STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055268	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sonoma Post Acute	678 2nd Street West Sonoma, CA 95476

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions and in accordance with professional standards for food service safety for a census of 79, when:Fish fillets, beef patties, and cookie dough stored in the freezer were not sealed and open to air.Sanitizer buckets for surface cleaning were found empty and during preparation of new sanitizing solution the ppm's (parts per million- a measurement of concentration of sanitizer to water) were insufficient, and staff could not verbalize the correct ppm's needed for proper sanitization.A colander was found in the ready to use area with dried food stuck to the base and inside openings and 3 pans were found with peeling/flaking of cooking surfaces.10 Plastic tubs used for storage of snacks and food preparation were seen with hard water stains, visible moisture, old adhesives stuck to the outer surfaces and were stacked underneath the sink near the drainpipe which was covered in orange foam sealant. [NAME] drip spots from drainpipes were seen near plastic tubsA steel table was seen to the right of the stove top burners and was covered in dust and debris with black and brown sticky substance and old flour. A pumice stone used for cleaning stove was covered in foil on the table.Tile floors are missing tiles, tiles were seen with cracks, brown/orange/black staining and discoloration under the sinks. A mass of tangled plastic and rubber tubing and metal pipes was observed under the dishwashing sink/table near garbage disposal with brown and black staining to walls and floor.These failures created an unsanitary kitchen environment and had the potential to contribute to the spread of foodborne illnesses among an already vulnerable resident population.During a concurrent observation and interview on 4/13/26 at 10:45 a.m. while conducting the initial tour with the Director of Dietary Services (DDS), boxes of fish fillets, beef patties, and cookie dough were seen open with inner plastic bags open to air. DDS stated, this did not meet her expectation as the bags should be closed and sealed to prevent freezer burn. A review of a facility policy titled, Sanitation and Infection Control, Freezer Storage, dated 2023, indicated, All foods should be stored in an airtight, moisture resistant wrapper such as a plastic bag or freezer paper to prevent freezer burn. 2. During an observation on 4/13/26 at 9:45 a.m. while conducting the initial kitchen tour, sanitization buckets, both green and red, are seen empty. During a concurrent observation and interview on 4/13/26 at 10:28 a.m. with Dietary Aid 1, Dietary Aid 1 prepares the sanitizer solution utilizing the sanitizer from a large container under the dishwashing sink labeled, Eco-lab Oasis 146-Multi-Quat Sanitizer. Dietary Aid 1 then added hot water from the sink and tested the ppm with the test strip showing the ppm at 100. Dietary Aid 1 could not state if 100 ppm was the concentration goal. During an interview on 4/23/26 at 11:00 a.m. with the DDS in the kitchen, DDS stated the desired ppm for the sanitizer solution was 200 ppm and all kitchen staff should be aware of this. DDS had no explanation for why the buckets were empty that morning but that was not protocol and the first aid or cook who arrived should have prepared them and agreed this is not optimal or sanitary for food preparation. A review of the ECOLAB-Oasis 146 Multi-Quat Sanitizer product information, dated 2025, indicated, Oasis 146 is an effective sanitizer against Escherichia coli and Staphylococcus aureus on food contact surfaces when used at 0.26-0.68oz per 1 gallon of 400 ppm hard water (150 ppm-400 ppm active quat)Oasis 146 is an effective sanitizer against Escherichia coli, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Staphylococcus aureas, Campylobactor jejuni, Escherichia coli 0157:H7, Klebsiella pneumoniae, Listeria monocytogenes, Salmonella choleraesuis, Shigellasonnei, Yersinia enterocolitica and Enterobacter sakazakii on food contact surfaces when used at 0.35 oz- 0.68 oz per gallon of 500 ppm hard water (200 ppm to 400 ppm active quat). At 1.0 oz. per 1 gallon of water, this product is an effective general disinfectant that can be used to disinfect floors, walls, woodwork, sink tops, garbage pails, telephones, restrooms, bathroom fixtures and other hard non-porous surfaces. A review of a facility policy titled, Sanitization and Infection Control; Sanitizing Equipment and Surfaces with Quaternary Ammonia (QUAT) Sanitizer, dated 2023, indicated, Staff will check for appropriate Quat levels by inserting a test strip into the bucket of solution; Test strips can range between 200-400 ppm or per manufacturers guidelines. 3. During concurrent observation and interview on 4/13/26 in the initial kitchen tour with the DDS, a colander was seen with dried food stuck to the rim of the base and in the openings, and two pans were seen with peeling/flaky cooking surfaces. The DDS confirmed the findings and stated, These should be thrown out, I would not want food that was prepared in them, it could flake off and get into the food and that is not safe. A review of a facility policy titled, Sanitization, revised 11/2022, indicated, All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from any breaks, corrosions, open seams, cracked and chipped areas that might affect their use or proper cleaning. 4. During a concurrent observation and interview on 4/13/26 at 9:45 a.m. during the initial kitchen tour with Dietary Aid 2, 10 plastic tubs were seen stacked and stored under the food preparation sink next to the drainpipe which was covered in a bright orange foam sealant. [NAME] drip spots were noted on the shelf surface the tubs were stacked on, old adhesive remained stuck to the outer surface, and moisture was visible between tubs. Dietary Aid 2 stated space was a concern but there was probably a better place to store them, and it was difficult to scrub off the adhesive from labels used. A review of a facility policy titled, Sanitization, revised 11/2022, indicated, The food service area is maintained in a clean and sanitary manner.Plastic ware, china, and glassware that cannot be sanitized or are hazardous because of chips, cracks, or loss of glaze are discarded.Food preparation equipment that is manually washed are allowed to air dry whenever practical. According to the FDA Food Code 2017, Section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: Cleaned equipment and utensils, laundered linens, and single-service and single-use articles shall be stored: in a clean, dry location. 5. During an observation on 4/13/26 at 9:45 a.m. during the initial kitchen tour, a steel table was seen to the right of the stove top burners near where food is prepared, the lower shelf was covered in dust and debris with black and brown sticky substance and old white flour scattered over surface. A pumice stone used for cleaning stove was covered in foil and stored on the shelf. During a concurrent observation and interview on 4/13/26 at 11:00 a.m. in the kitchen with the DDS, DDS observed the steel table to the right of the stovetop and stated, That is really not good, it doesn't look like it has been cleaned in a month, it is unsanitary. A review of a facility policy titled, Sanitization, revised 11/2022, indicated, The food service area is maintained in a clean and sanitary manner. It is the standard of practice to ensure non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris (FDA Food Code, 2017 4-601.11). Additionally, the presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests (FDA Food Code Annex 4-602.13).A document review of the Food and Drug Administration (FDA) Food Code 2017, 4-602.13 states Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. 6. During a concurrent observation and interview on 4/13/26 at 11:00 a.m. in the kitchen with the DDS, DDS confirmed the floors did not appear clean, and the areas underneath the sinks had rust, grime, and tangles of tubing. DDS stated the kitchen was old and needed work which made it difficult to determine cleanliness despite the cleaning logs and agreed the kitchen was not optimal and some areas were unsanitary which could put residents at risk (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	for illness. During an interview on 4/15/26 at 8:35 a.m. with the Maintenance Director, he stated he had started one month ago and helped in the kitchen for deep cleaning and repairs, and felt the floors had years of wear and tear and the kitchen needed a renovation. A review of a facility policy titled, Sanitization, revised 11/2022, indicated, The food service area is maintained in a clean and sanitary manner.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview and record review the facility failed to ensure a safe operating kitchen environment for a census of 79 when the kitchen space was not maintained, and equipment was not effectively repaired or replaced.This failure made it difficult for kitchen staff to maintain a sanitary environment and execute the duties of the food and nutrition services department, and affected the maintenance department's ability to maintain equipment that was in need of replacing. During an observation on 4/13/26 at 9:45 a.m. during the initial kitchen tour floor tiles were seen missing, broken and chipped, with black/brown staining and build up, kitchen cabinets were chipped with rusty hinges, near the garbage disposal was a tangled mass of plastic and rubber tubing with metal and plastic pipes with brown discoloration to tile and wall, sink drains and pipes were reinforced with bright orange spray foam sealant with visible drip marks underneath.During a concurrent observation and interview on 4/15/26 at 9:30 a.m. in the kitchen with [NAME] 1, leaking of a brown substance was seen pooling at the base of the stove with a towel covering it, and half of the stove top is covered with foil. [NAME] 1 stated kitchen staff had only 4 burners and 3 working ovens for all the cooking which made it very difficult to manage, and the cooks had to pre-cook and reheat frequently during meal preparation. [NAME] 1 stated the fourth oven had been broken for a very long time and verified the leaking from the stove. [NAME] 1 stated they had worked in the kitchen for 22 years and everything was the same, nothing had changed, small repairs were done but equipment remained a problem. [NAME] 1 became tearful and expressed frustration with not having the tools to execute their position the way they would like to.During a concurrent observation and interview on 4/13/26 at 11:00 a.m. with the Director of Dietary Services (DDS), DDS concluded the kitchen was very old with lots of wear and tear and needed updating. During an interview on 4/15/26 at 8:35 a.m. with the Maintenance Director, he stated the floors needed replacement and the kitchen needed renovation.During an interview on 4/15/26 at 10:30 a.m. with the Administrator (ADM) in his office, ADM stated he was aware that the kitchen needed attention and it was on the list of needed renovations but required more time and logistics and was last on the list.A review of a facility policy titled, Sanitization, revised 11/2022, indicated, All utensils, counters, shelves, and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges, and fasteners are kept in good repair.A review of a facility policy titled, Maintenance, revised 12/2009, indicated, The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times.

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review, the facility failed to have survey results available for all residents to review when the binder containing survey results was out of reach for wheelchair-bound residents. This failure had the potential to discourage residents in wheelchairs from reviewing survey results when they could not reach the binder without having to ask for assistance. During an observation and concurrent interview on 4/16/26 at 1:45 p.m., Administrator verified the binder that contained survey results in the wall-mounted file holder approximately 5.5 feet from the floor next to the nurses station was the only binder available for residents to review survey results. Administrator stated the binder containing the survey results could not be reached by someone in a wheelchair. Administrator stated that residents should be able to reach the binder without having to ask for help and stated he would move the binder somewhere else. Review of facility policy, Resident Rights, last revised 8/2009, indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . Examine survey results .

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a trauma informed care environment was provided for three sampled residents (Resident 7, Resident 29, and Resident 41) with Post Traumatic Stress Disorder (PTSD- A mental health condition triggered by experiencing or witnessing terrifying, life-threatening, or traumatic events .PTSD occurs when symptoms-such as flashbacks, avoidance, and severe anxiety-last longer than a month and disrupt daily life.) when, social assessments were not thorough, trauma informed care plans were not present or not individualized with no personal triggers identified, and residents were not provided with behavioral health services.This failure resulted in Resident's feeling their mental health needs were dismissed, not receiving the services they needed from qualified clinicians, and an inability of staff to mitigate risk of re-traumatization and keep residents safe. A review of Resident 7's admission record indicated she was admitted on [DATE] with a readmission on [DATE] after hospitalization, with the diagnoses of Post Traumatic Stress Disorder (PTSD), Anxiety Disorder and Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). A review of Resident 7's Minimum Data Set (MDS – a resident assessment tool) dated 3/19/26 indicated she had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 indicating no cognitive impairment. A review of Resident 7's Care Plan, last reviewed 3/23/26, indicated she had no Trauma Informed Care Plan. It further indicated Resident 7 had a mood disorder and was to be referred to behavioral health services. A review of Social Services progress notes dated 3/7/24 indicated the Social Services Director (SSD) asked Resident 7 about her PTSD and she stated she did not want to talk to him about it because she didn't want him to know about it. During an interview on 4/13/26 at 3:20 p.m. Resident 7 stated when she returned from her last hospitalization the staff treated her like a pariah due to her infection. Resident 7 stated that she had PTSD from the death of her husband, mental health institution stay, stroke, brain tumor and blood disease, and she had asked for proper mental health help as she did not want to keep talking to unqualified staff at the facility. Resident 7 stated a psychiatrist came to speak with her once and she told her whole life story and then poof, that was it, no other follow- up from psychiatrist or staff. During an interview on 4/16/26 at 12:22 p.m. with the SSD in his office, the SSD stated Resident 7 was hard to talk to and he had made no other attempts to discuss her trauma or identify triggers. SSD further stated he thought Resident 7 was referred to psychiatry, but Resident 7 did not have active mental health services. A review of Resident 29's admission record indicated he was admitted on [DATE] with a readmission on [DATE], with the initial diagnoses of PTSD, Transient Ischemic Attack (Mini-Stroke), Major Depressive Disorder, and others. A review of Resident 29's MDS, dated [DATE], indicated he had a BIMS score of 12 indicating mild (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cognitive impairment. A review of Resident 29's Social Services Progress Notes dated 10/22/25 indicated the Social Services Director (SSD), met with Resident 29 for his Social Assessment and Resident 29 was a veteran who served in the army. There was no indication of a trauma assessment during this visit note and there were no subsequent notes about trauma in any of the SSD's documentation. A review of Resident 29's Care Plan last reviewed 1/23/26 indicated a Psychosocial-Emotional Trauma focus initiated 11/04/25 with no mention of type of trauma, triggers, or individualized care planning goals and interventions. During an interview on 4/14/26 at 8:35 a.m. with Resident 29 in his room, Resident 29 became tearful and stated he spoke to a woman once about his trauma and she started to cry and he did not want to continue to upset her. Resident 29 stated his tears come but there is no emotion, he cannot change what happened, it is a part of war, it is a part of him now and he just had to deal with it. During an interview on 4/16/26 at 12:22 p.m. the SSD stated Resident 29 did not have any triggers for trauma and there were none in his care plan. SSD stated the Care Plan did state to refer for mental health services and Resident 29 had not received any services while at the facility or been referred to a VA (Veteran's administration) mental health provider. SSD stated triggers were important for trauma informed care so you can avoid upsetting residents and know how to keep them safe. During an interview on 4/16/26 at 3:02 p.m. with the Director of Nursing (DON), DON stated she expected trauma to be assessed by the SSD during the social assessment and any resident with the diagnosis of PTSD should have a Trauma Informed Care Plan with triggers so staff knew what to avoid, how to assist, and decrease the risk of re-traumatizing. A review of a facility policy titled, Social Assessment, revised 7/2014, indicated, Components of the Social Assessment; Cognitive Factors including residents orientation to self-identity, time, place and situations; Short term memory and recall ability; Cognitive Skills for decision making ability; signs and symptoms of delirium; and recent onset of acute changes in mental status; Mood and Behavioral factors including attitudes and feelings about; Self and Situation; Family and Others; institutional environment; Signs or Symptoms of Depression or anxiety; Personal, family and social supports; Behavioral symptoms, including; Psychosis, Wandering, Refusal of Care, Recent changes in behavior. A review of a facility policy titled, Trauma Informed Care, revised 3/2019, indicated, Trauma informed care is culturally sensitive and person centered.and caregivers are taught strategies to help eliminate, mitigate, or sensitively address a resident's triggers. Resident #41 was admitted [DATE] with Diagnoses that included Post-Traumatic Stress Disorder (PTSD). A review of Resident #41's Minimum Data Set (MDS) section titled Brief Interview for Mental Status (BIMS) revealed a score of 7. (Scores are categorized as 13–15 (cognitively intact), 8–12 (moderate impairment), or 0–7 (severe impairment)). During an interview and record review on 4/16/2026 at 10:11 a.m. with the Social Services Director (SSD), he stated when a new resident was assessed he would assess for care planning, depression, anxiety or behaviors like depression, sadness or suicidal ideations, and then document that in the (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Minimum Data Set (MDS) (A standard resident assessment tool) assessment. He stated the MDS was an assessment that was unique to the resident and was used to identify and complete the resident care plan for diagnoses that included depression, anxiety, and psychiatric issues. He stated the care plan was supposed to be used to implement individual care as a communication tool between staff. The SSD stated Resident #41 was admitted [DATE] and the SSD stated, I don't know about him very much, poor cognition, poor communication. The SSD stated, I don't know anything about his diagnoses, and he was aware he had a diagnosis of PTSD. The SSD stated there was no individualized care plan for PTSD and when asked why, the SSD stated that Resident #41 had Slipped through and I missed this one. The SSD stated he should have interviewed Resident #41 to find out about the trauma, completed the care plan with specific interventions and notified the physician. The SSD stated he did not notify the physician, but other members would have found out about the diagnosis. He stated, All of us should be on top of it. He stated, Care plans should all be different and individualized for PTSD. During an interview and record review on 4/16/25 with MDS Nurse, at 11:15 a.m., she stated Resident #41 had no observed behaviors upon admission. She stated he was admitted with an information packet from the Veterans Administration (VA). She stated he had hit his roommate, and someone should have observed a link between his care plan, diagnoses of PTSD and his behavior. She stated his triggers for PTSD were not documented and she could not find any consultation for psychiatric assessment or treatment in his medical record. During an interview and record review on 4/16/25 with Director of Nursing, at 11:30 a.m., she reviewed Resident #41's medical record and stated he had a care plan for PTSD, but it was not individualized to include what the trauma was, if there were any triggers and she did not see evidence of any psychiatric consultations. She stated it was not complete. During an observation on 4/16/26 at 1 p.m. Resident #41 walked to the facility lobby with a backpack on. He was animated, talkative and was determined when speaking to a nurse who asked him where he was going. He stated very sternly he was going to catch a bus to leave and visit his daughter. He stood up and walked outside the main doors of the facility where staff continued to talk with him. A review of a document titled Care Plan Report, dated 2/9/26 indicated The resident has a behavior problem r/t (Related to) PTSD. There was no documentation of the cause of the PTSD, triggers, or individualized treatment plans documented. Review of a document titled U.S. Department of Veterans Affairs, Social work psychosocial assessment, dated 2/10/26, indicated Resident #41was a Veteran is 70%SC for PTSD.(A disability rating from the Veterans Administration(VA) that signifies occupational and social impairment with deficiencies in most areas, representing a severe level of impairment that interferes with work, school, and relationships.). Review of Resident #41's medical record document titled Progress Notes, documented by Social Services Director, dated 2/16/26 indicated This writer met with the resident today to follow up and conclude emotional support services. This visit marks the final session to conclude emotional support services with the resident. Emotional support services are concluded at this time. Review of Resident #41's medical record document titled SBAR Communication Form and Progress Note. (A documentation of a change of condition by the staff) dated 2/11/26 at 6:53 p.m. indicated A Mental Status Evaluation was not changed and a Behavioral Evaluation was not clinically applicable (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to the change in condition being reported. A review of a facility Policy and Procedure titled Trauma Informed Care, revised March 2019, indicated Nursing staff are trained on trauma assessment and how to identify triggers associated with re-traumatization. Caregivers are taught strategies to help eliminate, mitigate or sensitively address a resident's triggers. Evaluate trauma-informed practices as part of the facility assessment.: Implement universal screening of residents for trauma. Utilize trained and qualified staff members who have established a rapport with the resident to assess him or her for previous trauma. A review of facility Inservice Education Calendar indicated a document titled Trauma Informed Care Lesson Plant, dated 8/4/25, indicated the Social Service Director had attended. The attached handout included EGUIDE Trauma-Informed Care, that indicated Trauma Survivors include Military veterans. Facility must identify triggers that retraumatize residents who have a history of trauma. Realize that residents may not talk freely about trauma. A review of the facility Monthly Inservice Calendar titled ANNUAL PROPOSED INSERVICES 2025-2026, did not indicate any training for PTSD or Trauma Informed Care.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure sufficient Certified Nursing Assistants (CNA) staff to provide care and respond to five resident's (Resident 48, Resident 45, Resident 19, Resident 35 and Resident 68) basic needs when Residents were not provided 1. assistance to use the bathroom, 2. showers or bed baths twice a week and 3. assistance with meals. This lack of assistance resulted in residents and their responsible party (decision makers) frustration and feeling like they were not cared for. During an observation on 4/13/26 at 10:10 a.m., hallway three was observed to have a heavy smell of urine. During an observation and interview with Resident #48 on 4/13/26 at 10:10 a.m., Resident 48 was in her wheelchair in her room facing the wall, with the curtains pulled closed. She stated there was not enough staff to give her showers. She stated she had only two showers in the last five weeks. She stated she would love to go outside for some fresh air to help her get better, but no one has taken her outside. She stated she has only been outside twice in the last five weeks. During an observation on 4/13/2026 at 12:03 p.m., Resident #48 was observed in a wheelchair facing the wall with the curtains pulled. During an observation on 4/13/2026 at 3:20 p.m. Resident #48 was observed in a wheelchair facing the wall with the curtains pulled. Review of a facility shower document for Resident #48 dated 3/18/26 to 4/16/26, indicated she received a shower on 3/21/26, 4/1/26, 4/4/26 and 4/15/26. Resident #48 was admitted [DATE] with diagnoses that included a fractured vertebra (a bone in the spine), Shortness of breath related to respiratory failure with hypoxia (Respiratory failure occurs when someone does not have enough oxygen in your blood.). A review of her Minimum Data Set (MDS)(A standardized test to determine how well a resident is functioning.) indicated a Brief Interview for Mental Status (BIMS) (An assessment of how cognitively intact a resident is.) score of 11 (A score of 00-9 indicated major cognitive impairment, 10-12 indicated moderate impairment, and 13-15 indicated no cognitive impairment.). A review of Resident 68's admission record indicated she was admitted on [DATE] with the diagnoses of Dementia (a progressive state of decline in mental abilities) and Dysphagia (difficulty swallowing). A review of Resident 68's Minimum Data Set (MDS), dated [DATE] indicated she had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 03 indicating severe cognitive impairment. A review of Resident 68's POC Response History (a task check off document for direct care staff) for shower's for the last 30 days indicated she had not received a shower for 6 days from 3/21/26 through 3/26/26 and no refusal was documented. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 68's Care Plan last reviewed 2/6/26 indicated she required setting up assistance and cueing during meals. During an observation on 4/13/26 at 12:40 p.m. in the dining room during lunch, Resident 68 was observed eating her minced and moist (a diet with the consistency of ground beef and/or softened/pureed) lunch with her fingers. Staff did not attempt to sit and assist Resident 68 at any time during the meal. During an interview on 4/13/26 at 12:40 p.m. with Registered Nursing Assistant 1(RNA1), RNA 1 confirmed that no staff had assisted Resident 68 and allowing residents to eat with their fingers was not standard practice. During an observation on 4/13/26 at 12:22 p.m. in the dining room during lunch, 20 Residents were present at 7 tables and were observed sitting and waiting for trays for 45 minutes. There were 3 staff present at the start of lunch, 5 total assisted with passing trays. During an observation on 4/13/26 at 12:49 p.m. in the dining room during lunch, there were 4 total staff present with 4 total assist residents at two tables. Resident 18 approached this surveyor and stated he wasn't given anything to drink during his meal and he had asked staff to get him something, he is thirsty and asking this surveyors help in obtaining fluids. His tray ticket is observed and he was on a regular diet and allowed thin liquids, no drinks were seen at his place setting. During an observation on 4/14/26 at 7 a.m. hallway three was observed to have a heavy smell of urine. During an observation on 4/15/26 at 6 a.m. hallway three and hallway one were both observed to have a heavy smell of urine. During a telephone interview on 4/13/26 at 11:37 a.m., Responsible Party (RP) A stated staff did not prevent problems. She stated they waited until something happened to her family member rather than prevent issues. She stated she had to ask for help after problems with her family member had occurred. She stated she was enraged by the facility inability to be proactive about preventing problems. She stated her family member was supposed to get up and walk and the staff told her they were afraid she would fall so she was always left in the wheelchair. She stated they never have enough staff. She stated staff told her they work short because of sick calls. During an observation and interview on 4/13/26 at 3:28 p.m., Resident #45 entered the bathroom in her wheelchair without assistance. When she finished, she began to yell for help. She continued for 30 minutes to yell for help. No staff were observed to come into the room and assist her. She stated she needed help to clean herself and get off the toilet and back into her wheelchair. She stated her legs were numb. During an interview on 4/14/2026 at 10:17 a.m., Resident #19 stated there was not enough staff to take of resident needs. He stated showers were either given very late in the day or no showers at all. He stated his meals were always served late and served cold. He stated not enough staff to pass meal trays or give showers. Resident #19 was admitted [DATE], with diagnoses that included Heart Disease, Morbid Obesity, Diabetes, and an MRSA (Methicillin Resistant Staphylococcus Aureus) infection of both feet. A review (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of his MDS BIMS score indicated a score of 14. During an interview on 4/14/26 at 2:20 p.m. with Responsible Party B (Resident 35) Responsible Party B stated she had to be the squeaky wheel around the facility otherwise nothing got done and she came to the facility every day because there were not enough staff. Responsible Party B further stated there were not enough staff in long term care and on the weekends, it was a skeleton crew, and residents did not receive their showers. Responsible Party B stated, I worry about the residents here that do not have someone like me to fight for them. A review of Resident 35's admission record indicated he was admitted on [DATE] with diagnoses of Lewy Bodies Dementia (a progressive neurodegenerative disease characterized by abnormal protein deposits (Lewy bodies) in the brain, causing cognitive decline, hallucinations, movement issues (parkinsonism), and dramatic fluctuations in alertness). A review of Resident 35's Minimum Data Set (MDS) dated [DATE] indicated he had severe cognitive deficit. During an interview with Unlicensed Staff B on 4/16/26 at 9:19 a.m. he stated a normal assignment was 10 residents. He stated on a bad day he gets assigned 11 residents. He stated the facility was chronically short staffed. He stated he had to work harder when the facility was short staffed. He stated if the facility was fully staffed, he would have an assignment of 7 or 8 residents. He stated he would be able to have time to clean the residents, clean their rooms, give them better care, pay attention to their fingernails. He stated he consistently worked 6 days a week and even worked double shifts and had overtime. He stated when he had 11 residents, the rooms were not cleaned, and sometimes showers were not provided, or resident were not taken to the dining room for meals or activities. He stated residents were supposed to get two showers a week. During an interview on 4/16/26 at 9:34 a.m. Unlicensed Staff C stated he had an assignment of 10 residents. He stated 6 of those residents were total care and bed bound. He stated he was rushed and could not spend time doing everything he thought the residents needed like to spend time getting ready for the day or talking with the residents. He stated if he had fewer residents, he would be able to spend more quality time with residents and shave them, clean them, bring them coffee or water. He stated he worked a double shift at least once a week and always had consistent one hour of overtime every day because of sick calls and short staffing. He stated he stayed to finish helping residents get changed and help them. During an interview with Dietary Supervisor on 4/16/26 at 1:30 p.m. she stated she was responsible for scheduling the nursing staff. She stated the facility did not have enough Certified Nursing Attendants (CNA's). She stated everyday there were 2-3 sick calls, and she had used registry (an outside agency) staff, overtime and double shifts to fill the schedule. She stated we do not have enough staff, and the staff have worked short at least 75% of the time. She stated registry staff did not know the residents and residents would get better and more attentive care from regular staff. During an interview on 4/16/2026 at 1:39 p.m. the Administrator stated hiring enough CNAs was a big challenge. He stated in March 13% of overtime pay was related to double time as a result of the lack of nursing staff. A review of a Resident Council Meeting document titled Department Response Form,; Dated 4/22/25, indicated When registry CNAs are assigned to her care, she believes this affect the timeliness and (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	overall quality of the assistance provided. Dated 3/21/25 indicated CNA's are not responding to call lights promptly. Dated 8/22/25, indicated CNA's are often hard to locate during PM shit / NOC shift. Dated 8/22/25, indicated Daughter of (Resident #45) stated that the wait time for a CNA to come assist her mom to the bathroom / put back to bed was 45 mins. She made 2 trips to nurses station (PM Shift) requesting for help and the response she got was 'We are doing change of shift.' No CNA was found in hall. RESPONSE (Response to include Residents) interview We apologize for the delay, there are times CNA's are showering or cleaning other residents. Occasionally we have call-offs or late call-offs. It depends on timing. Dated 10/16/25 indicated PM Shift are usually short CNAs weekends.RESPONSE (Response to include Resident Interview) I have spoken with staffing coordinator to appropriately I have asked her not to move pm shift workers to AM shift to assure coverage at pm shift. Typically, pm shift has less staff than AM due to tasks are less. Unfortunately late or last minute call off effects our staffing. We are doing (our) best to improve staffing.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to prepare food in a manner that resulted in a palatable texture and flavor for 8 residents receiving a pureed diet and failed to follow therapeutic diet requirements for all 8 residents with fortified (diet enriched with extra calories) diet orders when,Pureed foods were prepared using no specifications for texture requirements and the test tray for the pureed diet was runny, gummy/sticky, and lacked seasoning. 2. Fortified diets indicated on tray tickets were not read aloud by Dietary Aide 3 to [NAME] 1 while plating the food, resulting in no added fortification. This failure resulted in residents not receiving their prescribed diets and had the potential to result in residents not consuming their meals which could cause weight loss in an already vulnerable population. A review of the facility Diet Type Report, dated 4/16/26, indicated there were 8 residents who received pureed diets. A review of the facility document titled, Diet Spreadsheet, dated 4/15/26 indicated the lunch menu was Chicken Adobo, Hawaiian rice, buttered peas and carrots, mini egg rolls with sweet and sour sauce, and apple brown [NAME]. During a concurrent observation and interview on 4/15/26 at 9:30 a.m. with [NAME] 1 in the kitchen during lunch meal prep, peas and carrots for pureed diets are already being boiled on the stove. [NAME] 1 stated due to a lack of additional burners and one broken oven, cooks must pre-cook and reheat often when preparing meals. [NAME] 1 presented commercial thickener in a pump and stated she preferred to use the pump as there was a guide on the back that indicated how much to use per ounce of food. During a concurrent observation and interview on 4/15/26 at 11:30 a.m. with [NAME] 1 in the kitchen during lunch meal prep just before tray line, pureed meat, peas and carrots, and Hawaiian rice, had just been prepared and were being spooned into serving trays. [NAME] 1 stated she used broth and added the pump thickener little by little until it reached the desired consistency. [NAME] one could not verbalize how she tested the consistency and was unaware of the spoon or fork testing method. [NAME] 2 is observed preparing the pureed egg rolls using broth and adding powdered thickener a little at a time. During an interview on 4/15/26 at 2:35 p.m. with [NAME] 2 in the kitchen after tray line, [NAME] 2 stated he started 3 months ago and could not recall is he had any IDDSI (International Dysphagia Diet Standardization Initiative, a global framework for testing and labeling food textures and drink thicknesses for people with Dysphagia) training. [NAME] 2 stated when preparing pureed foods, he used broth or other liquid that contains nutrients and added thickener powder little by little until it reached a consistency he was happy with. [NAME] 2 could not verbalize how to test for correct consistency. During a concurrent observation and interview on 4/15/26 at 1:05 p.m. with [NAME] 1 a pureed test tray was sampled. [NAME] 1 and surveyors concluded the texture of all pureed items was too thin, very gummy and stuck to the spoon, and lacked seasoning. [NAME] 1 stated the food looked and tasted like baby food. A review of Dining RD recipes for Pureed Chicken Adobo, Pureed Seasoned Rice, Pureed Buttered (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Peas and Carrots and Pureed Egg Rolls, dated 2026, indicated the IDDSI instructions for all pureed recipes, Pureed (PU4)-Perform appropriate IDDSI testing to ensure texture standards are met. A review of the IDDSI 2.0 Pureed Diet specifications, dated 7/2019, indicated, The pureed diet characteristics should not require chewing, show some slow movement with gravity but cannot be poured, falls off spoon in a single spoonful when tilted and holds it shape, no lumps, not sticky, and to please use the IDDSI Fork Drip Test and Spoon Tilt test. 2. A review of the facility Diet Type Report, dated 4/16/26, indicated there were 8 residents who received fortified diets. During an observation on 4/15/26 between 12:00 p.m. and 12:55 p.m. during tray line, Dietary Aide 3 reads aloud the diet type indicated on the tray ticket to [NAME] 1 who was plating the food. Dietary Aide 3 did not read aloud or relay which residents had fortified diets ordered. [NAME] 1 did not have her own tray tickets or other reference so she depended on the Dietary Aide to read off the correct diet. During an interview on 4/15/26 at 12:55 p.m. in the kitchen with Dietary Aide 3 and [NAME] 1 after the last meal cart left the kitchen, Dietary Aide 3 could not verbalize what a fortified diet was and confirmed she had not read aloud this part of the diet type. [NAME] 1 confirmed she had not plated any fortification. [NAME] 1 stated she had prepared fortified chicken soup and had not plated any of it. During a group interview on 4/15/26 at 3:45 p.m. with the Director of Dietary Services (DDS), Registered Dietician 1(RD1) and [NAME] 1, in the conference room, DDS and RD 1 stated missing fortification did not meet their expectations and could put residents at risk for weight loss and loss of nutritive value. A review of a facility policy titled, Nutrition Therapy Essentials Diet Manual, Fortified/Enhanced Foods, undated, indicated, Fortified/enhanced foods may be used for individuals with reduced oral intake to provide maximum nutrition support with the intent to increase calories and protein without a significant increase in food volume. A review of a facility policy titled, Food and Nutrition Services, revised 10/2017, indicated, Each Resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure one of two sampled residents (Resident 39) received ongoing social services for the assistive devices needed for hearing impairment when there was no follow up after her evaluation for hearing aids over one year ago, her MDS assessment did not accurately reflect her hearing status and there was no care plan for addressing adaptive coping strategies for hearing loss.This failure resulted in ongoing hearing impairment without adaptive measures which caused Resident 39 to feel isolated, avoid participation in many activities, and struggle during communication with others.A review of Resident 39's admission record indicated she was admitted on [DATE] with the diagnoses of Paraplegia (loss of movement and/or sensation, to some degree, of the legs), Anxiety and Depression.A review of Resident 39's Minimum Data Set (MDS, an assessment tool), dated 2/24/26 indicated she had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 with no cognitive impairment. MDS Section B indicated she had no impaired hearing or need for assistive devices.A review of Social Services Progress Notes dated 1/23/25 indicated Resident 39 was seen by an ENT (ear, nose and throat specialist) on 1/7/25 and qualified for hearing aids for both, left and right ears, and a referral had been sent to [company name] to start the process of obtaining hearing aids.A review of Resident 39's Care Plan, last reviewed 2/27/26, indicated no care plan goals or interventions related to hearing loss.During an interview on 4/13/26 at 3:40 p.m. with Resident 39 stated she had been evaluated for hearing aids over a year ago and never received an update from staff. Resident 39 further stated she had to ask people to repeat themselves, felt isolated, and it was becoming more difficult to participate in activities and conversations.During an interview on 4/16/26 at 8:15 a.m. with the Minimum Data Set Nurse (MDS Nurse), she stated she only used verbal interview for MDS assessments and if a Resident did not report an issue, she did not code for it. During a concurrent interview and record review on 4/16/26 at 12:22 p.m. with Social Services Director (SSD), SSD confirmed Resident 39 had qualified for hearing aids over a year ago and no follow up was documented in his notes and there was no care plan addressing her hearing impairment. SSD further stated delays in receiving care could result in feelings of isolation and struggles in communication.During an interview on 4/16/26 at 3:02 p.m. with the Director of Nursing (DON) in her office, DON stated she expected the MDS Nurse to conduct a full assessment of the Resident during periodic assessment as this was how the team was alerted to concerns at least quarterly. DON continued, stating if Resident 39 was evaluated and qualified for hearing aids she would expect staff to facilitate any follow up needs timely and it should be reflected on the Care Plan.A review of a facility policy titled, Resident Assessments, revised 10/2023, indicated, Information in the MDS assessments will consistently reflect information in the progress notes, plan of care, and resident observations and interviews.A review of a facility policy titled, Social Assessment, revised 7/2014, indicated, Data Obtained from the social assessment shall be used to develop all relevant portions of the care plan(e.g., social services, recreational services and activities, end of life care, and ancillary services) and Components of a social assessment include physical factors with impact on function and quality of life including: Sight, Hearing, Speech;A review of a facility policy titled, Hearing Impaired Resident, Care of, revised 02/2018, indicated, Staff will assist the Resident (or representative) with locating available resources, scheduling appointments, and arranging transportation to obtain needed services. Determine the resident's awareness and adaptation to hearing loss. Evaluate residents adaptive needs and progress at regular intervals.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure dental needs and services were provided to one of two residents (Resident 31) sampled for dental concerns when Resident 31's MDS did not reflect his current dental status, and he had resided at the facility for one year without an evaluation for dental needs.This failure allowed poor dentation to go unnoticed in an already vulnerable resident with no proper evaluation of dental needs or treatments.A review of Resident 31's admission record indicated he was admitted on [DATE] with the diagnoses of Schizophrenia (a mental illness that is characterized by disturbances in thought), Dysphagia (difficulty swallowing), and need for assistance for personal care.A review of Resident 31's Minimum Data Set (MDS-a resident assessment tool) dated 4/13/26 indicated he had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 6 indicating severe cognitive impairment. MDS Section L for dental indicated he had no dental concerns.During an observation and interview on 4/14/26 at 8:47 a.m. in Resident 31's room, Resident 31 is observed to be missing almost all of his upper teeth, with nubs of brown, grey, yellow enamel and exposed root, built up tartar, dry lips and spit build up in corners of mouth.During a concurrent interview and record review on 4/16/26 at 8:15 a.m. with the MDS Nurse in her office, Resident 31's most recent MDS was reviewed. MDS Nurse confirmed Resident 31 was coded as having no dental concerns. MDS Nurse stated if a resident did not report a problem, she did not code for it, and this was the same process for residents with cognitive concerns. MDS Nurse stated she had not performed a full assessment on Resident 31 and relied on direct care staff to report concerns to her and the Social Services Director (SSD) who handled all dental referrals.During an interview with the SSD on 4/16/26 at 12:22 p.m. in his office, the SSD stated the facility had two dental providers that cycle through the census and he did not refer for services unless there was a problem reported. SSD confirmed Resident 31 had not been evaluated for dental needs by the providers that came to the facility and because he had [name of insurance provider] coverage, he had to go through the [insurance provider] for care. SSD confirmed he had not completed a referral to the [insurance provider's] dental provider. The SSD validated that Resident 31 had issues with cognition and communication and may not have been able to relay if he had concerns or problems. A review of a facility policy titled, Resident Assessments, revised 10/2023, indicated, All persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.Information in the MDS assessments will consistently reflect information in the progress notes, plan of care, and resident observations and interviews.A review of a facility policy titled, Availability of Services, Dental, revised 08/2007, indicated, Oral healthcare and dental services will be provided to each resident.Social Services will be responsible for making necessary dental appointments.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview, and record review, the facility failed to provide support personnel to safely and effectively carry out the functions of the food and nutrition services department for a census of 79 residents when the Director of Dietary Services (DDS) did not participate in the essential duties of day-to-day operations, staffing levels were insufficient, and dietary personnel did not demonstrate competency in specific procedures and protocols necessary to carry out the functions of food and nutrition services.This failure had the potential to affect the safety and quality of the food produced by the food and nutrition services department. During an interview with Resident #19, Resident #44 and Resident #74, on 4/13/26 at 1:02 p.m. they stated their lunches were always served last and the food was cold. Resident# 19 stated he always has to ask dietary staff to re-heat his food. He stated he hated the food because the vegetables were never fresh and always overcooked. He stated the residents that could not get out of bed were not assisted with meals. During an interview on 4/14/26 at 8 a.m., Resident #19 stated his breakfast was served cold and he had to ask staff to reheat them. During an interview on 4/16/2026 at 9:19 a.m., Unlicensed Staff B stated he had heard residents complain about the food being served cold. He stated it came out of the kitchen cold. He stated he told kitchen staff all the time, but they did not have a supervisor. A review of the kitchen staffing schedule indicated 2 full-time cooks, 3 full -time dietary aides and 3 part-time diet aids. The PM shift often had only one cook and one aide. On Sundays there was one cook for both shifts. Most AM shifts had 1 cook, and 2-3 aids and most PM shifts had 1 cook and 1-2 aids. During an interview on 4/14/26 at 1:32 p.m. with the DDS, DDS confirmed she fulfilled the role of DDS and Staffing Coordinator at the facility. DDS stated she split her time between the positions 50/50 and worked remotely and more than 40 hours a week to meet the demands. During a concurrent interview and record review on 4/14/26 at 3:00 p.m. with the Administrator (ADM), the job descriptions for both positions were reviewed and the ADM could not state how many hours a week would be needed to meet the demands of each position. ADM stated there was no way to illustrate how many hours per week the DDS devoted to the kitchen versus staffing position. ADM stated the DDS had an assistant in the kitchen who helped with DDS duties and that was [NAME] 1. During an interview on 4/15/26 at 9:30 a.m. with [NAME] 1 in the kitchen, [NAME] 1 stated she was not the DDS's assistant, and worked overtime all the time to meet the demands in the kitchen after the loss of a full-time cook. [NAME] 1 stated she trained the new cook as best she could, but this was difficult as they only had 2 full-time cooks right now and their hours were different. During an observation on 4/13/26 at 9:45 a.m. while conducting the initial kitchen tour the sanitization buckets, both green and red, were empty. During a concurrent observation and interview on 4/13/26 at 10:28 a.m. with Dietary Aid 1, Dietary Aid 1 prepared the sanitizer solution utilizing the sanitizer from a large container under the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055268	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sonoma Post Acute	678 2nd Street West Sonoma, CA 95476

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dishwashing sink labeled, Eco-lab Oasis 146-Multi-Quat Sanitizer. Dietary Aid 1 then added hot water from the sink and tested the ppm (parts per million), and the test strip shows the ppm at 100. Dietary Aid 1 could not state if 100 ppm was the concentration goal. During an interview on 4/15/26 at 12:55 p.m. in the kitchen with Dietary Aide 3 and [NAME] 1 after the last meal cart left the kitchen, Dietary Aide 3 could not verbalize what a fortified diet was and confirmed she had not read aloud this part of the diet type. [NAME] 1 confirmed she had not plated any fortification. [NAME] 1 stated she had prepared fortified chicken soup and had not plated any of it. During a concurrent observation and interview on 4/15/26 at 1:05 p.m. with [NAME] 1 and surveyor team in the conference room, a pureed test tray was sampled by surveyors and [NAME] 1. [NAME] 1 and surveyors concluded the texture of all pureed items was too thin, very gummy and stuck to the spoon, and lacked seasoning. [NAME] 1 stated it looked and tasted like baby food. During an interview on 4/15/26 at 2;35 p.m. [NAME] 2 stated he had been at the facility for 3 months and the kitchen was short staffed, and staff needed more training. [NAME] 2 relayed when he was the cook, he must do it all, the meals, snacks, dessert, tray line, alternatives, and more aids were needed. [NAME] 2 stated the DDS came into the kitchen when she had time to and staff could go and get her if she was needed for something. [NAME] 2 confirmed [NAME] 1 did all his training and he had not received any IDDSI training. During a group interview on 4/15/26 at 3:45 p.m. with the DDS, Registered Dietician 1 (RD1) and Cook1, the DDS stated she had not participated in tray line or test tray tasting this week and had been out on the floor most of the week because this was also part of her position. DDS further stated she was responsible for the training and competencies of all dietary staff. All 3 employees stated the largest obstacle in the food and nutrition services department was lack of sufficient staffing. During a review of a facility document titled, Job Description: Dietary Manager , dated 02/2024, indicated, The primary purpose of your job position is to provide supervision for the Dietary Department ensuring quality food and Nutrition is met in accordance with current federal, state, and local standards, guidelines and regulations governing our facility. Supervise staff in the day to day facility operations of assigned areas.direct and participate in food preparation and service of food that is safe, appetizing, and is of the quality and quantity to meet each residents needs in accordance with physicians orders.hires, trains, dietary employees. monitor work assignments, provide feedback, evaluate performance.ensure equipment and work areas are clean, safe. Maintain kitchen and food storage area in a safe, orderly, clean and sanitary manner. A review of a facility policy titled, Food and Nutrition Services Staff, revised 10/2017, indicated, The food and nutrition services staff, under the supervision of the dietician an/or the food and nutrition services manager, will safely and effectively carry out the functions of the food and nutrition services department.

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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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review, the facility infection preventionist failed to review three of three residents sampled for antibiotic stewardship (Residents 8, 16, and 24). This failure had the potential to result in residents receiving unnecessary antibiotics and further contribute to antibiotic resistance.During an interview and concurrent record review on 4/16/26 at 9:06 a.m., Infection Preventionist (IP) pulled up on her laptop her line list of residents who were prescribed antibiotics for the month of April 2026. IP stated her antibiotic stewardship program included using an infection screening tool built into the electronic medical record that reviewed the symptoms of the resident's suspected infection and determined if the symptoms met criteria for treatment with antibiotics. IP stated that if an antibiotic was prescribed, she did an antibiotic timeout 48 to 72 hours after the antibiotic was started to monitor for any reaction to the antibiotic and notified the doctor to see if there should be any change based on lab work or cultures. IP stated the doctor would respond to the timeout and instruct them to continue the antibiotic, discontinue, or change the course to another antibiotic. Further review of the line list indicated Resident 16 had been started on an antibiotic for symptoms of a urinary tract infection on 4/9/26 with an end date of 4/16/26. When queried, IP was not able to produce documentation that Resident 16 had an infection screening completed or an antibiotic timeout. The line list indicated Resident 8 had been started on an antibiotic for symptoms of a urinary tract infection on 4/10/26 with an end date of 7/17/26, and Resident 24 had been started on an antibiotic for symptoms of a urinary tract infection on 4/2/26 with an end date of 4/7/26. IP was not able to produce documentation that the infection screenings or antibiotic timeouts were completed for Resident 8 or Resident 24. IP verified it was her responsibility to complete these reviews for the antibiotic stewardship program and stated she had gotten a little behind. IP verified Resident 16's antibiotic was completed today, 4/16/26. IP stated the goal was to have the infection screening completed before the antibiotic was started. IP stated the purpose of antibiotic stewardship was to prevent the use of antibiotics unnecessarily and reduce antibiotic resistance. IP stated the antibiotic timeout was how they accomplished that. IP stated the risk to the resident if the antibiotic timeout was not done was they would be taking an antibiotic that was not specific to the organism causing their infection. Review of facility policy Antibiotic Stewardship, last revised 12/2016, indicated, Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.