STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055249	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Merced Nursing & Rehabilitation Ctr	510 West 26th Street Merced, CA 95340

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41608 Based on observation, interview, and record review, the facility failed to ensure one of eight sampled residents (Resident 3) was treated with dignity and respect when Resident 3's urinary catheter (a tube placed in the body to drain and collect urine from the bladder [a hollow, muscular organ located in the lower abdomen that stores urine]) bag was not placed in a dignity bag (a bag the catheter drainage bag is placed into, to shield the resident's urine from view). This failure violated Resident 3's dignity, respect, and need for urinary catheterization to remain private which could negatively impact Resident 3's psychosocial well-being. Findings: During a review of Resident 3's Admission Record (AR), dated 4/16/25, the AR indicated, Resident 3 was admitted from an acute care facility with the following diagnosis, .Hydronephrosis [the swelling of one or both kidneys (bean-shaped organs located in the lower back, on either side of the spine) caused by a buildup of urine due to a blockage in the urinary tract (urine pipeline)] . urinary tract infection [an infection in the urinary tract] . muscle weakness . contracture [a permanent tightening of muscles, tendons (a tough, fibrous cord that connects a muscle to a bone), skin, and nearby tissues that causes the joints (a connection between two or more bones in the body that allows for movement) to shorten and become very stiff] of left hand . schizophrenia [a mental disorder that disrupts a person's thinking, perception, and emotions, leading to a distorted view of reality] . type 2 Diabetes [DM II - a condition where the body does not produce enough insulin, a hormone that helps regulate blood sugar, or the body's cells do not respond properly to the insulin that is produced] . During a review of Resident 3's Minimum Data Set (MDS), dated [DATE], the MDS Section C Brief Interview for Mental Status (BIMS - assessment of cognitive [mental], status for memory and judgement [score of 13-15 indicated cognitively intact, 08-12 indicated moderate impairment, 00-07 indicated severe impairment and 99 indicated resident was unable to complete assessment]) indicated Resident 3's BIMS score was 13 which indicated Resident 3 was cognitively intact. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/15/25 at 11:16 a.m. with Certified Nurse Assistant (CNA) 2 in Resident 3's room, Resident 3's urinary catheter bag was hung on the end of Resident 3's bed without a dignity bag. The catheter bag was visible upon entry to Resident 3's room. CNA 2 stated, The catheter bag is to be covered at all times to protect the dignity of the resident. CNA 2 stated, The catheter at the end of the bed is not hung in the correct location and does not have a dignity bag. CNA 2 stated, Resident 3 could be embarrassed by having her urine exposed to anyone that enters her room. During a concurrent observation and interview on 4/15/25 at 11:20 a.m. with the Infection Preventionist (IP) in Resident 3's room, Resident 3's urinary catheter bag was hung on the end of Resident 3's bed without a dignity bag. The IP stated, The bag should not be visible to staff, residents or visitors. The IP stated, The catheter bag should be in a dignity bag unless it is being drained or observed by necessary staff. The IP stated, The uncovered catheter bag could embarrass or make Resident 3, other residents or visitor uncomfortable. During a review of the facility's policy and procedure (P&P) titled, Quality of Life - Dignity, dated 8/2001, the P&P indicated, .Demeaning practices and standards of care that compromise dignity is prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident to keep urinary catheter bags covered .

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48424 Based on observation, interview, and record review the facility failed to honor a resident's right to make choices about his healthcare services for one of six sampled residents (Resident 175) when Resident 175's request to receive his melatonin (medication which helps promote sleep) at 11:00 p.m. was not honored. This failure caused Resident 175 to not be able to get a full night's sleep since he was admitted on [DATE]. Findings: During a review of Resident 175's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 4/18/25, the AR indicated, Resident 175 was admitted to the facility on [DATE] with a diagnosis of insomnia (disorder characterized by inability to sleep). During a review of Resident 175's Minimum Data Set (MDS- resident assessment tool which indicates physical and cognitive [ability to think, memorize and process information] abilities), dated 4/11/25, the MDS indicated, a brief interview for mental status (BIMS- an assessment used to determine the cognitive ability [mental skills used to think, learn, and reason] of a resident) score of thirteen (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment), indicating Resident 175 had no cognitive impairment. During an interview on 11/14/25 at 11:35 a.m. with Resident 175, Resident 175 stated he has had trouble sleeping ever since being admitted to the facility. Resident 175 stated he was administered a melatonin pill and the nurses gave it to him too early in the night which caused him to awaken during the night time. Resident 175 stated he had asked nursing staff if he could get his melatonin at 11:00 p.m. or 12:00 a.m. in order to have a more restful sleep throughout the night but they told him that was not allowed. During an interview on 11/14/25 at 3:30 p.m. with Certified Nursing Assistant (CNA) 3, CNA 3 stated Resident 175 had mentioned he had trouble sleeping. CNA 3 stated she had reported it to a nurse and it was the nurses responsibility to change the residents medication orders to the time Resident 175 wanted. CNA 3 stated it was important to provide Resident 175 his melatonin whenever he requested because he needed to be able to sleep throughout the night, not being able to sleep could cause him to feel sad. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/17/25 at 11:51 a.m. with Licensed Vocational Nurse (LVN) 2, Resident 175's Order Summary Report, dated 4/18/25 was reviewed. The Order Summary Report indicated Resident 175's order for melatonin was scheduled to be given every night to help with sleep. LVN 2 stated Resident 175 received his medication every night at 9:00 p.m. and she had seen Resident 175 awake during some nights, but she had not heard report from him or a CNA that he would like his melatonin given later. LVN 2 stated Resident 175's melatonin should have been rescheduled to receive it later if he had been awake during the night. LVN 2 stated it was important for Resident 175 to be able to have a full night's sleep because it was what he wanted, and he had the right to have medicine given at his preferred time. During an interview on 4/18/25 at 10:19 a.m. with the Director of Nursing (DON), The DON stated Resident 175 should have had his medication given to him at his preferred time. The DON stated it was Resident 175's right to make decisions about his healthcare and if he reported his issue to any staff member they should have followed up with her to ensure he received his medication when he actually needed it. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 12/12, indicated, if a dosage is believed to be inappropriate or excess for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication shall contact the resident's Attending physician or the facility's Medical Director to discuss the concerns . During a review of the facility's P&P titled, Resident Rights, dated 10/09, indicated, .guaranteed rights . c. choose a physician and treatment and participate in decisions .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49949 Based on observation, interview, and record review the facility failed to maintain a comfortable sound level for two of six sampled residents (Resident 31 and Resident 65) when televisions were heard in the lobby from residents' rooms. This failure resulted in Resident 31 and Resident 65 to feel irritable, upset, and was unable to sleep. Findings: During an interview on 4/15/25 at 9:00 a.m. in Resident 65's room, Resident 65 stated the televisions were loud at night and it kept him up. Resident 65 stated he felt irritable when he was unable to sleep. During an interview on 4/15/25 at 9:56 a.m. during the resident council meeting, Resident 31 stated residents' televisions and staff shift changes were too loud at night. Resident 31 stated he was unable to sleep, and it kept him up at night. During an observation on 4/17/25 at 10:51 p.m. two televisions were heard from the front lobby when entering the facility. Using a NIOSH sound level meter (SLM-a device developed by Center for Disease Control and Prevention to measure workplace noise) application on the phone, one television volume was at 100.0 decibels (dB- a standard unit for measuring sound intensity, sounds at or above 85 decibels can cause hearing damage) from the hallway. During a concurrent observation and interview on 4/17/25 at 11:00 p.m. with Registered Nurse (RN) 3 in the lobby next to the nurse's station, RN 3 stated she was aware of residents' complaint of the televisions volume and shift changes volume at night being loud. RN 3 stated residents' televisions could be heard in the hallway and should have been lowered so other residents could sleep. RN 3 stated residents could have been irritable and unable to sleep when the noises were too loud. During a current observation and interview on 4/17/25 at 11:05 p.m. with Licensed Vocation Nurse (LVN) 1, LVN 1 confirmed the televisions were loud and could be heard from the front lobby. LVN 1 stated all televisions should be lowered to an acceptable volume at 10 p.m. so residents could sleep. LVN 1 stated Resident 29's television volume was loud, and it should have been lowered. During an interview on 4/15/25 at 11:10 p.m. in Resident 29's room, Resident 29 stated she was hard of hearing and needed her television to be loud. Resident 29 stated she could not hear the television when the volume was low. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/17/25 at 11:17 p.m. with LVN 1, LVN 1 stated she was responsible to keep the environment quiet during the nighttime. LVN 1 stated it was important to keep the noise level to a comfortable level so residents could sleep. LVN 1 stated Resident 29's television level was not a comfortable noise level. LVN 1 stated the televisions were loud and could be heard from the front lobby. LVN 1 stated, she should have asked Resident 29 to turn the television volume down. LVN 1 stated loud televisions and staff shift changes could have prevented residents from falling asleep. LVN 1 stated residents would have been irritable and not felt well if they were not able to sleep. LVN 1 stated residents could have been weaker from lack of sleep. During an interview on 4/18/25 at 9:22 a.m. with the Director of Nursing (DON), the DON stated, the staff should have worked with the residents to ensure the noise level was low during shift changes as well as residents' televisions at night. The DON stated the loud television and staff changes in shift could have woken residents up. The DON stated residents could have anxiety or irritability from not being able to sleep. The DON stated residents need sleep to participate in activities. The DON stated lack of sleep could cause residents to have a loss of appetite and could cause weight lost. The DON stated sleep was important for residents' overall wellbeing. The DON stated the facility staff were responsible for patient care and the staff should be concerned about the residents' ability to sleep at night. The DON stated, staff members should have made sure residents' television volume level were low and not heard from the front desk. During an interview on 4/18/25 at 9:44 a.m. with the Social Services Director (SSD), the SSD stated residents' television should have been low and not heard from the front lobby during the nighttime. The SSD stated it was important to keep the volume low for residents to sleep for general health. The SSD stated lack of sleep could have caused irritability and decline in health for residents. The SSD stated nurses should have asked the residents to reduce the volume level of their televisions. During an interview on 4/18/25 at 10:01 a.m. with the Administrator (ADM), the ADM stated he expected the noise to be comfortable. The ADM stated the noise level should have been comfortable for the residents to sleep. The ADM stated lack of sleep could cause residents to be grouchy, angry, and irritable. The ADM stated the charge nurse at the station should be the one to make sure noise level was comfortable. The ADM stated the facility did not maintain a reasonable noise level and we did not follow our policy. During a review of Resident 65's Admission Record (AR-a document with personal identifiable and medical information), dated 4/22/25, the AR indicated, Resident 65 was admitted to the facility on [DATE] with diagnoses which included hypertension (high blood pressure), depression (a common and treatable mood disorder characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities), muscle weakness (a reduced ability of muscles to generate force, often resulting in difficulty performing daily tasks or feeling fatigued), and hemiplegia (a condition caused by brain damage or spinal cord injury that leads to paralysis on one side of the body). During a review of Resident 65's Minimum Data Set (MDS-a functional and cognitive abilities assessment) assessment, dated 3/27/25, the MDS assessment indicated, the Brief Interview for Mental Status (BIMS) score was 10 out of 15 (a BIMS score of 13-15 indicates cognitively intact (having clear thinking, learning, and memory, which allows someone to perform daily tasks), 8-12 indicates moderately impaired and 0-7 indicates severe impairment), which indicated Resident 65 was moderately impaired. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 31's AR, dated 4/18/25, the AR indicated, Resident 31 was admitted to the facility on [DATE] with diagnoses which included hypertension (high blood pressure), cirrhosis of the liver (a progressive disease where healthy liver tissue is replaced with scar tissue, leading to impaired liver function) depression (a common and treatable mood disorder characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities), muscle weakness (a reduced ability of muscles to generate force, often resulting in difficulty performing daily tasks or feeling fatigued) and restless legs syndrome (neurological disorder characterized by an irresistible urge to move the legs, often accompanied by uncomfortable sensations like crawling, tingling, or itching, especially in the evenings and at night). During a review of Resident 31's MDS assessment, dated 3/3/25, the MDS assessment indicated the Brief Interview for Mental Status (BIMS) score was 15 out of 15, which indicated Resident 31 was cognitively intact. During a review of Resident 29's AR, dated 4/21/25, the AR indicated, Resident 29 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus (DM- chronic metabolic disorder characterized by high blood sugar levels), hypertension, muscle weakness, and headaches. During a review of Resident 29's MDS assessment, dated 2/25/25, the MDS assessment indicated the Brief Interview for Mental Status (BIMS) score was 7 out of 15, which indicated Resident 7's cognition was severely impaired. During a record review of the facility's Resident Council Meeting titled, Resident Council Meeting Minutes, dated 8/8/25, the Resident Council Meeting Minutes indicated, Resident Council Concerns: Can are [our] peers have a time to turn down there [their] t.v in the evening, they are loud .Department Response: Staff education provided to keep T.V's low in the evening and encourage to be turn off at 10 p.m . During a review of the facility's policy and procedure (P&P) titled, Quality of Life-Homelike Environment, dated 10/2009, the P&P indicated, The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristic include . comfortable noise level .

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41608 51223 Based on observation, interview, and record review, the facility failed to ensure the timeliness of each resident's person-centered, comprehensive care plan was reviewed and revised when fluid restriction (limit the amount of liquid you have each day) was ordered by the physician for one of six sampled residents (Resident 9) and Resident 9's care plan did not indicate the fluid restriction or the total number of fluid distribution among nursing and dietary disciplines. This failure placed Resident 9 at risk for not receiving person-centered nursing care which could have led to drinking too much fluid causing fluid overload (too much fluid in the body leading to swelling, shortness of breath), heart failure (HF-the heart is not able to pump enough blood for the kidneys to remove fluid) or kidney failure (when the kidneys are not able to work well to remove fluid). Findings: During a review of Resident 9's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 4/17/25, the AR indicated, Resident 9 was admitted to the facility on [DATE] with diagnoses: Fracture of Right Femur (broken thigh bone), Hypertensive Heart (heart problems caused by persistently high blood pressure over a long period), End Stage Renal Disease (ESRD-irreversible kidney failure), and HF. During a review of Resident 9's Order Summary Report, dated 3/23/25, the Order Summary Report indicated the physician ordered, Resident on fluid restriction of 960 milliliter (mL-one thousandth of a liter) within 24-hour period. Nursing-AM shift-120 mL; PM shift-120 mL; NOC shift 120 mL AND Dietary 600 mL every shift. During a review of Resident 9's Care Plan, dated 11/27/24, the Care Plan indicated the resident had renal failure related to end stage disease, was at risk for fluid deficit (a condition where the body loses more water than it takes in) with an intervention to monitor for signs or symptoms of hypovolemia (occurs when you do not have enough fluid (blood) volume circulating in your body) or hypervolemia (a condition where your body has too much fluid). The Care Plan indicated the resident was at risk for unavoidable weight loss related to ESRD, HF, Gastro-Esophageal Reflux Disease (GERD- stomach acid repeatedly flows back up into the tube connecting the mouth and stomach) and Depression. Resident 9's Care Plan did not indicate the fluid restriction or total number of fluid distribution among nursing and dietary disciplines. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/16/25 at 2:32 p.m. with the Certified Dietary Manager (CDM) in the CDM's office, Resident 9's Order Summary Report, dated 4/16/25, Care Plan, dated 4/16/25, and the facility's policy and procedure (P&P) titled, Renal Dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed)- Care of Residents, dated 12/2013 were reviewed. The Order Summary Report indicated on 3/23/25 the physician ordered, Resident on fluids restriction of 960 milliliter (mL-one thousandth of a liter) within 24-hour period. Nursing-AM shift-120 mL; PM shift-120 mL; NOC shift 120 mL AND Dietary 600 mL every shift. The Care Plan did not indicate the fluid restriction or total number of fluid distribution among nursing and dietary disciplines. The P&P indicated, Dialysis Care Plan Documentation .the facility will document the following information in the resident's care plan: .7. Fluid restriction .Fluid Restriction Policy .5. The dietary services supervisor will ensure a care plan has been made. Total number of mL distribution among disciplines will be noted on the resident care plan . The CDM stated the Care Plan did not indicate the distribution of fluids between dietary and nursing as per the fluid restriction order. The CDM stated she was not aware the policy indicated the dietary services supervisor's responsibility to ensure a care plan had been made. The CDM stated she did not follow the facility's P&P titled, Renal Dialysis, Care of Residents. The CDM stated the risk of not having the fluid restriction distribution on the care plan could result in the resident receiving too much fluid which could cause pitting edema (an unhealthy condition in which fluid collects in the body tissues) and the resident requiring longer dialysis. During an interview on 4/17/25 at 2:59 p.m. with Certified Nurse Assistant (CNA) 2, CNA 2 stated care plans were reviewed to understand the resident's needs, range of motion, and assistance with the resident's level of care. CNA 2 stated the care plan should help staff understand whether there were specific instructions to care for the resident. CNA 2 stated the risk of not following the care plan could place the resident at risk for not receiving patient centered care. CNA 2 stated the CNAs would be aware of resident fluid restrictions when they received report from the nurse, when the CNA reviewed the meal ticket or when a resident requested additional fluids, the CNA would have to verify with the nurse. During a concurrent interview and record review on 4/17/25 at 3:19 p.m. with Licensed Vocational Nurse (LVN) 1 in the hallway, Resident 9's Order Summary Report, dated 4/17/25 and Care Plan, dated 4/17/25 were reviewed. The Order Summary Report indicated, Resident 9 had physician orders for fluid restriction written on 3/23/25. The Care Plan indicated the fluid restriction distribution amount was added to the Care Plan on 4/16/25. LVN 1 stated care plans should be developed upon admission and were based on the resident's diagnoses. LVN 1 stated the care plan should be revised when there was a change in the resident's treatment. LVN 1 stated the care plan should have been updated when the resident's care changed on 3/23/25. LVN 1 stated there could be a risk of not providing individualized care if the care plan was not updated when the resident's needs changed. LVN 1 stated when a resident had fluid restriction orders, nursing and dietary should determine the distribution of fluids and update the resident's care plan to ensure all staff were aware and could monitor the resident's response. LVN 1 stated if the resident consumed too much or too little fluid, the resident could develop fluid overload or become dehydrated which could require adjustments to the resident's treatment. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 4/17/25 at 4:58 p.m. with the Director of Nurses (DON) in the DON's office, Resident 9's Order Summary Report, dated 4/17/25 and Care Plan, dated 4/17/25 were reviewed. The Order Summary Report indicated, Resident 9 had physician orders for fluid restriction written on 3/23/25. The Care Plan indicated the fluid restriction distribution amount was added to the Care Plan on 4/16/25. The DON stated the fluid restriction distribution was not added to the Care Plan timely. The DON stated the care plan should have been updated on 3/23/25 when the order was placed. The DON stated the purpose of the care plan was to plan how the facility would meet the needs of the resident. The DON stated the care plan identified the resident's problems, goals, and interventions so the team could provide individualized care and monitor the effectiveness of the resident's care. The DON stated if the care plan was not updated, the resident could be at risk for not receiving person-centered care. During review of the facility's document titled, Charge Nurse job description, undated, the job description indicated, Nursing Care Functions .review the resident's chart for specific treatments, medication orders, diets, etc., as necessary. Implement and maintain established nursing objectives and standards .Ensure that personnel providing direct care to residents are providing such care in accordance with the resident's care plan .Duties and Responsibilities: Care Plan and Assessment Functions .review care plans daily to ensure that appropriate care is being rendered, inform the nurse supervisor of any changes that need to be made on the care plan. Review resident care plans for appropriate resident goals, problems, approaches, and revisions based on nursing needs. During a review of the facility's document titled, Dietary Manager job description, undated, the job description indicated, Essential Duties and Responsibilities .adhering to all dietary policies and procedures of the facility. During review of the facility's document titled, Director of Nursing (DON) job description, undated, the job description indicated, Essential Duties and Responsibilities .the DON will maintain and update the policies and procedures that govern the nursing department daily functions and abide with all facility policies and procedures . During a review of the facility's P&P titled, Care Plans-Comprehensive, dated 10/2010, the P&P indicated, Policy Interpretation and Implementation .3. Each resident's comprehensive care plan is designed to: a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems . Reflect treatment goals .objectives in measurable outcomes; f. Identify the professional services that are responsible for each element of care .8. Assessments of residents are ongoing, and care plans are revised within 72 hours as information about the resident and the resident's condition change. 9. The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans . During a review of the facility's P&P titled, Renal Dialysis, Care of Residents, dated 12/2013, the P&P indicated, Dialysis Care Plan Documentation .the facility will document the following information in the resident's care plan: .7. Fluid restriction .Fluid Restriction Policy .It is the policy of this facility to provide guidelines for providing adequate nutrition and hydration to dialysis residents .5. The dietary services supervisor will ensure a care plan has been made. Total number of cc's distribution among disciplines will be noted on the resident care plan .7. Nursing will note fluid restriction on the resident's care plan . (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of professional reference review retrieved from https://www.nursingworld.org/~4af71a/globalassets/catalog/book-toc/nssp3e-sample-chapter.pdf , an article titled, The American Nurses Association- Nursing: Scope and Standards of Practice, Third Edition, dated 7/2015, the article indicated, .The Standards of Practice describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process. The nursing process includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurse's decision-making . Standard 1. Assessment The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation . During a review of professional reference review retrieved from https://www.ncbi.nlm.nih.gov/books/NBK499937/ the National Library of Medicine.org, an article titled, Nursing Process, dated 4/10/23, the article indicated, . Planning: The planning stage is where goals and outcomes are formulated that directly impact patient care based on guidelines. These patient-specific goals and the attainment [the level of knowledge, skills, or qualifications a learner has acquired at a specific point in time] of such assist in ensuring a positive outcome. Nursing care plans are essential in this phase of goal setting. Care plans provide a course of direction for personalized care tailored to an individual's unique needs. Overall condition and comorbid (having two or more medical conditions or diseases present in the same person at the same time) conditions play a role in the construction of a care plan. Care plans enhance communication, documentation, reimbursement, and continuity of care across the healthcare continuum . vital to positive patient outcomes . the nursing process to guide care is clinically significant going forward in this dynamic, complex world of patient care. Aging populations carry with them a multitude of health problems and inherent risks of missed opportunities to spot a life-altering condition .

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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** 41608 Based on observation, interview, and record review the facility failed to follow their policy for medication storage when: 1. An unsecured unlabeled single round white pill was found laying on a resident's dresser for one of six sampled residents (Resident 11). This failure had the potential to result in other residents having access to ingest the unidentified medication which could cause adverse side effects (side effect, bad reaction, unwanted response) or an allergic reaction. 2. Two bottles of Erythromycin Ophthalmic Ointment (eye medication) were labeled with an incorrect expiration date which were located in one of two sampled medication carts. This failure had the potential to result in the administration of expired medication to residents that may have lost their potency and effectiveness. Findings: 1.During a concurrent observation and interview on 4/14/25 at 11:45 a.m. with Resident 11 in the resident's room, an unlabeled unsecured round white pill was laying on the dresser next to a pair of non-skid gray socks. Resident 11 stated he was not aware there was a pill on his dresser. Resident 11 was alert and oriented to his name, the date, and the facility. Resident 11 was able to understand and answer questions appropriately. During a review of Resident 11's Admission Record (AR- a document that provides resident contact details, a brief medical history, level of functioning, preferences, and wishes), dated 4/17/25, the AR indicated Resident 11 was admitted to the facility on [DATE] with diagnoses: Chronic Obstructive Pulmonary Disease (COPD-a chronic lung disease causing difficulty in breathing), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), dementia (a progressive state of decline in mental abilities), and cerebrovascular accident (CVA-stroke, loss of blood flow to a part of the brain). During a review of Resident 11's Minimum Data Set assessment tool (MDS- resident assessment tool which indicated physical and cognitive [a mental process such as memory, language, or problem-solving that helps someone to think and process information] abilities), dated 3/1/25, the MDS indicated a Brief Interview for Mental Status (BIMS- an assessment of cognitive function; 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment) (a mental process such as memory, language, or problem-solving that helps someone to think and process information) score of 11, which indicated Resident 11 had moderate cognitive impairment. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/14/25 at 11:54 am. with Certified Nurse Assistant (CNA) 1 in Resident 11's room, the unlabeled unsecured round white pill was laying on the resident's dresser. CNA 1 stated he was unaware there was a white pill on the dresser, picked up the pill and stated he would give the pill to the nurse for follow up. During a phone interview on 4/16/25 at 4:04 p.m. with the pharmacy consultant (RPh), the RPh stated the nurse should not leave unsecured pills with a resident. The RPh stated the nurse should ensure the resident took or refused the medication before they walked away. The RPh stated the risk of having left unsecured pills with a resident could lead to accidental ingestion of an unprescribed medication by another resident. The RPh stated unsecured pills left with a resident would have been improper medication storage and a potential infection control problem. During a concurrent observation and interview on 4/17/25 at 12:31 p.m. with the Infection Prevention (IP) Nurse, a photo of Resident 11's unlabeled unsecured round white pill lying on the dresser, undated was reviewed. The IP stated the nurse should have observed the resident swallow the medication as some residents may save pills to take after the scheduled time. The IP stated loose pills should not be left on the dresser. The IP stated there could be potential risk of other residents accessing and taking the unlabeled medication which could lead to the development of side effects (unwanted undesirable effects that are possibly related to a drug) without knowledge of what could have caused the change in condition. The IP stated if the unsecured pill was an antibiotic, the resident could miss a scheduled dose or develop antibiotic resistance (occurs when bacteria develop defenses against the antibiotics designed to kill them). During an interview on 4/17/25 at 2:59 p.m. with CNA 2, CNA 2 stated if the CNA identified an unsecured unlabeled pill, they should pick up the medication and take it to the licensed nurse (LN). CNA 2 stated the LN would need to investigate to identify the medication and which resident was prescribed the medication. CNA 2 stated the risk of unlabeled unsecured pills could lead to other residents to have access to the pill and could take the unnecessary medication, which could cause side effects. During an interview on 4/17/25 at 3:36 p.m. with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated the nurse must watch the resident swallow their medication when administered to ensure the resident did not choke. LVN 1 stated when staff found an unsecured pill, they should alert the LN who would destroy the unlabeled medication. LVN 1 stated it would be unacceptable for a resident to have an unlabeled unsecured pill on their dresser. LVN 1 stated the risk of having unlabeled unsecured pills on the dresser would be a safety concern as the medication could be accessible to other residents who could take the unprescribed medication which could lead to side effects such as hypotension (low blood pressure). During an interview on 4/17/25 at 4:58 p.m. with the Director of Nurses (DON), the DON stated the nurse should not leave medications with a resident. The DON stated the nurse should observe the resident swallowing or refusing the medication. The DON stated if the medication was dropped by the nurse, the nurse should locate and dispose of the medication. The DON stated having unlabeled unsecured medication on the resident's dresser would be an unacceptable practice. The DON stated the risk of a resident having access to unlabeled unsecured medication could lead to other residents taking the unidentified unprescribed medication. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 12/2012, the P&P indicated, Policy Interpretation and Implementation .1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so. 2. The Director of Nursing Services will supervisor and direct all nursing personnel who administer medications and/or have related functions. 3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one (1) hour of their prescribed time . 22. Staff shall follow established facility infection control procedures for the administration of medication .23. Medications ordered for a particular resident may not be administered to another resident . During a review of a professional reference review retrieved from https://medlineplus.gov/ency/patientinstructions/000534.htm#:~:text=Store%20your%20medicines%20in%20a,medicine%20in%20a%20bathroom%20cabinet Medlineplus.gov, an article titled, Storing your medicines, dated 2/8/24, the article indicated, Store your medicines in a cool, dry place .Always keep medicine in its original container .Get rid of old Medicines .do not keep .unused medicine around . During a review of a professional reference review retrieved from https://www.[NAME].org/docs/librariesprovider2/nursing-student-orientation/17med.pdf?sfvrsn=2#:~:text=All%20medications%20must%20be%20secured,medication%20at%20the%20patient's%20bedside [NAME].org, an article titled, Safe Medication Management Practices, dated 8/2017, the article indicated, Securing Medications .all medications must be secured and locked when not in use. Never leave medications unattended; never leave any medication at the patient's bedside . 2.During a concurrent observation and interview on 4/16/25 at 10:55 a.m. with Registered Nurse (RN) 5, at medication cart one, two bottles of Erythromycin Ophthalmic Ointment, were labeled with an opened date of 4/4/25 and an expiration date of 5/4/25. RN 5 stated, the medication was labeled to expire in 30 days, but the manufacturer's guidelines indicated the medication expired 28 days after opening not 30 days. RN 5 stated if the medication was administered to residents after the expiration date, the medication could lose its efficacy and not provide the desired results. During an interview on 4/16/25 at 1:35 p.m. with the DON, the DON stated, The medication should have been labeled with the correct expiration date, giving expired medication could lead to resident not receiving the strength of medication desired and not treating the residents condition . During an interview on 4/16/25 at 3:55 p.m. with the Pharmacy Consultant (PC), the PC stated, it was his expectation that nurses reviewed the medication carts at least once per day for expired medications. The PC stated expired medications could lead to adverse effects and reduce the efficacy of the medication. During a review of the facility's document titled, Charge Nurse job description, undated, the job description indicated, the Duties and Responsibilities Administrative Functions .ensure that all nursing personnel assigned to you comply with the written policies and procedures established by this facility .ensure that all nursing service personnel comply with the procedures set forth in the Nursing Service Procedures Manual . Drug Administrative Functions .prepare and administer medications as ordered by the physician, ensure that prescribed medication for one resident is not administered to another .dispose of drugs .as required, an in accordance with established procedures . (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's document titled, Director of Nursing job description, undated, the job description indicated, the Position Summary .purpose of your job is to manage, develop, and direct the overall operation of the nursing department in accordance with current federal, state and local standards that govern the facility, and as directed by the Administrator and Medical Director .Essential Duties and Responsibilities .abiding with all facility policies and procedures . During a review of the facility's P&P titled, Storage of Medications, dated 4/2007, the P&P indicated, Policy Interpretation and Implementation .1. Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received .2. The nursing staff shall be responsible for maintaining medication storage .7. Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer or other holding area to prevent the possibility of mixing medications of several residents . 51223

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 51223 Based on observation, interview, and record review, the facility failed to ensure a registered dietician consultant was able to conduct sanitation inspections and observe food safety and handling practices for 73 of 74 residents who consumed food prepped from the kitchen, when the consultant stated she worked remotely and would not be able to perform onsite tasks. This failure resulted in the facility not ensuring the dumpsters were kept closed and free of surrounding litter, the kitchen oven, stove, and steam tables were not without food residue which could have the potential to attract or harbor pests and increased the risk of cross contamination (the unintentional transfer of harmful bacteria or other contaminants from one food, surface, or object to another, often leading to foodborne illnesses and the growth of microorganisms) and had the potential to affect the nutrition and health status of medically compromised (easily gets sick) residents. Findings: During an observation on 4/14/25 at 10:31 a.m. in the kitchen, the steam table displayed areas of yellow residue at stainless-steel knob, the top perimeter and the recessed area where the knob lay had gray/yellow dried residue with small white particles. The stove had black plastic knobs with dried food residue on the knobs and the stainless-steel base. The oven had dried brown residue on the perimeter edges of the oven, small food particles on the bottom of the oven, the oven door had streaks of white residue, and the metal shelves had black and dark brown discolorations of varying patterns. During an observation 4/14/25 at 10:35 a.m. outside the kitchen back door, two piles of empty cardboard boxes were found stacked on the concrete walkway and the blue dumpster bin had cardboard boxes that extended above the rim, the dumpster was uncovered, and a separate stack of cardboard boxes laid on the ground next to a second dumpster. During a concurrent observation and interview on 4/16/25 at 2:32 p.m. with the Certified Dietary Manager (CDM), in the kitchen, the stainless-steel steam table knob had yellow residue at the top perimeter and the recessed area where the knob lay had gray/yellow dried residue with small white particles. The stove knobs had black plastic knobs with dried food residue on the knobs and the stainless-steel base. The oven had dried brown residue on the perimeter edges of the oven, small food particles on the bottom of the oven, the oven door had streaks of white residue, and the metal shelves had black and dark brown discolorations of varying patterns were reviewed. The CDM stated the stove, oven, and steam table were cleaned daily after every shift. The CDM stated the complete oven and stove were cleaned on Mondays. The CDM stated the steam table knobs were noted to have residue and build up. The CDM stated the kitchen staff followed a weekly cleaning schedule. The CDM stated the facility hired a new remote Registered Dietician (RD) since the onsite RN quit in March 2025. The CDM stated the onsite RD would perform monthly sanitation audits, but the audit had not been performed since the remote RD started in March. The CDM stated the risk of not having a clean and sanitized area could result in attracting pests which could create an infection control concern of cross contamination. (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent phone interview and record review on 4/17/25 at 4:04 p.m. with the Registered Dietician (RD), the Nutrition from the Heart: Agreement to Provide Dietary Consultant Services (Agreement), dated 5/29/24 and three photos taken on 4/16/25 at 2:57 p.m. of the steam table knob, stove knobs, and the opened oven were reviewed. The RD stated, the Agreement indicated, Responsibilities of the Consultant . conduct sanitation inspection to ensure compliance with regulations and observe food safety and handling practices to ensure that standards are met and reinforced. The photo of the stainless-steel steam table knob had yellow residue at the top perimeter and the recessed area where the knob lay had gray/yellow dried residue with small white particles. The photo of the stove knobs had black plastic knobs with dried food residue on the knobs and the stainless-steel base. The photo of the opened oven had dried brown residue on the perimeter edges of the oven, small food particles on the bottom of the oven, the oven door had streaks of white residue, and the metal shelves had dark brown discoloration of varying patterns. The RD stated it was not possible to conduct sanitation inspections or observe food safety and handling practices as she lived in Southern California and worked remotely. The RD stated she would expect the kitchen equipment to be cleaned daily, without residue or food build up. The RD stated the steam table knobs look as if the stainless steel was worn down with food reside. The RD stated the photos of the stove knobs, oven, and steam table did not look neat/tidy and needed routine cleaning. The RD stated the stove needed routine cleaning and scrubbing. The RD stated the oven knobs looked like the staff touched the knobs with sticky hands and now the knobs were dirty and needed to be deep cleaned and routinely cleaned. The RD stated maintaining sanitation was important to reduce the risk of attracting pests, rodents, flies, bugs, and cockroaches which could lead to cross contamination. The RD stated the oven could be a fire hazard when greasy and dirty. During a concurrent interview and record review on 4/18/25 at 9:24 a.m. with the Administrator (ADM) in the ADM's office, the facility's policy and procedure (P&P) titled, Food-Related Garbage and Refuse Disposal, dated 10/2017, Nutrition from the Heart Dietary Consultant agreement, dated 5/29/24, and two photos taken on 4/14/25 at 10:35 a.m. of the dumpster and outside the kitchen back door were reviewed. The P&P indicated, Policy Interpretation and Implementation .2. All garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use .7. Outside dumpsters provided by garbage pick-up services will be kept closed and free of surrounding litter. The Agreement indicated, Responsibilities of the Consultant .a.4. Conduct sanitation inspection to ensure compliance with regulations. The photo of the kitchen back door had two piles of empty cardboard boxes stacked on the concrete walkway. The photo of the blue dumpster bin had cardboard boxes that extended above the rim, the dumpster was uncovered, and a separate stack of cardboard boxes laid on the ground next to a second dumpster. The ADM stated he expected the facility to maintain a clean area, as to not attract pests or rodents. The ADM stated the dumpsters should be kept clean and tidy with lids closed. The ADM stated the facility did not maintain the expectation of keeping the garbage lid closed and area free of clutter. The ADM stated the risk of not following the facility expectation could lead to attracting pests, cats, rats, mice, and flies. The facility was at risk of not presenting a home-like environment as the attraction of pests may cause the residents to feel the facility did not care to maintain a home-like environment. The ADM stated the facility did not follow the Food-Related Garbage and Refuse Disposal policy. The ADM stated the facility had 100% remote RD coverage who could not perform sanitary inspections or food safety and handling practice audits. The ADM stated the facility was actively recruiting for an onsite RD to ensure audit inspections could occur as per facility expectations. (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of facility's document titled, Administrator (ADM) job description, undated, the job description indicated, Purpose of Your Job Position .the primary purpose of your job position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern long-term care facilities to assure that the highest degree of quality care can be provided to our residents at all times .Delegation of Authority .as the Administrator, you are delegated the administrative authority, responsibility and accountability necessary for carrying out your assigned duties . Administrative Functions ensure that all employees .follow established policies and procedures .Personnel Functions .assist in the recruitment and selection of competent .consultants .and delegate administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties . During a review of facility's document titled, Dietary Manager job description, not dated, the job description indicated, Position Summary .the purpose of your job position is to organize, plan and supervise the dietary department functions in accordance with current applicable federal, state and local standards that govern the facility as directed by the Administrator and/or Dietician . Essential Duties and Responsibilities . the CDM will manage, hire .and train dietary staff; monitor staff to confirm they adhere to all sanitation, safety and procedural guidelines within the department .following safety regulations and precautions at all times; adhering to all dietary policies and procedures of the facility.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 48424 Based on observation, interview, and record review, the facility failed to accommodate resident meal preferences for one of six sampled residents (Resident 43) when Resident 43 received his documented dislike of milk on 4/14/25. This failure resulted in Resident 43 refusing to eat lunch and missing out on the nutritional value of the meal which had the potential to cause Resident 43 to experience weight loss as a result of not eating. Findings: During a concurrent observation and interview on 4/14/25 at 12:15 p.m. in the dining room, Resident 43 was served milk with his lunch meal tray. Resident 43 stated he did not like milk and did not want to continue eating his meal. Resident 43 stated he had informed staff that he did not want milk served with his meals at all. During a concurrent observation and interview on 4/14/25 at 12:16 p.m. with Director of Staff Development (DSD) 2, DSD 2 stated Resident 43 was served milk with his lunch tray. DSD 2 verified Resident 43's meal ticket and confirmed he had a dislike of milk listed on it. DSD 2 stated Resident 43 should not have been served milk since it was listed as one of his dislikes. During an interview on 4/17/25 at 4:05 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated all CNAs and Nurses on the floor were responsible for ensuring resident meal trays were accurate to the residents listed preferences. CNA 2 stated Resident 43's meal tray should have been checked for accuracy by staff before he received it. CNA 2 stated ensuring residents received their preferred meal was important because it was their right to have food they wanted, and they could get upset and not want to eat if they received something they did not want. CNA 2 stated if Resident 43 did not eat, he could lose weight. During an interview on 4/17/25 at 5:20 p.m. with the Certified Dietary Manager (CDM), the CDM stated Resident 43 should not have been served milk with his lunch tray. The CDM stated Resident 43 had milk listed as his dislikes, so the facility needed to accommodate his preference. The CDM stated any staff member could have checked his tray for accuracy and his meal tray should be accurate for every meal. The CDM stated Resident 43 had the right to receive the food he wanted. During an interview on 4/18/25 at 10:19 p.m. with the Director of Nursing (DON), the DON stated Resident 43's meal ticket should have been followed. The DON stated nursing staff were responsible for checking the meal trays for accuracy and they should have checked Resident 43's meal tray more carefully. The DON stated if Resident 43's meal preferences were not followed, he would not eat, and it could have led to Resident 43 to not receive the nutrition he required. During a review of the facility's policy and procedure (P&P) titled, Resident Food Preferences, dated 7/23, the P&P indicated, . Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51223 Based on observation, interview, and record review, the facility failed to maintain safe food storage and food handling in accordance with professional standards for food service safety for 73 of 74 residents who consumed food from the kitchen when: 1. Expired food was found in the refrigerator and in dry storage (storing/maintaining dry foods). 2. Food residue was stuck to the stove, oven, and steam table. These failures had the potential to place 73 residents at risk of food contamination (the unintended presence of potentially harmful substances, including, but not limited to microorganisms (tiny living things that are found all around us that are too small to be seen with the naked eye), chemicals, or physical objects in food) and potential food borne illnesses through cross contamination (the transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned after touching raw food, and then touch ready-to-eat foods.) Findings: 1. During an observation on [DATE] at 10:24 a.m. in the kitchen, the standing refrigerator next to the two-compartment sink had an open plastic container of red bell peppers labeled R: [DATE], UB: [DATE] and two whole watermelons labeled R: [DATE], UB [DATE]. During an interview on [DATE] at 10:25 a.m. with [NAME] (COOK) 1, COOK 1 stated the labeled R indicated the date the facility received or opened the item and placed it into another container. COOK 1 stated the UB indicated the use by date which was calculated one year from the date the item was opened. COOK 1 stated an example would be if an item was opened today, the used by date would be one year from today. During an interview on [DATE] at 10:28 a.m. with the Certified Dietary Manager (CDM), the CDM stated the labeled R indicated the date the food was received by the supplier and the date the food was transferred from the original container into the refrigerated container. The CDM stated an example would be the apple sauce which was received by the supplier and placed into another container on [DATE]. The CDM stated the UB indicated the date the food should be used by or consumed or discarded which is one year from the date the item was opened. The CDM stated the UB for shelf items were one year from the initial opened date. The CDM stated she monitored produce beyond the UB date and would continue to use the produce until signs of decay were identified at which time she would dispose of the item. The CDM stated she would inventory all items in the refrigerator every Monday and Friday to throw out items that had signs of decay. During an observation on [DATE] at 10:34 a.m. in the kitchen, the Italian Seasoning stored above the double sink was labeled R: [DATE], UB: [DATE], Op [DATE]. The Parsley Flakes were labeled R: [DATE], UB [DATE], Open [DATE]. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent observation and interview on [DATE] at 2:04 p.m. with COOK 2 in the kitchen, the Italian Seasoning labeled: Open [DATE], R: [DATE], UB [DATE] was observed. COOK 2 stated the food should be labeled with the date of opening R, and a used by (UB) date that was seven days after opening. COOK 2 stated foods should be used within seven days of opening. COOK 2 stated foods beyond seven days was not good and should be thrown away. COOK 2 stated the facility could continue to use the Italian Seasoning labeled with UB [DATE]. During a concurrent observation and interview on [DATE] at 2:14 p.m. with the CDM in the kitchen, the Parsley Flakes labeled Open [DATE], R: [DATE], UB: [DATE] was observed. The CDM stated the Parsley Flakes should have been labeled with a UB date one year from the R date ([DATE]). The CDM stated food should be disposed of if beyond the use by date. The CDM stated the Italian Seasoning, and Parsley Flakes should have been thrown away. The CDM stated if expired food was served to a resident, there would be a potential for the resident to develop a food borne illness which could lead to nausea, vomiting, or death. During a phone interview on [DATE] at 4:04 p.m. with the Registered Dietician (RD), the RD stated she has not been able to observe food safety and handling practices to ensure food standards were met. The RD stated food should be labeled with the date when received from the supplier, opened date, and use by (UB) date. The RD stated the UB date of refrigerated food should be used within three to five days of the opened date. The RD stated the food should be disposed of when beyond the UB date. The RD stated an example: if apple sauce was opened [DATE], the label should indicate the open date [DATE], the UB date should be [DATE] the last day to use or consume. The RD stated if a resident were to eat food beyond the UB date it could cause the resident to develop a food borne illness. During a review of the facility's document titled, [NAME] job description, undated, the job description indicated, Essential Duties and Responsibilities .disposing of food and waste per facility regulations, obtaining food supplies for the next meal, following safety regulations and precautions at all times, adhering to all facility policies and procedures of the facility . During a review of the facility's document titled, Dietary Manager (CDM) job description, undated, the job description indicated, Essential Duties and Responsibilities . monitor staff to confirm they adhere to all sanitation, safety and procedural guidelines within the department, checking food storage rooms .for regulatory compliance; following safety regulations and precautions at all times; adhering to all dietary polices and procedures of the facility . During a review of Nutrition from the Heart: Agreement to Provide Dietary Consultant Services (Agreement), dated [DATE], the Agreement indicated, Responsibilities of the consultant .shall assume the exclusive duties of providing consultation to the Facility and personnel located on the premises of the Facility . shall give guidance and counsel to the nutrition services program: observe food safety and handling practices to ensure that standards are met and reinforced .General . the provider shall make recommendations necessary to comply with all rules and regulations of any Federal, State, or City Government, Bureau, or Department applicable to said food service facilities or the service of meals therein. The Facility, however, is responsible for approving, implementation and maintaining those recommendations made by the provider. During a review of the facility's document titled, Sanitation Audit (Audit), dated [DATE], the Audit indicated the tortilla expiration date was questionable. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of the facility's policy and procedure (P&P) titled, Food Receiving and Storage, dated , d+[DATE], the P&P indicated, Refrigerated/Frozen Storage .1. All foods stored in the refrigerator .are covered, labeled and dated (use by date) .7. Refrigerated foods are labeled, dated and monitored so they are used by their use by date, frozen or discarded . During a review of a professional reference review retrieved from the Food and Drug Administration (FDA) Food Code 2022, the article titled, ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, dated 2022, the Article indicated, Date marking (a mark to indicate the date or day by which food is to be consumed on the premises .or discarded) 2. During an observation on [DATE] at 10:31 a.m. in the kitchen, the exterior left side and front of the stove had white dried liquid residue drop marks. Food particles were lying on the burnt orange tiled floor between the oven and steam table. The tile grout had brown with white patches. The oven door was opened and exposed the perimeter with black and brown staining. The oven metal grated shelves had brown and black residue on the edges. The knobs on the steam table had food particles beneath the knobs and food residue stuck to the stainless-steel knob base. The shelf below the steam table had a large gray pot covered with an upside-down lid that had a collection of small pieces of tan colored food particles and the middle of the lid had a circular shaped dried patch of orange and brown residue. There were shades of dark brown residue to the pot handle with more intense discoloration at the base of the handle. During a concurrent observation and interview on [DATE] at 2:32 p.m. with the CDM in the kitchen, the stainless-steel steam table knob had yellow residue at the top perimeter and the recessed area where the knob lay had gray/yellow dried residue with small white particles. The stove knobs had black plastic knobs with dried food residue on the knobs and the stainless-steel base. The oven had dried brown residue on the perimeter edges of the oven, small food particles on the bottom of the oven, the oven door had streaks of white residue, and the metal shelves had black and dark brown discolorations of varying patterns were observed. The CDM stated the stove, oven, and steam table were cleaned daily after every shift. The CDM stated the complete oven and stove were cleaned on Mondays. The CDM stated the steam table knobs were noted to have residue and build up. The CDM stated the kitchen staff followed a weekly cleaning schedule. The CDM stated the facility hired a new remote RD since the onsite RN quit in [DATE]. The CDM stated the onsite RD would perform monthly sanitation audits, but the audit had not been performed since the remote RD started in March. The CDM stated the risk of not having a clean and sanitized area could result in attracting pests which could create an infection control concern of cross contamination. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent phone interview and record review on [DATE] at 4:04 p.m. with the RD, the Nutrition from the Heart: Agreement to Provide Dietary Consultant Services (Agreement), dated [DATE] and three photos taken on [DATE] at 2:57 p.m. of the steam table knob, stove knobs, and the open oven were reviewed. The Agreement indicated, Responsibilities of the Consultant .conduct sanitation inspection to ensure compliance with regulations and observe food safety and handling practices to ensure that standards are met and reinforced. The photo of the steam table knob had the stainless-steel steam table knob area had yellow residue at the top perimeter and the recessed area where the knob lay had gray/yellow dried residue with small white particles. The photo of the stove knabs displayed black plastic knobs with dried food residue on the knobs and the stainless-steel base. The photo of the open oven displayed dried brown residue on the perimeter edges of the oven, small food particles on the bottom of the oven, the oven door had streaks of white residue, and the metal shelves had dark brown discoloration of varying patterns. The RD stated it was not possible to conduct sanitation inspections or observe food safety and handling practices as she lived in Southern California and worked remotely. The RD stated she would expect the kitchen equipment to be cleaned daily, without residue or food build up. The RD stated the steam table knobs look as if the stainless steel was worn down with food reside. The RD stated it did not look neat/tidy and needed routine cleaning. The RD stated the stove needed routine cleaning and scrubbing. The RD stated the oven knobs looked like the staff touched the knobs with sticky hands and now the knobs were dirty and needed to be deep cleaned and routine cleaning. The RD stated maintaining sanitation was important to reduce the risk of attracting pests, rodents, flies, bugs, cockroaches which could lead to cross contamination. The RD stated the oven could be a fire hazard when greasy and dirty. During a review of the facility's document titled, Cleaning Schedule: Responsibility PM [NAME] (Schedule), dated [DATE]-[DATE], the Schedule indicated, chore .ovens scheduled for cleaning on Monday was not initialed as completed. During a review of the facility's document titled, Dietary Manager job description, undated, the job description indicated, Position Summary .the purpose of your job position is to organize, plan and supervise the dietary department functions in accordance with current applicable federal, state and local standards that govern the facility as directed by the Administrator and/or Dietician .Essential Duties and Responsibilities . will manage, hire .and train dietary staff; monitor staff to confirm they adhere to all sanitation, safety and procedural guidelines within the department .following safety regulations and precautions at all times; adhering to all dietary policies and procedures of the facility. During a review of Sanitation Audit, dated [DATE], the January RD audit indicated debris on wall by dish drying area, oven/range/hood have old and built-up food. During a review of Sanitation Findings, dated [DATE], the February RD audit indicated debris in drawer of serving spoons, rack above stove is dirty, some debris on vents . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of the facility's P&P titled, Sanitization, dated ,d+[DATE], the P&P indicated, Policy Interpretation and Implementation .2. All .equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning .11. For fixed equipment .washing shall consist of the following steps: a. Equipment will be disassembled as necessary to allow access of the detergent/solution to all parts; b. Removable components will be scraped to remove food particle accumulation and washed according to manual or dishwashing procedures .16. Kitchen .surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. 17. The Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen .Food service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment.

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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. 51223 Based on observation, interview, and record review the facility failed to ensure the garbage was disposed of properly when the blue dumpster was found uncovered with carboard boxes stacked higher than the rim of the dumpster, a pile of cardboard was lying on the ground next to a second dumpster and two piles of cardboard boxes were on the concrete walkway outside of the kitchen back door. This failure had the potential to attract or harbor pests which could increase the risk of cross contamination (the unintentional transfer of harmful bacteria or other contaminants from one food, surface, or object to another, often leading to foodborne illnesses and the growth of microorganisms) and could affect the food prepared in the kitchen for 73 of 74 residents who received food from the kitchen. Findings: During an observation on 4/14/25 at 10:35 a.m. outside of the kitchen back door, two piles of empty cardboard boxes were found stacked on the concrete walkway and the blue dumpster bin was uncovered and overflowing with cardboard boxes that extended above the rim and a stack of cardboard boxes lying on the ground next to a second dumpster. During an interview on 4/16/25 at 2:32 p.m. with the Certified Dietary Manager (CDM), the CDM stated the facility had a garbage problem. The CDM stated several departments received deliveries on Monday, and the city service emptied the dumpsters on Tuesday. The CDM stated kitchen supplies were delivered every Monday so every Monday, the facility had cardboard boxes piled outside of the kitchen. The CDM stated the homeless population often uncovered the dumpster to rummage through and remove items which could be left out of the dumpster. The CDM stated the risk of having overflowing dumpsters and stacks of cardboard outside of the kitchen could lead to pests or cross contamination. During an interview on 4/17/25 at 12:12 p.m. with the Infection Preventionist (IP) Nurse, the IP stated the facility should ensure garbage was disposed and covered with a lid. The IP stated the homeless have been known to rummage through and remove trash leaving the dumpster uncovered. The IP stated on Mondays, the kitchen received their delivery, broke down cardboard boxes but may not be able to place all boxes in the dumpster because it was too full. The IP stated the bin was often full-on Monday with city service scheduled on Tuesday. The IP stated the city had concerns of the facility over filling the dumpster which impeded the lid closure. The IP stated it was important to cover the dumpster for sanitation. The IP stated it would not be sanitary to leave the dumpster uncovered as it may create odors or other airborne concerns that could become communicable or the risk for cross contamination. (continued on next page)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent phone interview and record review on 4/17/25 at 4:04 p.m. with the Registered Dietician (RD), the Nutrition from the Heart: Agreement to Provide Dietary Consultant Services (Agreement), dated 5/29/25 was reviewed. The Agreement indicated, Responsibilities of the Consultant .the RD would conduct sanitation inspection to ensure compliance with regulations. The RD stated her position was 100% remote and she was not able to conduct sanitation inspections. The RD stated the garbage should be properly disposed in the dumpster with the lid closed. The RD stated the garbage should not be on the ground or uncovered to avoid rodents and flies creating a cross-contamination concern. During an interview on 4/17/25 at 5:17 p.m. with the Director of Nurses (DON), the DON stated the facility had issues with the homeless going through the garbage at night and leaving the lids open. The DON stated the facility received multiple department deliveries on Monday who all breakdown the cardboard boxes and throw away. The DON stated the kitchen staff should avoid leaving garbage on the ground. The DON stated the risk of having the dumpster uncovered or garbage on the ground could lead to the attraction of pests, development of smells or odors, and not maintaining a home-like environment for the residents and visitors. During a concurrent interview and record review on 4/18/25 at 9:24 a.m. with the Administrator (ADM) in the ADM's office, two photos: 4/13/25 at 10:35 a.m. of the kitchen back door, 4/13/25 10:36 a.m. of the facility's dumpster, the facility's policy and procedure (P&P) titled, Food-Related Garbage and Refuse Disposal, dated 10/2017 and the facility's document titled, Nutrition from the Heart Dietary Consultant agreement (Agreement), dated 5/29/24were reviewed. The photo taken on 4/13/25 at 10:35 a.m. of the kitchen back door indicated the facility had two stacks of cardboard lying on the ground immediately outside of the kitchen back door. The photo taken on 4/13/25 at 10:36 a.m. of the facility's dumpster indicated the blue dumpster was uncovered with cardboard boxes piled higher than the container rim with a pile of cardboard lying on the ground next to a second dumpster. The P&P indicated, Policy Interpretation and Implementation .2. All garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use .7. Outside dumpsters provided by garbage pick up services will be kept closed and free of surrounding litter. The Agreement indicated, Responsibilities of the Consultant .a.4. Conduct sanitation inspection to ensure compliance with regulations. The ADM stated he expected the facility to maintain a clean area, as to not attract pests or rodents. The ADM stated the dumpsters should be kept clean and tidy with lids closed. The ADM reviewed a photo taken 4/13/25 of the facility's dumpster-uncovered, cardboard boxes piled higher than the top of the container. The ADM stated the facility did not maintain the expectation of keeping the garbage lid closed and the area free of clutter. The ADM stated the risk of not following the facility expectation could lead to attracting pests, cats, rats, mice, or flies. The ADM stated the facility was at risk of not presenting a home-like environment as the attraction of pests may cause the residents to feel the facility did not care to maintain a home-like environment. The ADM stated the facility did not follow the Food-Related Garbage and Refuse Disposal policy. The ADM stated the facility had 100% remote RD coverage and could not perform sanitary inspections or food safety and handling practice audits. The ADM stated the facility was actively recruiting for an onsite RD to ensure audit inspections could occur as facility expectations. (continued on next page)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a review of facility's document titled, Administrator (ADM) job description, undated, the job description indicated, Administrative Functions .make routine inspections of the facility to assure that established policies and procedures are being implemented and followed .Personnel Functions . the ADM will consult with department directors concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvement of services . Safety and Sanitation .ensure that all facility personnel, residents, visitors, etc., follow established safety regulations, to include .infection control .assure that the facility is maintained in a clean, safe and sanitary manner . The Miscellaneous ensure that all residents receive care in a manner and in an environment that maintains or enhances their quality of life . During a review of the facility's document titled, Dietary Manager job description, undated, the job description indicated, Position Summary .the purpose of your job position is to organize, plan and supervise the dietary department functions in accordance with current applicable federal, state and local standards that govern the facility as directed by the Administrator and/or Dietician .Essential Duties and Responsibilities . will manage, hire .and train dietary staff; monitor staff to confirm they adhere to all sanitation, safety and procedural guidelines within the department .following safety regulations and precautions at all times; adhering to all dietary policies and procedures of the facility. During a review of the facility's document titled, Infection Preventionist job description, undated, the job description indicated, Position Summary . accountable for decreasing the incidence of transmission of infectious diseases between the patients, staff, visitors and the community .Essential Duties and Responsibilities .partners with facility leaders .local, state, and national agencies on activities related to infection prevention .authority and responsibility for ensuring appropriate intervention and education occurs with staff .when .non-compliance to infection control/OSHA are identified. During a review of the facility's document titled, Sanitation Audit (Audit), dated 1/12/25, the Audit indicated the January audit details indicated the RD identified dumpster propped open . During a review of professional reference review retrieved from https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.141#:~:text=Waste%20disposal.&text=Any%20receptacle%20used%20for%20putrescible,regard%20to%20the%20aforementioned%20requirements.&text=All%20sweepings%2C%20solid%20or%20liquid,employment%20in%20a%20sanitary%20condition. OSHA.gov, an article titled 1910.141 (a)(4) Waste Disposal, dated 6/8/11, the article indicated 1910.141 (a)(4)(i) Any receptable used for .refuse shall be so constructed that it does not leak and may be thoroughly cleaned and maintained in a sanitary condition. Such a receptable shall be equipped with a solid tight-fitting cover .1910.141 (a)(4)(ii) All .refuse, and garbage shall be removed in such a manner as to avoid creating a menace to health and as often as necessary or appropriate to maintain the place of employment in a sanitary condition.

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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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48424 Based on observation and interview during the survey period of 4/14/25 to 4/18/25, the facility failed to provide the minimum of at least 80 square feet per resident for rooms occupied by residents for two of 29 rooms (rooms [ROOM NUMBERS]), when the amount of usable living space was not adequate for residents. This failure had the potential for residents in rooms [ROOM NUMBERS] to not have reasonable privacy or adequate space to move around and for personal belongings. Findings: During an environmental tour with the Maintenance Supervisor (MS), on 4/17/25 at 2:35 p.m., the inspection indicated the following rooms did not meet the minimum square footage as required by regulation. However, variations were in accordance with the particular needs of the residents. The residents had a reasonable amount of privacy. Closets and storage space were adequate. Bedside stands were available. There was sufficient room for nursing care and for residents to ambulate. Wheelchairs and toilet facilities were accessible. The waiver will not adversely affect the health and safety of residents. These rooms were as follows: Room number(#) Square feet #Residents 14 292 4 17 289 4 Recommend waiver to be continue in effect. _____ Health Facilities Evaluator Supervisor Signature Date: