| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 035166 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Estrella Health and Rehabilitation Center | 350 East LA Canada<br>Avondale, AZ 85323 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide activities to meet all resident's needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, staff interviews and facility policy, the facility failed to ensure that an individualized on-going program of activities that met the interests and supported the well-being were consistently provided for 2 out of 2 sampled residents (#59 and #134). The universe was 148. The deficient practice could result in resident's interests, the physical, mental and psychosocial well-being, decreased socialization and stimulation not being met.Findings Include:<br><br>-Regarding Resident #134:<br><br>Resident #134 was admitted on [DATE] with diagnoses that included Cerebrovascular Disease, Spinal Stenosis, Dysphagia, Cerebral Infarction, Muscle Weakness, and Fusion of the Spine.<br><br>The care plan revealed that the resident is dependent on staff for activities and is unable to physically participate due to poor mobility, one-on-one activities for cognitive stimulation, social interaction related to cognitive deficits, immobility and physical limitations. Interventions included 1:1 (one on one) Programming/Leisure check room visits 1 time per week, provide programming of activities that accommodate abilities, engage in simple, structured activities that avoid overly demanding tasks.<br><br>A quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had a BIMS (brief interview of mental status) score of 7 which indicated that his cognitive skills were severely impaired. The resident preferences for customary routine and activities revealed that it was very important to have books newspapers and magazines to read, very important to listen to preferred music, somewhat important to be around animals, very important to keep up with the news, very important to do favorite activities, somewhat important to go outside to get fresh air, very important to participate in religious services and practices.<br><br>Review of the 1:1(one to one) activity logs for January-March, 2026- revealed a note on January 28, 2026 that they played a game with resident #134 called 'guess' for 5 minutes. On February 20, 2026 there was a Pet visit for 5 minutes. No other 1:1 (one to one) visits were documented for the months of January 2026 to March, 2026.<br><br>Review of Point Click Care documents in the Electronic Medical Record for the last 30 days revealed the following: 1:1(one to one) activity documented 3 days in March, no documented entertainment, no documented social activity, no documented creative activity, 12 days watching TV/Radio, 3 days observing surroundings, no documented mental activities, and no documented religious activities.<br><br>An interview was conducted with resident #134 on April 7, 2026 at 10:06 a.m. which revealed resident #134 is a Spanish speaking resident. Resident #134 stated staff do not get him up out of bed to be in<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | the wheelchair, he stated that he asks the Certified Nursing Assistants every day and they still do not get him up. He stated that they used to get him up and that he has the wheelchair by his bed. He further stated that there is no reason they can't get him up. He stated it has been approximately 3 or more months since he has been out of bed, except for his showers 2x per week. He is not able to participate in activities, just watch television (TV) that is in English, all day. The Resident stated that he would like to go outside to enjoy the sun and fresh air. He stated he likes music, news, and religious activities are very important to him.<br><br>An observation was conducted on April 9, 2026 at 1:30 p.m. in the room of Resident #134. Resident #134 was observed to be in bed. The television (TV) was on but was observed to be playing in English. There were no activity items observed on the bedside table or anywhere else in the room.<br><br>An observation was conducted on April 10, 2026 at 8:38 a.m. in the room of Resident #134. Resident #2 was observed to be in bed. There were no activity items observed on the bedside table or anywhere else in the room.<br><br>An interview with Activity Director (staff #44). Staff #44 stated her role includes to plan calendars, assess new residents, and create care plans on what residents want to do each day. When asked how do you communicate with the Spanish speaking residents, she stated she has a new assistant that speaks Spanish. She further stated that to determine a resident's preferences, she would ask questions of the resident to put on the care plan. She stated that traveling bingo, word search, cards, coloring, crafts, and 1:1 (one to one) in resident rooms is provided to bedbound residents. She stated that we do not have any materials that are in Spanish. She stated that she had struggled to come up with activities for the Spanish speaking residents and especially the males. Regarding resident #134 she stated that they do 1:1 (one to ones) to talk with him about what he enjoys, but stated that she had not provided him any materials, and was not quite sure of what interest he has.<br><br>An interview was conducted on April 10, 2026 at 1:06 p.m. with the Administrator (staff #167) and Director of Nursing (staff #147). Regarding activities for Spanish-speaking residents the DON stated he is Spanish speaking and does communicate with the residents that speak Spanish frequently. Staff #167 stated that the activities director would provide various activities throughout the day along with their staff that have been chosen by the residents and keep them engaged.<br><br>Review of the Activity Programming Policy revised on April, 2025 stated that it is the policy of this facility to ensure that activities are available to meet resident needs and interests that support the physical, mental, and psychosocial well-being of the resident. Activities may be facility-sponsored groups or independent. Activities include any endeavor, other than routine activities of daily living, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence. Attempts will be made to accommodate resident preferences, when safe to do so, for planning activities programs and calendars. Program considerations may include group offerings, independent offerings, or religious/spiritual offerings.<br><br>Review of the facility policy titled, Delivery of Activity Services revised on July, 2022 revealed that it is the policy of this facility to ensure that residents have the right to choose the types of activities and social events in which they wish to participate.<br><br>-Regarding Resident #59:<br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Resident #59 was admitted to the facility on [DATE] with diagnoses of chronic kidney disease, gastrointestinal hemorrhage, hyperlipidemia, essential (primary) hypertension, muscle weakness, and need for assistance with personal care under Long Term Care (LTC).<br><br>The Comprehensive Care Plan, revised March 17, 2026, stated that the Resident has little or no activity involvement, related to immobility and disinterest. Interventions of the facility included that the facility would explain the importance of social interaction and leisure activity time and invite the Resident to scheduled activities.<br><br>A 5-day Medicare Minimum Data Set (MDS) assessment completed on March 10, 2026 revealed that the Resident had a BIMS score of 14 which indicated intact cognition, a report for mood showed the Resident presented with no severe moods and no behaviors exhibited.<br><br>Review of 1:1 (one on ones) with the Activities team of the facility for the month of March 2026, revealed that the Activities team did not make contact or interact with Resident #59. On April 10, 2026, a review of Resident #59's Progress Notes showed no notes by Social Services regarding a discussion with Resident #59 or Resident #59's family regarding accommodations with the room or TVs.<br><br>On April 10, 2026, a review of the Facility's 1:1 with residents revealed no 1:1 or any documentation contact with Resident #59 between January-March 2026.<br><br>A review of the electronic health record revealed no documented evidence that the Resident had participated in the facility's activities.<br><br>An interview and observation was conducted with the Resident on April 7, 2026 at 9:30 AM, which revealed that the Resident is Spanish-speaking only and has been at the facility for over a month. The Resident's room lacked a TV or radio, no activities were visible for the Resident to participate in, and the Resident revealed that she is very bored in her room with no one coming to speak with her or invite her to scheduled activities. The Resident stated that she likes to watch Spanish language television channels. The resident stated that when her son and daughter-in-law come to visit, it is the only time she is taken to activities and around the courtyard of the facility, otherwise she will lay in bed all day. The resident did not know to ask for a TV in her room.<br><br>Another interview was conducted with the Resident's son over the phone on April 9, 2026 at 10:00 AM, which he confirmed that when he and his wife visit the Resident they do get the Resident out of the room. The son did not know why his mother did not have a TV in her room, or whether the facility would provide one, and stated she did not participate in creating his mother's care plan but that he would have liked to and would like a future invitation to be a part of the Resident's care plan. He was not aware if his mother participated in any activities, and was not contacted about the schedule of activities. He had not received any communication from Social Services about his mother's care.<br><br>On April 9, 2026 12:32 PM, an interview was conducted with Staff #63, Maintenance, with regards to whether maintenance had any overall impact on a Resident's room set-up; specifically with setting up a TV for Residents in Long Term Care (LTC). Staff #63 stated that he does not initiate TV requests nor does he have a list of TV requests, but that he gets informed by Housekeeping about setting up TVs in rooms and general room set-up, maintenance with drywall, plugs, outlets, plumbing, and bed set-up. Staff #63 stated he believed Social Services is in charge of setting a resident up with a TV or making contact with the Resident's family.<br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An interview was conducted on April 9, 2026 at 12:36 PM, with Staff #216, Social Services Director, who stated that the facility provides TVs for residents who cannot provide their own or if their families cannot provide a TV. Staff #216 stated that Certified nursing assistant (CNAs) let Social Services know of a TV issue or the family, but through the admission conference with the Resident and families the Concierge would inform Residents and family members about providing their own TVs. Staff #216 was unsure if providing a TV was the responsibility of the Resident or family and whether it was documented on the admission Agreement or if in a Policy. Staff #216 stated that Housekeeping is in charge of TV set-up.<br><br>Activities Director, Staff #44, was interviewed April 9, 2026 at 1:00 PM and asked about current practice in reaching out to Spanish-speaking residents and how the Facility encourages participation in activities and offering activities. Staff #44 stated that she had within the last month hired a Spanish-speaking assistant Activities Director. She stated that the assistant aids in getting Spanish-speaking only residents to participate. In regards to bed-bound residents, Staff #44 stated that they try to offer certain activities that work well for bed-bound residents such as travel bingo, crafts, coloring, and puzzles. Staff #44 stated that there is 1:1 time with residents to better understand their likes and dislikes. She further stated that this is documented on 1:1 Sheets, which are currently being audited in-house.<br><br>An observation was conducted of Resident #59's room on April 9, 2026 at 3:24 PM, to find no evidence of a TV in the Resident's room and the Resident laying on her side with no music or any type of entertainment/activity present.<br><br>A phone-interview was conducted again with Resident #59's son on April 10, 2026 AM, to inquire if the Facility had informed him of providing a personal television for his mother's room. The son stated he had not been informed and that he had no prior knowledge of having to provide his mother with a TV. He stated that no paperwork was provided to him when his mother's care had transitioned to LTC, from skilled nursing care.<br><br>A second interview was conducted with Staff #44, Activities Director, on April 10, 2026 at 9:31 AM, who stated that 1:1 documents which residents were contacted and their noted preferences. Staff #44 stated that she acquired this position in June 2025 and has since found deficits in the activities programs, especially with Spanish-speaking residents. She further stated that she had since hired a new assistant to aid in communicating activities and encouraging participation. Staff #44 stated that she makes a point to have 1:1's with residents that do not normally participate or who have not participated in activities.<br><br>On April 10, 2026 at 10:03 AM an interview was conducted with Staff #71, Housekeeping Director, regarding residents who transition to LTC from the Skilled Nursing side of the Facility. When asked who ensures the rooms are ready and appropriately furnished for residents, she stated that CNAs (Certified Nursing Assistants) will inform Housekeeping about a Resident moving rooms or a new resident admittance. Housekeeping aids will clean and prep rooms for the Resident. Housekeeping does not ensure that a TV is provided to the Resident but if a Resident already has a TV in their possession then Housekeeping will inform Maintenance to connect the TV. Staff #71 stated that Social Services are in charge of TVs being provided and that they communicate with Housekeeping. Staff #71 further stated that Housekeeping does not contact families regarding a missing TV in a Resident's room.<br><br>An interview was conducted April 10, 2026 at 11:50 AM with the Admissions Director, Staff #36, who<br>(continued on next page) |

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| F 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | stated that when newly admitted residents are arriving they are supplied with an Admissions Packet with welcome information and explanation of provided services and that all skilled nursing residents are supplied a TV within their room, but not Long Term Care (LTC) residents. Long Term Care resident's families are informed to bring their own TV, if one cannot be provided then the Facility will try to provide a TV. Staff #36 stated that they do not personally meet with the resident at arrival to the Facility until the Nurse does an evaluation for therapies and a care plan is created. The Case Manager and Social Services would be made aware of a resident who transitions over from skilled to LTC, any new admissions to LTC would be completed through clinical and management staff; Staff #36 only does the non-clinical initial admission of residents, case management does all the clinical ALTCS programs. Staff #36 stated again that she only reaches out to a resident's family pertaining to a TV being provided during a new admission, not when a resident transitions from skilled nursing to LTC. Staff #36 confirmed that Resident #59 did transition from skilled to LTC, and stated that Social Services takes that on.<br><br>Another interview was conducted with Staff #216 on April 10, 2026 12:06 PM, Staff #216 stated that they do not have anything to do with a resident transitioning from skilled nursing to LTC in terms of providing a TV or setting up the room for the resident. Housekeeping has a checklist to ensure a room is prepared for the resident moving into LTC, and Maintenance is in charge of TV set-up, anything else is related to Admissions. Staff #216 stated that the family should have contacted the facility to inform them of the resident not having a TV in their room.<br><br>An Interview was conducted with Staff #147, Director of Nursing (DON), who stated that if a resident is transitioning from skilled nursing to LTC, the process is done by Social Services. DON was informed that through previous interviews with Social Services stated that they are not involved in residents transitioning to LTC from skilled nursing and that Housekeeping, Concierge, Maintenance, and Admissions are all who could be in charge of setting up the room for the residents and anything regarding providing a TV. The DON stated that there is an issue with how this process is conducted. DON stated not being made aware of the lack of TV in Resident #59's room. DON acknowledged that Resident #59 should have been provided a TV and that the Facility has provided multiple TVs for Residents; DON stated that the facility missed this opportunity 100%.<br><br>A final interview was conducted with Staff #44, Activities Director, and informed them that there was a resident who was not contacted through 1:1's or any documentation of contact regarding preferred activities and preferences. Staff #44 was asked what are the risks of a resident not participating in activities or being asked to participate, Staff answered that there is risk for isolation, depression, and not being able to continue their daily activities and promoting daily living. Staff #44 acknowledged that Resident #59 was never contacted and that the Resident had transitioned from nursing to LTC, and that nothing had been done for her in regards to activities.<br><br>The Facility's Activities policy, revised July 2022, revealed that it is the policy of this facility to ensure that residents have the right to choose the types of activities and social events in which they wish to participate. |

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| F 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, and review of facility policies, the facility failed to ensure that confidential resident information was secured for 16 out of 148 residents. The deficient practice could lead to protected resident information being stolen or compromised.Findings include: During observation on April 9, 2026 at 3:41p.m. a laptop on a medication cart located by room [ROOM NUMBER] had an open computer screen facing the main hallway with resident confidential information for 16 residents. Health information for Resident #39 was identified due to 2 medications being left on the top of the medication cart in a medication cup when the nurse went into room [ROOM NUMBER]. The information was actively displayed on the laptop and was visible to anyone walking down the main hallway. The confidential resident information included the resident's name, resident's picture, and room number. The deficient practice could lead to resident protected health information being compromised or stolen.An interview was conducted on April 9, 2026 at 3:47 p.m. with the registered nurse (RN/staff #51). Staff #51 stated she was distracted and forgot to close the computer screen. She stated that the process would be to close out the computer screen if she leaves the medication cart, so no one is able to see the resident's information. The Registered Nurse stated that the patient's private information could be stolen and it would be a Health Insurance Portability and Accountability Act (HIPAA) violation. An interview was conducted on April 9, 2026 at 3:50 p.m. Certified nursing assistant (CNA/staff #34) Regarding HIPAA, staff #34 stated that it relates to the residents' private information. Staff #34 stated that in the effort to keep resident information private it is important to close out the resident record on the screens, utilized by the CNA's in the hallways, when staff walk away. Staff #34 also stated that the medication carts have laptop screens on them where resident information could be seen if the laptop is not closed when the nurses walk away from the medication cart. Staff #34 stated that the risk for not securing the screens could result in resident identity being taken.An interview was conducted with the director of nursing (DON/ staff #147) on April 9, 2026 at 3:50 p.m. Staff #147 stated that the nurse would need to lock the medication cart and make sure the laptop is closed as to not have any resident information displayed and viewed. The DON stated the risk would include resident information being viewed by others.Review of the facility policy titled Health Insurance Portability and Accountability Act Compliance Policy and Procedure revised December, 2024 revealed the Health Insurance Portability and Accountability Act Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>Based on observation, interviews, and review of facility policy and procedure, the facility failed to ensure medications were stored according to regulation and facility policy. The deficient practice could lead to overdose or unauthorized residents gaining access to medications.An observation conducted on April 9, 2026 at 3:41p.m. of the facility hallway by the resident room revealed that a medication cart was not locked. A clear medication cup on top of the medication cart had 2 white pills in it. There were no staff observed at the medication cart. During the 6 minute observation, there were 2 staff members and one resident that walked by the unlocked medication cart with the medication cup on top. The medication cart remained in observation until the Registered Nurse (RN/ staff# 51) returned to the cart at 3:47 p.m.An interview was conducted with staff #51, on April 9, 2026 at 3:47pm. A plastic medication cup with 2 white pills was observed on top of the medication cart, and staff #51 stated that the pills were Baclofen and Tylenol for resident #39. Staff #51 stated that she got busy and forgot to lock the medication cart. Staff #51 stated that the risk of an unlocked mediation cart and medications left on top of the cart could include that someone could steal the medications or someone could take someone else's medication and it could make them sick.An interview was conducted with the Director of Nursing (DON, staff #147) on April 9, 2026 at 3:50pm. The DON stated that medication carts need to be locked when staff step away from the cart. Staff #147 stated that the risk of leaving the medication cart unlocked included the potential for someone walking by taking the medications. Review of the facility policy titled Medication Access and Storage, Emergency Kit access revised July, 2024, revealed the facility is to store all drugs and biologicals in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, staff interviews, and policy review, the facility failed to store, prepare, distribute, and serve food in a manner that prevents foodborne illness to residents. The deficient practice could result in foodborne illness.Findings include:During the initial kitchen observation conducted on April 17, 2026 at 8:13 a.m., a comprehensive tour of the kitchen including the walk-in refrigerator and dry goods storage was performed with the Dietary Manager (staff #4).An observation of the contents of the walk-in refrigerator revealed an open container of ground beef on the bottom shelf. The open container of ground beef was stored with other unopened ground beef packages in the original cardboard box it had been delivered in. There was no evidence of a label or date on the open container of ground beef. Approximately 50% of the contents of the ground beef was found to remain in the plastic container/tubing that the product was originally packaged in. It was secured by having the open end of the product tied in a knot, and stored next to unopened ground beef packages in the same cardboard box.An observation of the dry goods storage room with staff #4 on April 7, 2026 at 8:25 a.m. revealed scoops used for bulk dry goods items, including oats and beans, to be stored in the open on a metal shelf next to assorted packaged food items. The scoops were observed to be visibly soiled, with dust remaining on them from previous use.An initial interview with the Dietary Supervisor (staff #4) was conducted at the facility at 8:30 a.m. on April 7, 2026. Staff #4 stated that ground beef should be dated after it is opened for use. Staff #4 reported a potential outcome for not dating and labelling ground beef after opening the package is that it can cause foodborne illness If used outside of applicable dates. Staff #4 stated that the observed storage of the bulk dry goods scoops is compliant with the facility policy.During a second interview with staff #4 conducted on April 10, 2026 at approximately 1:45 p.m., staff #4 stated that the facility policy regarding the labelling of food items varies depending on the food item. Staff #4 stated that opened food items should be stored in a separate container than unopened/unused food items per facility policy. Staff #4 stated a tub should be present next to the bulk dry goods containers to store the scoops when not in use. Staff #4 stated the scoops are cleaned on a daily basis. Staff #4 reported that cross contamination and foodborne illness could occur from not storing the dry goods scoops correctly.An interview with the Executive Director (staff #167) was conducted at the facility on April 10, 2026 at approximately 2:00 p.m. Staff #167 stated that the facility policy for storing, labelling, and dating food that has been opened and used is that every food item in the refrigerator should be labelled and dated. Staff #167 stated that he needed to review the facility policy to speak of the requirements for storing bulk dry goods scoops. Following policy review, staff #167 stated that the bulk dry goods scoops should be stored in a holder or washed beforehand.Review of the facility policy titled, Food Storage, revealed food is stored, prepared, and transported at appropriate temperatures and by methods designed to prevent contamination or cross contamination, following regulatory authority procedure for date marking. The facility food storage policy stated that date marking should indicate the date or day by which ready-to-eat, potentially hazardous food should be consumed, sold, or discarded and will be visible on all Time and Temperature Control for Safety (TCS) foods that is not for immediate use. Facility policy stated that TCS foods should be covered, labeled, and dated if stored and not for immediate use.Review of the facility policy titled, Food Storage, revealed scoops must be provided for bulk foods. Scoops may be stored in food as long as the handles do not touch the food, an alternative is to keep scoops covered in a protected area near the containers. Scoops are to be washed and sanitized on a regular basis. |

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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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, interviews, record reviews and review of facility policy and procedures, the facility failed to ensure facility personnel handled and transported clean and soiled linens according to policy and followed appropriate room cleaning protocol to prevent the spread of infection. The deficient practice could result in the transmission of infection in the facility.Findings include:-Regarding LaundryAn observation of the laundry room was conducted on April 8, 2026 at 1:10pm. The observation revealed the Housekeeping Supervisor helping a resident get his clothes. They were going through racks of clothes hung up that were not covered and clothes were observed to be touching the ground.An observation was conducted of Floor Tech (staff #39) on April 8, 2026 at 1:12 p.m., who picked up the linen from the hallway soiled utility room and placed the soiled linens and clothes in the laundry room where they were separated. The observation revealed that staff #39 parked the cart outside the soiled linen laundry room door, which was open to the hallway. The cart he was pushing had a soiled linen bag on top of the cart and was otherwise not closed. Staff #39 stated that the soiled linen bag should be placed inside the cart with the lid on and not on the top of the cart without cover.An interview with the Housekeeping Supervisor (staff# 71) was conducted April 8, 2026 at 1:18p.m. Staff #71 stated that the process of handling soiled linens includes floor tech, housekeepers, and or care staff. She stated that the staff pick up the linen from the hallways soiled utility rooms in a cart that has a lid on it and then bring the linens and clothes to the soiled laundry room where they are separated and washed. Staff #71 stated that soiled linen carts should always be covered with a lid. She stated that the risk of ?parking' an uncovered soiled linen cart outside of the laundry room could cause contamination and the possibility of airborne illnesses to the residents and staff. Staff #71 further stated that the process of sorting contaminated linens from blood or contact isolation rooms included the use of red bags for transmission-based laundry. Staff #71 stated that the Floor Tech or nursing staff would transport the red bags and bring down the linens in the red bag within the bin or cart with a lid on the bin or cart. Staff #71 further stated that soiled linen is put in the yellow bin in the laundry room and that the red bag would go into the yellow bin with the rest of the soiled linen. Staff #71 stated that she was unsure how to deal with trash in a resident room where a resident was diagnosed with clostridioides difficile (C.diff). Staff #71 stated not transporting soiled linen in a covered cart with lid on could cause illness to the residents and bacterial issues that could spread to all staff and residents. She did state that the hallway soiled rooms also do not have a bin specific for red bags.An observation was conducted on April 9, 2026 at 3:25 p.m. with Lead Housekeeper (staff #99) who was folding and hanging clean linen and the clean linen was touching the floor. Staff did not place the linens that touched the floor back into dirty linens to wash. Staff #99 stated that she should have placed the linens that touched the floor back into the soiled linens to be rewashed or it could lead to a resident getting ill. Staff #99 further stated that they receive laundry training yearly on the computer and at the skills fair.An interview with the Housekeeping Supervisor was conducted on April 9, 2026 at 3:30 p.m. Staff #71 stated that staff should not be folding clothes against their body without having a gown on and that clean clothes should not be touching the floor. Staff #71 stated that the risks are bacteria and cross contamination.An interview with Licensed Practical Nurse (staff #65) was conducted on April 9, 2026 at 3:35 p.m. When asked how to handle soiled linen, she stated they place the linens in a clear bag and the process is not different for blood or a contact isolation rooms. She further stated that they do not have red bags and that all items are treated as contaminated. A staff interview with certified nursing assistant (CNA / staff #34) was conducted on April 9, 2026 at 3:40 p.m. Staff #34 stated that soiled linens are placed in a bag and the bag is tied. He stated that linens from a contact isolation room are put in a biohazard bag in a different container which is located in the resident's room.A staff interview with Licensed Practical Nurse (staff #14) was conducted on April 10, 2026 at 9:53 a.m. Staff #14 stated that when bagging soiled linens, we do not use colored bags and all soiled linens are put in the<br>(continued on next page) |

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| | 035166 | A. Building<br>B. Wing | 04/10/2026 |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | same covered bins. Staff #14 stated that staff should not be placing soiled linen on top of the bin and they should not be directly placing the soiled linens in a bag and walking down the hallway to the laundry room. Staff #14 stated that biohazard bags are used for bloody items and then most likely thrown away. She stated that the gray garbage cans are for trash and the yellow bins are for soiled linen. She stated that contaminated trash is disposed of the same way as regular trash.-Regarding HousekeepingAn Observation was conducted on April 10, 2026 at 10:36 a.m. Housekeeper (staff #181), was observed in a resident room sweeping up dirty gloves and wipes, soiled with brown matter which appeared to be fecal matter. She was observed to be sweeping from the inside of the room to the outside of the room doorway. An interview was conducted with staff #181 on April 10, 2026 at 10:40 a.m., Staff #181 stated that she was not sure of the facility process of cleaning contaminated items and did not understand what the risk would be. An interview with Licensed Practical Nurse (staff#14) was conducted on April 10, 2026 at 11:28 a.m. Staff #14 stated that the proper way to dispose of gloves/wipes contaminated with feces should be by picking them up and putting them in a bag. She stated that sweeping them is not permitted due to infection control concerns.An interview with Housekeeping Supervisor (staff #71) was conducted on April 10, 2026 at 11:29 a.m. regarding sweeping and removal of soiled gloves and or wipes. Staff #71 stated that the correct process for picking up soiled/ contaminated wipes or gloves is to pick them up and bag them. She stated she would re-educate the staff. An interview with Infection Control Preventionist (staff #14) was conducted on April 10, 2026 at 1:30 p.m. Staff #14 stated that staff were not following the process and procedure to minimize infections at the facility regarding soiled linen. Staff #14 also stated that the resident rooms should not be cleaned by sweeping contaminated gloves and wipes around the room. She stated they should be picked up with a glove on and put in a bag. She stated that the risk for not following identified processes could spread or cause infections throughout the facility.An interview was conducted with the Director of Nursing (staff #147) on April 10, 2026 at 1:45 p.m. Staff #147 stated that housekeeping did not clean the resident room in a safe manner by sweeping gloves and contaminated wipes across the floor. Staff #147 stated that this could cause residents and staff to get sick. Staff #147 further stated that the procedure for handling soiled linen was not followed and could cause infection to residents and staff.The Infection Prevention and Control Program Policy, reviewed on April 8, 2026, is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. The elements of the Infection Prevention and Control Program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. The policy further revealed that staff and resident education is done to identify risk of infection and promote practices to decrease risk. Policies, procedures and aseptic practices are followed by personnel in performing procedures, linen handling and disinfection of equipment. Linen Handling Policy, revised January, 2025, revealed that the facility is to take careful precautionary procedures and must be followed by laundry personnel to prevent the spread of infectious diseases to other staff members, residents and visitors. Clean and soiled linen shall be separated at all times. All soiled linen shall be treated as possibly infectious and handled as such. Any clean linen that falls on the floor or is touched with hands that have not been washed are also considered soiled. Clean linens should be carried and held away from the body.The Housekeeping Services Policy, revised December, 2024, stated it is the policy of the facility is to promote a sanitary environment. |

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| F 0926<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Have policies on smoking.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, facility documentation, and policy review, the facility failed to ensure the smoking policy was implemented and followed for one resident (Resident #19) out of two sampled residents. The universe was 18. The deficient practice could increase the risk of smoking-related accidents. Findings include: Resident #19 was re-admitted to the facility on [DATE] with diagnoses that included a displaced fracture of medial condyle of right tibia, chronic pain syndrome, schizoaffective disorder, bipolar type, and depression. The care plan first initiated on May 6, 2022 revealed a focus indicating Resident #19 had the potential for injury related to smoking. Interventions for this focus included to provide education regarding safe smoking practices, maintain smoking materials at designated areas, and monitor and assess compliance with facility smoking policy. There was no evidence within the care plan indicating Resident #19 may keep smoking items on their person.The quarterly minimum data set (MDS) assessment dated [DATE] revealed Resident #19 had a brief interview for mental status (BIMS) score of 14 which indicated Resident #19 was cognitively intact. Further review of the MDS revealed Resident #19 was not utilizing oxygen. Review of the Smoking Evaluation-Version 2, dated February 8, 2026 revealed Resident #19 may light her own cigarette and had been provided education on safe smoking practices. However, there was no evidence in the smoking evaluation that stated Resident #19 may keep smoking items in her possession. Review of the Smoking Policy and Procedure form, signed by Resident #19 on July 10, 2022 revealed residents may not keep lighting materials, tobacco products, e-cigarettes, and smoking devices on their person or in their possession. An observation of the designated smoking patio was conducted on April 9, 2026 at 9:31 a.m. The Activities Supervisor (Staff #44), Administrator-in-Training (A.I.T./Staff #237), and Resident #19 were in attendance. Resident #19 was observed to remove a flame lighter and pack of cigarettes from her purse. Resident #19 proceeded to light a cigarette and place the lighter and pack of cigarettes back into her purse. An observation was conducted on April 9, 2026 at 9:41 a.m. of Resident #19's room. Resident #19 removed two 24/7 Red 100's brand cigarette packs and a blue flame lighter from her purse. An interview was conducted on April 9, 2026 at 9:41 a.m. with Resident #19. Resident #19 stated she had been at the facility for about two years and has been smoking prior to admission. Resident #19 stated the facility asked her questions about her smoking abilities and stated she may light her own cigarettes. Resident #19 stated there are no set smoking times and she can go out whenever she wants. Resident #19 stated she keeps her smoking materials with her in her purse at all times. An interview was conducted on April 9, 2026 at 9:57 a.m. with a housekeeping assistant/smoking attendant (Staff #127). Staff #127 stated he had been filling in as a smoking attendant but it is not normally a part of his job description. Staff #127 stated he will ensure the smoking residents are in the designated area, placing their trash in the correct bins, not passing cigarettes to other residents, and make sure residents are not taking smoking materials back to their rooms. Staff #127 stated residents should not be keeping smoking materials on their person as that would pose a safety risk. An interview was conducted on April 9, 2026 at 10:28 a.m. with a registered nurse (RN/Staff #51). Staff #51 stated there is a designated patio where residents may smoke and a smoking policy is signed upon admission. Staff #51 stated a smoking evaluation would be completed and the resident's care plan would reflect their smoking abilities. Staff #51 stated residents are not allowed to keep any lighters, cigarettes, or e-cigarettes in their possession and these must be given to the clinical staff or kept in a locker on the smoking patio. Staff #51 stated the risk of residents keeping smoking materials could lead to safety issues such as preventable fires. An observation of the designated smoking patio was conducted on April 9, 2026 at 10:49 a.m. where Resident #19 and the smoking attendant (Staff #237) was located. Resident #19 was observed to remove a cigarette and blue lighter out of her purse. Resident #19 proceeded to light the cigarette and place the lighter back into her purse. An interview was conducted on April 9, 2026, at<br>(continued on next page) |

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| F 0926<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 11:24 a.m. with Staff #44. Staff #44 stated that she, along with two unit managers, oversees the smoking patio. Staff #44 explained that the patio is open for smoking to residents who have been assessed as independent, while residents requiring assistance are assigned designated smoking times. Staff #44 reported that the facility does not employ designated smoking attendants; however, staff members are present on the patio when residents go out to smoke. Staff #44 further stated that independent residents are required to store their smoking materials in assigned lockers and are not permitted to keep these items on their person. Staff #44 indicated that if residents retain smoking materials in their possession, it poses a risk of injury to themselves or potential harm to the environment. She added that if she observes a resident with smoking materials that are not properly stored, she would provide education on the facility's policy and notify the unit managers. However, she clarified that she would not confiscate the items.An observation of Resident #19's room was conducted on April 9, 2026, at 11:59 a.m. with Staff #51. During the observation, Resident #19 removed two packs of 24/7 Red brand cigarettes and two blue flame lighters from her purse. Staff #51 informed the resident that she is not permitted to keep smoking materials in her possession and that the items would need to be secured. Staff #51 explained that designated lockers are available for storing cigarettes and lighters. Resident #51 was further advised that this policy is in place to reduce the risk of accidents. An interview was conducted on April 9, 2026 at 1:10 p.m. with the Director of Nursing (DON/Staff #147). Staff #147 stated that a resident or family representative signs the facility smoking policy upon admission and a smoking evaluation would be completed by the clinical staff to assess the resident's smoking abilities. Staff #147 stated if a resident was evaluated to smoke independently, the resident would be provided a locker and lock to store their smoking materials. Staff #147 stated lockers are provided because the residents are not allowed to keep their lighters and cigarettes in their possession as it poses a safety risk to all residents. Staff #147 stated if a resident was found with lighters or tobacco products in their possession the expectation would be to confiscate the items and report it immediately. Review of the Smoking Policy last revised January 2025, revealed residents who choose to smoke are provided with the means to do so in a way that does not put their safety or any others at risk. Review of the policy revealed no lighting materials, tobacco products, or smoking devices will be allowed to be kept in the possession of the residents, either on their person or in the facility. Further review of the policy revealed residents assessed to safely smoke independently will be provided a combination locker on the smoking patio where they will be able to store cigarettes. |