wasn't served a tray and everyone else at his table was.

On 03/10/25 at 12:02PM, V11 (Certified Nurse Assistant/CNA) started talking to R24 asking him not to leave the dining room that kitchen was working on the lunch trays and that she would see if she could get R24's tray.

On 03/10/25 at 12:34PM, R24 was upset and yelling out that he thinks it's crap he has been waiting so long on his food. R24 stated that everyone else at his table got food, why does he not get any food.

On 03/10/25 at 12:36PM R24's tray was served.

2. R29's Admission record dated 02/20/25 documents an admission date of 12/01/22, with diagnoses in part of unspecified dementia, severe, with other behavioral disturbance, anxiety disorder, and major depressive disorder recurrent. R29's MDS (Minimum Data Set) dated

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12/18/24 documents in Section C a BIMS (brief interview for mental status) score of 5 which indicates severely impaired cognition. Section GG documents eating as supervision or touching assistance. Section I documents non-Alzheimer's dementia. R29's Care Plan documents a focus area of risk for malnutrition with a date initiated of 06/27/24. Interventions in part of provide supervision during meals. Another focus area of R29 (resident) has impaired cognitive function/dementia or impaired thought processes as evidenced by impaired memory, disorganized thought processes date initiated 06/27/24. Interventions include in part of cue, reorient, and supervise as needed, keep the resident's routine consistent and try to provide consistent care as much as possible in order to decrease confusion.

On 03/10/25 at 12:12 PM, R29 was sitting at the table with R39. R29 took R39's lemon dessert and spoon. R29 ate all R39's dessert. R29 was the only resident at the table who did not have a plate of food. Staff was made aware that R29 ate all R39's dessert and at 12:17 PM, V11 (Certified Nursing Assistant/CNA) brought R39 another dessert. R29 did not have a plate of food yet at this time. R29 took the new dessert that R39 was served and ate all that dessert as well. Staff never intervened to stop R29 from eating R39's desserts.

On 03/10/25 at 12:35PM R29 was served a plate of food.

3. R44's admission record dated 02/20/25, documents an admission date of 08/07/24, with diagnoses in part of bipolar disorder, current episode manic severe with psychotic features and other frontotemporal neurocognitive disorder. R44's MDS (Minimum Data Set) dated 02/14/25

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documents in Section C a BIMS (brief interview for mental status) score of 99 which indicates severely impaired cognition. Section GG documents eating as set-up and clean-up assistance. Section I document non-Alzheimer's dementia and bipolar disorder. R44's Care Plan with a revision date of 08/20/24 documents a focus area of R44 (resident) is known to display fluctuations in mood related to dementia, bipolar disorder. Interventions include in part monitor/document/report PRN (as needed) any risk for harm to self: suicidal plan, past attempts at suicide, risky actions, stocking pills, saying goodbye to family, giving away possessions or writing a note, intentionally harmed, or tried to harm self, refusing to eat or drink, refusing med or therapies, sense of hopelessness or helplessness, impaired judgement or safety awareness. Focus area of R44 (resident) has impaired cognitive function/dementia or impaired thought processes as evidenced by BIMS score of 99, Dementia. Interventions include in part keep the resident's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion, provide a program of activities that accommodates R44's abilities. Focus area of Behavior Management with interventions of ensure the safety of R44 and others, initiate visual supervision during acute episodes, monitor for repeatedly approaching others, redirect as needed and utilize diversion techniques as needed.

On 03/10/25 at 12:17PM, V13 (Licensed Practical Nurse) brought R44 over to a table in the dining room where R10 was sitting prior. R10's plate was still sitting on table in front of R44. V11 (CNA) removed R10's plate from in front of R44 but did not clean the table. R44 was observed eating the food off the table with her fingers saying how

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hungry she was. R44 continued to eat food remains from the table with her fingers. R44 ate all the food remains off the table.

On 03/10/25 at 12:20PM, R44 started touching R39's chicken who was sitting at the table with her. R44 kept rubbing and touching all over R39's chicken while R39 was trying to eat. R39 stopped eating all together.

On 03/10/25 at 12:40PM, R44 was served her tray.

4. R9's Admission record dated 03/13/25, documents an admission date of 05/11/2022 with diagnoses in part of unspecified dementia, other psychotic disorder not due to a substance or known physiological condition and major depressive disorder. R9's MDS (Minimum Data Set) dated 02/06/25 documents in Section C a BIMS (Brief Interview for Mental Status) score of 8 which indicates severely impaired cognition. Section GG documents eating setup and clean-up assistance. Section K Documents no weight gain or loss. R9's care plan with a revised date of 08/16/24 documents a focus area R9 (resident) has the potential nutritional problems of weight loss r/t cognitive deficits. Interventions include in part provide, serve diet as ordered. Monitor intake and record q (every) meal.

On 03/10/25 at 12:30PM, R9 was waiting on her tray and was asking where his food was. R9's tablemates were served at 12:08PM she had still not received a tray.

On 03/10/25 at 12:40PM, R9's tray was served.

5. R42's admission record dated 03/13/25, documents an admission date of 07/19/24 with

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diagnoses in part of unspecified dementia, unspecified severity with other behavioral disturbance, altered mental status, other frontotemporal neurocognitive disorder, and personal history of traumatic brain injury. R42's MDS dated 01/26/25 documents in Section C a BIMS score of 99 which indicates severely impaired cognition. Section GG documents eating as supervision and touching assistance. Section I documents non-Alzheimer's dementia. R42's care plan with revision date of 07/13/24 documents a focus area of resident is usually able to perform ADL's (activities of daily living) with supervision and cues as needed. Interventions include in part eating the resident is able to feed self with supervision. Another focus area of function/dementia or impaired thought processes as evidenced by BIMS=3 r/t dementia. Interventions for this focus area include in part cue, reorient, and supervise as needed, engage the resident in simple, structured activities that avoid overly demanding tasks, and provide a program of activities that accommodates the resident's abilities.

On 03/10/25 at 12:36PM, R42 was observed taking R4's plate away from her. R42 started eating off R4's plate he ate all her mashed potatoes. V11 (CNA) removed R4's plate away from R42. R42 was sitting at the same table as R4 who was served at 12:17PM. R42 was served at 12:45PM.

On 03/10/25 at 12:42PM, V11 (CNA) stated that she didn't know why all the tables were not being served at the same time. V11 stated when the residents sat down at the tables, she put all of the resident dietary lunch cards together in a group so everyone at a table would be served at the same time. V11 said that she handed the kitchen

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the dietary cards in that order. V11 said whoever was working in the kitchen must have separated out the lunch dietary cards and they were just serving whoever they want to serve. V11 said several of the residents are getting upset because they are having to watch their tablemates eat while they wait. V11 said she doesn't know why they did this, but it is making several of the residents mad and they are wanting to leave, or they are taking other residents' food from them.

On 03/10/25 at 11:50 AM through lunch service V5 (Dietary) took a group of the dietary cards rearranged them to put the regular diet cards together, the mechanical soft diets together and puree diets together and was calling to V6 (Dietary) what kind of diet he needed and would then deliver that tray to the window.

1B. Based on interview, observation, and record review, the facility failed to ensure residents with dementia received the necessary person-centered care and services consistent with the resident goals and symptomology for 5 of 8 residents (R23, R29, R32, R42, R44) reviewed for dementia care in the sample of 39.

Findings include:

1. R32's admission record dated 3/13/25, documents an admission date of 05/17/23 with a diagnosis in part of unspecified dementia, unspecified severity with agitation. R32's MDS (Minimum Data Set), dated 3/01/25, documents a BIMS (Brief Interview for Mental Status) score of 99 which indicates severely impaired cognition. Section GG document set-up and clean up assistance with eating. Section I documents

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non-Alzheimer's dementia.

R32's Care Plan with a revised date of 09/24/24 documents a focus area of risk for malnutrition r/t (related) dementia. 09/23/24 Remeron daily as ordered. Interventions include in part: Provide supervision during meals, R32 has another focus area of resident has impaired cognitive function/dementia or impaired thought processes. Interventions include in part keep the resident routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion.

On 03/10/25 at 12:10PM, R153 got up from the table after he was done eating lunch leaving his plate on the table. R32 walked into the dining room and sat down at the table where R153 had been eating at. R32 started to eat off the plate that R153 left on the table. R32 ate the rest of R153's chicken and mashed potatoes. V11 (Certified Nurse Assistant/CNA) took R153's plate away from R32 and told him that he couldn't eat that. V11 asked R32 if he ate the food on R153's plate and he answered yes.

On 03/10/25 at 12:35PM, R32 was served his lunch plate.

2. R29's Admission record dated 02/20/25, documents an admission date of 12/01/22, with diagnoses in part of unspecified dementia, severe, with other behavioral disturbance, anxiety disorder, and major depressive disorder recurrent. R29's MDS (Minimum Data Set) dated 12/18/24 documents in Section C a BIMS score of 5 which indicates severely impaired cognition. Section GG documents eating as supervision or touching assistance. Section I documents non-Alzheimer's dementia.

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R29's Care Plan documents a focus area of risk for malnutrition with a date initiated of 06/27/24. Interventions in part of provide supervision during meals. Another focus area of R29 (resident) has impaired cognitive function/dementia or impaired thought processes as evidenced by impaired memory, disorganized thought processes date initiated 06/27/24. Interventions include in part of cue, reorient, and supervise as needed, keep the resident's routine consistent and try to provide consistent care as much as possible in order to decrease confusion.

On 03/10/25 at 12:12PM, R29 was sitting at the table with R39. R29 took R39's lemon dessert and spoon. R29 ate all R39's dessert. R29 was the only resident at the table who did not have a plate of food. Staff was made aware that R29 ate all R39's dessert and at 12:17PM staff brought R39 another dessert. R29 did not have a plate of food yet at this time. R29 took the new dessert that R39 was served and ate all that dessert as well. Staff never intervened to stop R29 from eating R39's desserts.

On 03/10/25 at 12:35PM, R29 was served a plate of food.

3. R44's admission record dated 02/20/25, documents an admission date of 08/07/24, with diagnoses in part of bipolar disorder, current episode manic severe with psychotic features and other frontotemporal neurocognitive disorder. R44's MDS (Minimum Data Set) dated 02/14/25 documents in Section C a BIMS score of 99 which indicates severely impaired cognition. Section GG documents eating as set-up and clean-up assistance. Section I document non-Alzheimer's dementia and bipolar disorder.

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| (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) COMPLETE DATE |
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R44's Care Plan with a revision date of 08/20/24 documents a focus area of resident is known to display fluctuations in mood related to dementia, bipolar disorder. Interventions include in part monitor/document/report PRN (as needed) any risk for harm to self: suicidal plan, past attempts at suicide, risky actions, stocking pills, saying goodbye to family, giving away possessions or writing a note, intentionally harmed, or tried to harm self, refusing to eat or drink, refusing med or therapies, sense of hopelessness or helplessness, impaired judgement or safety awareness. Focus area of resident has impaired cognitive function/dementia or impaired thought processes as evidenced by BIMS score of 99, Dementia. Interventions include in part keep the resident's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion, provide a program of activities that accommodates (R44's) abilities. Focus area of Behavior Management with interventions of ensure the safety of (R44) and others, initiate visual supervision during acute episodes, monitor for repeatedly approaching others, redirect as needed and utilize diversion techniques as needed.

On 03/10/25 at 12:20PM, R44 started touching R39's chicken. R44 kept rubbing and touching all over R39's chicken while R39 was trying to eat. R39 stopped eating all together.

On 03/12/25 at 1:45PM, R44 was in the dining room sitting at the table with R35. No staff present in the dining room. R44 kept touching R35's arm. R35 told R44 to leave her alone and stop touching her that she wasn't in the mood for it today. R35 told R44 not to touch her again she wasn't kidding. R44 continued to touch and talk to

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R35 telling her how beautiful she was and kept touching her face and rubbing R35's arm. R35 told R44 to stop messing around and asked R44 if she wanted to fight. R44 responded "That would be a good thing." R35 then responded with "I don't think so."

On 3/12/25 at 1:50PM, R44 got up from the dining room table and started to walk toward the hallway trying to get in other resident's rooms. R44 then went back into the dining room and sat next to R35 again touching R35's arm and trying to rub her face.

On 03/10/25 at 12:17PM, (V13 Licensed Practical Nurse/LPN) brought R44 over to a table in the dining room where R10 was sitting prior. R10's plate was still sitting on the table in front of R44. V11 (Certified Nursing Assistant/CNA) removed R10's plate from the table in front of R44 but did not clean the table. R44 was observed eating the food off the table with her fingers saying how hungry she was. R44 continued to eat food remains from the table with her fingers. R44 ate all the food remains off the table.

On 03/12/25 at 2:00PM, V12 (LPN) stated that R44 is not on one on ones. V12 was not aware that R44 was in the dining room with R35. V12 said that none of the residents have any special intervention on the dementia care unit. V12 stated that no resident on the dementia care unit has any individualized care plans either. V12 said that they do the best they care with what they have to work with. V12 said she was going to send someone to the dining room to get R44 so that R35 didn't do anything to her. V12 said a lot of the residents on the dementia care unit have behaviors, and they just do what they can.

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On 03/12/25 at 2:05PM unknown staff went and got R44 from the dining room and sat R44 by the nurse's station. R44 started to touch R1 getting in her face telling R1 she was beautiful and hugging all over her. Unknown staff removed R44 from R1's personal space. R44 kept getting up close to several other residents. Unknown staff just kept moving her away from the other residents. No other interventions tried at that time other than redirection.

R44's progress note dated 03/08/25 by V12 (Licensed Practical Nurse/LPN) documents, "(R44) up, grabbing food and drinks out of peers hands. Staff unable to redirect. (R44) keeps going up to peers that are asking her to "stop!" and "go away!" (R44) needs to have 1:1 intervention when awake to keep her from getting hurt by her peers. CNA staff must stay right with her to keep her from agitating peers and them lash out at her. Very difficult for staff to keep this resident safe from peers when she is awake."

Progress note dated 03/12/25 by V12 (LPN) documents "(R44) is up, keeps touching peers and getting in their personal space. Very difficult to redirect. (R44) will not follow request by peers to "back up" or to "stop touching me". Staff has to keep redirecting her away from peers. (R44) keeps going right back to getting in her peers' space. Received all scheduled meds per MAR (Medication Administration Record) with some difficulty. No s/s (signs and symptoms) of distress or discomfort observed."

4. R23's Admission record dated 03/13/25, documents an admission date of 11/09/21 with diagnoses in part of unspecified dementia severe with other behavioral disturbance, delusional disorder, and other hallucinations. R23's MDS

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(Minimum Data Set) dated 02/01/25, documents in Section C a BIMS should not be attempted related to resident is rarely/never understood. Staff assessment documents short- and long-term memory problems. Section GG documents sit to stand as partial/moderate assistance and walking as supervision or touching assistance. Section I documents non-Alzheimer's dementia.

R23's Care Plan with a revision date of 08/16/24 with a focus of resident has behavior problems r/t dementia, hallucinations, delusional disorder, amnesia. Interventions include in part anticipate and meet the resident's needs, intervene as necessary to protect the right and safety of others, approach/speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed and provide a program of activities that is of interest and accommodates resident's status.

On 03/11/25 at 11:30AM, R23 was found lying in R29's bed asleep. R29 was sitting in her room in her recliner. V13 (LPN) and an unknown (CNA) was sitting up at nurse's station and was asked if that was R23 in R29's bed. V13 answered it could be.

On 03/11/25 at 11:45AM, R23 was still laying in R29's bed.

5. R42's admission record dated 03/13/25, documents an admission date of 07/19/24 with diagnoses in part of unspecified dementia, unspecified severity with other behavioral disturbance, altered mental status, other frontotemporal neurocognitive disorder, and personal history of traumatic brain injury. R42's MDS dated 01/26/25 documents in Section C a

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BIMS score of 99 which indicates severely impaired cognition. Section GG documents eating as supervision and touching assistance. Section I documents non-Alzheimer's dementia.

R42's care plan with revision date of 07/13/25 documents a focus area of resident is usually able to perform ADL's (activities of daily living) with supervision and cues as needed. Interventions include in part eating the resident is able to feed self with supervision. Another focus area of function/dementia or impaired thought processes as evidenced by BIMS=3 r/t dementia. Interventions for this focus area include in part cue, reorient, and supervise as needed, engage the resident in simple, structured activities that avoid overly demanding tasks, and provide a program of activities that accommodates the resident's abilities.

On 03/10/25 at 12:36PM, R42 was observed taking R4's plate away from her. R42 started eating off R4's plate and he ate all of her mashed potatoes. V11 (CNA) removed R4's plate away from R42. R42 was sitting at the same table as R4 who was served at 12:17PM. R42 was not served until 12:45PM.

On 03/12/25 at 1:57PM, V17 (CNA) stated that they do not do any one on one's with any residents. V17 said that she was not aware of any individualized care plans for any resident. V17 stated when a resident has a behavior she tries to redirect if she can. V17 said that she is not aware of any special activities that they do for the residents.

On 03/12/25 at 1:59PM, V18 (CNA) stated that they do not do one on ones for any residents on the dementia care unit. V18 said that when a

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resident has a behavior that they redirect the resident when they can.

On 03/13/25 at 1:00PM, V7 (MDS Coordinator) stated that none of the dementia care residents have individualized dementia care plans. V7 said all the dementia care plans are just basic care plan that they aren't individualized for each dementia resident's needs. V7 asked if she should be doing individualized care plans for each dementia resident. V7 said she would do what she could to help divert behaviors or mood problems. V7 said she knew nothing about doing the individualized care plans, but that she would work on it.

On 03/13/25 at 2:30PM, V14 (Activity Director) stated that all the residents at the facility have the same activities. V14 said that the dementia care unit does not have separate activities from the other unit. V14 said that she will take the other residents over to the locked unit for activities. V14 said that she doesn't have individualized activities just for the residents with dementia. V14 said that she does try to involve all the residents in the activities but sometimes the residents on the dementia unit all will get up and leave. V14 stated that she has stuff on the dementia care side that residents can do but that the staff on the dementia side won't ever do the activities with the residents. V14 said that when a resident has a behavior or mood problems that all the certified nurse assistants do is redirect the resident. V14 said that the certified nursing staff will not do any activities with the residents to see if that will help the behaviors. V14 said the certified staff will redirect the resident or sit them at the nurse's station. V14 said that when a resident is having a behavior, or they are having problem with a resident the certified staff will try to come get her

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or the activity assistant. V14 said they might be in the middle of an activity or something and the certified staff won't doing anything with the resident they want me or my assistant to help take care of the behavior. V14 said that certified staff could be doing something with the residents to such as an activity to see if it helps the behavior, but they won't.

On 03/13/25 at 2:35PM, V8 (Activity Assistant) stated that the certified nursing staff from the dementia care locked unit will try to come get him when a resident is having a behavior. V8 said they will come get me and see if I will go over to do an activity with the resident or see if I can help with the resident behavior. V8 said that he might be busy and if he is that none of the staff will do anything to help the resident with the behavior, they just wait for him or redirect the resident. V8 said that the certified nursing staff could do an activity with the resident the same as he could, but they don't think that is their job.

On 03/13/25 at 2:47PM, V15 (Social Service Director/SSD) stated that she doesn't know of any extra things they do for the dementia care unit residents. V15 said that she doesn't know if the dementia care residents have any individualized care plans. V15 said that if they did that V7 (MDS) would know. V15 said that she doesn't know of anything special they do for the dementia care residents on the locked unit. V15 stated that they need to do more individualized care with the dementia care residents to help with their behaviors, but she said that they would need more staff to be able to do that.

On 03/13/25 at 2:57PM, V16 (CNA) stated that they have not received any special training on dementia care residents. V16 said he has worked

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at the facility for 6 months. V16 stated they don't do anything special with the residents on the dementia care unit. V16 said he is not aware of any activity supplies that are available for them to use to help divert residents' behaviors. V16 said they just try to redirect resident when they can and then chart the behavior. V16 said that other places he has worked use to do the training on dementia care. V16 said that he notices the residents have more behaviors in the evening time. V16 said that they usually will try to redirect the resident or put them up at the nurse's station or turn on the television for them. V16 said that sometime when they pass out snacks that will help the resident behaviors.

On 03/13/25 at 3:26pm, V2 (Director of Nursing) stated she was not sure about individualized interventions or activities for residents with dementia or if they are care planned for them, that would be a question for activities or the care plan nurse. V2 stated that staff recently had completed the dementia live training with one of the hospice groups.

The facilities policy titled "Dementia Unit Admission/discharge Criteria and Program" documents, "The dementia unit, housed in a wing of this facility, addresses special needs of individuals with dementia who could possibly pose a risk to themselves outside of a secured unit. The goal of this program is to provide a safe environment for the individual, while offering activities that support the best quality of life possible. The program will offer a person-centered approach. Person centered care encompasses four major elements, and these are identified as the core values of this unit. A value base that asserts the absolute value of all human lives regardless of age and cognitive ability, an

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individualized approach, recognizing uniqueness, understanding the world from a perspective of the service user, providing a social environment that supports psychosocial needs. In order to assure the best possible outcome, a team consisting of the Director of Nursing, Director of Social Service, Director of Activities, Nursing staff (which may be RN (Registered Nurse), LPN, QMA (Qualified Medication Aide) and CNA), medical director, psychiatric nurse practitioner, and counseling consult will work together to develop plans of care that allow the resident to experience the best quality of life possible." Admission Guidelines for Dementia Unit document in part, "The secured dementia unit exists to provide residents with the cognitive or Alzheimer's/Dementia related diagnosis a safe and comfortable environment where staff has been trained to care for their special needs."

1C. Based on observation, interview, and record review the facility failed to ensure that tables were properly cleaned and sanitized, prior to residents eating on them for 3 of 16 (R32, R41, and R44) reviewed for dining in the sample of 39.

Findings include:

1. R32's admission record dated 3/13/25, documents an admission date of 05/17/23 with a diagnosis in part of unspecified dementia, unspecified severity with agitation. R32's MDS (Minimum Data Set), dated 3/01/25, documents a BIMS (Brief Interview for Mental Status) score of 99 which indicates severely impaired cognition. Section GG document set-up and clean up assistance with eating. Section I documents non-Alzheimer's dementia.

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| S9999 | Continued From page 21<br><br>On 03/10/25 at 12:10PM, R153 got up from the table after he was done eating leaving his plate on the table. R32 walked into the dining room and sat down at the table spot that R153 had been eating at. R32 started to eat off the plate that R153 left on the table. R32 ate the rest of R153's chicken and mashed potatoes. V11 (Certified Nurse Assistant/CNA) took R153's plate away from R32 and told him that he couldn't eat that. V11 asked R32 if he ate the food on R153's plate and he answered yes. Table area where R32 sat down at was soiled with food. No staff observed cleaning or sanitizing table area.<br><br>On 03/10/25 at 12:35PM, R32 was served his plate over top of food soiled table.<br><br>2. R44's admission record dated 02/20/25, documents an admission date of 08/07/24, with diagnoses in part of bipolar disorder, current episode manic severe with psychotic features and other frontotemporal neurocognitive disorder. R44's MDS (Minimum Data Set) dated 02/14/25 documents in Section C a BIMS score of 99 which indicates severely impaired cognition. Section GG documents eating as set-up and clean-up assistance. Section I document non-Alzheimer's dementia and bipolar disorder.<br><br>On 03/10/25 at 12:17PM, V13 (Licensed Practical Nurse) brought R44 over to a table in the dining room where R10 was sitting prior. R10's plate was still sitting on table in front of R44. V11 (CNA) removed R10's plate from in front of R44 but did not clean the table. R44 was observed eating the food off the table with her fingers saying how hunger she was. R44 continued to eat food remains from the table with her fingers. R44 ate all the food remains off the table. | S9999 | | |

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On 03/10/25 at 12:40PM R44 was served her tray. The table was still soiled with food no staff cleaned or sanitized table prior to delivering tray or after tray was delivered.

3. R41's Admission record dated 03/13/25, documents an admission date of 12/04/24 with diagnoses in part of unspecified dementia with agitation, Wernicke's encephalopathy, convulsions, and anxiety. R41's MDS (Minimum Data Set) dated 12/23/24 documents a BIMS score of 99. Section GG documents eating as supervision and clean-up assistance.

On 03/12/25 at 11:50AM, R41 sat down at a table where someone else was sitting and eating at prior. R41 was trying to eat off the plate that was sitting on the table. R41's table area was soiled with food.

On 03/12/25 at 11:52AM, V8 (Activity Assistant) removed the plate from R41. V8 took the dirty plate away from the table and placed the plate in the dirty dish area. V8 did not wipe the table off.

On 03/12/25 at 12:00PM, R41's tray was served over top of soiled food table. No staff cleaned or sanitized table prior to place plate on table.

On 03/10/25 at 12:42PM, V11 (CNA) stated that all tables should be wiped down and sanitized before a resident sits down to eat. V11 said that anytime a resident sits down to eat that the area should be cleaned for the next resident.

On 03/12/25 at 1:56PM, V8 (Activity Assistant) stated that all table should be wiped down and clean prior to any resident sitting down to eat.

On 03/12/25 at 1:58PM, V6 (Dietary Aide) stated

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that all tables should be cleaned and sanitized prior to any resident sitting down to eat. V6 said that if another resident was sitting at the spot another resident wants to sit at then that spot should be cleaned prior to them sitting down and the food removed from the table.

The facility policy titled "Resident Dining Services" under procedures 11. Staff should clean and sanitize dining room tables after resident leaves table.

(B)

Statement of Licensure Violations 2 of 10:

300.610a)
300.680a)
300.682a)1)2)3)4)

Section 300.610 Resident Care Policies
a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.680 Restraints
a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety

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| AXIOM GARDENS OF MOUNT VERNON | #5 DOCTORS PARK MOUNT VERNON, IL 62864 |

| (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) COMPLETE DATE |
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bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.

Section 300.682 Nonemergency Use of Physical Restraints
a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:
1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective;
2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being;
3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven

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ineffective; and

4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act)

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to have assessments and/or physician's orders for lap restraints for 2 (R12 and R19) of 2 residents reviewed for restraints in a sample of 39.

Findings include:

1. R12's admission record documents an admission date of 06/13/19 with diagnoses including: Alzheimer's disease, dementia, muscle wasting and atrophy, unsteadiness on feet, and encounter for palliative care.

R12's order summary report dated 03/13/25 does not document any order for a lap cushion.

R12's current care plan does not document a focus area documenting a lap cushion.

R12's hospice team visitation log dated 10/15/24 documents problem/intervention/goal: leans forward in wheelchair/lap cushion when up in wheelchair/pt (patient) will not fall out of wheelchair.

2. R19's admission record documents an

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admission date of 07/27/24 with diagnoses including: cerebral atherosclerosis, major depressive disorder, anxiety disorder, history of falling, moderate dementia with psychotic disturbance, peripheral vascular disease, muscle wasting and atrophy, and encounter for palliative care.

R19's order report documents an order dated 03/13/25 of lap cushion while up in wheelchair for positioning.

R19's care plan documents a focus area dated 12/13/24 of resident (R19) does not understand mobility limits due to cognitive limitations. Fall mat at bedside, with an intervention with a date initiated of 11/01/24 with a revision date of 01/03/25 of lap cushion to assist in position maintenance.

R19 hospice team visitation log dated 07/25/24 documents problem/intervention/goal: high fall risk, leans forward when in wheelchair/lap cushion when up in wheelchair/pt (patient) will not have any falls.

On 03/13/25 at 8:45 AM, V1 (Administrator) stated, they do not have any assessments for R12 and R19's lap cushion. She believes they were both initiated as fall interventions for R12 and R19.

On 03/12/25 at 12:10 PM, R12 and R19 were being assisted with lunch and they both had lap restraints intact.

On 03/13/25 from 11:45 AM to 12:15 PM, V19 was being assisted with lunch with her lap restraints intact.

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| S9999 | Continued From page 27<br><br>On 03/13/25 at 12:07 PM, V9 (Certified Nurse Assistant) stated, R19 should have her lap restraint removed during meals. V9 stated R19 would not be able to remove the lap restraint if she was asked to do so.<br><br>The facility policy dated 05/24/18 titled, "Restraints" documents: 1. residents that are admitted with a physician's order for restraint use shall have a restraint use assessment performed and a physician order obtained for the release of restraints with supervision during the assessment process, as appropriate, or an order to discontinue use. 2 periodic assessments shall address the resident's status in an effort to reduce or eliminate restraints whenever possible and assure the restrictive method is used which allows the resident to function at their highest practicable level. 3 the use of restraints will be reviewed by the interdisciplinary team periodically and at least quarterly thereafter. 4 restraint assessments are performed at a minimum with the initial application, change in type of restraint and change in the resident's condition which affects how the resident responds to current treatment.<br><br>(B)<br><br>Statement of Licensure Violations 3 of 10:<br><br>300.610a)<br>300.1210a)<br>300.1210b)4)5)<br>300.1210d)6)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the | S9999 | | |

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facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care
a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

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care needs of the resident.

4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to perform fall risk assessments timely and implement effective interventions to prevent falls for 1 of 6 residents (R17) reviewed for falls in a sample of 39.

Findings include:

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R17's admission record documents an admission date of 05/15/19, with the following diagnoses in part, Alzheimer's disease, unspecified dementia, unspecified severity, with other behavioral disturbances.

R17's Minimum Data Set (MDS) dated 12/3/24, documents a Brief Interview for Mental Status (BIMS) of 99, indicating R17 was unable to complete interview.

Fall investigation dated 12/23/24 documents R17 was being walked to the dining room with 2 CNAs (Certified Nursing Assistants). This fall investigation documents the following interventions were implemented, "Frequent reminders to have help and assist with ambulation when needed."

Fall investigations dated 02/13/25 and 02/22/25 for R17 documents no new interventions were implemented.

R17's most recent fall risk assessment is dated 12/23, with no year documented. This assessment documents that R17 is at high risk for falls.

R17's old care plan documents an intervention dated 05/23/24 as the most recent fall intervention.

R17's current care plan, located in her electronic medical record, documents five fall interventions, all with an initiation date of 03/10/25.

On 03/13/25 at 11:18am, V7 (MDS/Care Plan Coordinator) stated interventions should be listed on the care plan, that is the only place it would

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be. V7 stated the interventions listed on the fall investigation report for R17 from 12/23/24 were not appropriate interventions.

On 03/13/25 at 2:17pm, V2 (Director of Nurses) stated she did not see any interventions for R17's falls on 02/13/25 and 02/22/25 anywhere in the medical record. V2 stated she was not sure why there was 5 interventions dated for 03/10/25, because there was no reason for her to have had 5 interventions with that initiation date. V2 stated that the most recent fall risk assessment they had for R17 was from 12/23/24. V2 stated that interventions of frequent reminders to have help and assist with ambulation as needed for V17's fall on 12/23/24 would not be appropriate interventions for a fall that occurred while she was being assisted by two staff members with ambulation.

Facility Policy titled "Fall Prevention Program" with a revision date of 11/21/17 documents the following: "A Fall Risk Assessment will be performed at least quarterly, and with each significant change in mental or functional condition and after any fall incident ... Accident/Incident reports involving falls will be reviewed by the Interdisciplinary team to ensure appropriate care and services were provided and determine possible safety interventions."

(C)

Statement of Licensure Violations 4 of 10:

300.610a)
300.2040b)2)

Section 300.610 Resident Care Policies

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a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.2040 Diet Orders
b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.
2) The diet shall be served as ordered.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure residents with a history of weight loss or at risk for nutritional problems received ordered supplements with meals for 6 of 6 residents (R7, R12, R17, R19, R23, R35) reviewed for nutrition in a sample of 39.

Findings Include:

On 03/11/24 between 11:40 AM and 12:25 PM, R7, R12, R17, and R23 did not receive a health shake or a nutritional ice cream with the lunch

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meal.

On 03/12/25 between 11:43 AM and 12:27 PM, R7, R17, R19 and R23 did not receive a nutritional ice cream with the lunch meal.

1. R23's admission record documents an admission date of 11/09/21 with diagnoses including: dementia, cerebral infarction, delusional disorders, hallucinations, vitamin D deficiency, hereditary and idiopathic neuropathy, muscle wasting and atrophy and fatigue.

R23's care plan documents a focus area noting: the resident has a potential nutritional problem of weight loss r/t (relating to) CVA (cerebrovascular accident), dementia with behaviors, and delusional disorder dated 08/23/24 with interventions including: provide, serve diet as ordered dated 06/13/24 and RD (registered dietician) to evaluate and make diet change recommendations PRN ((pro re nata (as the situation demands)) dated 06/13/24.

R23's Nutritional assessment dated 12/19/24 documents a current weight of 157.2 pounds, section titled, "Evaluation of Current Weight" documents: -10.48% weight loss x six months with a nutritional status stating: significant weight loss noted x 6 months. BMI (Body mass index) WNL (within normal limits) for age, BMI 23.27 normal (23.0 - 29.9). The section titled, "Dietitian Nutritional Assessment" documents: Due to significant weight loss and varying PO (per oral) intake will recommend to add a health shake TID (three times a day) with meals to provide additional nutrition and RD to follow up as needed.

R23's Nutritional Care Form by V19 (Registered

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Dietician /RD) dated 01/27/25 documents: RD note (weight) January wt (weight): 147.8 # (pounds) w/ (with) significant weight loss x 1 mo (5.98%) and x 6 mo (17.8%). BMI: (body mass index) 21.82 (underweight). Diet rx (prescription): regular with PO (per oral) intake approximately 50 - 100% breakfast, approximately 50-75% lunch and approximately 75-100 % supper per Jan intake log. Meds reviewed. No new labs. No pressure injuries reported. Note 12/19/24 RD is pending. Will re-recommend and add nutritional ice cream BID (twice a day). RD to follow up PRN. Diet order change to health shake three times a day with meals and nutritional ice cream twice a day.

R23's nutrition/dietary note dated 2/21/25 at 1:20 PM documents: RD note (weight review) February wt (weight) 155# with sig (significant) wt (weight) loss noted x 6 mo (months) (11.02%) BMI: 27.8%, nutritional ice cream two times a day and health shake with meals. Despite wt loss x 6 mo, wt x 1 mo is up approximately 4.87% with supplements added recently. Will only recommend to clarify (brand) of nutritional ice cream to (brand) of nutritional ice cream.

R23's order summary report dated 03/13/25 documents an order dated 01/29/25 with no end date listed of nutritional ice cream two times a day and an order dated 01/29/25 with no end date listed of health shake with meals.

R23's "Weights and Vitals" documents a weight on 2/11/25 a weight of 156.8 pounds and on 03/11/2025 of 144.3 pounds. Which documents a 7.97 % weight loss within one month.

2. R12's admission record documents an admission date of 06/13/19 with diagnoses

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including: Alzheimer's disease, dementia, muscle wasting and atrophy, unsteadiness on feet, and encounter for palliative care.

R12's current Physician Order sheet documents an order dated 01/23/25 with no end date noted for nutritional health shake with meals.

R12's care plan has a focus area of: The resident (R12) has a potential nutritional problem needs staff to feed each meal r/t (relating to) dementia, Alzheimer's disease dated 08/06/24 with an intervention listed as: provide, serve diet as ordered dated 06/13/24 and RD (registered dietician) to evaluate and make diet change recommendations PRN dated 06/13/24.

3. R19's admission record documents an admission date of 07/27/25 with diagnoses including: cerebral atherosclerosis, major depressive disorder, anxiety disorder, history of falling, moderate dementia with psychotic disturbance, peripheral vascular disease, muscle wasting and atrophy, and encounter for palliative care.

R19's current Physician Order sheet documents an order dated 01/29/25 of nutritional ice cream for two times a day for breakfast and lunch with no end date documented.

R19's care plan documents a focus area dated 08/14/24 documenting: the resident has unplanned/unexpected weight loss r/t (related to) dementia, and cerebral atherosclerosis with an intervention of: give the resident supplements as ordered with an initiated date of 06/13/24.

4. R7's admission record documents an admission date of 06/30/23 with diagnoses

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including: dementia, major depressive disorder, rheumatic aortic stenosis with insufficiency, type 2 diabetes mellitus, spinal stenosis, spondylolisthesis, muscle weakness, and age-related osteoporosis.

R7's current Physician Order sheet dated 03/13/25 documents an order for nutritional ice cream one time a day with a start date of 01/30/25 with no end date noted.

R7's care plan documents a focus area dated 12/16/24 documents: the resident has a potential nutritional problem r/t (relating to) dementia dated 12/17/24, change (specific brand) nutritional ice cream to (specific brand) nutritional ice cream with an intervention listed of: provide, serve diet as ordered with a date initiated of 06/13/24.

5. R17's admission record documents an admission date of 05/15/19 with diagnoses including: Alzheimer's disease, major depressive disorder, dementia, vitamin D deficiency, and vitamin B12 deficiency.

R17's current Physician Order sheet dated 03/13/25 documents an order dated 01/23/25 with no end date noted documenting nutritional ice cream two times a day.

R17's care plan documents a focus area indicating the resident has a potential nutritional problem of not consuming enough calories r/t dementia dated 09/09/24 with interventions listed as: provide, serve diet as ordered and RD to evaluate and make diet change recommendations PRN both dated 06/13/24.

6. R35's admission record dated 03/13/25, documents an admission date of 09/21/24 with

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| AXIOM GARDENS OF MOUNT VERNON | #5 DOCTORS PARK MOUNT VERNON, IL 62864 |

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diagnoses in part of unspecified dementia unspecify severity with other behavioral disturbance, major depressive disorder, and type 2 diabetes mellitus.

R35's MDS (Minimum Data Set) dated 01/14/25 documents in Section C a BIMS (Brief Interview for Mental Status) of 12 which indicates moderately impaired cognition. Section GG eating as setup or clean-up assistance. Section K document no weight loss and no weight gain.

R35's Physician Orders documents on 1/29/25 a supplement for a magic cup (nutritional ice cream) is ordered one time a day.

R35's Care plan with a revised date 06/25/24 with a focus area of R35 (resident) has the potential nutritional problem. Interventions include in part provide and serve diet as ordered.

On 03/11/25 at 11:57AM R35 was served her lunch tray no nutritional ice cream served with lunch tray.

On 03/11/25 at 12:00PM, V8 (Activity Assistant) was reviewing R35's dietary lunch card and V8 stated that R35 should have gotten a nutritional ice cream with her lunch. V8 said that he was going to go to the kitchen window to get R35 nutrition ice cream. V8 asked the kitchen staff for the nutrition ice cream. V8 stated that the kitchen staff told him they were out of nutrition ice cream and didn't have any substitute for the ice cream.

On 03/12/25 at 12:20PM, R35 was served her lunch tray no nutritional ice cream served with lunch tray.

On 03/12/25 at 12:47 PM, V6 (Dietary) stated on

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03/11/25 the facility did not have any health shakes or nutritional ice cream and on 03/12/25 the facility was still out of nutritional ice cream.

On 03/12/25 at 1:56PM, V8 (Activity Assistant) stated that he was helping in kitchen and that they were out of nutritional supplement still. V8 said they have been without nutritional ice cream for at least 2 days. V8 said that he looked in the freezer and refrigerator himself to check to see if they have any and he said that the facility doesn't have any nutritional ice cream. V8 said that on 03/11/25 that the facility didn't have any nutritional ice cream or nutritional supplements. V8 said that they did get nutritional supplements in today, but still no nutritional ice cream.

On 03/12/25 at 1:58PM V6 (Dietary) stated they didn't have any nutritional ice cream in the facility, and they had been out for 2 days now. V6 said they were also out of nutritional supplement, but that a truck came in today and they received the nutritional supplement. V6 said he didn't know when they would be getting the nutritional ice cream in. V6 said if they were going to get the nutritional ice cream, he would have thought it would have been today when the truck came in. V6 stated that he has not given the resident who are to receive nutritional ice cream or supplements any kind of nutritional substitute.

On 03/13/25 at 3:30 PM, V1 (Administrator) stated, if the kitchen does not have any nutritional shakes or nutritional ice cream, they should make fortified pudding or an equal replacement to give as a substitute until they get more supplements in.

On 03/17/25 at 3:27 PM, V19 (Registered Dietician) stated if the facility was out of the

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supplements she recommended for a resident with weight loss, she would expect them to give a substitution, for example a fortified pudding or another substitution. If the resident was to receive multiple supplements, she would want a substitution given. The facility can always call her for any recommendations if they need some.

The undated facility policy titled, "Nutritional/Dietary Supplements" documents: Nutritional/dietary supplements are provided to residents per clinician order. The dietary department should maintain a current list of residents and their ordered supplement(s). Nursing services delivers and documents the consumption of ordered nutritional/dietary supplements on the MAR (medication administration record) per facility guidelines or state requirements.

The facility policy dated 2022 titled, "Unintentional Weight Loss" documents: unintentional weight loss can be rapid or sometimes slow and insidious. It is important that systems are in place to detect, assess and develop and individualized plan of care for persons with unintentional weight loss.

(C)

Statement of Licensure Violations 5 of 10:

300.1010e)

Section 300.1010 Medical Care Policies
e) All residents shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.)

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This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to have a physician perform a comprehensive evaluation within 30 days post admission for 5 of 5 residents (R2, R13, R48, R49, and R102) reviewed for physicians' visits in a sample of 39.

Findings include:

1.) R2's Admission Record documents an admission date of 01/20/25 with diagnoses including chronic obstructive pulmonary disease, type 2 diabetes mellitus, heart failure, liver cell carcinoma, anxiety disorder, major depressive disorder, anemia, and hereditary and idiopathic neuropathy.

2.) R102's admission record documents an admission date of 02/12/25 with diagnoses including neurocognitive disorder with Lewy bodies, dementia, metabolic encephalopathy, acute systolic heart failure, chronic kidney disease stage 1, chronic atrial fibrillation, and depression.

3.) R49's admission record documents an admission date of 02/07/25 neurocognitive disorder with Lewy Bodies, hyperlipidemia, and gastro-esophageal reflux disease with esophagitis.

4.) R13's admission record documents an admission date of 01/30/25 with chronic obstructive pulmonary disease, paroxysmal atrial fibrillation, atherosclerosis of native arteries of extremities, psychosis not due to a substance or

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| S9999 | Continued From page 41<br>known physiological condition, schizoaffective disorder, and tobacco use.<br><br>5.) R48's admission record documents an admission date of 01/22/25 with diagnoses including chronic obstructive pulmonary disease, peripheral vascular disease, hypothyroidism, anxiety disorder, bipolar disorder, hypertension, aortic aneurysm, and diaphragmatic hernia.<br><br>On 03/13/25 at 3:45 PM, V1 (Administrator) stated V21 (Medical Director) has not physically been in the building since January 15, 2025 and has not seen R2, R102, R49, R13 or R48 in person for a comprehensive admission assessment. They have all seen the nurse practitioner.<br><br>(C)<br><br>Statement of Licensure Violations 6 of 10:<br><br>300.610a)<br>300.1650a)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. | S9999 | | |

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Section 300.1650 Control of Medications
a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.

This REQUIREMENT is not met as evidenced by:

Based on interview, observation, and record review the facility failed to process the returning and/or destroying of unused medication for 4 of 4 (R12, R16, R32, R156) residents reviewed for medications storage in the sample of 39.

Findings include:

1. R32's admission record dated 3/13/25, documents an admission date of 05/17/23 with a diagnosis in part of unspecified dementia, unspecified severity with agitation.

R32's Physician orders documents order for Ipratr-albuter 0.5mg (milligrams)-3mg/ml (milliliters) ordered on 01/10/24.

On 03/12/25 at 9:45AM, R32 had an open box of ipratropium Bromide and Albuterol Sulfate inhalation solution 0.5mg/3mg/3ml in the medication room refrigerator that expired on 02/2025.

2. R156's Admission record dated 03/13/25, documents an admission date of 01/14/2019 and a discharge date of 02/25/25 with diagnoses in part of Alzheimer's, Dementia severe with other behavior disturbances, anemia, and hyponatremia.

R156's Immunization record documents no

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Shingrix vaccine was given to R156.

On 03/12/25 at 10:30AM there was a Shingrix vial kit 50mcg (micrograms)/0.5ml vial in medication refrigerator with an expiration date of 10/02/23 with R156's name on it.

3. R16's Admission record dated 03/13/25, documents an admission date of 08/02/22 with diagnoses in part of chronic obstructive pulmonary disease, cerebral infarction, Crohn's disease, seizures, white matter disease, solitary pulmonary nodule, and personal history of malignant neoplasm of ovary.

R16's immunization record documents on 09/08/22 one dose of Shingrix was given to R16.

On 03/12/25 at 10:30AM, R16's Shingrix vial kit 50mcg (micrograms)/0.5ml vial second dose was in medication refrigerator with an expiration date of 10/06/23.

4. R12's Admission record dated 03/13/25, documents an admission date of 06/13/2019 with diagnoses in part of Alzheimer's, dementia, and encounter for palliative care.

R12's immunization record documents on 09/11/22 one dose of Shingrix vaccine was given to R12.

On 03/12/25 at 10:30AM, R12's Shingrix vial kit 50mcg (micrograms)/0.5ml vial second dose was in medication refrigerator with an expiration date of 10/06/23.

5. On 03/12/25 at 10:30AM the medication refrigerator had Vaxneuvance 0.5ml syringes (stock) order date 10/15/22 with an expiration

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11/30/22, Stock Pneumovax 23 vials 0.5ml 2 vials expired 05/06/24, and Stock Prevnar 20 syringes 0.5ml expired 02/28/25.

On 03/12/25 at 10:40AM, V2 (Director of Nursing) stated that pharmacy checks their medications for any medications that are expired. V2 said that pharmacy was in not too long ago and checked the refrigerator and carts for expired medication and gave her a report stating that no expired medications were found. V2 stated that she was going to have the expired medication that were found taken care of either sent back or destroyed.

On 03/13/25 at 10:45AM, V20 (Licensed Practical Nurse/LPN) stated that pharmacy comes in and checks the medication carts and medication refrigerator often for expired meds. V20 stated that V2 gave her the last pharmacy check dated 01/16/25 and it doesn't show any expired refrigerated meds.

A paper with a handwritten date of 01/16/25 with facility pharmacies name titles "General medication storage Audit" documents there was no check mark next to expired refrigerated meds are not present.

The facility policy titled "Disposal/Destruction of Expired or Discontinued Medication" with a revision date of 07/10/24 documents under procedure: 4. Facility should place all discontinued or outdated medications in a designated, secure location which solely for discontinued medication or marked to identify the medication are discontinued and subject to destruction. 7. Facility should dispose of discontinued medications, outdated medications, or medications left in facility after a resident has been discharged or deceased, in a timely fashion,

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| S9999 | Continued From page 45<br>no more then 90-days of the date the medication was discontinued by physician/prescriber, or sooner per applicable law.<br><br>(C)<br><br>Statement of Licensure Violations 7 of 10:<br><br>300.610a)<br>300.2040b)2)<br>300.2050<br>330.2080a)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.2040 Diet Orders<br>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.<br>2) The diet shall be served as ordered.<br><br>Section 300.2050 Meal Planning<br>Each resident shall be served food to meet the resident's needs and to meet physician's orders. | S9999 | | |

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| S9999 | Continued From page 46<br><br>The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.<br><br>Section 300.2080 Menus and Food Records<br>a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.<br><br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to follow the approved menu for portion sizes and items to be served for 8 of 21 residents (R2, R5, R7, R10, R11, R12, R14, R44) reviewed for dining in the sample of 39.<br><br>Findings include:<br><br>1. On 03/10/25 between 11:50 AM and 12:15 PM while observing the plating of the lunch meal R5, R7, R10, and R44 were served a number 12 scoop (2 2/3 ounces) of ground chicken. | S9999 | | |

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| S9999 | Continued From page 47<br><br>The facility document titled "Diet Spreadsheet" documents day 16 Monday dental soft (mech (mechanical) soft) ground fried chicken w/ (with) gravy #8 dipper (4 ounces).<br><br>R7's current Physician Orders dated 03/13/25 documents an order for regular diet with mechanical soft texture with an order date of 01/23/25.<br><br>R5's current Physician Orders dated 03/13/25 documents an order dated 01/29/25 of CCD (controlled carb (carbohydrate) diet), mechanical soft texture with a start date of 01/29/25 and no end date listed.<br><br>R10's current Physician Orders dated 03/13/25 documents an order dated 01/29/25 with no end dated listed of regular diet, mechanical soft texture.<br><br>R44's current Physician Orders dated 02/20/25 documents an order dated 01/23/25 listing regular diet, mechanical soft texture.<br><br>2. On 03/10/25 between 11:45 AM and 12:25 PM no residents were served margarine during the lunch meal.<br><br>The facility's document titled, "Diet Spreadsheet" documents day 16 Monday lists: regular diet: cornbread/margarine 3" x 2-1/2" svg (serving)/1 tsp (teaspoon), dental soft (mech soft) cornbread/margarine 3" x 2-1/2" svg (serving)/1 tsp (teaspoon), pureed: pureed cornbread/margarine #10 scoop/1 tsp.<br><br>On 03/11/25 between 11:40 AM and 12:13 PM no residents were served margarine during the lunch | S9999 | | |

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meal.

The facility document titled, "Diet Spreadsheet" documents day 17 Tuesday lists: regular diet: bread/margarine 1 slice/1 tsp (teaspoon), dental soft (mech soft) bread/margarine 1 slice/1 tsp, CCHO (LCS) (consistent carbohydrate (low concentrate sweets)) 1 slice/1 tsp.

On 03/12/25 between 11:45 AM and 12:27 PM no residents were served margarine during the lunch meal.

The facility document titled, "Diet Spreadsheet" documents day 18 Wednesday lists: regular diet: dinner roll/margarine 1 each/1 tsp (teaspoon), dental soft (mech soft) soft dinner roll/margarine 1 each/1 tsp, CCHO (LCS) (consistent carbohydrate (low concentrate sweets)) dinner roll/margarine 1 each/1 tsp.

On 03/13/25 at 10:17 AM, R11 stated she would like butter with her bread and cornbread. R11 was alert and oriented to person, place, and time.

On 03/13/25 at 11:22 AM, R14 stated he would like butter with his bread, cornbread, and other items. R14's was alert to person, place, and time.

On 03/13/25 at 11:26 AM, R10 stated he would like butter with his bread and cornbread. R10's MDS (Minimum Data Set) dated 01/22/25 documents a BIMS (Brief Interview for Mental Status) score of 12 indicating he is moderately cognitively intact.

On 03/13/25 at 11:24 AM, R2 stated he would like butter with his bread, cornbread, and other items. R2's MDS dated 01/26/25 documents a BIMS score of 13 indicating he is cognitively intact.

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| S9999 | Continued From page 49<br><br>On 03/13/25 at 11:35 AM, R12 stated she would like butter with her bread and cornbread. R12's MDS dated 02/01/25 documents a BIMS score of 12 indicating she is moderately cognitively intact.<br><br>On 03/13/25 at 3:13 PM, V1 (Administrator) stated, residents should be served the portion size indicated on the spreadsheet.<br><br>The undated facility policy titled, "Portion Control" documents: 2. Serve portions according to the menu spreadsheet 3. Use scoops, spoodles, ladles, and scales to serve proper menu portions on the tray line.<br><br>(C)<br><br>Statement of Licensure Violations 8 of 10:<br><br>300.610a)<br>300.696b)<br>300.696d)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.696 Infection Prevention and Control | S9999 | | |

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| AXIOM GARDENS OF MOUNT VERNON | #5 DOCTORS PARK MOUNT VERNON, IL 62864 |

| (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) COMPLETE DATE |
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| S9999 | Continued From page 50<br><br>b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.<br><br>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):<br><br>This REQUIREMENT is not met as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to provide Enhanced Barrier Precautions according to professional standards of practice for 3 out of 3 residents (R13, R22, R38) reviewed for infection control in a sample of 39.<br><br>Findings include:<br><br>1. R38's admission record documents an admission date of 12/24/24 with the following diagnoses in part, local infection of the skin and | S9999 | | |

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subcutaneous tissue and necrotizing fasciitis. R38's Minimum Data Set (MDS) dated 12/30/24, documents a Brief Interview for Mental Status (BIMS) of 15, indicating R38 is cognitively intact.

R38's Order Summary Sheet dated 03/13/25 documents the following active treatment orders; Wound Cleansing Site: Cleanse BLE (Bilateral Lower Extremities) with saline. Apply xeroform, cover with calcium alginate, ABD (abdominal) pad and wrap with gauze, every day shift related to necrotizing fasciitis. Wound Cleansing Site: Cleanse left heel with normal saline or sterile water, apply calcium alginate, and cover with dry dressing every day shift for food wound.

R38's medical record, including care plan, does not include measures to put enhanced barrier precautions in place.

On 03/10/25 at 10:50am, No enhanced barrier precautions posted on or around R38's door. No PPE (Personal Protective Equipment) observed near R38's door.

On 03/10/25 at 12:24 PM, No enhanced barrier precautions posted on or around R38's door. No PPE observed near R38's door.

On 03/11/25 at 11:04AM, No enhanced barrier precautions posted on or around R38's door. No PPE observed near R38's door.

On 03/12/25 at 8:47AM, No enhanced barrier precautions posted on or around R38's door. No PPE observed near R38's door.

2. R22's admission record documents an admission date of 09/10/24 with the following diagnosis in part, Idiopathic aseptic necrosis of

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| AXIOM GARDENS OF MOUNT VERNON | #5 DOCTORS PARK MOUNT VERNON, IL 62864 |

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unspecified toe(s). R22's Minimum Data Set (MDS) dated 02/06/25, documents a Brief Interview for Mental Status (BIMS) of 13, indicating R22 is cognitively intact.

R22's Order Summary Sheet dated 03/13/25 documents the following active treatment orders; Wound cleansing site: Left lateral calf and left anterior knee. And R (right) forearm. Wipe with skim prep daily every day shift for skin tear. Wound cleansing site: Left lateral calf and R forearm. Wipe with skin prep daily every day shift for skin tear.

R22's medical record, including care plan, does not include measures to put enhanced barrier precautions in place.

3. R13's admission record documents an admission date of 01/30/25 with the following diagnosis in part, unspecified atherosclerosis of native arteries of extremities, unspecified extremity.

R13's Minimum Data Set (MDS) dated 02/05/25, documents a Brief Interview for Mental Status (BIMS) of 13, indicating R13 is cognitively intact.

R13's Order Summary Sheet dated 03/13/25 documents the following active treatment order; Betadine surgical scrub external solution (Povidone-Iodine). Apply to bilat (bilateral) feet topically one time a day every Mon, Wed, Fri for post amputation bilat feet through metatarsal bone. Apply betadine wet to dry to bilat surgical sites on feet, cover with Adaptec, 4x4, kerlix, cast padding and ace wrap.

R38's medical record, including care plan, does not include any enhanced barrier precautions in

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place.

On 03/12/25 at 10:00AM, V20 (Licensed Practical Nurse/LPN) asked what kind of trash bag she needed for the wound trash. V20 stated she didn't know what kind of trash bag she needed, if she needed a regular bag or a red biohazard bag. V20 said that R38 is not on enhanced barrier precautions, she didn't know what enhanced barrier precautions were. V20 stated none of her residents are on enhanced barrier precautions.

On 03/12/25 at 10:20am, V1 (Administrator) stated that she didn't know what enhanced barrier precautions was and that she didn't have anyone in the facility that was on enhanced barrier precautions. V1 stated she didn't know that resident with wounds, urinary catheters, feeding tube, central lines and tracheostomy requires any special precautions. She said that they just use standard precautions for all residents.

On 03/12/25 at 10:25am, V2 (Director of Nursing/DON) stated that she did not know anything about enhanced barrier precautions and that they didn't have anyone at the facility that was on enhanced barrier precautions. She said that she would look up the enhanced barrier precautions and put it in place.

On 03/12/25 at 1:43PM, isolation bins were observed outside of R13, R22, and R38's doors and enhanced barrier precaution signs were also posted.

On 03/12/25 at 3:45PM, V2 stated that they did put up enhanced barrier signs and PPE on R13, R22 and R38's rooms. V2 stated those are the only resident that would need enhanced barrier precautions related to wounds. V2 stated that no

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| S9999 | Continued From page 54<br>other resident in the facility qualifies for enhanced barrier precautions.<br><br>Facility policy titled Enhanced Barrier Precautions, with a revision date of 05/07/24 documents that enhanced barrier precautions are indicated for residents with chronic wounds.<br><br>(B)<br><br>Statement of Licensure Violations 9 of 10:<br><br>300.1060a)<br>300.1060b)<br><br>Section 300.1060 Vaccinations<br>a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act)<br><br>b) A facility shall document in the resident's | S9999 | | |

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medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to maintain/offer influenza vaccinations for one (R34) resident of 5 residents reviewed for immunizations in a sample of 39.

Findings include:

R34's Admission Record documents an admission date of 09/12/24 with diagnoses including Parkinson's disease, dementia, major depressive disorder, anxiety disorder, and cognitive communication deficit. R34's minimum data set dated 12/19/24 documents a brief interview of mental status score of 99 indicating resident was unable to complete the interview.

R34's current Physician's orders dated 03/17/25 documents an order stating: immunization: may have annual flu vaccine with consent unless contraindicated with an order date 09/16/2024 with no start date or end date noted.

R34's electronic medical record does not contain any documentation that R34 received an influenza vaccination in 2024, nor does it contain documentation that R34 was offered the vaccine or refused.

On 03/11/25 at 3:30 PM, V2 (Director of Nursing) stated, she does not have any information for R34's influenza vaccination for 2024. V2 stated

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the only information she could find was where he received his influenza vaccination on 08/24/23. V2 stated most of the residents received the vaccination in October 2024, she does not know why he did not receive his then.

(C)

Statement of Licensure Violations 10 of 10:

300.670c)1)2)3)

Section 300.670 Disaster Preparedness
c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:
1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and
3) Evaluate the effectiveness of disaster plans and procedures.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to perform disaster drills twice annually for each shift of facility personnel.

Findings include:

On 03/12/25 at 10:23 AM, V10 (Maintenance Director) stated, he only did one disaster drill at one time this last year, he did all the fire drills every month on different shifts for every quarter,

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| S9999 | Continued From page 57<br>but he did not know he was supposed to do two disaster drills annually for each shift.<br><br>The facility document titled "Emergency Drill Reporting Form" documents an emergency drill was performed on 11/06/24 at 10:00 AM.<br><br>On 03/13/25 at 3:35 PM, V1 (Administrator) stated, she does not know if they have a policy for disaster drills.<br><br>(C) | S9999 | | |