STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055473	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vista Post-Acute Care Center	1516 Sawtelle Blvd. Los Angeles, CA 90025

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of21 sampled residents (Resident 75 and Resident 115), received care, treatment, and services in accordance with the physician's order and policy and procedure by failing to:Follow doctor's orders to perform oral care with Chlorhexidine Gluconate Mouth/Throat Solution 0.12% (a solution used to treat gingivitis (inflammation of the gum), reduce gum swelling, redness, and bleeding by decreasing mouth bacteria (germs) and provide 5 milliliters (ml - unit of measurement) of water every shift; per doctor's orders.Initiate a Situation, Background, Assessment, Request (SBAR-a formal written communication tool used to provide essential, concise information during crucial medical situations) Form when Resident 115 complained of abdominal pain. As a result, on 11/26/2025 Residen115 was transferred to a General Acute Care Hospital (GACH), due to lethargy (extreme weakness), nausea and poor appetite. This deficient practice had the potential to delay the recovery of Resident 75.Findings: a. A review of Resident 75's admission Record indicated Resident 75 was admitted to the facility on [DATE], with medical diagnoses that included: Hypertension (high or raised blood pressure). Acute Kidney Failure (A condition in which the kidneys suddenly can't filter waste from the blood) and depression (a constant feeling of sadness and loss of interest). A review of Resident 75's Minimum Data Set (MDS – a resident assessment tool), dated 12/07/2025 indicated Resident 75's cognition (the mental ability to make decisions of daily living) was intact. Resident 75 required maximal assistance from staff for toileting, hygiene, bathing, upper and lower body dressing, and personal hygiene. During a concurrent observation and interview on 02/04/2026 at 2:02 PM, Residents Representative of Resident 75 was sitting at bedside. Resident 75 was able to understand and respond to questions with yes or no. Resident 75 pointed to Resident Representative (RR) 1 as the person to speak to during an interview. During an interview on 02/04/2026 at 2:02 PM, RR 1 was sitting at Resident 75's bedside stated that Resident 75 came back from the Veterans Administration (VA) hospital after surgery, and he was supposed to get ice chips and later he was supposed to transition to 5 teaspoons of water after oral care. RR 1 stated the facility started by giving him ice chips until the ice machine broke down and then Resident 75 did not get any more ice chips. Resident 75 then went to the VA and got a swallow evaluation and prescribed oral care twice a day with 5 teaspoons of water after each oral care treatment. RR 1 stated that Resident 75 had not received any oral care treatments or any of the teaspoons of water up until now. During a record review of Resident 75 doctor's phone orders dated 01/28/2026 as transcribed by licensed vocational nurse (LVN) 3, the doctor's telephone order indicated, ok for teaspoons water (continued on next page)

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	after oral care ok for ice chips also (see progress note for additional details) for Resident 75. During a record review of the doctor's phone orders dated 02/06/2026 at 14:59 as transcribed by Director of Nursing (DON), indicated Chlorhexidine Gluconate Mouth/Throat Solution 0.12% (Chlorhexidine Gluconate (Mouth-Throat)) Give 15ml orally every shift for PROPHYLAXIS MAY HAVE 5oz of H20 FOLLOWING SOLUTION for Resident 75. During an interview on 02/04/2026 at 2:30 PM, Registered Nurse Supervisor (RNS) 1 stated that there is an order to give ice chips and perform oral care in the paper chart however, it is not clear how much water to give to the resident or how many times to perform the patient care action. RNS 1 stated she will have the person that transcribed the order to clarify the order and put it in the resident's chart, or she will clarify the order herself with the doctor. During an interview on 02/05/2026 at 1:37 PM, LVN 3 stated, the order is right here in the chart, it says to provide oral care and provide teaspoons of water and ice chips. LVN 3 stated he (LVN 3) has to find the progress note with the details because he is not sure of where it is (order) at this time. During an interview on 02/05/2026 at 2 PM, Dietary Supervisor (DS) stated the ice machine is currently in working order and ice can be used by the residents in the facility. The DS stated the ice machine went down within the last two months and was out of order for at least one week however, the facility purchased bags of ice for the residents. During an interview on 02/05/2026 at 2:13 PM, Environmental Director (ED) stated an ice machine was purchased after the one in the kitchen broke down and was replaced about two months ago. During an interview on 02/06/2026 at 1:49 PM, the Director of Nursing (DON) stated the transcription of the doctor's phone orders for Resident 75 dated 1/28/2026 is confusing and the progress note for Resident 75 is also confusing, this could lead to a delay in care for Resident 75 or the MD orders not being followed at all. During a record review of the facility's policy and procedures entitled, Physician Services and Orders dated Reviewed: 7/11/2025, indicated that the Policy: It is the policy of the facility that each resident remain under the care of a physician. Drug, biologicals, laboratory services, radiology and other diagnostic services shall be administered or performed only upon the written order of a person duly licensed and authorized to prescribe such drugs and services. Procedure: Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, nurse practitioners, physicians, physicians' assistants and certified respiratory therapists when the orders relate specifically to respiratory care. Orders for medications must include: Name and strength of the drug; Quantity or specific duration of therapy; (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dosage and frequency of administration; Route of administration if other than oral; Reason or problem for which it is given. b. A review of Resident 115's SNF/NF (Skilled Nursing Facility/Nursing Facility) to Hospital Transfer Form, dated 11/25/2025, indicated the resident was being transferred to GACH due to lethargy, nausea and poor appetite A review of the Resident 115's MDS, dated [DATE], indicated Resident 115's cognition (ability to think and learn) was severely impaired. The MDS indicated Resident 115 was dependent upon staff for toileting hygiene, bathing, and lower body dressing. The MDS also indicated the resident did not have any pain and did not take any pain medication in the previous five days. A review of Resident 115's Licensed Nurses Progress Notes, dated 11/17/2025 indicated the resident had abdominal pain. The Progress Notes also indicated the physician ordered an abdominal x-ray to evaluate the cause of the resident's pain. The Progress Notes further indicated the resident's responsible party (RP) refused the abdominal x-ray and the nursing staff would continue to monitor the resident's abdominal pain, bowel patterns, vitals signs and would notify the physician if there were any changes. A review of Resident 115's medical chart indicated nursing staff did not initiate a change of condition form or continue to monitor the resident's abdominal pain or bowel patterns for 72 hours. A further review of Resident 115's medical chart indicated there was no abdominal pain care plan initiated. A review Resident 115's admission record indicated the facility admitted the resident on 11/4/2025 with diagnoses including chronic kidney disease, acute cystitis and hydronephrosis. A review of the Physician's Order, dated 11/25/2025, indicated to transfer the resident to GACH for lethargy, nausea and poor appetite. During an interview on 2/5/2026 at 3:57 PM with the Assistant Director of Nursing (ADON), Resident 115's clinical record was reviewed. The ADON stated the ADON wrote the progress note regarding Resident 115's abdominal pain on 11/17/2025. The ADON stated on 11/17/2025, Resident 115 was having new onset abdominal pain. The physician ordered an x-ray to assess the residents pain however Resident 115's responsible party (RP) refused the x-ray. The ADON stated due to the RP refusing the x-ray, facility staff were then to continue to monitor the resident's abdominal status which consisted of monitoring the resident's bowel movements, vital signs, bowel pattern and pain for the next three days. The ADON stated a change of condition or SBAR form should have been initiated in order to notify nursing staff that they were to monitor the resident for 72 hours. During a concurrent review of Resident 115's clinical chart, the ADON was unable to find an SBAR form and did not find that nursing staff continued to monitor Resident 115's bowel movements bowel patterns or abdominal pain. The ADON stated it was important to continue to monitor the resident in order to evaluate any worsening of the resident's condition. During an interview on 2/6/2026 at 2:34 PM, the DON stated the SBAR form notifies staff that the resident has had a change of condition. The DON further stated the SBAR form then activates the staff to continue monitoring the resident every shift for at least 72 hours. The DON stated not (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	initiating the SBAR or continued monitoring could lead to a lapse in care and the resident's condition could decline. A review of the facility's policy and procedures (P&P) titled, Change of Condition - SBAR-Assessment, reviewed 7/11/2025, indicated, It is the policy of this facility that any changes in a resident's condition be thoroughly assessed and evaluated using the SBAR process with physician notification for early clinical management to avoid unnecessary readmissions to acute hospitals.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide competent Restorative Nursing Assistant (RNA, nursing assistant program that help residents to maintain their function and joint mobility) nursing staff when:1. The facility failed to complete annual competencies for putting on and taking off splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) and braces (an external device to support, align, or correct a movable part of the body) for two sampled RNAs.2. Restorative Nursing Assistant (RNA) 1 did not follow and perform RNA treatment as ordered by a physician during an RNA treatment session on 2/4/2026 with Resident 74. These deficient practices had the potential to cause injury and harm to residents who require splints during RNA and to Resident 74 during the RNA program.Findings: 1. During a concurrent interview and record review on 2/4/2026 at 3:08 p.m. with the Director of Staff Development (DSD), RNA 1 and Restorative Nursing Assistant (RNA) 2's employee files were reviewed. DSD reviewed RNA 1's Annual Competency Evaluation Nursing Skills Performance dated 9/15/2025 and stated RNA 1's Annual Competency Evaluation did not evaluate skills for putting on and taking off splints. DSD reviewed RNA 2's Annual Competency Evaluation Nursing Skills Performance dated 9/2/2025 and stated RNA 2's Annual Competency Evaluation did not evaluate skills for putting on and taking off splints. DSD stated part of a RNA's duties and skills included to put on and take off splints as part of the RNA program. DSD stated the facility should evaluate every RNA's competency and skill in putting on and taking off splints to ensure the RNAs knew the procedure and could put on and take off splints correctly. During an interview on 2/5/2026 at 4 p.m., the Director of Nursing (DON) stated the RNA program was to ensure a resident maintained their current functional status. DON stated all staff required annual competencies to cover all areas and skills that a staff member performed in their daily job to make sure staff were competent in their roles and assignments. DON stated the facility would not know if RNA staff could safely and correctly apply and remove a splint if the facility did not assess a RNA's competency to put on and remove a splint. DON stated if RNA staff did not have an annual competency for splinting, the facility would not know if an RNA was putting on a splint incorrectly and it could cause harm or damage to a resident. During a review of the facility's Restorative Nursing Assistant Job Description dated 11/2014, the RNA Job Description indicated RNA's general duties and responsibilities included: ensure placement of restorative devices and equipment. The RNA Job Description indicated specific requirements included an RNA must demonstrate the knowledge and skills necessary to provide care appropriate to the age-related needs of the residents served. During a review of the facility's policy and procedures (P&P) titled, Staff Competencies, reviewed 7/11/2025, the P&P indicated, performance evaluations are to ensure that staff has the appropriate competencies and skills to assure resident safety. RNAs will receive in-services related to the services they perform and RNAs will have annual performance evaluations. 2. During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. The MDS indicated Resident 74 had functional limitations in range of motion (ROM, full movement potential of a joint) on both sides of the upper extremities (UE, shoulder, elbow, wrist/hand) and both sides of the lower extremities (LE, hip, knee, ankle/foot). During a review of Resident 74's Order Summary Report (OSR) dated 2/4/2026, the OSR indicated Resident 74 had the (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	following orders:-dated 11/3/2025 for RNA program for active assistive range of motion (AAROM, movement at a given joint with a person's own effort and assistance from an external force or another person) exercises on left UE four times a week as tolerated-dated 11/3/2025 for RNA program for AAROM on right UE four times a week as tolerated-dated 1/19/2026 for RNA program for omnicycle (type of arm and/or leg exercise bicycle) three times a week as tolerated. During a review of Resident 74's Restorative Nursing Program Referral and Care Plan (CP) dated 10/31/2025, the CP indicated Resident 74 had an increased risk for a decline in mobility. The CP goal indicated Resident 74 would maintain both UE and both LE ROM. The CP approach indicated for RNA to provide both LE exercise using omnicycle level seven for 15 minutes and both UE AAROM exercise as tolerated once a day four times a week. During an observation and interview on 2/4/2026 at 4:15 p.m., RNA 1 performed RNA treatment with Resident 74 in Resident 74's room. Resident 74 was lying bed and RNA 1 proceeded to perform AAROM exercises on Resident 74's right hand, right elbow, and right shoulder. RNA 1 then performed AAROM exercises on Resident 74's left hand, left elbow, and left shoulder. RNA 1 then performed AAROM exercises on Resident 74's left and right ankles, left knee, left hip, right knee, and right hip. RNA 1 stated to Resident 74 that they would do the omnicycle tomorrow for RNA. RNA 1 stated Resident 74's RNA treatment orders were for right and left upper extremities AAROM and omnicycle if Resident 74 gets up in a wheelchair. RNA 1 stated Resident 74 did not want to get out of bed today so RNA 1 alternatively performed ROM exercises for Resident 74's legs. During an interview on 2/5/2026 at 12:04 p.m., the Occupational Therapist (OT 1) stated the RNA program was a restorative nursing program that usually followed a therapy program. OT 1 stated depending on the specific needs of the resident, a therapist will create an RNA program and train the RNAs on how to complete the program for the resident. OT 1 stated an RNA program was established by therapists, because therapists have assessed the resident and were aware of their abilities and what they can and cannot do. OT 1 stated an RNA could not revise an RNA treatment order, because the RNAs did not have the level of skill or training therapists had. OT 1 stated that RNAs were trained to do the task that was ordered, but RNAs could no change the task. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated the RNA program was to ensure a resident maintained their current functional status. DON stated an RNA program order needed to be followed because that was the physician's order and staff could not pick and choose what part of the order they wanted to follow. DON stated an RNA program was ordered for a reason and it was tailored for that specific resident for a specific purpose by a qualified professional who was a therapist. DON stated an RNA was not a professional and did not have the education, training, or expertise to change or amend any RNA program order. DON stated RNA staff could not do any alternative RNA treatments that was not ordered. DON stated if staff did not follow an order, it could affect a resident's joint mobility and their level of function. During a review of the facility's policies and procedures (P&P) titled, Physician Services and Orders, reviewed 7/11/2025, the P&P indicated drugs, biologicals, laboratory services, radiology and other diagnostic services shall be administered or performed only upon the written order of a person duly licensed and authorized to prescribe such drugs and services. During a review of the facility's Restorative Nursing Assistant Job Description dated 11/2024 indicated the primary purpose of your job is to provide each of your assigned residents with routine nursing care and services in accordance with resident's assessments and care plan. The RNA Job Description indicated to follow work assignments in performing and completing your assigned tasks.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide accurate and complete medical records and documentation based on professional standards for three of 22 sampled residents (Residents 23, 32, and 8) when:1. For Resident 23, Restorative Nursing Assistant program (RNA, nursing assistant program that help residents to maintain their function and joint mobility) documentation indicated Resident 23 received RNA treatment on 2/4/2026 when Resident 23 did not receive RNA treatment.2. For Resident 32, a Certified Occupational Therapy Assistant (COTA) 2 signed on behalf of the Physical Therapist (PT) 1 on a physical therapy (PT, a rehabilitation profession that restores, maintains, and promotes optimal physical function) treatment encounter note.3. For Resident 8, a Certified Occupational Therapy Assistant (DOR/COTA) 1 signed on behalf of PT 1 on a PT treatment encounter note. These deficient practices caused inaccurate medical records and had the potential for inadequate care planning and physical therapy interventions for Residents 23, 32, and 8.Findings: 1. During a review of Resident 23's admission Record (AR), the AR indicated Resident 23 originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, but not limited to right femur fracture (broken leg bone) and atrial fibrillation (irregular heart rate that can cause poor blood flow). During a review of Resident 23's Minimum Data Set (MDS, resident assessment tool) dated 10/16/2025, the MDS indicated Resident 23 was severely impaired in cognitive skills (mental processes involved in gaining knowledge and comprehension, includes thinking, knowing, remembering, judging, problem-solving) for daily decision making. The MDS indicated Resident 23 required dependent assistance with eating, oral hygiene, dressing, and rolling left and right. During a review of Resident 23's Order Summary Report (OSR) dated 2/5/2026, the OSR indicated the following orders:-Dated 10/31/2025 RNA program for passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises on left lower extremity (LE, hip, knee, ankle/foot) three times a week as tolerated.-Dated 9/4/2025 RNA program for PROM exercises on left upper extremity (UE, shoulder, elbow, wrist/hand) three times a week or as tolerated.-Dated 10/31/2025 RNA program for PROM exercises on right LE three times a week as tolerated.-Dated 9/4/2025 RNA program for PROM exercises on right UE three times a week or as tolerated. During a concurrent interview and record review on 2/4/2026 at 1:31 p.m. with the Director of Staff Development (DSD), Resident 23's February 2026 RNA treatment flowsheet was reviewed. DSD stated there were no RNAs working today (2/4/2026), because two of the scheduled RNAs called off and another RNA was reassigned to Certified Nursing Assistant (CNA) duties today. DSD reviewed Resident 23's February 2026 RNA treatment flowsheet and stated Restorative Nursing Assistant (RNA 2) initialed 2/4/2026 RNA treatment indicating RNA 2 completed RNA treatment for Resident 23 today. DSD stated this was not accurate because RNA 2 called off from work today and had not been at the facility today to perform the RNA treatment for Resident 23. During an interview on 2/4/2026 at 4:01 p.m., the Assistant Director of Nursing (ADON) stated RNA 2 had not come to work today. During an interview and record review on 2/5/2026 at 1:41 p.m., RNA 2 stated she started work yesterday (2/4/2026) around 5:30 p.m. RNA 2 reviewed Resident 23's February 2026 RNA flowsheet and stated the documentation for 2/4/2026 was not accurate. RNA 2 stated she must have initialed the documentation by accident and mistakenly initialed the RNA treatment as completed on 2/4/2026. RNA 2 stated she did not mean to initial Resident 23 received RNA treatment that day. RNA 2 stated staff should not initial when the RNA treatment was not completed because it meant Resident 23 received the RNA treatment when the resident did not receive any RNA treatment. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated staff should follow documentation standards. DON stated if staff perform a treatment, then staff sign and document for that treatment. DON stated if staff did not complete the treatment, then staff should not sign and document for the (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	treatment. During a review of the facility's policy and procedures (P&P) titled, Documentation Principles, reviewed 7/11/2025, the P&P indicate, entries must be accurate, timely, objective, specific, concise, legible, clear and descriptive. During a review of the facility's Restorative Nursing Assistant Job Description dated 11/2024, the RNA Job Description indicated the general duties and responsibilities of an RNA include record entries on flow sheets, notes, and charts when applicable, documents daily on residents in the restorative program. 2. During a review of Resident 34's admission Record (AR) dated 1/26/2026, the AR indicated Resident 34 originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to complete paraplegia (loss of movement and/or sensation of the legs) and lack of coordination. During a review of Resident 34's Minimum Data Set (MDS, resident assessment tool) dated 10/27/2025 indicated Resident 34 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 34 was independent in eating, oral hygiene, and upper body dressing. The MDS indicated Resident 34 required dependent assistance with bed to chair transfers. During an interview and record review on 2/5/2026 at 11:34 a.m., the Director of Rehabilitation/Certified Occupational Therapy Assistant (DOR/COTA 1) reviewed Resident 32's PT treatment encounter notes dated 5/21/2025, 5/26/2025, 5/30/2025, and 6/30/2025, and stated Certified Occupational Therapy Assistant (COTA 2), who no longer worked at the facility, signed on behalf of PT 1, who was required to co-sign a physical therapy assistant's (PTA) treatment note. DOR/COTA 1 stated a PTA required supervision of a PT and a PTA's treatment note required supervision and co-signing of the supervising PT. DOR/COTA 1 stated it was the responsibility of each therapist to sign their own treatment note and for the supervising therapist to review a PTA's treatment note and co-sign the notes. DOR/COTA 1 stated if another therapist signed on behalf of another person, it meant that the therapist reviewed the PTA notes and treatment and agreed that the treatment was valid and this was not part of a COTA's scope of practice. DOR/COTA 1 stated a COTA was not qualified to verify if a PTA treatment was valid and within a resident's plan of treatment and care. DOR/COTA 1 stated the therapy company informed her that she could sign on behalf of another therapist. During an interview on 2/5/2026 at 12:04 p.m., Occupational Therapist (OT 1) stated an OT's responsibility was to supervise COTAs which included meeting with the COTA to talk about each resident and to revise the plan of care as needed. OT 1 stated OTs and PTs were required to supervise COTAs and PTAs because OTs and PTs had the higher level of education, skill level, and training. OT 1 stated it was the OT and PT's responsibility to review the COTA and PTA's treatment notes and see how the resident was progressing in therapy and to co-sign the note. OT 1 stated when she co-signed the treatment note, it meant that OT 1 reviewed the note, that the note was good and the assistant was following the plan of care for that specific resident. OT 1 stated this process helped to keep the level of excellence in the therapy department. OT 1 stated an OT could not co-sign a PTA's notes, because a PTA was another discipline and only a PT could co-sign a PTA's notes. OT 1 stated it was like an OT could not perform a PT eval, because it was a whole separate profession and training. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated staff should follow documentation standards. DON stated staff could not sign on someone else's behalf. DON stated it was not ethical. DON stated staff do not sign for someone else because the staff did not do the treatment or the work. DON stated an COTA is a whole different entity than PT and you cannot sign for a person in a different profession. DON stated staff needed to follow the correct procedures. During a review of the facility's policies and procedures (P&P) titled, Documentation Principles, reviewed 7/11/2025, the P&P indicated it is the policy of the facility that resident's clinical records shall be current and kept in detail consistent with good medical and professional practice based on the care provided to each resident. The P&P indicated an entry should never be signed by someone other than the person making the entry. During a review of the facility's Physical Therapist Job Description dated 5/19/2023, the PT Job Description indicated the PT maintains all necessary documentation of services in the patient's medical records, supervise up to two Physical (continued on next page)

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Therapy Assistants, and comply with facility rules, policies and procedures. 3. During an interview and record review on 2/5/2026 at 11:34 a.m., the Director of Rehabilitation/Certified Occupational Therapy Assistant (DOR/COTA 1) reviewed Resident 32's PT treatment encounter notes dated 5/21/2025, 5/26/2025, 5/30/2025, and 6/30/2025, and stated she signed on behalf of PT 1, who was required to co-sign a physical therapy assistant's (PTA) treatment note. DOR/COTA 1 stated a PTA required supervision of a PT and a PTA's treatment note required supervision and co-signing of the supervising PT. DOR/COTA 1 stated it was the responsibility of each therapist to sign their own treatment note and for the supervising therapist to review a PTA's treatment note and co-sign the notes. DOR/COTA 1 stated if another therapist signed on behalf of another person, it meant that the therapist reviewed the PTA notes and treatment and agreed that the treatment was valid and this was not part of a COTA's scope of practice. DOR/COTA 1 stated a COTA was not qualified to verify if a PTA treatment was valid and within a resident's plan of treatment and care. DOR/COTA 1 stated the therapy company informed her that she could sign on behalf of another therapist. During an interview on 2/5/2026 at 12:04 p.m., Occupational Therapist (OT 1) stated an OT's responsibility was to supervise COTAs which included meeting with the COTA to talk about each resident and to revise the plan of care as needed. OT 1 stated OTs and PTs were required to supervise COTAs and PTAs because OTs and PTs had the higher level of education, skill level, and training. OT 1 stated it was the OT and PT's responsibility to review the COTA and PTA's treatment notes and see how the resident was progressing in therapy and to co-sign the note. OT 1 stated when she co-signed the treatment note, it meant that OT 1 reviewed the note, that the note was good and the assistant was following the plan of care for that specific resident. OT 1 stated this process helped to keep the level of excellence in the therapy department. OT 1 stated an OT could not co-sign a PTA's notes, because a PTA was another discipline and only a PT could co-sign a PTA's notes. OT 1 stated it was like an OT could not perform a PT eval, because it was a whole separate profession and training. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated staff should follow documentation standards. DON stated staff could not sign on someone else's behalf. DON stated it was not ethical. DON stated staff do not sign for someone else because the staff did not do the treatment or the work. DON stated an COTA is a whole different entity than PT and you cannot sign for a person in a different profession. DON stated staff needed to follow the correct procedures. During a review of the facility's policies and procedures (P&P) titled, Documentation Principles, reviewed 7/11/2025, the P&P indicated it is the policy of the facility that resident's clinical records shall be current and kept in detail consistent with good medical and professional practice based on the care provided to each resident. The P&P indicated an entry should never be signed by someone other than the person making the entry. During a review of the facility's Physical Therapist Job Description dated 5/19/2023, the PT Job Description indicated the PT maintains all necessary documentation of services in the patient's medical records, supervise up to two Physical Therapy Assistants, and comply with facility rules, policies and procedures.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow infection control procedures to help prevent the development and transmission of communicable diseases (illnesses caused by organisms that can be passed from person to person) and infections by failing to ensure:1. Provide hand soap and hand sanitizer supplies in Resident 56 and 74's room.2. Properly sanitize and disinfect a cloth gait belt (an assistive device that is secured around a person's waist to assist in moving a person) between multiple resident use. 3. Staff handled soiled linen in a sanitary manner per facility's policy and procedures titled, Infection Control Policy - Laundry Services. These deficient practices had the potential to spread infections and illnesses between residents, staff, and visitors. Findings: 1. During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. During a review of Resident 56's AR dated 1/26/2026, the AR indicated Resident 56 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, but not limited to low back pain, metabolic encephalopathy (any damage or disease that affects the brain), and unspecified dementia (a progressive state of decline in mental abilities). During a review of Resident 56's MDS dated [DATE], the MDS indicated Resident 56 was cognitively intact. The MDS indicated Resident 56 required dependent assistance with toileting hygiene, dressing, and maximal assistance with rolling left and right. During an observation and interview on 2/4/2026 at 12:31 p.m., in Resident 56 and 74's room, Certified Nursing Assistant (CNA 2) stated and demonstrated both the soap dispenser to the left of the sink and the hand sanitizer dispenser to the right of the sink were both not working. CNA 2 stated she could not properly wash her hands inside the room and needed to go outside the room to wash her hands. CNA 2 stated she needed to wash her hands in between helping Resident 56 and Resident 74. During an observation and interview on 2/4/2026 at 2:11 p.m., in Resident 56 and 74's room, the Maintenance Director (MTD) attempted to use the hand soap dispenser to the left of the sink and stated the hand soap dispenser was not working. MTD stated it may be the batteries were not working. MTD attempted to use the hand sanitizer dispenser to the right of the sink and stated the hand sanitizer dispenser was not working. MTD stated it may be the batteries were not working. MTD stated both the hand soap dispenser and the hand sanitizer dispenser should be working at all times so that staff could wash their hands and keep their hands clean. During an interview on 2/5/2026 at 12:51 p.m., the Infection Preventionist Nurse (IPN) stated handwashing was the number one method to prevent the transmission of bacteria. IPN stated handwashing required water and soap or an alcohol based hand sanitizer. IPN stated hand soap or an alcohol based hand sanitizer was required inside a resident's room to prevent cross contamination (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and transmission of bacteria. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing stated hand soap and hand sanitizer dispensers should be working at all times so that staff can perform hand hygiene and handwashing to prevent the spread of germs. During a review of the facility's policies and procedures (P&P) titled, Hand Hygiene, reviewed 7/11/2025, the P&P indicated alcohol-based hand rub should be available inside and outside of all resident rooms in order to improve access and compliance with hand hygiene. Handwashing is a vigorous, brief rubbing together of all surfaces of lathered hands with soap, followed by rinsing under a stream of water. 2. During an observation and interview on 2/4/2026 at 10:36 a.m. with the Director of Rehabilitation (DOR/COTA 1) inside the therapy gym, Resident 69 was sitting in a wheelchair and had a pink cloth gait belt around the waist. There was another pink gait belt hanging on the therapy equipment rack. During an interview on 2/5/2026 at 11:34 a.m., the DOR confirmed Resident 69 used a pink cloth gait belt during a therapy session on 2/4/2026. DOR stated therapy staff used pink cloth gait belts with multiple residents on therapy throughout the day. DOR stated therapy staff used disinfectant wipes to clean the pink cloth gait belts in between resident use and did not launder the cloth gait belts in between resident use. During an interview on 2/5/2026 at 12:51 p.m., the Infection Preventionist Nurse (IPN) stated staff used cloth gait belts with multiple residents in the facility and used disinfectant wipes to disinfect the cloth gait belts in between resident use. IPN read the indications for use for the disinfectant wipes and stated the disinfectant wipes were to be used only on non-porous surfaces. IPN stated cloth gait belts were porous surfaces and the disinfectant wipes should not be used on cloth gait belts and could not properly disinfect the cloth gait belts. IPN stated if staff did not properly disinfect the cloth gait belts in between resident use, then it could potentially transmit infections or bacteria in between residents who used the same gait belt. During a review of the facility's policy and procedures (P&P) titled, Infection Control DME reviewed 7/11/2025 indicated the facility will properly and routinely sanitize durable medical equipment (DME) and the manufacturer's instructions will be followed for cleaning non-critical care items. During a review of the facility's P&P titled, Infection Control Program System, reviewed 7/11/2025 indicated the facility has an established infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 3. During a concurrent observation and interview inside the laundry room on 2/6/2026 at 8:13 AM, laundry worker (LW) 1 stated the laundry chute was completely filled with linens from the floor climbing up into the chute. Feces soiled towels were observed in the laundry chute area which were not stored in plastic bags and was open to air. LW1 stated the linens were not stored in a sanitary manner due to the washing machine being broken. Do the current observation interview inside the laundry room on 2/6/2026 at 8:26 AM with the infection preventionist the IP stated the shoot was overfilled. Failed the IP stated the linens were not stored in a sanitary manner in order to prevent cross contamination all linens should be stored inside (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	plastic bags until separated. During an interview on 02/06/2026 2:29 PM Interview , the DON stated soiled linens are bagged prior to being sent down the laundry chute. The DON stated linens are placed inside bags for infection prevention. A review of the facility's policy and procedures (P&P) titled, Infection Control Policy – Laundry Services, Indicated It is the policy of the facility to assure a clean supply of linens and to protect employees who handle and process the laundry. The P&P also indicated All soiled linen should be bagged or put into carts at the location where they have been used; it should not be sorted or pre-rinsed in resident care areas. Linen that is saturated with blood or body fluids should be deposited and transported in impervious bags.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview and record review, the licensed nursing staff failed to offer the pneumonia vaccine as required or appropriate to one of five sampled residents (Resident 13 and Resident 32). This deficient practice placed Resident 13 and Resident 32 at increased risk of acquiring and transmitting pneumonia to other residents in the facility. Findings: a. A review of Resident 13's admission Record indicated the facility readmitted the resident on 3/5/2025, with diagnoses of cerebral infarction (also known as a stroke in which blood flow stops to part of the brain) respiratory failure (a condition in which there's not enough oxygen in the body) and high blood pressure. A review of Resident 13's Minimum Data Set (MDS- a resident assessment tool) dated 1/16/2026, indicated the resident had severely impaired cognition (never/rarely made decisions). The MDS also indicated the resident was totally dependent on staff for transfer, dressing, eating, toilet use and personal hygiene. A review of Resident 13's Immunization Report, dated 2/6/2026, indicated Resident 13 had never received the pneumonia vaccine. A review of Resident 13's Immunization Consent Form, dated 2/7/2025, did not indicate the resident received education on the pneumococcal vaccine. A review of Resident 13's medical chart did not indicate Resident 13 had been offered the Pneumonia vaccine. b. A review of Resident 32's admission Record indicated the facility originally admitted the resident on 4/30/2022 and re-admitted the resident on 2/15/2024, with diagnoses including Stage 4 pressure ulcer/injury (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), atrial fibrillation (AFib - an irregular heartbeat that can lead to blood clots and increases the risk of stroke and other heart complications) and high blood pressure. A review of Resident 32's Immunization Consent Form, dated 1/30/2025, indicated Resident 32 received education on the COVID-19 vaccination. The immunization consent form did not indicate the resident received education on the pneumococcal vaccine. A review of Resident 32's Minimum Data Set (MDS - a resident assessment tool) dated 1/27/2026, indicated Resident 32's cognition (ability to think and learn) was intact. The MDS indicated the resident required partial to substantial assistance from staff for toileting hygiene, showering/bathing, lower body dressing and personal hygiene. The MDS also indicated Resident 32's pneumococcal vaccination was not up to date. During an interview on 2/6/2026 at 2:36 PM the Director of Nursing (DON) stated the facility offer the residents vaccines at admission and during the active season. The DON further stated facility offers residents all vaccinations, that are required, or the resident is eligible for. The DON also stated vaccines are offered in order to decrease the risk of becoming infected and to decrease the risk spreading viruses in the facility. During a concurrent interview and record review on 2/6/2026 at 2:41 PM, the Infection Preventionist (IP) stated upon a review of Resident 13's and Resident 32's Informed Consent Forms indicated the facility did not offer the residents the pneumococcal vaccination. IP stated vaccines are offered to residents in order to prevent the spread of viruses in the facility to residents and staff. A review of the facility's policy and procedures (P&P) titled, Pneumonia Vaccine for Residents, revised 1/2024, indicated On admission, all residents will be evaluated for pneumococcal vaccination status. The P&P also indicated: The resident's clinical record should include documentation that the resident or their responsible party was provided education regarding the benefits and potential side effects of pneumococcal immunization; and that the resident either received the immunization or did not receive the immunization due to medical contraindications or refusal. The pneumonia vaccination status of the resident will be determined, and vaccines will be offered as recommended by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to ensure that the resident or their representative was notified timely in writing the reason for the transfer/discharge to the hospital for one of eight sampled residents, (Resident 38). This deficient practice resulted in resident 38 and/or their representatives not being provided with their options and rights by the facility staff.Findings: A review of Resident 38's admission Record indicated the facility admitted Resident 38 on 9/30/2011, and readmitted Resident 38 on 2/27/2025 with diagnoses including dementia (a progressive state of decline in mental abilities), dysphagia (difficulty swallowing), and gastrostomy tube (a small, flexible feeding tube inserted directly into the stomach through a small hole in the belly). A review of resident 38's physician order dated 12/14/2025, at 11:17 A.M., indicated . may transfer the patient to general acute care hospital (GACH) . A review of resident 38's notice of transfer/discharge date d 12/14/2025 indicated person notified was resident 38. A review of Resident 38's Minimum Data Set (MDS - a resident assessment tool) dated 12/18/2025, indicated Resident 38 was cognitively intact (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 38 was dependent on staff with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent interview and record review, on 2/5/2026, at 12:49 P.M., with Registered Nurse Supervisor (RNS) 1, Resident 38's notice of transfer/discharge form, dated 12/14/2025, was reviewed. The notice of transfer/discharge indicated person notified was Resident 38. RNS 1 stated that a notice of proposed transfer is done at the time of the resident transfer to GACH. RNS 1 stated the notification provided to the resident/and or their representative and then faxed to the Ombudsman (an independent official who works to resolve disputes fairly and impartially). RNS 1 stated the notice of proposed transfer is done to notify the resident representative and the Ombudsman that the resident is no longer in the facility. RNS 1 stated that the facility only notifies the resident and/or their representative via telephone only. During an interview, on 2/6/2026, at 4:27 P.M., with the Director of Nursing (DON), the DON stated a notice of proposed transfer is mailed to the resident representative to notify them of the transfer and is done at the time of the resident's transfer. If the notice of proposed transfer is not done, the resident representative may not be aware of the residents' whereabouts. A review of the facility's Policy &Procedures (P&P) titled Notice Before Transfer of a Resident reviewed 7/11/2025, indicated, Policy: In accordance with the State Operations Manual, 483 .12(a)(4) before a facility transfers or discharges a resident, the facility must Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.Notice may be made as soon as practicable before transfer or discharge when- An immediate transfer or discharge is required by the resident's urgent medical needs.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents' Minimum Data Set (MDS- a resident assessment tool) assessments were transmitted to Centers for Medicare and Medicaid Services (CMS - is a federal agency within the U.S. Department of health and Human Services (HHS) that provides health coverage to over 160 million people through Medicare, Medicaid, the children's Health Insurance Program (CHIP), and the Health Insurance Marketplace) within 14 days after completion for one-of-one sampled residents (Resident 75). This deficient practice resulted in the delay to transmit MDS report to CMS for 61 days or Resident 75.Findings: A review of Resident 75's admission Record indicated Resident 75 was admitted to the facility on [DATE], with medical diagnoses that included: Hypertension (high or raised blood pressure), Acute Kidney Failure (A condition in which the kidneys suddenly can't filter waste from the blood), and depression (a constant feeling of sadness and loss of interest). A review of Resident 75's MDS, dated [DATE], indicated Resident 75's cognition (the mental ability to make decisions of daily living) was intact, and that Resident 75 required maximal assistance from staff for toileting, hygiene, bathing, upper and lower body dressing, and personal hygiene. During an interview and record review with Registered Nurse MDS (RN/MDS) on 2/6/2026 at 10:29 PM, Resident 75 MDS Medicare -5 day was reviewed. RN/MDS identified and stated that the facility completed Resident 75's MDS Medicare - 5 day report on 12/7/2025 and did not transmit the MDS 5 day report until 2/6/2026 (61 days late) to the Centers for Medicare and Medicaid (provides health coverage to more than 100 million people through Medicare and Medicaid) as follows: A review of the facility's Resident Assessment Instrument (RAI) Process dated Reviewed: 07/11/2025 Indicated the following: Policy: The facility will utilize the Resident Assessment Instrument (RAI - is the standardized assessment framework used in long-term care setting especially nursing home to evaluate a resident's clinical status, functional abilities, and care needs) process for the accurate assessment of each resident's functional capacity and health status.Procedure:Each CAA (Care Area Assessment) will be completed by the responsible individual as designated.The facility will transmit MDS assessments in accordance with the transmission dates outlined.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the assessment entries on the Minimum Data Set (MDS- a resident assessment tool) related to antipsychotic use was accurately documented to reflect the resident's use of antipsychotic medication for one of five sampled residents (Resident 2). This deficient practice had the potential to result in resulted in lack of or delay in fully addressing in the care plan Resident 2's potential for elopement risk. Findings: A review of the admission record indicated the facility re-admitted Resident 2 on 5/7/2025, with diagnoses that included cerebral infarction (also known as a stroke in which blood flow stops to part of the brain), respiratory failure (a condition in which there's not enough oxygen in the body) and dementia (a progressive state of decline in mental abilities). A review of Resident 2's, Order Summary Report (list of active orders) for 11/25/2025 indicated Resident 2 was not prescribed an antipsychotic. A review of Resident 2's most recent Quarterly MDS, dated [DATE], indicated the resident had moderate cognitive impairment. A further review of the MDS indicated Resident 2 had taken an antipsychotic medication during the last seven days [11/25/2025 to 12/2/2025]. During an concurrent interview and record review on 2/6/2026 at 10:33 AM with the MDS Coordinator (MDSC), Resident 2's MDS and medication administration records were reviewed. MDSC stated Resident 2's last quarterly MDS indicated Resident 2 was taking an antipsychotic medication. MDSC further stated Resident 2 was not taking an antipsychotic medication in December 2025 nor in the seven days prior to coding the last quarterly MDS. MDSC stated the MDS was not correct. During an interview on 2/6/2026 at 2:34 PM, the Director of Nursing (DON) stated the MDS needs to be accurate as it is the base for the resident's plan of care. The DON further stated an inaccurate MDS can lead to ineffective patient care. A review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 3.0, dated October 2024, indicated the person completing the MDS was to check if any antipsychotic medication was taken by the resident at any time during the 7-day lookback period (or since admission/entry or reentry if less than 7 days). A review of the facility's policy and procedures (P&P) titled, Resident Assessment Instrument (RAI) Process, dated 7/11/2025, indicated the facility will utilize the Resident Assessment Instrument (RAI) process for the accurate assessment of each resident's functional capacity and health status.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on, interview, and record review, the facility failed to complete a Preadmission Screening and Resident Review (PASRR-a tool used to help ensure that individuals are not inappropriately placed in nursing homes for long term) for one of 33 sampled residents (Resident 29). This deficient practice had the potential to result in inappropriate placement of Resident 33 in the facility by failing to: Evaluate the Resident for serious mental illness (SMI) and/or intellectual disability (ID)Offering the Resident the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings).Provide the Resident with the services they need in those settingsFindings: A review of the Resident 29's admission record indicated Resident 29 was originally admitted to the facility on [DATE], with diagnoses that include epilepsy (neurological disorder characterized by recurrent, unprovoked seizures [a temporary, sudden change in brain activity that may result in involuntary movements, convulsions, altered sensations, emotions, or loss of awareness] caused by sudden, abnormal bursts of electrical activity in the brain), post traumatic brain disorder (PTSD-mental health condition triggered by experiencing or witnessing terrifying, life-threatening, or violent events), diabetes type 2 (a chronic condition characterized by high blood sugar), depression (persistent, intense feelings of sadness, worthlessness, and a loss of interest in activities (anhedonia)), chronic obstructive pulmonary disease (COPD- a progressive, irreversible inflammatory lung disease that restricts airflow, making breathing difficult.) and hypertension (HTN- high blood pressure) A review of Resident 29's Minimum Data Set (MDS - a resident assessment tool) dated 12/8/2025 indicated the resident 29's cognition (The mental ability to make decisions of daily living) was moderately impaired. During a concurrent interview and record review with Assistant Director of Nursing (ADON)on 2/5/2026 at 12:43 pm, Resident 29's paper medical chart and electronic medical record (E-mar) was reviewed which indicated that on indicated there was no initial pre-admission screening completed prior to and/or upon admission on [DATE]. ADON stated Resident 29's PASSR was not in Resident 29's electronic medical record (E-mar) and/or physical medical chart. During an interview on 2/6/2026 at 4:31pm, the Director of Nursing (DON) stated PASRR should be completed within 24 hours of admission/re-admission to evaluate the Residents need for skilled nursing and ensure Residents receive appropriate care. A review of the facility's revised policy and procedures (P&P) dated 7/11/2025, titled PASRR indicated that each resident applying for admission to, or residing in the facility, regardless of payment source, shall have a PASRR Level 1 Screening completed, using the California Department of Health Care Services' (DHCS) Online PASRR 6170 in accordance with the specific timelines.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide Restorative Nursing Assistant program (RNA, nursing assistant program that help residents to maintain their function and joint mobility) treatments as ordered by a physician for one of 22 sampled residents (Resident 74) when Resident 74 had missed RNA treatments in November 2025, December 2025, and January 2026. This deficient practice had the potential to cause a functional decline in Resident 74. Findings: During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. The MDS indicated Resident 74 had functional limitations in range of motion (ROM, full movement potential of a joint) on both sides of the upper extremities (UE, shoulder, elbow, wrist/hand) and both sides of the lower extremities (LE, hip, knee, ankle/foot). During a review of Resident 74's Order Summary Report (OSR) dated 2/4/2026, the OSR indicated Resident 74 had the following orders: -Dated 11/3/2025 for RNA program for active assistive range of motion (AAROM, movement at a given joint with a person's own effort and assistance from an external force or another person) exercises on left UE four times a week as tolerated-Dated 11/3/2025 for RNA program for AAROM on right UE four times a week as tolerated-Dated 1/19/2026 for RNA program for omnicycle (type of arm and leg exercise bicycle) three times a week as tolerated. During a review of Resident 74's Restorative Nursing Program Referral and Care Plan (CP) dated 10/31/2025, the CP indicated Resident 74 had an increased risk for a decline in mobility. The CP goal indicated Resident 74 would maintain both UE and both LE ROM. The CP approach indicated for RNA to provide both LE exercise using omnicycle level seven for 15 minutes and both UE AAROM exercise as tolerated once a day four times a week. During a review of Resident 74's November 2025 RNA treatment flowsheet, the RNA treatment flowsheet indicated Resident 74 missed four RNA treatments. During a review of Resident 74's December 2025 RNA treatment flowsheet, the RNA treatment flowsheet indicated Resident 74 missed four RNA treatments. During a review of Resident 74's January 2026 RNA treatment flowsheet, the RNA treatment flowsheet indicated Resident 74 missed two RNA treatments. During an observation and interview on 2/2/2026 at 10:45 a.m., Resident 74 was lying in bed. Resident 74 was able to move the right arm up and down and had difficulty moving the left arm. Resident 74 stated he did not receive exercises with staff and performed his own exercises with the resistance bands that were tied around both the upper and lower side rails. Resident 74 stated it was important for him to get stronger so that he could go home. During a concurrent interview and record review on 2/5/2026 at 3:01 p.m. with the Director of Staff Development (DSD), Resident 74's November 2025, December 2025, and January 2026 RNA treatment flowsheets were reviewed. DSD stated if the date was blank or had a X it meant there was no RNA treatment completed that day. DSD confirmed there were missing RNA treatments for Resident 74. DSD stated she tried to staff RNAs every weekday to ensure residents received their RNA treatments. DSD stated residents with RNA treatments should receive their RNA treatments. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated the RNA program was to ensure a resident maintained their current functional status. DON stated residents should receive their RNA treatment as ordered, because the RNA program was specifically created for each resident to maintain their current functional status. DON stated if a resident did not (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	receive their RNA treatments as ordered, the resident could get stiff and RNA was not optional. During a review of the facility's policy and procedures (P&P) titled, Limitations in Range of Motion and Mobility and Referrals for Therapy, reviewed 7/11/2025 indicated, a resident with limited range of motion will be assessed and provided appropriate treatment and services in an attempt to increase range of motion and/or prevent a further decrease in range of motion. A resident with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, and interview, the facility failed to label the gastric (stomach) tube feeding with a date for one of eight sampled residents (Resident 38) according to their policy and procedure (P&P) titled Closed Enteral Feeding System Policy, revised 7/11/2025. This deficient practice had the potential to cause infection and/or possible hospitalization for Resident 38.Findings: A review of Resident 38's admission Record indicated the facility admitted Resident 38 on 9/30/2011, and readmitted Resident 38 on 2/27/2025 with diagnoses including dementia (a progressive state of decline in mental abilities), dysphagia (difficulty swallowing), and gastrostomy tube (a small, flexible feeding tube inserted directly into the stomach through a small hole in the belly). A review of Resident 38's physician order dated 1/29/2026 indicated enteral feed order, every night shift Glucerna 1.2 at 60milliliter (ML -unit of measure) per hour to provide 1200ML/1440 kilocalorie (kcal- amount of heat needed to raise the temperature) via pump . A review of Resident 38's Minimum Data Set (MDS - a resident assessment tool) dated 12/18/2025, indicated Resident 38 was cognitively intact (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 38 was dependent on staff with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a concurrent observation and interview on 2/4/2026, at 3:29 P.M., with Licensed Vocation Nurse (LVN) 1 in Resident 38's room, the tube feeding formular was connected to Resident 38 and running with a label that was missing the date the formular was hung. LVN 1 stated tube feeding labels should include the date it was hung so that staff may know when it was hung and when it needs to be changed and that the right volume is being administered. LVN 1 stated Resident 38's tube feeding label was missing the date it was hung, making the label incomplete and inaccurate. LVN 1 stated having an incomplete label may lead to hanging the feeding past the time frame of hanging it. During an interview, on 2/6/2026, at 4:24 P.M., with the Director of Nursing (DON), the DON stated that the tube feeding label should be labeled at the time it's hung including the date it was hung. The DON stated the date on the tube feeding label is important because tube feeding formular has an expected run time per the manufacturer's directions. The DON stated if tube feeding formular is hung past it's expected hung time, it may lead to potential adverse effects such as nausea, vomiting and fever. A review of the facility's policy and procedures (P&P), titled Closed Enteral Feeding System Policy reviewed 7/11/2025, indicated, Purpose: The purpose of this policy is to maximize safe utilization of closed-system gastric tube feeding. Closed enteral feeding systems are intended for use in residents requiring enteral nutrition and/or hydration delivered via an enteral feeding pump and administration set. This policy ensures enteral nutrition is delivered at a controlled rate while maintaining infection prevention standards, accurate tracking of equipment changes, and regulatory compliance .Policy:1. Closed enteral feeding pump tubing shall be changed no less frequently than every 48 hours, and more frequently if required by the physician's order, manufacturer guidance, or clinical condition of the resident.2. When a new enteral feeding container or closed-system feeding is initiated, the pump tubing must be changed at the same time.3. Enteral feeding tubing shall not be used beyond 48 hours under any circumstances.Labeling Requirements:To ensure infection control compliance and traceability: . 3. The enteral feeding container (bag or closed-system feeding) shall also be labeled with: Date hung Time hung Initials of the staff member who initiated the feeding4. Labels must be legible, securely affixed, and remain in place for the duration of use.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure one of eight sampled residents (Resident 45) was administered the following medications as prescribed per physician's orders dated 8/1/2023, 5/31/20, 12/12/2025, and facility's policy and procedures (P&P) titled Medication Administration, revised on 7/11/2025:Hydrocodone-Acetaminophen (a prescription combination medication used for moderate to severe pain relief) Oral (by mouth) Tablet 10-325 milligrams (mg -unit of measure in weight) give 1 tablet by mouth every 12 hours for pain management .Levothyroxine (replaces a missing hormone thyroxine in people with an underactive thyroid [a small, butterfly-shaped gland in the lower front of your neck. It releases hormones that control how quickly your body uses energy, affecting heart rate, weight, body temperature, and mood]) Sodium Tablet 100 micrograms (mcg -unit of measure in weight) give 1 tablet by mouth for low thyroid hormone These deficient practices resulted in Resident 45 not receiving Hydrocodone-Acetaminophen Tablet 10-325 mg for pain in 12/2025 and in 1/2026, and Levothyroxine Sodium Tablet 100 mcg on 1/30/2026, 1/31/2026, and 2/1/2026.Findings: A review of Resident 45's admission Record indicated the facility admitted Resident 45 on 8/1/2023 with diagnoses including hypothyroidism (small, neck-based thyroid gland isn't producing enough hormones to keep your body running at normal speed), lymphedema (swelling, usually in an arm or leg, caused by a buildup of protein-rich lymph fluid when the lymphatic system [part of your immune system] is damaged or blocked, preventing proper drainage), and osteoarthritis (protective cartilage cushioning the ends of bones wears down over time) of the knee. A review of the physician's orders dated 8/1/2023 and 5/31/2025, indicated Levothyroxine Sodium tablet 100 mcg give 1 tablet by mouth for low thyroid hormone A review of Resident 45's Minimum Data Set (MDS - a resident assessment tool) dated 12/8/2025, indicated Resident 45 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 45 was dependent on staff assistance with activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). A review of the physician's orders dated 12/12/2025 indicated Hydrocodone-Acetaminophen Oral tablet 10-325 mg give 1 tablet by mouth every 12 hours for pain management . A review of Medication Administration Record (MAR) for 1/2026 indicated Levothyroxine Sodium tablet 100 mcg give 1 tablet by mouth for low thyroid hormone. The MAR further indicated on 1/15/2026 in the medication administration box, it was blank with no marking on it for 6:30 A.M. A review of MAR for 12/2025 indicated Hydrocodone-Acetaminophen Oral tablet 10-325mg give 1 tablet by mouth every 12 hours for pain management .The MAR further indicated on 12/12/2025 in the medication administration box, was blank with no marking on it for 9A.M., and 9 P.M. During an interview on 2/5/2026, at 8:30 A.M., with Resident 45 in his room, Resident 45 stated that he missed his pain medication dose twice in 12/2025 and once in 1/2026. Resident 45 further stated that he also missed his thyroid medication on 1/30/2026, 1/31/2026, and 2/1/2026. During a concurrent interview and record review, on 2/6/2026, at 2:25 P.M., with Registered Nurse Supervisor (RN) 1, Resident 45's MARs for 12/2025 and 1/2026, were reviewed. The MAR indicated Hydrocodone-Acetaminophen Oral tablet 10-325mg on 12/12/2025 and Levothyroxine Sodium tablet 100 mcg on 1/15/2026 administration boxes were blank. RNS 1 stated that Resident 45 had a lot of pain with his legs, was on Hydrocode/Acetaminophen and was on Levothyroxine for his low thyroid. RNS 1 stated that if the resident misses the scheduled pain medication, then they can have increased pain level, increased heartrate, and that if the resident is scheduled for pain medication and not PRN means they are constantly in pain. RNS 1 stated if Resident does not receive their Levothyroxine, weakness, low energy, loss of concentration, and may have constipation. RNS 1 stated that the blank administration box on 12/12/2025 for Hydrocode/Acetaminophen and 1/15/2026 for Levothyroxine means that the medication was not given. During an interview, on 2/6/2026, at 4:31 P.M., with the (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Director of Nursing (DON), the DON stated Hydrocodone/Acetaminophen is used as a routine for preventative of pain due to chronic condition, to maintain Residents at a comfortable level of pain. The DON stated if the routine pain medication is not given, it may lead to adverse effects such as intolerable pain. The DON further stated that Levothyroxine if used for hypothyroidism to balance the thyroid and if it is not given it may lead to low levels of thyroid hormone which may lead to increased weight gain, loss of energy, sluggishness, and tiredness. A review of the facility's P&P titled Medication Administration, revised on 7/11/2025, indicated, Policy: It is the policy of the facility that medications for residents be administered in a safe and timely manner, and as prescribed. Medications must be administered in accordance with the physician orders, including any required time frame. Medications must be administered within one (1) hour before or after their prescribed time, unless otherwise specified, i.e., before and after meal orders.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure that the resident's medication order included the indication for its use according to their policy and procedure (P&P) titled Physician Services and orders, revised 7/11/2025 for one of eight sampled residents (Resident 14). This deficient practice had the potential to result in a medication error and affect Resident 14's safety.Findings: A review of Resident 14's admission Record indicated the facility admitted Resident 14 on 8/15/2025, with diagnoses including lymphedema (issue swelling caused by an accumulation of protein-rich fluid that's usually drained through the body's lymphatic system[part of the immune system]), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertension HTN-high blood pressure). A review of the physician's orders dated 10/22/2025, indicated Ketoconazole External Cream 2 % Topical (applied to a body surface, including the skin or the inside of the mouth) apply to lower extremities topically everyday shift for lower extremities A review of Resident 14's Minimum Data Set (MDS - a resident assessment tool) dated 10/29/2025, indicated Resident 14 had cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 14 required extensive staff assistance with activities of daily living (ADLs-activities such as bathing, dressing and toileting a person performs daily). During a concurrent interview and record review, on 2/6/2026, at 8:01 A.M., with Licensed Vocational Nurse (LVN) 2, Resident 14 physician order for Ketoconazole, dated 10/22/2025 was reviewed. LVN 2 stated Resident 14 has hyper ketosis (having an abnormally high levels of ketones [chemicals produces when fat is broken down] in the blood) on the bilateral lower extremities (BLE -both lower legs) and the facility staff is applying Ketoconazole on her BLE. LVN 2 stated Resident 14's Ketoconazole order is missing the diagnosis for which it is being given for. LVN 2 stated the diagnosis on the medication order is needed so that the facility staff know what the resident is being treated for and medication is not being used without a full order. LVN 2 states if there is no diagnosis on the medication order the medication may be used improperly. During an interview, on 2/6/2026, at 4:37 P.M., with the Director of Nursing (DON), the DON stated a complete medication order needs to have an indication for use, diagnosis to the staff can know what the medication is being given for. The DON stated is the medication order does not have the indication for its use; staff may misjudge why they are giving the medication and may not be able to look out for effects of the medication. A review of the facility's policy and procedures (P&P), titled, Physician Services and Orders reviewed 7/11/2025, indicated . Orders for medication must include:Name and strength of the drug.Quantity or specific duration of therapy; Dosage and frequency of administration; Route of administration if other than oral.Reason or problem for which it is given.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 label and date food items in the patient refrigerator per facility policy. This deficient practice had the potential to result in harmful bacterial growth that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or toxins) in 2 of 3 medically compromised residents who had food stored in the patient refrigerator.Findings: During an observation on 2/2/2026 at 8:45 AM the resident refrigerator located next to nurse's station contained one paper bag, one plastic bag, and one container of dessert labeled tiramisu. The plastic bag was tied closed with a room number written on it but no date. The dessert container had no name, room number, or date. During a concurrent interview with Assistant Director of Nursing (ADON), ADON confirmed and stated that no date was labeled. ADON inspected the contents of the bag inside which contained a plate covered with a black plastic dome lid underneath which was a slice of ham and a side of cooked greens. ADON confirmed lack of any labeling for the dessert and cannot confirm whether the food item belongs to a resident or staff. ADON stated if food items have no name or date they should discard it and states it is risk for foodborne illness. During a document review of the sign posted on the resident refrigerator, the document indicated that food must be labeled with name, room number, date, any unlabeled food to be discarded, and that food items beyond 72 hours of labeled date will be discarded. During a document review of the facility's policy and procedures titled Refrigerator for Resident Storage of Food dated 3/2019, the P&P indicated that, food will be labeled with the resident's name and the date the food is placed in the refrigerator.

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F 0914 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide bedrooms that don't allow residents to see each other when privacy is needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide full length curtains around the bed for two of 22 sampled residents (Residents 56 and 74). This deficient practice prevented Residents 56 and 74 from having full privacy in Resident 56 and Resident 74's room. Findings: During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. During a review of Resident 56's AR dated 1/26/2026, the AR indicated Resident 56 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including, but not limited to low back pain, metabolic encephalopathy (any damage or disease that affects the brain), and unspecified dementia (a progressive state of decline in mental abilities). During a review of Resident 56's MDS dated [DATE], the MDS indicated Resident 56 was cognitively intact. The MDS indicated Resident 56 required dependent assistance with toileting hygiene, dressing, and maximal assistance with rolling left and right. During an observation and interview on 2/4/2026 at 12:31 p.m. in Resident 56 and 74's room (roommates in the same room), Resident 74 stated the curtains around his bed did not pull all the way and neither did the curtains for my roommate (Resident 56). Resident 74 stated the curtain for my roommate was falling off on one side and did not pull all the way for privacy. During an observation and interview on 2/4/2026 at 2:11 p.m. in Resident 56 and 74's room, the Maintenance Director (MTD) pulled the curtain around Resident 74's bed and stated the curtain was not long enough to cover Resident 74's half of the room and was too short. MTD stated the curtain should be the length of the whole curtain ceiling track so that the residents could have privacy. MTD stated if you pulled the curtain towards the window, then you would be able to see the roommate (Resident 56). MTD proceeded to move to Resident 56's side of the room and pulled the curtain around Resident 56's bed. MTD stated the curtain hooks were missing, and part of the curtain was hanging down. MTD stated the curtain could not be pulled across Resident 56's part of the room. The Maintenance Supervisor (MS) entered Resident 56 and 74's room and stated both the curtains for Residents 56 and 74 were too short and the curtains needed to be longer to cover the whole part of the bedroom. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated the curtains in each resident's room are for privacy and the curtains should be long enough to give a resident full privacy. DON stated the rooms were the resident's homes and should be homelike and have privacy. During a review of the facility's policy and procedures (P&P) titled, Resident's Right to Dignity and Privacy, reviewed 7/11/2025, the P&P indicated, the policy of the facility.provides for resident privacy.

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F 0917 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide one of 22 sampled residents (Resident 74) with an appropriate closet with doors and drawers in Resident 74's room. This deficient practice prevented Resident 74 from having a private closet with doors and furniture with enough storage in a homelike environment.Findings: During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. During an observation and interview on 2/2/2026 at 10:45 a.m. in Resident 74's room, Resident 74 was sitting up in bed and stated that his closet had no door. Resident 74's closet had a plastic bag of clothes inside the closet stacked on top of other bags and no clothes were hanging and there was no door to the closet. Underneath the open closet was a rectangular empty space with no drawer and below the empty space was a drawer. Resident 74 stated he has not had a closet door since he moved into this room (about a month ago). Resident 74 stated he felt like he lived in a slum but was paying hundreds of dollars a day to live here. During an observation and interview on 2/4/2026 at 12:31 p.m., in Resident 74's room, Certified Nursing Assistant (CNA) 2 stated Resident 74's closet did not have a door, and it was missing the top drawer. CNA 2 stated there should be two drawers. CNA 2 stated there should be a door for each resident's closet, because the resident's items were clean inside and it should be covered and should have privacy for the items a resident had inside. During an observation and interview on 2/4/2026 at 2:11 p.m., in Resident 74's room, the Maintenance Director (MTD) stated the closet door was missing for Resident 74. MTD stated it was important for a resident to have a closet door to keep things out of the resident's closet. MTD stated it also did not look good and a resident should feel comfortable in their own room. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated each resident should have a closet with doors and drawers in their room. DON stated the resident's room was their home and it should be homelike. During a review of the facility's policy and procedures (P&P) titled, Resident's Right to Dignity and Privacy, reviewed 7/11/2025 indicated, each resident shall be cared for in a manner that promotes dignity, respect, and individuality and provides for resident privacy.

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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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that call buttons were within reach for one of eight sampled residents Resident 11. This deficient practice had the potential to result in delay of necessary care including emergency response for Resident 11.Findings: A review of Resident 11's admission Record indicated Resident 11 was admitted to the facility on [DATE], with medical diagnoses that included: Muscle weakness (a lack of physical or muscle strength, throughout the body). Dementia, (a condition characterized by progressive or persistent loss of intellectual functioning especially with loss of memory). Depression, (a constant feeling of sadness and loss of interest). A review of Resident 11's Minimum Data Set (MDS - a resident assessment tool), dated 12/21/2025 indicated Resident 11's cognition (the mental ability to make decisions of daily living) was intact. Resident 11 required moderate to maximal assistance from staff for toileting, hygiene, bathing, upper and lower body dressing, and personal hygiene). During observation on 02/04/2026 at 12:48 PM, Resident 11 was lying in bed, it was observed that the call light was hanging off the bed nearly touching the floor on the right side of the bed and out of reach of Resident 11. During an interview on 02/04/2026 at 12:50 PM Resident 11 stated he does not know where the call light is, it must be down there somewhere, (pointing to the floor at the right side of the bed). During an interview on 02/04/2026 at 12:59 PM, with Certified Nurse Assistant (CNA) 6. CNA 6 stated the call light should not be hanging at the bedside, it should be in an area where Resident 11's hands can touch it to call for help if needed, because it is a touch pad call light. CNA 6 stated if it is not within reach then Resident 11 may need help but he will not be able to use it to call for help This may cause a delay in care for Resident 11. During an interview on 5/1/2024 at 09:28 AM with the Director of Nursing (DON). The DON stated the call light must remain within reach of all residents in case the resident needs assistance they can push the call light to alert staff that they need assistance. If the call light is not within reach it can cause a delay in care for the residents. During a review of the facility's policy and procedures titled, Nursing - Call Lights dated reviewed 7/11/2025 indicated,Policy: It is the policy of the facility to respond to the resident's requests and needs.Procedure: When the resident is in bed or in the wheelchair or chair in the room, staff should make sure that the call light is within easy reach of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055473	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vista Post-Acute Care Center	1516 Sawtelle Blvd. Los Angeles, CA 90025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a safe and comfortable environment for one of 22 sampled residents (Resident 74) when there was a large patch of paint peeling next to Resident 74's window and there were a brown circular stain and bubbling paint on the ceiling to the right of Resident 74's window. This deficient practice caused Resident 74 to reside in an uncomfortable environment.Findings: During a review of Resident 74's admission Record (AR) dated 1/26/2026, the AR indicated Resident 74 admitted to the facility on [DATE] with diagnoses including, but not limited to spinal stenosis (spaces inside bones of the spine get too small), polyneuropathy (damage of the nerves that can cause weakness, numbness, and burning pain), and unsteadiness on feet. During a review of Resident 74's Minimum Data Set (MDS, resident assessment tool) dated 1/13/2026, the MDS indicated Resident 74 was cognitively intact (sufficient judgement, planning, organization to manage average demands in one's environment). The MDS indicated Resident 74 required dependent assistance with oral hygiene, toileting, dressing, and sit to lying. During an observation and interview on 2/2/2026 at 10:45 a.m. in Resident 74's room, Resident 74 was sitting up in bed and stated on there were brown stains on the ceiling from a leak on the roof and the facility had not fixed anything. Resident 74 stated he felt like he lived in a slum but was paying hundreds of dollars a day to live here. During an observation and interview on 2/4/2026 at 12:31 p.m., in Resident 74's room, Certified Nursing Assistant (CNA) 2 stated the ceiling had brown stains and it looked like the rain dripped through the ceiling and it was now dry and had stains. CNA 2 stated there was paint peeling off the wall to the left of Resident 74's window. CNA 2 stated there should not be any paint peeling on the wall. During an observation and interview on 2/4/2026 at 2:11 p.m., in Resident 74's room, the Maintenance Director (MTD) stated there were stains on the ceiling near the window. MTD stated the brown stains were from a leak from the roof and where the water was coming in during the last rains. MTD stated there was a bubble in the paint on the ceiling next to the brown stains due to the leak from the rain. MTD stated the brown stain and bubbling of paint on the ceiling had been there since the last rain. MTD stated the roof was fixed but that the ceiling still needed to be fixed. MTD stated there was a large patch of paint peeling on the wall to the left of the window due to the rain leaking. MTD stated the wall and ceiling needed to be patched, sanded and painted. MTD stated it did not look good and a resident should feel comfortable in their own room. During an interview on 2/5/2026 at 4:00 p.m., the Director of Nursing (DON) stated there should not be peeling paint, bubbling paint, or stains, because it was not a homelike environment. During a review of the facility's policy and procedures (P&P) titled, Comfortable Environment, reviewed 7/11/2025, the P&P indicated it is the policy of the facility to maintain a safe, clean, comfortable environment for residents