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S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 300.1620a) 300.1220b)3) 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 300.1210 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	S9999		

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resident to meet the total nursing and personal care needs of the resident.

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:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.
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.

Section 300.1620 Compliance with Licensed Prescriber's Orders

a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.

Section 300.1220 Supervision of Nursing Services

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b) The DON shall supervise and oversee the nursing services of the facility, including:
3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

This Requirement was not met as evidenced by:

Based on observation, record review, and interviews, the facility failed to ensure and include medical diagnosis and medication regimen in providing preventive interventions to prevent falls/accidents, failed to utilize fall assessment in providing effective fall interventions in the fall care plan, and failed to identify and address the resident's hypotensive state after the fall to prevent recurrence of similar accidents. These failures affected 1 resident (R2) out of 3 residents reviewed for the right of every resident to be free from injury resulted by accident. As a result, 1 resident (R2) sustained a forehead laceration due to fall that required suturing and a laceration to the left arm that required medical attention.

Findings include:

R2 is 73 years old, initially admitted on 08/29/2024. R2's diagnosis includes hypotension

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(upon admission dated 08/29/2024), abnormalities of gait and mobility, lack of coordination, muscle wasting and atrophy. R2's cognition is intact with BIMS score of 15 dated 02/13/2025. R2's bed mobility and transfer is supervision and touch assist. R2 is ambulatory based on MDS assessment dated 02/13/2025.

On 04/29/2025 at 01:30 PM, R2 was seen with female visitor. R2 was having hard time to communicate verbally. R2 uses cellphone to communicate by typing texts. R2 typed he slid and fell, did not elaborate what happened. R2's forehead shows skin scar.

Facility Reported Incident related to R2's fall documents as follows: R2 fell on 03/09/2025 around 08:00 AM, R2 was seen sitting on a chair in his room bleeding from a laceration to his forehead and left lower arm. R2 returned to facility on 03/12/2025 with sutures on his forehead. R2's vital signs taken after the fall are as follows: blood pressure 85/63, heart rate 103, oxygen 90%, temperature 97.3 Fahrenheit, blood sugar 245. Per final investigation, R2 stated that he was attempting to pick something up from the floor, he fell and scrapped his head in the process.

Clinical notes of V12 (Licensed Practical Nurse) dated 03/09/2025 documents that when R2 fell R2 was noted to have a decreased level of consciousness, confused and disorientated.

Review of R2's blood pressure records documents that R2 maintains systolic blood pressure of over 100 as his baseline. There are days that R2's systolic blood pressure drops below 90 mm/Hg. Normal blood pressure for systolic is 120 and diastolic is 80 or 120 over 80

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(120/80 mm/Hg). Review of R2's Medication Administration Records (MAR) documents that R2 was prescribed medication Midodrine 10 MG (milligram) to be given when systolic blood pressure is below 95 mm/Hg. Midodrine is a medication that treats orthostatic hypotension or drop of blood pressure when a person changes position from lying to sitting to standing. Per R2's MAR and blood pressure log there are days when R2's systolic blood pressure drops less than 95 mm/Hg and Midodrine was not documented as administered per physician's order. Per blood pressure log, the day before R2 fell (03/08/2025), R2's blood pressure was recorded once with result of 124/70 mm/Hg. R2 has an order for vital signs check every eight (8) hours equivalent to three (3) checks a day. R2 fell on 03/09/2025, when V12 took R2's vital signs, R2's systolic blood pressure result was 85/63 which is lower compared to R2's baseline. Fall happened around 08:00 AM when R2 got up went to the bathroom and attempted to pick up something on the floor that resulted to R2's injury.

On 04/30/2025 at 12:12 PM, V9 (Restorative Nurse/Licensed Practical Nurse) and V10 (Restorative Nurse/Licensed Practical Nurse) stated that all fall care plans, fall assessments and prevention of fall is done by V11 (Fall Coordinator/Registered Nurse).

On 04/30/2025 at 12:19 PM, V11 (Falls Coordinator/Registered Nurse) stated that R2 fell on 03/09/2025 when he was trying to pick up something on the floor. V11 stated that R2 was independent in standing up and walking. V11 stated that prior to the fall, R2 has two (2) interventions in the care plan on position teaching and asking for assistance. After the fall, 1 intervention was added monitoring was done one

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and a half (1.5) hour intervals instead of two (2) hours. V11 stated that she does not do quarterly assessments for falls and only does assessments when a resident falls. V11 stated that restorative does fall assessment and cannot locate any fall assessment in R2's electronic health records. V11 stated that she does not remember if restorative coordinated to her their quarterly fall assessments. V11 stated that care plan is also done by restorative including interventions. And she (V11) only does fall interventions when a resident falls. V11 was asked if she based her plan of care interventions to prevent fall on any assessment. V11 answered that she based her fall plan of care interventions on the resident's mental status, mobility, diagnosis, what medication the resident is taking. V11 was asked if R2's care plan interventions were based on R2's medication and medical diagnosis? V11 said, "I don't remember if I checked his (R2) current medication." V11 was made aware that during the fall R2's blood pressure was low with a result of 85/63 mm/Hg as shown in the incident report. V11 stated that was low, that R2 maintains systolic blood pressures over 100. V11 said, "I never see it that low. It could be orthostatic hypotension that he fell. R2 likes to lie down much. When he gets up it can be a problem." V11 asked the writer if a resident has hypotension that led to a fall, should the hypotension be addressed in the falls care plan?

On 04/30/2025 at 01:29 PM, V12 (Licensed Practical Nurse) stated that she found R2 on the floor. R2 stated he slipped when he was coming from the bathroom with his walker. R2 was found next to his bed on the floor. R2's forehead was gashing with blood to his face. V12 stated that she thought she needed to do code blue because R2 stopped breathing and looked discolored. V12

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stated that she was not able to check R2's vital signs prior to the fall. V12 stated that R2's blood pressure result was hypotensive because R2 usually has a normal blood pressure and that R2 has medication for hypotension. V12 stated that hypotension causes confusion, lightheadedness that can contribute to fall. V12 stated that R2's vital signs needed to be taken twice on her shift and that she (V12) usually takes vital signs during medication pass or when she gives medication to residents around 08:00 AM. V12 stated that she was doing medication pass when R2 fell. V12 clinical notes dated 03/09/2025 at 08:09 AM when R2 fell, documents that R2 was noted to have decreased level of consciousness, confused and disoriented.

On 05/01/2025 at 11:01 AM, V2 (Director of Nursing) stated that Restorative Nurse and Falls Nurse work overlaps but as to fall concerns it will be the Falls Coordinator that will do the assessment. Restorative Nurses focus on activities of daily living and range of motion. V2 stated that V11 (Fall Coordinator/Registered Nurse) is having a hard time with the computer. V2 stated that R2 went to the washroom bent down and fell. V2 stated that he does not know R2's blood pressure baseline he cannot say if blood pressure is a concern for R2. V2 stated that signs and symptoms of hypotension includes syncope (fainting or passing out), body shaking and disorientation. V2 stated that R2 has medication Midodrine that increases the blood pressure and it needs to be given when blood pressure is low as prescribed. V2 was asked if it would help to check R2's blood pressure prior to the fall? V2 replied, "It does not matter what time to check. One nurse taking care of many residents. What if other residents have hypotension too?" Then V2 stated that it would be

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a good intervention to monitor R2's vital signs. V2 was asked if hypotension or blood pressure record of R2 were reviewed to prevent recurrent falls? V2 said, "I don't have to have hypotension to feel dizzy. I have to check if hypotension is one of R2's diagnosis." V2 stated that R2 went to the hospital for suture of laceration on the forehead and have left lower arm laceration due to the fall. Per hospital records R2's laceration needs repair via suture.

R2's fall care plan interventions dated 09/09/2024 prior to fall are as follows: First, teaching how to position. And second, instruction for assistance. No revision was made until after R2's fall dated 03/09/2025. R2 fall care plan intervention after fall dated 03/10/2025 added one (1) intervention monitoring of R2 every one and a half (1.5) hours. All interventions do not identify that R2 has medical diagnosis of hypotension upon initial admission dated 08/29/2025 that R2 has medication for low systolic blood pressure/orthostatic hypotension. The blood pressure of R2 at the time of the fall was hypotensive 85/63 mm/Hg. R2's blood pressure record documents drop of systolic blood pressure lower than 95 mm/Hg on certain days which requires medication to increase systolic blood pressure as prescribed by physician.

Fall Occurrence Policy dated 07/26/2026:

It is policy of the facility to ensure that residents are assessed for risk for falls, that interventions are put in place, and interventions are reevaluated and revised as necessary. A fall risk assessment form will be completed by the nurse or the Falls Coordinator upon admission, readmission, quarterly, significant change, and annually. Ultimately, the Falls Coordinator may

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change the intervention provided by the nurse if the Falls Coordinator's investigation identifies a more appropriate intervention for the individual fall. The Falls Coordinator will add the intervention in the resident's care plan. The interventions will be reevaluated and revised as necessary.

Federal Drug Agency (FDA) information on Midodrine reads:
INDICATIONS AND USAGE ProAmatine® (Midodrine) is indicated for the treatment of symptomatic orthostatic hypotension (OH).

Centers for Disease Control and Prevention National Center for Injury Prevention and Control program STEADI (Stop Elderly Accidents, Death and Injuries) dated 2017 reads: Postural hypotension-or orthostatic hypotension- is when your blood pressure drops when you go from lying down to sitting up, or from sitting to standing. When your blood pressure drops, less blood can go to your organs and muscles. This can make you more likely to fall. These symptoms can differ from person to person and may include:
" dizziness or lightheadedness,
" feeling about to faint, passing out, or falling
" Headaches, blurry or tunnel vision
" Feeling vague or muddled
" Feeling pressure across the back of your shoulders or neck
" Feeling nauseous, or hot and clammy
" Weakness or fatigue.
(B)