### Summary Statement of Deficiencies

#### E 000 Initial Comments

An unannounced Recertification survey was conducted on 4/12/21 to 4/15/21. The facility was found in compliance with CFR 483.73, Emergency Preparedness. Event ID# YRQJ11.

#### F 000 Initial Comments

An unannounced onsite recertification and complaint investigation survey was conducted on 4/12/21 to 4/15/21. Event ID# YRQJ11. 7 of the 7 complaint allegations were unsubstantiated.

#### F 558 Reasonable Accommodations Needs/Preferences (CFR(s): 483.10(e)(3))

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<td>F 558</td>
<td>Reasonable Accommodations Needs/Preferences</td>
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$\text{CFR(s): 483.10(e)(3)}$ The right to reside and receive services in the facility with reasonable accommodation of resident 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:

- Based on observations, record review and resident and staff interviews, the facility failed to provide residents access to turn on and off the overbed lighting as desired for 2 of 13 residents sampled. (Resident #21 and Resident #13).

The findings included:

1. Resident #21 was admitted to the facility on 8/3/20 with diagnoses of, in part, prosthetic infection and inflammatory reaction and depression.

An observation was made of Resident #21’s room on 4/13/21 at 9:22 AM. Resident #21 was

- Residents #21 and #13 had the light cord for the overhead light attached to their call light switch with clips which put the light cord within their reach. Completed 4/16/2021

- All residents will have their light cords for their overhead lights attached to their call light switch with clips putting the cord within their reach.

Preventative Maintenance Form updated to include checking overhead light cord at

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
Continued From page 1

observed lying in her bed. The overbed light had a chain attached and a string attached to the chain but, was out of the resident’s reach.

During an interview conducted with Resident #21 on 4/13/21 at 9:22 AM, she stated she was unable to reach the chain and string attachment on the overbed light. She added she would like to be able to turn the light on and off herself.

An interview was conducted with the Maintenance Director on 4/15/21 at 3:24 PM. He stated he made facility room rounds but did not check the overbed lighting because he thought it was a safety issue to attach the chain attached to the lighting to the resident’s beds. He stated if a resident wanted the overbed light turned on or off, they had to ask the nursing staff.

2. An observation on 4/14/21 at approximately 8:20 AM during medication administration revealed Resident #13 was lying in her bed. Resident #13’s bed was turned horizontally against the wall. The overbed light had a chain attached and was located at the foot of Resident #13’s bed. Resident #13 was unable to reach the chain to turn the light on and off herself.

An interview conducted with Resident #13 conducted on 4/14/21 at approximately 8:20 AM revealed Resident #13 stated she was unable to reach the chain attached to the overbed light and would like to be able to reach it.

An interview was conducted with the Maintenance Director on 4/15/21 at 3:24 PM He stated he made facility room rounds but did not check the overbed lighting because he thought it was a safety issue to attach the chain attached to the
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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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