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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations: (1 of 3) 300.610a) 300.1010h) 300.1210a) 300.1210b) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such	S9999		

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accident, injury or change in condition at the time of notification

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

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.

These regulations were not met as evidenced by:

Based on observation, interview and record review the facility failed to implement nutritional interventions, timely implement dietitian recommendations, care plan for weight loss, and

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timely notify the dietitian, physician, and resident representative of significant weight loss for three of four (R38, R72, R36) residents reviewed for nutrition in the sample list of 51. These failures resulted in ongoing and significant weight loss for R38 and R36.

Findings include:

The facility's undated Weight Assessment and Intervention policy documents the following: Weights will be monitored at least monthly and as recommended by the interdisciplinary team (IDT). Residents on fluid management programs will be weighed frequently to monitor changes in fluid status and if weight loss is desirable or related to fluid loss, this will be documented. Weights are documented in the resident's medical record. Weight changes of 5% or more will have a re-weigh to verify accuracy. Once the weight change is verified, nursing staff will notify the physician, Registered Dietitian (RD), Dining Services Manager, or other members of the IDT and this notification must be confirmed in writing. The weight log will be reviewed monthly by the RD to evaluate negative trends and determine significant changes and will discuss interventions with the resident's representative. A one month loss of 5% is significant and greater than 5% is severe. A three month loss of 7.5% is significant and greater than 7.5%. A six month loss of 10% is significant and greater than 10% is severe. The physician with the IDT will identify conditions or medications that may be contributing to weight loss. Undesirable weight loss will be care planned to include the problem, goals, and interventions. Interventions will be based on resident choice, nutritional needs, contributing factors, medication effects, use of supplements, and end of life decisions.

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1.) On 3/31/25 at 12:16 PM R38 stated R38 is unaware if R38 has lost any weight or if anything has been done to address R38's weight loss. On 3/31/25 at 1:31 PM R38 had finished eating lunch in R38's room. R38 ate half of the chicken patty, all of the baked potato, no broccoli, 75% of fruit, and drank all of the nutritional shake. On 4/01/25 at 12:47 PM R38 was finished eating lunch in R38's room. R38 ate almost all of the meatballs, and a few bites of vegetable blend, mashed potatoes, and pineapple. R38 drank all of the nutritional shake. R38 stated R38 did not want to eat anymore of the meal.

R38's Minimum Data Set (MDS) dated 2/27/25 documents R38 has moderate cognitive impairment, had a significant weight loss within the last month or last six months, is not on a prescribed weight loss regimen, and has one stage one and two facility acquired stage two pressure ulcers. R38's active care plan does not address R38's significant weight loss.

R38's ongoing weight log documents:
Admission weight 104 pounds (lbs) on 11/26/24
104 lbs on 11/28/24
92 lbs on 12/11/24 (11.54% loss in less than one month)
96.4 lbs on 12/30/24
90.4 lbs on 1/27/25 (6.22% loss in one month)
92 lbs on 3/2/25
93 lbs on 4/1/25

R38's Nursing Note dated 12/24/24 documents R38 tested positive for COVID-19 and was placed on isolation.

R38's meal intake report dated 12/1/24-2/28/25 document R38 ate 50% or less for 44 meals in

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December, 69 meals in January, and 57 meals in February. R38's meal intake report dated 3/6/25-4/4/25 document R38 ate 50% of less for 73 meals.

There is no documentation in R38's medical record that R38's significant weight loss noted on 12/11/24 was reported to V43 RD or evaluated by V43 until 12/23/24. R38's Request for Diet Change dated 12/23/24 documents V43 RD recommended adding nutritional shake three times daily. This form was not signed by the physician until 12/30/24 and there is no documentation that this was implemented until 1/6/25. There is no documentation in R38's medical record that a physician was notified of R38's weight loss other than this diet change request. R38's January 2025 Medication Administration Record (MAR) documents nutritional shakes three times daily was implemented on 1/6/25.

R38's Nutrition/RD Note dated 1/20/2025 documents R38 is receiving treatment for a stage two pressure ulcer. R38's Nutrition/RD Note dated 2/25/25, recorded by V43, documents R38's weight is down 6.5% in one month and 13.4% in three months, R38 has stage two pressure ulcers to left buttock and sacrum, and R38's meal intakes are poor to fair. V43 recommended adding nutritional supplement 90 milliliters (ml) three times daily for extra calories and protein. R38's March MAR documents nutritional supplement 90 milliliters three times daily was implemented on 3/4/25.

There is no documentation in R38's medical record that V44, R38's Family, was notified of R38's significant weight loss prior to 2/25/25. R38's Care Conference dated 2/25/25 documents

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V44 was notified of R38's weight loss and weight loss was expected due to age and appetite level. R38 was refusing to eat and upset with family due to nursing home admission. R38 was noted to eat desserts prior to meal so may try incorporating yogurt and applesauce.

On 4/2/25 at 1:32 PM V43 RD stated V43 is at the facility one day per month and also works remotely. V43 stated V43 has to do a lot of research herself because the facility does not have a great system for referring residents to V43. V43 stated V43 has to run a report during her visit to determine new admissions and a weight report from the beginning of the month to the beginning of the next month to determine significant weight loss. V43 stated it would be great if the facility would notify V43 at the time the significant weight loss occurs since V32 goes by the weights recorded at the beginning of each month. V43 stated V43 does not have time to run a weight report each week and relies on the facility to do that. V43 stated V43's biggest concern is if the resident is eating less than 50% of each meal. V43 stated V43's recommendations should be implemented within a week and V43 provides recommendations to the facility within 24 hours of V43's visit. V43 stated there may be a delay due to the facility having to wait for the physician or nurse practitioner to approve V43's recommendations. V43 stated V43 first evaluated R38 on 12/23/24, R38's advanced age and COVID-19 could have contributed to R38's weight loss, as well as R38's decreased appetite. V43 confirmed the facility should also report significant weight loss to the physician for review. V43 stated R38's additional weight loss could have possibly been prevented if the facility had reported R38's weight loss in December prior to V43's visit. V43 stated the

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facility should be monitoring weights closely to catch weight loss sooner.

On 4/2/25 at 2:14 PM V2 Director of Nursing (DON) stated V3 Dietary Manager (DM) is responsible for notifying V43 of weight loss and V43's recommendations are given to nursing to follow up to obtain physician approval. V2 stated we have a new medical director , V30, that started in January who is here two or three times, and initially V30 did not want to sign off on V43's recommendations until V30 got to know the residents. V2 stated there have also been changes in the facility's nurse practitioners and the facility used to have nurse practitioners that were in the facility daily. V8 Assistant DON stated nursing staff are responsible for reporting weight loss to V3 who notifies V43. Both V2 and V8 stated physician notification would be in a nursing note or physician progress note. Neither V2 or V8 were aware of who has been notifying resident representatives of significant weight loss. V8 stated that is something nursing should probably be doing and this should be documented in a nursing note. V8 confirmed care plans should address weight loss and was unsure if V3 or V9 Care Plan Coordinator was responsible for updating this on the care plan. V2 stated weight loss is reviewed as part of the facility's monthly Quality Assurance Performance Improvement (QAPI) meetings. V2 stated nutritional supplements are recorded on the MAR and physician orders. On 4/3/25 at 11:14 AM V2 stated R38 was initially upset with R38's family for admitting to the facility, R38 was "on strike", and refusing to eat. R38's family started coming during meal times and we discovered R38 likes sweets. V2 stated R38's family was notified of R38's weight loss during the care plan meeting on 2/25/25. V2 confirmed R38's diet change request

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was signed by the physician on 12/30/24 and confirmed there was no other documented notification to R38's family or physician. V2 stated V2 thought R38's weight loss was related to diuretic use. V2 and V34 Regional Nurse Consultant confirmed R38 had no increased or additional doses of diuretics given. V34 confirmed R38's care plan was not updated to address R38's weight loss prior to 4/1/25. V34 stated V3 DM needs to be updating the nutrition/weight loss on the care plan and will need additional training on this. V2 stated the former DON left in November 2024, V2 started as DON on 12/6/24 and is new to this role, and V9 Care Plan Coordinator was trying to catch up on V43's recommendations.

On 4/2/25 at 2:35 PM V3 DM stated V3 is responsible for reporting significant weight loss to V43 RD via electronic mail or phone calls. V3 also runs a weight report weekly that is forwarded to V43 each week but V3 does not document this notification in the resident medical record. V3 stated V43 sends recommendations to V3 and nursing is responsible for implementation. V3 stated weight loss is reviewed during the monthly QAPI meetings and not during the daily IDT meetings. V3 stated V3 only updates the care plans with new supplements/interventions and V9 is responsible for updating the care plan with weight loss. On 4/3/25 at 1:35 PM V3 stated V3 had no electronic mail communication with V43 reporting R36's, R38's or R72's significant weight loss.

On 4/2/25 at 3:30 PM V1 Administrator stated significant weight changes is reviewed as part of the morning IDT meetings, but no weight reports are reviewed at that time. V1 stated that is something we are going to start doing and

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implementing weekly weight meetings.

2.) On 3/31/25 at 10:01 AM R36 stated R36 has lost about 50 lbs since admitting to the facility and was unsure why. On 3/31/25 at 12:39 PM R36 was served lunch in R36's room which consisted of baked potato, broccoli, hamburger, bread with butter, and fruit parfait. R36's meal tray did not include a nutritional shake. R36's meal ticket does not include a nutritional shake as part of the noon meal, but lists instructions that nutritional shakes are not part of R36's fluid restriction. On 3/31/25 at 1:14 PM V31 Certified Nursing Assistant (CNA) stated R36 ate half of the hamburger, all of the dessert, and only bites of the other food. V31 stated R36 used to get nutritional shakes with meals when R36 resided on another hallway, but V31 did not think R36 gets the shakes anymore due to being on a fluid restriction. V46 CNA looked at R36's meal ticket and stated the nutritional shake is not included as part of the fluid restriction. V31 and V46 confirmed the nutritional shakes are served by dietary on the meal trays and R36 did not have a nutritional shake as part of his meal.

On 4/01/25 at 12:55 PM R36 was lying in bed and finished eating lunch. R36 ate one meatball, all of his mashed potatoes, half of his pineapple, half of a slice of bread with butter and a few bites of vegetable blend. R36's meal did not include a nutritional shake and the nutritional shake was not listed on R36's meal ticket, only the instructions that the shake is not part of his fluid restriction. R36 stated R36 just doesn't have much of an appetite and R36 is depressed. R36 stated R36 had not told staff that he was feeling more depressed. At 1:15 PM R36's concerns of depression was reported to V45 Registered Nurse (RN) and V45 stated she would follow up

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on this.

R36's MDS dated 2/14/25 documents R36 has moderate cognitive impairment and had a significant weight loss within one or six months without a prescribed weight loss regimen. R36's active care plan does not address R36's weight loss. R36's active Care Plan does not address R36's weight loss.

R36's active physician's orders includes orders for a daily 1600 ml fluid restriction related to Congestive Heart Failure (CHF) as of 11/23/24, nutritional shake daily since 11/24/24, and nutritional supplement 90 ml three times daily as of 4/2/25. R36's March MAR documents nutritional shake daily at noon since 11/24/24 and nutritional supplement 60 ml three times daily since 1/6/25. R36's December 2024-March 2025 MARs do not document any changes in R36's diuretic medications and there is no documentation in R36's medical record that R36 had edema during this time frame.

R36's Nursing Note dated 12/20/24 documents R36 tested positive for COVID-19.

R36's active weight log includes the following:
165.8 lbs on 12/2/24
163.7 on 12/7/24
170.3 lbs on 12/9/24
171 lbs on 12/14/24
156.2 lbs on 12/21/24 (5.79% loss since 12/2/24)
153.5 lbs on 1/1/25 (7.42% loss in one month)
153.8 on 1/4/25
149.6 lbs on 2/2/24
146.4 lbs on 2/10/24
147 lbs on 3/3/25
144.6 lbs on 4/2/25
141.1 on 4/3/25 (8.26% loss in three months)

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R36's meal intake reports dated 12/1/24-2/28/25 document R36 ate 50% or less for 14 meals in December, 11 meals in January, and 23 meals in February. R36's meal intake report dated 3/5/25-4/3/25 documents R36 ate 50% or less for 27 meals.

R36's Nutrition/RD Note dated 12/23/2024 at 12:34 PM documents R36's meal intakes vary and a recommendation for nutritional supplement three times daily for extra calories and protein. This recommendation was not implemented until 1/6/25. R36's Nutrition/RD Note dated 2/25/25 at 1:31 PM documents R36's weight down 12.8% in three months, intakes are fair to good for most meals, and R36 receives nutritional shake daily and nutritional supplement 60 ml three times daily. R36's Nutrition/RD Note dated 3/24/25 at 2:05 PM documents R36's weight is down 11% in three months, intakes are fair to good for most meals, and a recommendation to increase the nutritional supplement to 90 ml three times daily. There is no documentation that this was implemented prior to 4/2/25.

There is no documentation in R36's medical record that R36's weight loss was reported to R36's physician after 11/20/24 until 3/28/25. As of 4/2/25 there is no documentation in R36's medical record that R36's physician was notified of R36 feeling depressed after this was reported to V45 RN on 4/1/25.

On 4/2/25 at 1:32 PM V43 RD stated R36's appetite is overall fair but varies, and within the last week or so R36's appetite has been poor with meal intakes less than 50%. V43 stated on 3/24/25 V43's assessment noted weight loss and V43 recommended increasing the nutritional

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supplement to 90 ml three times daily. V43 confirmed R36 has had additional weight loss since then and confirmed that if the nutritional supplement was increased as recommended, it could have helped stabilize R36's weight. V43 stated V43 does not round at the facility until later in the month and the facility should be reporting any weight loss prior to V43's visits. V43 stated no one had reported R36's depressed feelings. V43 would have recommended for R36 to see a therapist or social worker and a pharmacy medication review.

On 4/2/25 at 2:35 PM V3 DM stated R36's weight loss is related to CHF, fluid restriction and water weight fluctuation.

On 4/3/25 at 11:14 AM V34 Regional Nurse Consultant stated on 2/6/25 R36's Zoloft (antidepressant) was decreased from 100 milligrams daily to 75 milligrams. V34 stated the facility will need to follow up with R36's physician today to report R36's depression symptoms and that the gradual dose reduction failed.

On 4/2/25 at 2:14 PM V2 DON confirmed R36's nutritional supplement 60 ml was not started until 1/6/25. On 4/03/25 at 1:35 PM V2 stated V2 found s progress noted dated 11/20/24 that documented physician notification of R36's weight loss. V2 provided this documentation and confirmed this was the only physician notification V2 could locate.

3.) On 3/31/25 at 11:11 AM R72 stated R72 used to weigh around 170 lbs and is now around 150 lbs and was unsure what the facility was doing to address this weight loss. On 3/31/25 at 12:34 PM R72's noon meal was delivered to R72's room and contained a baked potato, chicken patty,

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broccoli, fruit parfait, and high protein ice cream. At 1:14 PM R72's meal tray was on the hall cart. R72 only ate half of the fruit parfait. R72 did not eat the high protein ice cream. V46 CNA stated R36 does not like sweets so R36 does not eat the ice cream, R36's family brings in food and nutritional supplements.

On 4/01/25 at 1:02 PM R72 was in bed with lunch tray at bedside which included vegetable blend, mashed potatoes, and meatballs. R72 ate all of the high protein ice cream and only bites of mashed potatoes and meatballs. R72 stated R72 does not like broccoli and has reported this to staff. R72's meal ticket does not document R72 dislikes broccoli. R72 stated R72 ate a granola bar and drank a nutritional supplement instead of eating yesterday's lunch.

R72's active weight log documents the following:
11/14/24 admission weight of 156.2 lbs
165.4 lbs on 12/3/24
172.3 lbs on 12/12/24
157.5 lbs on 1/10/25 (8.59% loss in one month)
154.8 lbs on 1/16/25
143.5 lbs on 2/5/25 (16.72% loss since 12/12/24)
148.8 lbs on 3/4/25
149 lbs on 3/12/25
152.6 lbs on 3/21/25
151.2 lbs on 3/26/25
148.8 lbs on 4/2/25 and 4/3/25

R72's Hospital Discharge Summary dated 12/29/24 documents R72 weighed 178.3 lbs.

R72's meal intake reports dated 1/1/25-2/28/25 document R72 ate 50% or less for 12 meals in January and 17 meals in February.

R72's Admission MDS dated 11/18/24 document

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R72 admitted with a stage four pressure ulcer. R72's MDS dated 1/3/25 documents R72 is cognitively intact and has a stage four pressure ulcer. R72's Care Plan dated 11/15/24 documents R72 has a nutritional problem or potential for nutritional problem related to depression and new admission. Interventions include encouraging and monitoring intake of meals and snacks, monitoring and reporting signs of malnutrition including significant weight loss to the physician, and for dietitian evaluation and recommendations. This care plan documents R72 receives a frozen nutritional supplement as of 12/31/24. This care plan has not been updated to include R72's significant weight loss since admission or any new interventions besides the frozen nutritional supplement.

There is no documentation in R72's medical record that R72's significant weight loss was reported to R72's physician.

R72's Initial Nutritional Assessment dated 11/25/24 documents a recommendation for Prostat 30 ml twice daily to aid with wound healing. This same recommendation is listed in R72's Nutrition/RD Note dated 12/23/24 . R72's December 2024 MAR documents Prostat 30 ml daily was not implemented until 12/31/24. R72's January 2025 MAR documents Prostat was increased to twice daily on 1/6/25.

R72's Nutrition/RD Note dated 1/20/2025 documents R72's weight of 172 was higher than usual and current weight of 154.8 lbs is more consistent with R72's prior weights. R72's nutritional interventions include high protein ice cream, nutritional supplement 120 ml, and Prostat 30 ml twice daily. R72's Nutrition/RD Note dated 2/25/2025 documents R72's weight is down

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8.9% in one month and 8.1% in three months, and V43 recommended increasing the nutritional supplement to twice daily for extra calories and protein. R72's March 2025 MAR documents nutritional supplement was increased to twice daily on 3/4/25.

R72's Nutrition/RD Note dated 3/24/2025 documents R72's weight is down 10% in three months and does not document any new recommendations.

On 4/2/25 at 1:32 PM V43 RD stated R72 admitted with a pressure ulcer and initially had weight gain. V43's initial assessment of R72 was completed on 11/25/24 and V43 recommended Prostat 30 ml twice daily for wound healing. V43 confirmed this was also recommended on 12/23/24 as it had not yet been implemented. V43 questioned the accuracy of R72's weight of 172 and was unsure if R72's weight loss was a true weight loss. V43 stated the facility should have reweigh R72 when R72 returned from the hospital at the end of December 2024. V43 stated R72's weight has since stabilized within a 10 lb fluctuation. V43 stated on 1/20/24 R72 was already on protein ice cream and a daily nutritional supplement. V43 stated V43 was not notified of R72's significant weight loss until V43's visits on 1/20/25 and 2/25/25, and V43 would have given recommendations if V43 was notified sooner.

On 4/3/25 at 1:35 PM V2 DON confirmed V2 was unable to locate documentation that R72's significant weight loss was reported to the physician.
(B)

Statement of Licensure Violations: (2 of 3)

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300.610a)
300.1020a)
300.1020b)
300.1210b)

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 300.1020 Communicable Disease Policies

a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In

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determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

These regulations were not met as evidenced by:

Based on observation, interview and record review, the facility failed to follow their Norovirus policy by failing to restrict symptomatic staff from work and handling food, and by failing to implement and follow isolation and contact precautions during a Norovirus outbreak. These failures resulted in R45 contracting Norovirus and subsequently expiring. R45's documented cause of death is listed as Acute Renal Failure related to Viral Gastroenteritis. These failures have the potential to affect all 79 residents who reside in the facility.

Findings include:

The facility's Norovirus Outbreak Measures dated 2/15/18 documents Norovirus is very resilient therefore preventative measures should be continued for at least 3 days after outbreak appears to be over. Control measures include isolation, grouping ill residents together,

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discontinue admissions for 7 days after onset of last known case, discontinue group activities, and post signage explaining risks of infection for residents and visitors. The Policy documents to interview each employee at the start of each shift for any symptoms of vomiting and diarrhea, exclude ill staff until asymptomatic for at least 48 hours, food staff cannot work with symptoms and are to be immediately excluded until 72 hours after last symptom. PPE (Personal Protective Equipment) of gowns and gloves should be worn by all staff, including housekeeping, and masks should be worn when providing cares for residents who are actively vomiting.

The facility resident and employee infection logs document 33 residents and nine staff members with norovirus symptoms of nausea, vomiting and/or diarrhea. Logs identify V20 Dietary Aide was the first to present with symptoms on 3/19/25. The resident log includes R45 with symptom start date of 3/22/25 and R51 with symptom starting on 3/27/25. Review of employee call off forms for the dates of 3/20/25 thru 4/2/25 document a total of 10 employees who called off within that time frame. Of those 10, seven were Certified Nursing Assistants (CNAs), two were nurses and one was a dietary aide. All 10 employees reported symptoms of nausea, vomiting, fever, and/or diarrhea.

On 3/31/25 at 9:10 am V3, dietary manager stated the facility is currently in Norovirus Outbreak.

During intermittent observations from 3/31/25 at 8:40 am thru 4/4/25 at 10:00 am there was no signage posted at any of the facility entrances to alert staff and visitors that the facility was experiencing an outbreak of norovirus.

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S9999	Continued From page 18 On 3/31/25 at 11:25am R46 was seated at a main dining room table with other residents. The Progress Notes dated 3/31/25 at 5:06 am document R46 having diarrhea. The Progress Notes dated 4/4/25 document R46 is currently on contact isolation precautions related to active symptoms of nausea, vomiting, and diarrhea. On 3/31/25 at 12:34 PM V18, Activity Aide, was assisting with meal tray delivery to resident rooms. V18 entered R51's contact isolation room without putting on a gown or gloves. A contact isolation sign was posted at the room entrance. V18 stated "I'm just an activity aide I'm not sure what resident's need what, you'll have to ask a CNA." On 04/01/25 from 10:20am thru 11:00am, V15, CNA, was giving direct resident care, changing soiled linens, collecting garbage, and disposing of soiled items for R50 inside the resident room. During this time V15 was not wearing a gown and gloves for contact isolation precautions. A contact isolation sign was posted at the room entrance with available PPE directly underneath. Upon completion of care, V15 exited the room without performing hand hygiene, and drug both the garbage and dirty linen bag on the floor to the dirty linen closet wearing only a mask. V15 did not perform hand hygiene after disposal of dirty linen and garbage bags. On 04/01/25 at 12:15 pm hall trays and drinks were distributed on the east hall. V16, CNA, entered a contact isolation room to serve a resident tray wearing only a mask stating "they said I could serve trays without wearing a gown and gloves." V16 did not perform hand hygiene upon exiting the contact isolation rooms and prior	S9999		

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to handling the next meal tray.

On 4/1/25 at 12:16 AM, V6 Business Office Manager (BOM) delivered a tray into R51's room where a contact precautions sign was posted on the door. V6 did not have on a gown or gloves. V6 left the tray in the room, removed some drinking glasses off the bedside table with V6's bare hands and brought them to a cart with soiled dishware on it. V6 stated she was unaware that contact precautions were in place for R51.

On 04/01/25 at 11:49 am, V20, Dietary Aide stated he had symptoms of vomiting and headache on Wednesday 3/19/25 while he was working in the kitchen and he called off for his shift the next day. At that time, he was told he could return to work in 48 hours and that there was nothing mentioned about having to be symptom free. V20 returned to working in the kitchen at 6:00 am Sunday (3/23/25), stating his last episode of vomiting occurred approximately at 10:00 am Saturday (3/22/25). On 4/3/25 at 1:57 PM, V20 stated that when he felt ill while working on the 19th, he wore gloves but nothing else. V20 also stated that when he returned to work that Sunday, he was told the facility was not in outbreak, therefore he only needed to wear gloves. V20's timecard dated 3/16/25-3/30/25 documents on 3/19/25 V20 worked 6:00 am-10:39 am and did not return until 6:00 am on 3/23/25. The Employee Call Off Form dated 3/21/25 documents V20 called off for the 3/21/25 shift with complaints of vomiting and diarrhea starting Thursday evening.

On 4/3/25 at 9:14 AM, V31, CNA, stated her symptoms of loose stools started on Saturday 3/22/25 while working at the facility. V31 stated when she received report that morning, she was

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told several residents started having loose stools, nausea and vomiting the night prior (3/21/25) after eating the "fish dinner" served by the facility. V31 stated by Sunday "everybody was sick having at least 3-4 loose stools daily." V31 stated no contact precautions were put into place that weekend but that she chose to wear a mask and gloves for resident care. V31 stated she was assigned to residents on the middle hall where at least three residents were sick with vomiting and diarrhea Saturday morning. V31 stated about four or five days later management started posting white signs indicating contact isolation outside of the rooms with residents who had been sick and during this time she was floated between all the halls to give resident care. V32 stated the facility has not provide education to staff during the outbreak. V31 stated when she called off with gastrointestinal (GI) symptoms, she was told by V2, DON, that she had to be off for 48 hours before returning to work, however she wasn't clear so she followed up with V41, Human Resources Director (HR) who told her she could return to work 24 hours after becoming asymptomatic. V31 returned to work 3/26/25 at 6:00 am, but states she started "feeling really sick," having stomach pain and vomiting again yesterday (4/2/25) while at work, and was ultimately sent home and told she could return to work on Saturday (4/5/25). V31's Employee Call Off Form documents the reason for call off on 3/22/25 was GI/diarrhea. V31's Employee Call Off Form documents the reason for call off on 4/2/25 was V31 reported vomiting.

On 4/3/25 at 1:15 PM, V37, CNA, stated that she had GI symptoms that started about one to one and a half weeks ago. V37 stated her stomach started to hurt, she had diarrhea and started to feel dizzy while she was at work. V37 stated that

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she wore gloves and a mask but no gowns while she was experiencing symptoms. They told me I just had to be off for 48 hours prior to returning to work and did not mention that V37 had to be symptom free for 48 hours before returning to work. V37's employee call off form documents the reason for call off on 3/29/25 was nausea and vomiting.

On 4/3/25 at 10:40am, V21, RN, stated on 3/21/25 "everyone" was sick, and the facility continued to receive new admissions. V21 stated she received an admission on 3/21/25 (R56) and another on 3/25/25 (R14) and both residents were having GI symptoms within 12-24 hours of admission. V21 also stated management insisted on floating CNAs between halls of "sick" and "well" residents. V21 stated that just this morning (4/3/25) they attempted to tell the mid-hall CNA to float between there and east-hall. East-hall has the most recent symptomatic residents and mid-hall residents have already resolved GI symptoms.

On 04/01/25 at 9:15 am V8, Assistant Director of Nursing/ Infection Preventionist (ADON/IP), stated the facility tracks and trends all infections for residents and employees on a log. V8 stated when a resident is on contact isolation anyone entering the room must put on a gown and gloves even if they aren't providing cares. It is also recommended that the residents stay in their room until symptom free for 48 hours. V8 stated she notified the County Health Department on March 24, 2025, of the Gastrointestinal Virus Infection outbreak. At 12:55 pm on 4/1/25, V8, Assistant Director of Nursing/ Infection Preventionist (ADON/IP), stated historically the housekeeping supervisor had been responsible for educating staff about isolation precautions and

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appropriate personal protective equipment. V8 stated the facility is aware that they are having issues regarding staff not wearing appropriate PPE and following isolation precautions this week. On 4/3/25 at 10:00am, V8 stated the dates recorded on the employee illness log for the start of symptoms are the dates the employee called off from their scheduled shift, and that she had not personally spoken to any of the employees to identify what symptoms they were having and the date of onset. V8 confirmed staff did not report to her at the beginning of the outbreak, which lead to delay in isolation precautions being implemented for four days. On 4/3/25 at 11:45 am, V8 stated she was not aware the norovirus policy stated employees must be interviewed about symptoms before each shift during active outbreak and was unclear who would be responsible for doing that.

On 4/3/25 at 3:15 pm, V22 Vice President of Operations stated employees should be asymptomatic for at least 48 hours prior to returning to work, and all dietary staff at least 72 hours prior. V22 confirmed the facility's Norovirus policy was not being followed.

R45's progress notes document date of discharge from the facility as 3/26/25 with R45 being discharged to a funeral home. R45's Death Certificate dated 3/28/25 signed by V30, Facility Medical Director, documents R45's cause of death as Acute Renal Failure related to Viral Gastroenteritis.

R45's Nurse Practitioner visit notes dated 8/14/24 document a past history of chronic kidney disease resolved in October of 2021 by Urologist with urology sign off and there have been no kidney issues since.

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On 3/24/25 at 5:54 AM, V33, Licensed Practical Nurse (LPN), documented in R45's Medication Administration Record Progress Notes that she held R45's scheduled 6:00 AM dose of acetaminophen related to R45 vomiting.

The Progress Notes dated 3/24/25 at 12:10 PM by V27, Registered Nurse (RN) document that R45 was assessed for GI symptoms and vital signs due to GI illness going around the facility. Resident's temperature 101.5 degrees Fahrenheit (F) and V30, Medical Director, and R45's POA were notified. New orders received for anti-nausea medications and to start an intravenous (IV) line and give 2 liters of Lactated Ringers (LR) intravenous (IV) solution.

The Progress Notes dated 3/24/25 at 6:36 PM by V27 state R45 has IV fluids infusing, more lethargic with current temperature of 102.5 F, V30 updated, and order received to send R45 to the emergency department.

The Visit Note dated 3/24/25 at 10:01pm by V30 documents R45 has symptoms of nausea, multiple episodes of vomiting after meals, diarrhea and tested positive for Norovirus.

R45's Progress Note dated 3/25/25 at 12:23 PM documents R45 returned to the facility with oxygen 2 liters (L) nasal cannula (NC) with a new order for antibiotic related to a possible urinary tract infection and that V30 was notified of R45's return. R45's Progress Note dated 3/26/25 at 3:00 AM documents R45 was found unresponsive in room at 1:55 AM and pronounced deceased.

On 4/3/25 at 10:20 am, V27 Registered Nurse (RN), stated on 3/24/25 V27 received report that

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several residents in the facility were having GI symptoms and that R45 had started vomiting throughout the night. Upon assessment of R45, V27 stated R45 had a temperature of 101.5 degrees Fahrenheit and appeared more fatigued than his baseline. V27 indicated R45 was mostly non-verbal at baseline and moderate to maximum assistance for all care but was not a "sickly" person, never had any urinary issues and no recent illnesses. V27 stated V30 was notified of the fever and gave orders for anti-nausea medications and to start an intravenous (IV) line and give 2 liters of Lactated Ringers (LR) IV solution. V27 stated that after about 250 milliliters of LR had infused, R45's temperature increased to over 102 and his level of consciousness (LOC) decreased. V27 stated she notified V30 and R45 was sent to the local emergency department but was quickly returned with an order for antibiotic and diagnosis of urinary tract infection but no documentation of any labs or cultures performed.

On 4/3/25 at 9:52 am V30, Medical Director (MD) stated he was first informed of the facility's norovirus outbreak on Monday 3/24/25 and was told that 6-7 residents had GI symptoms including headache, fever, nausea, vomiting, and diarrhea within the last 24 hours. At that time, V30 stated he was working with the floor nurses to provide residents with acetaminophen for symptoms of headache and fever, anti-nausea medications for nausea and vomiting and IV hydration to counter dehydration. V30 stated he also ordered laboratory testing for influenza, COVID-19 and norovirus. V30 stated later that same day V27, RN, called with concerns about R45 not responding to any of the treatments and R45's fever had increased from 101.5 degrees Fahrenheit to now over 102 degrees Fahrenheit (F) and that R45's level of consciousness had

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declined. V30 ordered to send R45 to the emergency department for evaluation and treatment. V30 stated it is unclear as to why R45 was sent back to the facility so quickly and unfortunately R45 passed away not long after. V30 confirmed that on 3/28/25 he personally filled out and signed R45's death certificate documenting R45's cause of death as Acute Renal Failure due to Viral Gastroenteritis. V30 stated R45 had a history of hypertensive renal failure but that was resolved in October 2021 by the urologist and R45 had not had any further issues. V30 confirmed R45's last laboratory values completed on 3/3/25 indicated R45 had normal renal function. V30 stated R45 would have lived much longer without contracting Norovirus.

The facilities Long-Term Care Facility Application for Medicare and Medicaid dated 03/31/25 indicates that there are 79 residents that reside in the facility.
(AA)

Statement of Licensure Violations: (3 of 3)

300.610a)
300.700b)1)2)3)
300.1210b)

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

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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 300.700 Testing for Legionella Bacteria

b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:

1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;

2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and

3) A system to document the results of testing and corrective actions taken.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

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These regulations were not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure that the mixing valve on the hot water heater had temperatures that are 120 degrees Fahrenheit or above and failed to properly monitor and document water temperatures and flush water lines to reduce the risk of Legionella per the facility policy. These failures have the potential to affect all 79 residents in the facility. The facility also failed to follow contact precautions, implement enhanced barrier precautions, perform hand hygiene during blood glucose testing, and disinfect a blood glucose meter after use for three of (R13, R38, R34) 24 residents reviewed for infection control in the sample list of 51.

Findings include

1.) The facility's Water Management Program for the Prevention of Legionella Growth with a recent revision date of 5/17/2024 documents that the thermostats will indicate the temperature of the water entering the circulating system at the mixing valve is 120 degrees Fahrenheit or above. The policy also documents that that mixing valve temperatures will be verified and documented at least once weekly.

On 4/2/25 between 2:20 PM and 2:41 PM, V5 Maintenance Supervisor went to each mechanical room to show where the thermostats are on the mixing valves. The temperatures at that time ranged between 105 degrees to 112 degrees Fahrenheit. V5 confirmed that the temperatures where not at the right temperatures that were included in their policy. V5 also confirmed that he wasn't checking/flushing lines of empty resident

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rooms weekly per policy.

On 4/2/25 at 1:35 PM, V5 stated that he checks the mixing valve temperatures once every month. V5 stated he doesn't have any documentation showing that he has checked the thermostats that indicate the temperatures at the mixing valve.

On 4/2/25 at 2:25 PM, V5 stated that water temperatures fluctuate depending on where water is being used in the building and the temperatures should be between 130 degrees and 140 degrees.

The facilities Long-Term Care Facility Application for Medicare and Medicaid dated 03/31/25 indicates that there are 79 residents that reside in the facility.

2.) On 3/31/25 at 10:11 AM, a contact isolation sign for ESBL (extended-spectrum beta-lactamase) of urine was on R13's door. No PPE (Personal Protective Equipment) station was at the door to R13's room. V40 CNA stated, "they just put that sign up" and she was unsure which resident the sign is for. V36 housekeeper was in the room with no PPE on other than gloves. V36 picked up the resident's garbage can and leaned it against her shirt while changing the trash bag. V36 took trash bags out of her scrub pocket and then put the roll of bags back in her pocket without changing gloves. V36 set the full trash bag on R13's roommates' bed and proceeded with gathering the roommate's trash without changing gloves. V36 mopped the isolation side of R13's room and then mopped the roommate's side of the room using the same mop head. V36 placed the trash from R13's room in the regular trash on the housekeeping cart in the hall. The trash was disposed of in a clear garbage bag

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instead of the colored isolation trash bag.

On 03/31/25 at 10:15 AM, V38 (Housekeeper) entered R13's room with no PPE, dragging his broom through the isolation room floor. V38 did not wash his hands after exiting the room. V39 (Maintenance) entered R13's room with no PPE on to check the water temperature in the bathroom. The Contact Precautions sign states that upon entry hand hygiene, gloves, and gown are required. When leaving the room the sign states- Remove PPE and wash hands with soap and water.

On 4/1/25 at 9:15 AM, V2 stated that when a resident is on contact isolation, all staff entering that room must follow the PPE directions posted on the door. V2 stated for R13 staff should put on gloves and gown when entering the room and perform hand hygiene when entering and exiting the resident's room.

3.) During intermittent observations on 3/31/25 and 4/1/25 between 9:30 AM and 4:00 PM there was no Enhanced Barrier Precautions (EBP) sign posted on R38's room door and there was no cart containing personal protection near R38's room door.

On 4/01/25 at 1:11 PM V48 Certified Nursing Assistant entered R38's room and removed R38's socks in order to observe R38's heel wound dressings. V48 was not wearing a gown.

On 4/01/25 at 3:38 PM V8 Assistant Director of Nursing transferred R38 into bed and administered R38's sacral and heel pressure ulcer treatments without wearing a gown. V8 confirmed R38 is not on EBP. V8 stated V8 thought EBP was only needed for open wounds

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and indwelling devices. V8 confirmed stage two pressure ulcers are considered open wounds.

R38's Wound Management Summary dated 3/18/25 documents R38's stage two sacral pressure ulcer measures 3 centimeters (cm) x 2 cm x 0.01 cm, the right heel stage two pressure ulcer measures 1 x 1.2 x 0.01 cm, and the left heel stage two pressure ulcer measures 0.8 x 0.5 x 0.01 cm. R38's sacral wound duration was greater than 63 days. R38's Wound Management Summary dated 3/26/25 documents the sacral pressure ulcer measures 2.8 x 2 x 0.01 cm, the right heel stage two pressure ulcer measures 1 x 1.5 x 0.01 cm and the left heel stage two pressure ulcer measures 1 x 0.8 x 0.01 cm.

There is no physician's order that R38 is on EBP

4.) On 4/02/25 at 11:22 AM V14 Registered Nurse applied gloves and obtained R34's blood sugar with a blood glucose meter. V14 removed gloves and placed the blood glucose meter into the top drawer of the medication cart. V14 did not perform hand hygiene before or after checking R34's blood sugar and did not disinfect the blood glucose meter after use.

On 4/02/25 at 11:28 AM V14 stated there are two blood glucose meters in the medication cart and they are shared between residents on the West Hall. V14 confirmed V14 did not disinfect the blood glucose meter after use and did not perform hand hygiene before and after checking R34's blood sugar, and confirmed this should have been done. V14 stated bleach disinfect wipes should be used to disinfect the blood glucose meter. There were no bleach wipes in the medication cart, confirmed with V14.

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S9999	Continued From page 31 The facility's Cleaning and Sanitizing Wheelchairs and Other Medical Equipment dated 1/25/18 documents medical devices will be cleaned and sanitized between each use if shared between residents. The facility's Hand Hygiene/Handwashing policy dated 7/30/24 documents hand hygiene should be performed upon entering and leaving the resident's room, before performing aseptic tasks, after handling medical equipment, after removing gloves, and after contact with blood, body fluids, mucous membranes, non-intact skin or wound dressings. The facility's EBP policy dated 5/7/24 documents EBP is an infection control intervention used to reduce the transmission of multidrug resistant organisms by using gown and gloves during high contact resident care activities and is indicated for residents with chronic wounds. Chronic wounds includes pressure ulcers. (B)	S9999		