STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015073	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hanceville Nursing & Rehab Center, Inc	420 Main Street NE Hanceville, AL 35077

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interviews, the facility's Week 4 menu, the facility's Disher (scoop) Sizes chart, the facility's Diet Type Report, and the facility's policies for Menu Planning and Menu Planning and Requirements, the facility failed to ensure residents receiving a Pureed Diet for Lunch on 12/10/2025 (Wednesday) received a full half cup (1/2 cup, 4-ounce) portion of Pureed Stewed Tomatoes and Pureed [NAME] Rice.This had the potential to affect five of 24 residents receiving Pureed Diets.Findings Include: Review of the facility's policy titled, Menu Planning, dated 11/03/2022, included the following: . 1. Menus are planned and approved by the Dietary Manager and the Registered Dietitian.2. Menus are planned for four-week cycles. 3. The menu format will include: .Diet Textures: .Pureed. Review of the facility's policy titled, Menu Planning and Requirements, dated 05/05/2025, included the following: . Guideline: Menus are planned to provide nourishing, palatable, attractive meals that meet the nutritional needs of residents served . in accordance with the Dietary Reference Intakes/Recommended Dietary Allowances as issued by the Food and Nutrition Board of the National Research Council, of the National Academy of Sciences . On 12/10/2025 at 10:50 AM observation of the residents' Lunch tray line revealed the blue-handled #16 dishers/scoops (1/4 cup, 2-ounce) were to be used when serving the pureed white rice and pureed stewed tomatoes. The AM [NAME] said the server was to use 2 scoops per serving for these items. Review of the facility's Week 4 Pureed Menu for Lunch on 12/10/2025 (Wednesday), also indicated a 1/2 cup serving for pureed white rice and a 1/2 cup serving for pureed stewed tomatoes was to be served On 12/10/2025 at 11:25 AM the Dietary Aide (DA) serving the residents plates from the steam table was asked why she was only using one scoop from a #16 disher to portion the pureed stewed tomatoes and pureed white rice onto the Pureed Diets. The DA said she was giving a heaping scoop. At this time the AM [NAME] informed the DA she should have been serving two scoops of pureed tomatoes and pureed rice. It was observed by the surveyors that five Pureed trays had received the incorrect portions sizes of pureed rice and stewed tomatoes. On 12/10/2025 at 12:54 PM the DA was interviewed. The DA said she normally used a 4-ounce (1/2 cup, #8 disher/scoop) when serving pureed rice, pureed meat, and pureed vegetables, but today she didn't use a 4-ounce. The DA said they did not have any 4-ounce scoops today. The DA said if she did not have the correct size scoop, she just uses the blue scoop (#16 disher/scoop, 1/4 cup, 2-ounce) and just heap the serving size. The DA said she now understands she must use 2 scoops when using the blue scoops. On 12/11/2025 at 9:44 AM the Certified Dietary Manager (CDM) was interviewed. When asked the problem with using the 2-ounce serving size scoop (blue handled #16 disher/scoop, 1/4 cup) for the pureed white rice and pureed stewed tomatoes on Wednesday, the CDM said it was supposed to be a 4-ounce (1/2 cup, #8 disher/scoop). The CDM said the residents' nutrition was not adequate if they don't get enough food. When asked if the menu was being followed, the CDM said for the first few pureed trays it wasn't being followed. The CDM said the staff used the 2-ounce scoop because they did not have the 4-ounce scoop. On 12/11/2025 at 10:38 AM the Registered Dietitian (RD) was interviewed via telephone. When asked the problem with using the 2-ounce serving size scoop (blue handled #16 disher/scoop, 1/4 cup) for the pureed white rice and pureed stewed tomatoes on Wednesday, the RD (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	said there was no problem, as long as we used two scoops to follow the menu. When asked if the staff did that, the RD said no, they used a heaping scoop instead of double scoops. The RD said potentially the residents would not get what they need due to receiving less than a full portion. When asked if the menu was being followed, the RD said if they received a heaping scoop, no.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, the United States (U.S.) Food and Drug Administration (FDA) 2022 Food Code, the dishwasher manufacturer's Operation, Cleaning, and Maintenance Manual, and the facility's policies for Food and Equipment Storage and Safety and Sanitation: Mechanical Dishwashing Procedure, the facility failed to ensure the potential for cross contamination did not exist when:1) storage shelves were less than six inches from the floor,2) a sink drainpipe did not extend into a floor drain; and3) the dishwasher final rinse did not exceed 195 degrees Fahrenheit (F). This had the potential to affect 185 of 185 residents receiving meals from the facility's kitchen.Findings Include:1) The U.S. FDA 2022 Food Code included the following: . 3-305.11 Food Storage. (A) . FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm [centimeters] (6 inches) above the floor.4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) . cleaned EQUIPMENT and UTENSILS . shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.Review of the facility's policy titled, Food and Equipment Storage, dated 10/01/2023, included the following: . PROCEDURE . Note: Food and equipment should be stored at minimum of 6 inches above the ground. On 12/09/2025 at 8:17 AM, the surveyor observed a pot and pan shelving rack that looked too low to the floor.On 12/09/2025 at 8:50 AM the Walk-In Cooler was observed to have a shelf on the left side of the cooler that appeared too low to the floor. On 12/10/2025 at 9:18 AM the Maintenance Supervisor (MS) measured the shelf at two and three-fourth inches from the floor. The MS said with the shelf being too low, you could not see or clean under it. Next the MS measured the distance of the bottom of the pot and pan shelving rack to the floor. The bottom shelf of the pot and pan shelving rack was slanted. One end of the bottom shelf was 3 inches from the floor and the other end of the shelf was 4 inches from the floor. The MS said the shelf was not far enough away from the floor. He further said you could not see under it and rodents could hide there. On 12/11/2025 at 9:44 AM, the Certified Dietary Manager (CDM) was interviewed. The CDM said the concern with the pot and pan shelving rack being less than six inches off the floor had to do with cleaning and air flow. The CDM said it could be cleaned underneath the shelf better with it being higher off the ground. The CDM said the concern with the food storage shelf in the Walk-in Cooler being less than six inches off the floor was being able to clean under it and air to be able to flow freely under it.On 12/11/2025 10:38 AM, The Registered Dietitian (RD) was interviewed via (by way of) telephone. The RD said the pot and pan shelving rack being less than six inches off the floor meant there was not adequate room to clean under it. The RD said the food storage shelf in the Walk-in Cooler being less than six inches off the floor meant there was not adequate room to clean under it. 2) The U.S. FDA 2022 Food Code included the following:5-402.11 Backflow Prevention. (A) . a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed.During the initial kitchen observation on 12/09/2025 at 8:16 AM, one of the three drains from the Three-Compartment Sink was observed resting inside the floor drain. On 12/10/2025 at 9:28 AM the Three-Compartment Sink's floor drain was observed with the MS. The MS said the drainpipe extending into the floor drain came from the rinse sink. He said the drainpipe was in the floor drain. The MS said a strap had broken and that was why that drainpipe was low. The MS said the problem was that waste water could come back into the sink from the floor drain. On 12/11/2025 at 9:44 AM the CDM was interviewed. The CDM said the concern with the Three-Compartment Sink's drainpipe resting in the floor drain was the air gap. She said the drainpipe is supposed to be above the level of the floor so that sewage will not back up through the drainpipe. On 12/11/2025 10:38 AM the RD was interviewed via telephone. The RD said the concern with the Three-Compartment Sink drainpipe resting in the floor drain was the lack of an (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	air gap, which could cause potential backflow in the drain by causing a potential cross connection. 3) The dishwasher manufacturer's Operation, Cleaning, and Maintenance Manual, dated 07/01/2019, included the following: . The final rinse temperature must be between 180-195 (degrees) F (Fahrenheit) .The U.S. FDA 2022 Food Code included the following:4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures. (A) . in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90 C (194 F), or less than: . (2) For all other machines, 82 C [Centigrade/Celsius] (180 F).The facility's policy for Safety and Sanitation: Mechanical Dishwashing Procedure, dated 11/04/2022, included the following: . POLICY:Dishwashing is a very important part of infection control. On 12/09/2025 at 9:20 AM the surveyor observed dishwashing of resident breakfast dishes. DA #11 was unloading the dishwasher. The wash temperature was observed to be at 146 degrees F and the final rinse temperature was 198 degrees F. DA #11 said the normal final rinse temperature is between 180 degrees and 198 degrees.On 12/10/2025 at 9:28 AM the Dishwasher final rinse temperature went up to 198 degrees F while the MS was watching the indicator. The manufacturer operation guide posted on the front of the Dishwasher indicated the final rinse temperature should be between 180 to 195 degrees F. The MS said the temperature was something they could adjust. On 12/11/2025 at 9:44 AM, the Certified Dietary Manager was interviewed. The CDM said the final rinse temperature being too high could damage the machine. She was unable to answer how this could potentially affect the residents. On 12/11/2025 10:38 AM, The Registered Dietitian (RD) was interviewed via telephone. The RD said the problem with the Dishwasher final rinse temperature being too high was the potential flash evaporation of the final rinse water.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interviews, the United States (U.S.) Food and Drug Administration (FDA) 2022 Food Code, and a facility policy titled, Dumpsters, the facility failed to ensure a dumpster door was closed and food-related trash, which could attract vermin, was not on the ground in the dumpster area on 12/09/2025. This had the potential to affect 187 of 187 residents in the facility.Findings Include:The facility's policy titled, Dumpsters, dated 05/06/2021, included the following: . The facility will maintain dumpsters for the disposal of waste materials.Procedure:Dumpsters will be kept closed when not in use.The area surrounding dumpsters will be kept clean and free from debris. The U.S. FDA 2022 Food Code included the following: . 5-501.15 Outside Receptacles. (A) Receptacles and waste handling units for REFUSE, . used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers. (B) Receptacles and waste handling units for REFUSE and recyclables . shall be installed so that accumulation of debris and insect and rodent attraction and harborage are minimized and effective cleaning is facilitated around . the unit. 5-501.113 Covering Receptacles. Receptacles and waste handling units for REFUSE, . shall be kept covered: . (B) With tight-fitting lids or doors if kept outside the FOOD ESTABLISHMENT.On 12/09/2025 at 9:13 AM, Maintenance Worker, Employee Identifier (EI) #10 was present during observation of the six dumpsters. One of the six dumpsters had a side door open. In addition, there was a plastic spoon, a straw, and fork on the ground by the dumpster. EI #10 said the door being open could attract animals that would try to get things out of there. He also said rats could be attracted. EI #10 said it could affect the residents and could cause infection and viruses. EI #10 said the dumpster was last picked up Monday morning (12/08/2025). On 12/11/2025 at 9:44 AM the Certified Dietary Manager (CDM) was interviewed. The CDM said the concern with the dumpster door being left open was rodents and all kinds of creatures, like bugs, can get into dumpster. The CDM further said you don't want trash everywhere; bugs and rodents are attracted to it. When asked how the residents could be affected, the CDM said bugs and rodents could be attracted into the building; you need to stop them before they come into the building.On 12/11/2025 at 10:38 AM the Registered Dietitian (RD) was interviewed by telephone. The RD said tight lids enclose the dumpster for pest control. When asked about the food related items (plastic spoon, plastic fork and a straw) being on the ground around the dumpster, the RD said the dumpster area is all about pest control.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews, and review of the facility's policy titled Oxygen Safety the facility failed to ensure oxygen signage was posted outside the room doors of Resident Identifier (RI) #49 and RI #55, two of four residents' requiring oxygen on one of seven units at the facility. Findings Include: A review of the facility's policy titled, Oxygen Safety with a revised date of 09/06/2019, revealed the following: . a. Safety is the responsibility of all . Oxygen Storage: . 10. Precautionary signs readable from 5 feet shall be maintained on the door or gate where oxygen is used or stored.RI #49 was readmitted to the facility on [DATE] with diagnoses including: Chronic Diastolic Congestive Heart Failure and Chronic Obstructive Pulmonary Disease and Dependence on Supplemental Oxygen.RI #49's Quarterly MDS assessment with an ARD of 10/21/2025 documented a BIMS score of 15 of 15 which indicated intact cognition. RI #49 was also coded as using oxygen during this assessment period.RI #49's December 2025 Physician Orders contained an order dated 04/28/2025 for oxygen use.On 12/09/2025 at 10:32 AM, during the initial tour, RI #49 was observed wearing oxygen (O2) by nasal cannula with no oxygen signage on the door indicating oxygen was in use. RI #55 was admitted to the facility on [DATE] with diagnoses including: Chronic Obstructive Pulmonary Disease and Vascular Dementia.RI #55's Quarterly MDS assessment with an ARD of 12/01/2024 documented a BIMS score of 10 of 15 which indicated moderate cognitive impairment. RI #55 was also coded as using oxygen during this assessment period.RI #55's December 2025 Physician Orders documented an order dated 07/16/2025 for oxygen use.On 12/09/2025 at 10:08 AM, during the initial tour, RI #55's was observed wearing oxygen (O2) by nasal cannula with no oxygen signage on the door indicating 02 was in use.On 12/09/2025 at 4:03 PM an interview was conducted with Licensed Practical Nurse (LPN) #14, who said a sign is placed outside the door to let everyone know a resident is on oxygen and that the sign indicates oxygen was in use. On 12/09/2025 at 5:10 PM an interview with the Unit Manager (UM) #7, was conducted who said after the surveyors arrived, she realized the oxygen signs were not on doors and placed them on four doors, RI #49's and 55. When asked what prompted her to place the oxygen signs on the door, UM #7 said, she knew signs were to be on the doors if the resident was on oxygen. UM #7 was asked, what did the company policy say regarding residents on oxygen use. UM #7 said residents were to have a sign on the door that says the residents are on oxygen. When asked was company policy followed, UM #7 said no.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, review of facility policies titled Enteral Nutrition Protocol, Ice - Machine Cleaning, Safety and Sanitation: Cleaning and Sanitation of Ice Scoops, and review of the United States (U.S.) Food and Drug Administration (FDA) 2022 Food Code, the facility failed to ensure care, cleaning, and services in the facility were provided in a manner to prevent cross-contamination and the spread of infections.Specifically,1) On 12/09/2025, 12/10/2025, and 12/11/2025, RI #121'syringe used for administering water bolus flushes was observed without labels or dates to indicate when the syringe had been changed, or if it had been changed daily per facility protocol and RI #121's physician orders.2) On 12/09/2025 and 12/10/2025 ice machines on Room Locator (RL) #1 and RL #2 were observed with brown and pink substances and staff said, they were in need of cleaning.3) On 12/10/2025 observation of an ice chest on RL #1 revealed an improperly stored scoop left inside the chest that could lead to bacterial growth.4) On 12/10/2025 observation of a window air conditioner unit on RL #1 revealed a gap of open space to the outside of the building that could allow pests or rodents inside the nutrition room. These deficient practices affected RI #121, one of three residents sampled with feeding tubes; and RL #1 and RL #2, two of six units at the facility with ice machines. Findings include: 1) Review of a facility policy titled Enteral Nutrition Protocol, with a revised date of 12/29/2024, revealed the following: . PURPOSE: To provide a guide for enteral nutrition orders process and G (Gastrostomy)-tube care. II. G-Tube/PEG (Percutaneous Endoscopic Gastrostomy) Orders . E. Change administration set and bag every day and as needed . RI #121 was admitted to the facility on [DATE] with a diagnosis of Dysphagia. Review of RI #121's PEG TUBE care plan, with an initiated date of 02/28/2022 revealed an intervention to administer bolus water and flushes per tube and to change the administration set as ordered. RI #121's Annual Minimum Data Set (MDS)assessment with an Assessment Reference Date (ARD) of 10/23/2025 documented use of a feeding tube during the assessment period. Review of RI #121's Order Summary Report (Physicians Orders) for December 2025 revealed RI #121 was to receive 200 ml (milliliter) bolus of water per the feeding tube daily. RI #121 also had an order dated 03/27/2025 to change the administration set and bag at QHS (every bed time). On 12/09/2025 at 12:43 PM the surveyor observed a syringe in a plastic bag hanging on the feeding pump pole in RI #121's room. There was no resident name or date on the outside of bag, indicating when the syringe had been changed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/10/2025 at 8:11 AM, a syringe was again observed by the surveyor in a plastic bag hanging on RI #121's feeding pump pole with no resident name or date the syringe had been changed. On 12/11/2025 at 8:24 AM the surveyor again observed a syringe in a plastic bag hanging on the feeding pole in RI #121's room without a resident name or date the syringe had been changed. On 12/11/2025 at 8:29 AM in an interview with Unit Manager (UM) #9, she said, feeding syringes were changed every day. UM #9 said the evidence that the syringes had been changed would be on the outside of bag. UM #9 said you would expect to see the resident's name, the date, time and who changed the feeding syringe on the outside of the bag. UM #9 said it would be important to ensure these things were on the syringe bag so you would know the syringe had been changed. UM #9 said, not changing the syringe could lead to infection. 2) The U.S. FDA 2022 Food Code included the following: . 1-201.10 Statement of Application and Listing of Terms. (A) The following definitions shall apply in the interpretation and application of this Code. (B) Terms Defined. As used in this Code, each of the terms listed . shall have the meaning stated below. Equipment. (1) Equipment means an article that is used in the operation of a FOOD ESTABLISHMENT such as . ice maker, . Food means . ice, . used or intended for use . for human consumption . 3-304.11 Food Contact with Equipment and Utensils. FOOD shall only contact surfaces of: (A) EQUIPMENT and UTENSILS that are cleaned . and SANITIZED . The facility's policy titled Ice Machine - Cleaning, dated 09/07/2022, included the following:. POLICY:The ice machine cleaning procedure is . carried out to meet State and Local health codes. NOTE: This procedure is to be done on a regular basis. On 12/09/2025 at 3:56 PM the Certified Dietary Manager (CDM) tried to wipe a brown substance off the ice machine, said she did not know what it was, and Maintenance was responsible for cleaning the ice machine. On 12/10/2025 at 9:18 AM the Maintenance Supervisor (MS) said the ice machine was deep-cleaned every quarter and the filter was changed every three months, or sooner if something happened with the water line. On 12/10/2025 at 4:42 PM Unit Manager (UM) #7 came to RL #1 where the ice machine was observed to have a pink substance inside the ice collection bin that could be wiped off with a paper towel. When asked the last time the ice machine was cleaned, UM #7 said she really did not know. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/10/2025 at 4:53 PM the MS came to RL #1, looked into the ice machine and said it did not look good. On 12/10/2025 at 5:00 PM the ice machine in RL #2 was opened and pink/brownish particles were observed on top of the plastic shield inside the ice machine, the particles could be removed with a paper towel and the filter on the wall of the ice machine was dirty. The MS said the filter was last changed on 09/08/2025 and filters were changed every three months or as needed. The MS said the ice machine was filthy. 3) The U.S. FDA 2022 Food Code included the following: . 1-201.10 Statement of Application and Listing of Terms. (A) The following definitions shall apply in the interpretation and application of this Code. (B) Terms Defined. As used in this Code, each of the terms listed . shall have the meaning stated below. Equipment. (1) Equipment means an article that is used in the operation of a FOOD ESTABLISHMENT such as a . ice maker, . Food means . ice, . used or intended for use . for human consumption . 3-304.11 Food Contact with Equipment and Utensils. FOOD shall only contact surfaces of: (A) EQUIPMENT and UTENSILS that are cleaned . and SANITIZED . 3-304.12 In-Use Utensils, Between-Use Storage. During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS shall be stored: . (E) In a clean, protected location . such as ice scoops . The facility policy for Safety and Sanitation: Cleaning and Sanitation of Ice Scoops, dated 11/04/2022, included the following:. POLICY:Ice scoops will be cleaned in a manner to ensure equipment is cleaned and sanitized. On 12/10/2025 at 4:33 PM an observation was made of an insulated cooler in RL #1 with ice and a blue plastic scoop was left inside. LPN (Licensed Practical Nurse) #6 was asked if that was normally how they left the insulated cooler and the scoop after ice pass. LPN #6 said no, the insulated cooler should be emptied and wiped out. LPN #6 further said she would have rinsed the scoop and dried it off and put it in the scoop holder. On 12/10/2025 at 4:42 PM UM #7 came into RL #1 and said the insulated cooler was last used that (continued on next page)

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Hanceville Nursing & Rehab Center, Inc	420 Main Street NE Hanceville, AL 35077

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	day between 1:30 and 2:00 PM. UM #7 said, after passing ice out, they were supposed to dump out the ice. She further said the scoop should be placed in the scoop holder at the end of the shelf, not left inside the insulated cooler. UM #7 said if this was not done, the scoop could be growing bacteria. 4) The U.S. FDA 2022 Food Code included the following: . 6-202.15 Outer Openings, Protected. (A) . outer openings . shall be protected against the entry of insects and rodents by: (1) Filling or closing holes and other gaps along floors, walls, and ceilings; (2) Closed, tight-fitting windows; . On 12/10/2025 at 4:53 PM the MS came into RL #1. The MS looked at the air conditioner window unit and said the extension to seal off the air conditioning window unit was separated revealing a half inch wide opening directly to the outside. The MS said the opening should have been filled in or gapped so things like spiders, ants, and rats could not enter the building.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interviews, and review of the facility's policies titled, Dining Room Service and Promoting/Maintaining Resident Dignity During Mealtimes, the facility failed to ensure trays, insulated lids, and trash were not stacked and left on the dining room table in Room Locator (RL #3) on 12/09/2025, while residents were eating a meal at the table. Staff said this was not presenting a homelike environment for dining experience. This had the potential to affect five of 35 sampled residents. Findings Include: A facility policy titled Dining Room Service dated 09/05/2022, included the following: . Policy:Individuals will be encouraged to receive dining room service. A comfortable, attractive atmosphere will be maintained in the dining room area.A facility policy titled Promoting/Maintaining Residents Dignity During Mealtimes dated 12/02/2025, included the following: . Policy:It is the practice of the facility to treat each resident with respect and dignity and care for each resident in a manner and in an environment that maintains or enhances his or her quality of life, recognizing each resident's individuality and protecting the rights of each resident. On 12/09/2025 at 12:09 PM trays were served to five residents requiring feeding assist and seated at one large table in RL #3. During the observation, six facility employees were assisting residents; the employees took the meal plates off the trays and unwrapped utensils; the employees also opened drink containers and poured the beverages into cups or sippy cups; three stacks of lids filled with trash (empty beverage containers, crumbled up foil, and crumbled napkins) were observed sitting on trays on the table in front of the residents while they were eating; the stacked lids and trash were clearly in each resident's line of vision and were located near their plates. On 12/09/2025 at 12:48 PM Certified Nursing Assistant (CNA) #8 was asked why the meal plates were taken off the trays and placed directly on the table. CNA #8 said she did not know why. CNA #8 said she thought it was because it was more like a house or a home. CNA #8 said she should not have left trays with lids and trash on the table. On 12/09/2025 at 12:50 PM Unit Manager (UM) #9 was asked why the trays and the lids with trash were left on the table. UM #9 said it was not a good thing and they should have been removed. When asked why these things should be taken off the table, UM #9 said so it would be more homelike. On 12/11/2025 at 9:44 AM the Certified Dietary Manager (CDM) said they should have put the trash into the garbage and not in the lid cover. The CDM said this would be for sanitation and it was a dignity concern. On 12/11/2025 at 10:38 AM the Registered Dietitian (RD) was interviewed by telephone and said, the concern with staff stacking trays, lid covers, and trash (napkins, crumbled foil and opened beverage cartons) on the dining table and leaving them there while residents were eating was, it would not be an attractive environment and dining experience.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure:1) Resident Identifier (RI) #180's rescue inhaler was secured in the medication cart on 12/09/2025 instead of being found in RI #180's room on the bed side table, creating the risk of being overused by RI #180; and2) an unlabeled and undated, used vial of Lidocaine 1% was found in a drawer in a medication room on 12/11/2025, and staff said they would not know how long it had been there or when it was last used.This affected RI #180 and one of four medication rooms observed by the surveyor during the medication storage task.Findings Include: 1) RI #180 was admitted to the facility on [DATE] with diagnoses including: Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Acute and Chronic Respiratory Failure with Hypoxia. RI #180's Quarterly Minimum Data Set assessment with an Assessment Reference Date of 10/02/2024 documented a Brief Interview for Mental Status score was 15 of 15 which indicated intact cognition. A review of RI #180's December 2025 Physician's Orders revealed the following: . Start Date . 08/18/2025 . Albuterol Sulfate HFA (Hydrofluoroalkane) Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (microgram .) (Albuterol Sulfate) 2 inhalation inhale orally every 6 hours as needed for Shortness of Breath/wheezing . Provide oxygen at 2 Liters/Minute Nasal Cannula as needed (PRN) every shift for Shortness of Breath daily . On 12/09/2025 at 3:57 PM the surveyor observed one Albuterol HFA 90 mcg microgram inhaler dated 10/18/2025 with an expiration date of 4/27 (2027) on the corner of RI #180's brown bedside table in the resident's room. On 12/09/2025 at 4:28 PM an interview was conducted with Licensed Practical Nurse (LPN) #14. When asked what type of inhalers RI #180 was prescribed, LPN #14 said RI #180's Albuterol Sulfate HFA Inhalation Aerosol Solution 108 mcg/act was for every six hours as needed. LPN #14 said she administers this medication to RI #180 and RI #180 hands the medication back to her after RI #180 takes it. LPN #14 was asked if she could show the surveyor the Albuterol Inhaler in the medication cart. LPN #14 was not able to confirm the inhaler was in medication cart. On 12/09/2025 at 4:36 PM the surveyor observed with LPN #14 one Albuterol HFA 90 mcg inhaler dated 10/18/2025 with an expiration date of 4/27 on the corner of RI #180's brown bedside table in the resident's room. LPN #14 confirmed this was the rescue inhaler that should have been on the medication cart and that no medication should be left in RI #180's room. In the continued interview with LPN #14, when asked if RI #180 had an order to self-administer medications, she said no, and the company policy was not followed. LPN #14 said the concerns with leaving albuterol medication at the bedside would be it could cause heart palpitations which could lead to a heart attack which could result in death. On 12/09/2025 at 5:15 PM an interview was conducted with Unit Manager (UM) #7. When asked if RI #180 had an order to self-administer medications, she said no and she had not assessed RI #180 to (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	self-administration medications because it was too dangerous, and RI #180 would administer more than he/she was supposed to. UM #7 was asked what the concern was of having medication left at the bedside. UM #7 said the Albuterol Sulfate could be overused and could cause dizziness leading to falls, increased heart rate which could lead to Atrial Fibrillation or Ventricular Tachycardia, Heart Attack or death. On 12/10/2025 at 5:08 PM an interview was conducted with RI #180. RI #180 was asked when the last time was he/she used the rescue inhaler. RI #180 said sometime last week, and a nurse let him/her keep the inhaler, but he/she did not remember who the nurse was. When asked where he/she kept the inhaler, RI #180 said on the corner of the bedside table. On 12/10/2025 at 5:39 PM an interview was conducted with Director of Nursing (DON). The DON said she was made aware of the inhaler left on the bedside table of RI #180. She further said inhalers were kept in the medication cart and RI #180 did not have a current physician order to keep at bedside. The DON was asked what the concern was of having medication left at the bedside. The DON said it depends on the resident's allergy, up to including death. 2) On 12/12/2025 at 11:20 AM the surveyor along with LPN #13 observed a used vial of Lidocaine 1 % with no resident name, date, time opened nor expiration date on the vial in a drawer in a medication room. On 12/12/2025 at 12:30 PM an interview was conducted with LPN #13. The LPN was asked what should be done after a multi dose drug is opened. LPN #13 said the medication should be labeled with the date opened and when it expires, which is 28 days after it is opened. LPN #13 said the medication should be stored on the medication cart. LPN #13 said the issue with this not being done would be you are not sure if the medication was out of date. On 12/12/2025 at 1:25 PM the surveyor conducted an interview with UM #19. The UM was asked what should be done after a multi dose drug is opened. UM #19 said the medication should be labeled with the date opened and when it expires, which is 28 days after it is opened, and it should be stored on the medication cart, otherwise you would not know how long it had been there.