

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Artesia Christian Home Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183rd St Artesia, CA 90701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure the storage of food was done under sanitary conditions affecting 46 out of 46 residents by not labeling a salad with the date it was prepared and by not labeling raw meats with the date it was placed in the refrigerator. These deficient practices placed residents at risk for food-borne illnesses (any illness resulting from eating contaminated/spoiled foods) had the potential to cause nausea, vomiting and diarrhea .Findings:During a concurrent observation and interview on 1/20/2026 at 8:16 a.m., with [NAME] (CK)1, a tray of opened bag of raw chicken was observed without a date in the facility kitchen refrigerator. CK 1 stated the tray of raw chicken should have a date on it.During a concurrent observation and interview on 1/20/2026 at 8:20 a.m., with CK 2, trays of raw ground beef, pork loin, pork, and chicken were observed unlabeled without a date in the facility kitchen refrigerator. There was an observation on another shelf, with a packaged container of green salad without a date on it. CK 1 stated the food items should have been labeled.During an interview on 1/22/2026 at 9:48 a.m. with the Registered Dietician (RD), the RD stated raw meat, and prepared foods need to be labeled with date for resident safety.During a review of the facility's P&P, titled Food Handling Guidelines , revised 1/2021, the P&P indicated thawing frozen meat and poultry under refrigeration need to be labeled with the date it was removed from the freezer, and the date by which it must be used.During a review of the facility's policy and procedure (P&P), titled Food and Supply Storage, revised 1/2021, the P&P indicated all food items shall be stored to maintain safety and wholesomeness of food for human consumption. The P&P indicated to cover, label, and date unused portions and open packages.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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: Ensure staff performed hand hygiene prior to entering Resident 16 and Resident 30's room. Ensure Restorative Nursing Aide (RNA nursing aide program that helps residents maintain any progress made after therapy intervention to maintain their function) 2 wore an isolation gown (protective apparel used to protect the wearer from the transfer of microorganisms and body fluids) while assisting with range of motion (ROM, full movement potential of a joint) exercises to Resident 8's both arms and both legs which required direct contact with Resident 8 who was on Enhanced Barrier Precautions (EBP, infection control intervention using gown and gloves during high contact resident care activities designed to reduce the transmission of multi-drug-resistant organisms). Ensure Certified Occupational Therapist Assistant 1 (COTA 1) used the appropriate cleaning agent to effectively clean and disinfect a cloth gait belt after providing occupational therapy (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) services to Resident 54. Follow their water testing policy and procedure. These failures had the potential to result in: a. Transmission of infectious microorganisms and increase the risk of infection for the residents. b. Transmission of infectious microorganisms and increase the risk of infection among the residents and staff c. Transmission of infectious microorganisms and increase the risk of infection among the residents and staff d. The spread of legionella [a type of bacteria found in water that causes Legionnaire's Disease (a severed type of pneumonia)]. Findings: During a review of Resident 16's admission Record, the admission Record indicated Resident 16 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (group of thinking and social symptoms that interferes with daily functioning) (severe with agitation), Alzheimer's disease (a type of disease that affects memory, thinking, and behavior), and atherosclerotic heart disease (caused by fat buildup in arterial walls that blocks blood flow). During a review of Resident 16's History and Physical (H&P), dated 2/19/2025, the H&P indicated Resident 16 did not have the capacity to understand and make decisions. During a review of Resident 16's Minimum Data set ([MDS], A resident assessment tool), dated 10/31/2025, the MDS indicated Resident 16's cognitive (functions your brain uses to think, pay attention, process information, and remember things) skills were severely impaired. The MDS indicated Resident 16 was dependent on performing all aspects of activities of daily living (ADL: basic activities such as eating, dressing, toileting). During a review of Resident 30's admission Record, the admission Record indicated Resident 30 was readmitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure), traumatic amputation at level between left hip and knee (on 1/14/2026), and peripheral vascular disease (PVD: a slow progressive narrowing of the blood flow to the arms and legs). During a review of Resident 30's MDS, dated [DATE] the MDS indicated Resident 30 was cognitively intact. The MDS indicated Resident 30 was dependent on chair/bed-to-chair transfer, required maximal assistance (provide more than half the effort) for toileting hygiene and lower body (below waist) dressing, required moderate assistance (provide less than half the effort) for upper body (above waist) dressing, sit to lying, and required set up for eating and oral hygiene. During an observation on 1/21/2026 at 8:40 a.m., with the Licensed Vocational Nurse 2 (LVN 2), LVN (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	ADON and IPN stated shared equipment was disinfected before and after resident use using Lysol disinfecting wipes. The ADON and IPN stated they were unaware the facility still used cloth gait belts and thought all cloth gait belts were disposed of due to infection control concerns since they were difficult to effectively disinfect because they were made of fabric. The IPN reviewed the Lysol disinfecting wipes manufacturers guidelines and confirmed disinfecting wipes were to be used on hard, non-porous surfaces only. The ADON and IPN stated cloth gait belts were made of porous material and Lysol disinfecting wipes would be an ineffective disinfectant according to manufacturer's guidelines. The ADON and IPN stated the only way to properly clean and disinfect cloth gait belts was to launder them after each resident use. The ADON and IPN stated it was important to clean and disinfect shared equipment properly to prevent the spread of infection and avoid cross contamination. During an interview with the Director of Nursing (DON) on 1/22/2026 at 5:42 pm, the DON stated it was important shared equipment was disinfected properly and according to manufacturer guidelines before and after resident use to prevent the spread of infection. During a review of the facility's P/P titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 10/2018, the P/P indicated resident care equipment, including reusable items and durable medical equipment would be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. The P/P indicated reusable resident care equipment would be decontaminated and/or sterilized between residents according to manufacturer's instructions. During a review of the facility's undated P/P titled, Use of Lysol Disinfectant Wipes, the P/P indicated the disinfectant wipes shall be used according to manufacturer instructions to reduce the transmission of infection organisms and maintain compliance with infection prevention and control standards. The P/P indicated Lysol Disinfectant Wipes could not be used on porous surfaces. Findings: d. During a concurrent interview and record review on 1/22/2026 at 11:52 a.m., with the Disaster Coordinator (DC), the Policy and Procedure (P&P) titled Water Testing Policy and Procedure (undated) and the water temperature logs for 2025 were reviewed. The P&P indicated the facility to check the water temperatures in water heaters. temperatures should be at least 123 degrees Fahrenheit (F &ndash; a unit of measure) or higher. The DC stated there is no documentation that indicated the water heater temperatures were being checked monthly as written in the policy. The DC stated they did not know when the Water Testing P&P was last reviewed or revised. During an interview on 1/22/2026 at 4:00 p.m. with the Director of Nursing (DON), the DON stated water testing is important to prevent the residents from contracting legionnaires disease. The DON stated the Water Testing P&P should be reviewed at least annually to ensure that it reflects the current guidance.		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure two of four residents' (Resident 16 and 31) oral medications were not crushed and administered together during medication pass. This deficient practice placed Resident 16 and Resident 31 at risk for dangerous chemical interactions and had the potential for altered drug effects, and incorrect dosage. Findings: 1. During a review of Resident 16's admission Record, the admission record indicated Resident 16 was admitted to the facility on [DATE] with diagnoses including dementia (group of thinking and social symptoms that interferes with daily functioning), Alzheimer's disease (a type of disease that affects memory, thinking, and behavior), and atherosclerotic heart disease (caused by fat buildup in arterial walls that blocks blood flow). During a review of Resident 16's History and Physical (H&P), dated 2/19/2025, the H&P indicated Resident 16 did not have the capacity to understand and make decisions. During a review of Resident 16's MDS ([MDS], A resident assessment tool), dated 10/31/2025, the MDS indicated Resident 16's cognitive skills (functions your brain uses to think, process information, and remember things) was severely impaired. The MDS indicated Resident 16 was dependent (helper does all the effort) on performing all aspects of activities of daily living ([ADL] basic activities such as eating, dressing, toileting). During a review of Resident 16's Physician Order Report dated 12/22/2025 to 1/22/2026, the report indicated the following orders: a) 2/20/2023: Crush all crushable medications. b) 4/20/2023: Aspirin (nonsteroidal anti-inflammatory drug (NSAID) used to treat inflammation and prevent heart attacks) [Over the Counter (OTC)] tablet, chewable, 81 milligrams (mg: unit of mass), oral once a day. c) 1/2/2025: Multivitamin (combinations of vitamins) tablet, oral once a day. During a concurrent observation and interview on 1/21/2026 at 8:30a.m. with the Licensed Vocational Nurse 2 (LVN 2), LVN 2 was observed crushing the multivitamin and aspirin together and mixing the two crushed medications with apple sauce. LVN 2 gave Resident 16 apple sauce mixed with the medications. LVN 2 stated it is acceptable to crush the medications (multivitamins and aspirin) together. LVN 2 stated crushing the medications together in one bag and administering the medications together would not affect the residents. During an interview on 1/22/2026 at 3:39p.m. with the Director of Nursing (DON), the DON stated the Medication Administration Policy, did indicate they could not crush two pills together in one bag and administer them together. The DON stated it is acceptable to crush two medications in one bag together and administer the medications, The DON stated there could be a potential outcome based on the chemical component of the medication. 2. During a review of Resident 31's admission Record, the admission record indicated Resident 31 was readmitted to the facility on [DATE] with diagnoses including major depressive disorder (a mood (continued on next page)		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (mental health issue characterized by severe and excessive worry that affects daily life), and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). During a review of Resident 31's MDS, dated [DATE], the MDS indicated Resident 31's cognitive skills (functions your brain uses to think, pay attention, process information, and remember things) for daily decision-making was severely impaired. The MDS indicated Resident 31 needed set up or clean up assistance with eating. During a review of Resident 31's Physician Order Report dated 12/22/2025 to 1/22/2026, the report indicated the following orders.: a) 1/15/2025, Crush all crushable medications. b) 1/15/2025, Loratadine (medication for chronic rhinitis [long term inflammation of nasal lining])10 milligrams, one tablet, oral once a day. c) 1/15/2025, Tylenol (pain medication) 325 milligrams tablet, 2 oral tablets, once a day. d) 9/17/2025, Seroquel (medication for psychosis [a severe mental condition in which thought, and emotions are so affected that contact is lost with reality]) 25 milligrams tablet, one tablet, twice a day. During a concurrent observation and interview on 1/20/2026 at 9:07 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 placed the Loratadine, Tylenol, and Seroquel in a pill crusher pouch and crushed the pills to administer to Resident 31. LVN 1 stated I crush her pills to make it easier for Resident 31. During a concurrent interview and record review on 1/22/2026 at 4:30 p.m., with the Director of Nursing (DON) the facility pharmacy's policy and procedure titled, Crushing Medications, reviewed 5/21/2025, was reviewed. The DON stated the P&P indicated residents shall not receive crushed medications combined and given all at once orally.		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 services to improve or maintain range of motion (ROM, full movement potential of a joint) for three (3) of six sampled residents (Residents 1, 2, and 8) with ROM concerns by failing to: 1.Objectively measure and identify the location of Resident 1's ROM limitations of both legs during the Physical Therapy (PT, profession aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation, dated 12/23/2025. 2.Objectively measure Resident 2's ROM limitations of both shoulders and both hands during the Occupational Therapy (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) Evaluation, dated 10/3/2025. 3.Provide ROM exercises to Resident 8's both arms and both legs during a Restorative Nursing Aide (RNA, nursing aide program that helps residents maintain any progress made after therapy intervention to maintain their function) session in accordance with physician's orders. 4.Ensure RNA assisted Resident 2 with walking exercises five (5) times a week in accordance with physician's orders. These failures had the potential for Residents 1, 2, and 8 to experience a further decline in ROM resulting in contracture (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints [where two bones meet]) development and have a decline in physical functioning, mobility (ability to move), and activities of daily living (ADL, basic activities such as eating, dressing, toileting).Findings: 1. During a review of Resident 1's admission Record, the admission Record indicated the facility initially admitted Resident 1 on 9/1/2025 and re-admitted Resident 1 on 12/22/2025 with diagnoses including cellulitis (skin infection) of both legs, muscle weakness, and sepsis (illness caused by the body's response to an infection). During a review of Resident 1's PT Evaluation, dated 12/23/2025, the PT Evaluation indicated Resident 1's right leg and left leg ROM were impaired. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 1/11/2026, the MDS indicated Resident 1 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding). The MDS indicated Resident 1 required set up or clean up assistance (helper sets up or cleans up) for eating and oral hygiene, partial/moderate (helper does less than half the effort) assistance with upper body dressing, substantial/maximal assistance (helper does more than half the effort) for lower body dressing and rolling to both sides, and was dependent (helper does all the effort) for transfers and bathing. During an observation and interview with Resident 1 in Resident 1's room on 1/20/2026 at 11:26 am, Resident 1 was sitting in a wheelchair. Resident 1 minimally bent both hips, was unable to straighten both knees, and minimally bent and straightened both ankles. Resident 1 stated she was weak and had limited ROM in both legs. During a concurrent record review and interview with the Director of Rehabilitation (DOR) on 1/22/2026 at 2:19 pm, the DOR who was a PT stated PTs and Occupational Therapists (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) used goniometers (instrument used for the precise measurement of angles) to measure joint mobility to objectively (unbiased, based on facts) determine a resident's baseline ROM and detect changes in joint ROM. The DOR reviewed Resident 1's PT Evaluation dated 12/23/2025, and confirmed Resident 1's ROM of both legs were impaired. The DOR confirmed PT did not use a goniometer to measure the joints of both leg limitations and did not indicate the location of ROM impairment in both legs. The DOR stated she was unsure of the location and severity of the ROM impairments in both legs because the PT Evaluation did not indicate which joints were limited and did not have objective measurements to indicate the severity of ROM impairments. The DOR stated Resident 1's baseline ROM of both legs were not determined because the ROM limitations were not measured with a goniometer. The DOR stated the Rehab Screens (brief assessment of a resident's ROM of both arms and both legs and current level of function) performed (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	upon admission, quarterly, and as needed by Rehab did not provide precise measurements of each joint since the therapist only indicated a range of impairment (minimal, moderate, severe) which could vary significantly and did not detect subtle changes in the joints. The DOR stated lack of objective ROM measurements and identification of joint limitations had the potential to negatively impact the staff's ability to detect changes such as improvements or declines in Resident 1's ROM. The DOR stated it was important to provide objective measurements and identify which joints were limited in the PT evaluation to ensure subtle changes of ROM could be detected which would in turn guided the treatments and services provided. During an interview with the Director of Nursing (DON) on 1/22/2026 at 5:42 pm, the DON stated the facility monitored for changes in ROM by staff report and Rehab Screens performed upon admission, quarterly, and as needed by Rehab. The DON stated it was important to accurately monitor changes in joint ROM to ensure the residents received the appropriate services to prevent ROM decline and contractures. 2. During a review of Resident 2's admission Record, the admission Record indicated the facility initially admitted Resident 2 on 8/27/2025 and re-admitted Resident 2 on 10/2/2025 with diagnoses including rheumatoid arthritis (painful swelling and stiffness of the joints caused by the body attacking its own healthy tissues and joints by mistake), gastrointestinal hemorrhage (bleeding that occurs in the digestive track), and muscle weakness. During a review of Resident 2's OT Evaluation, dated 10/3/2025, the OT Evaluation indicated the ROM of Resident 2's both shoulders and both hands were impaired. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 required set up or clean up assistance for eating and oral hygiene, partial/moderate assistance for rolling to both sides and walking, substantial/maximal assistance for upper body dressing, personal hygiene, and transfers and was dependent for toileting hygiene, lower body dressing, and bathing. The MDS indicated Resident 2 had functional limitations in range of motion (limited ability to move a joint that interferes with daily functioning, including activities of daily living, or places the resident at risk of injury) in both arms and both legs. During an observation and interview with Resident 2 in Resident 2's room on 1/20/2026 at 3:27 pm, Resident 2 was lying in bed. The knuckles of both of Resident 2's hands appeared swollen with all fingers bent downwards and sideways toward the small finger (outer side) of each hand. Resident 2 was unable to straighten the index fingers (pointer fingers), middle fingers, ring fingers, and small fingers of both hands. Resident 2 moved the thumbs of both hands up and down and grabbed a cup by hooking her left thumb into the cup handle and took a sip of water. During a concurrent record review and interview with the Director of Rehabilitation (DOR) on 1/22/2026 at 2:19 pm, the DOR stated PTs and OTs used goniometers to measure joint mobility to objectively determine a resident's baseline ROM and detect changes in joint ROM. The DOR reviewed Resident 2's OT Evaluation, 10/3/2025, and confirmed Resident 2's ROM of both shoulders and both hands were impaired. The DOR confirmed OT did not use a goniometer to measure the joints of both shoulder and both hand ROM limitations. The DOR stated she was unsure of the severity of the ROM impairments in both shoulders and both hands because the OT Evaluation did not have objective measurements to indicate the severity of ROM impairments. The DOR stated Resident 2's baseline ROM of both shoulders and both hands were not determined because the ROM limitations were not measured with a goniometer. The DOR stated the Rehab Screens performed upon admission, quarterly, and as needed by Rehab did not provide precise measurements of each joint since the therapist only indicated a range of impairment (minimal, moderate, severe) which could vary significantly and did not detect subtle changes in the joints. The DOR stated lack of objective ROM measurements and identification of joint limitations had the potential to negatively impact the staff's ability to detect changes such as improvements or declines in Resident 2's ROM. The DOR stated it was important to provide objective measurements in the OT evaluation to ensure subtle changes of ROM could be detected which would in turn guided the treatments and services provided. During a concurrent record review and interview with Occupational Therapist 1 (OT 1) on 1/22/2026 at 3:23 pm, OT 1 stated OTs used goniometers to measure joint (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Artesia Christian Home Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183rd St Artesia, CA 90701	
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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mobility to objectively determine a resident's baseline ROM. OT 1 reviewed Resident 2's OT Evaluation, 10/3/2025, and confirmed Resident 2's ROM of both shoulders and both hands were limited. OT 1 confirmed she did not use a goniometer to measure the joints of both hands and both shoulders but should have because Resident 2 had ROM limitations. OT 1 stated Resident 2's baseline ROM of both shoulders and both hands were not determined because the ROM limitations were not measured with a goniometer. OT 1 stated lack of objective ROM measurements of impaired joints could result in missed opportunities to detect ROM changes and determine if the treatment and services provided were effective. OT 1 stated it was important to provide objective measurements of a limited joint in the OT evaluation to ensure changes such as improvements or declines in ROM could be detected. During an interview with the Director of Nursing (DON) on 1/22/2026 at 5:42 pm, the DON stated the facility monitored for changes in ROM by staff report and Rehab Screens performed upon admission, quarterly, and as needed by Rehab. The DON stated it was important to accurately monitor changes in joint ROM to ensure the residents received the appropriate services to prevent ROM decline and contractures. 3. During a review of Resident 8's admission Record, the admission Record indicated the facility initially admitted Resident 8 on 11/6/2024 and re-admitted Resident 8 on 1/22/2025 with diagnoses including dementia (decline in mental ability severe enough to interfere with daily life), fracture of the left neck of the femur (broken hip, broken bone in the top portion of the thigh bone where it connects to the hip joint), and malignant neoplasm of the prostate (uncontrolled growth of cancerous cells in the prostate gland, a male reproductive organ). During a review of Resident 8's Physician Order Report, the Physician Order Report indicated an RNA order, dated 6/6/2026, for RNA to provide active assistive range of motion (AAROM, use of muscles surrounding the joint to perform the exercise but required some help from a person or equipment) exercises to Resident 8's both arms and both legs for a minimum of 5 times a week or as tolerated while observing left hip precautions (specific movements and positions that must be followed after having surgery to prevent a hip dislocation [disruption of the normal position of the ends of two or more bones where they meet at the joint] or injury which includes no bending of the hip past 90 degrees, no rotation of the operated leg inwards, and no crossing of the operated leg past the midline of the body). During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 had severely impaired cognition. The MDS indicated Resident 8 required substantial/maximal assistance for eating, rolling to both sides, and was dependent for transfers, hygiene, bathing, and dressing. During an RNA session observation on 1/21/2026 at 11:10 am, Restorative Nursing Aide 2 (RNA 2) 2 transported Resident 8 who was seated in a wheelchair from the dining room into Resident 8's room. RNA 2 entered Resident 8's room and positioned Resident 8's wheelchair next to the bed. RNA 1 physically raised and lowered Resident 8's both arms to shoulder height, bent and straightened Resident 8's both elbows, and bent, straightened, and spread the fingers of Resident 8's both hands, eight (8) times each. RNA 1 did not assist or cue Resident 8 to perform ROM exercises to both wrists. RNA 1 asked Resident 8 to march both legs in place while seated in the wheelchair. Resident 8 minimally raised and lowered both thighs 3 times and had difficulty following RNA 2's instructions. RNA 2 did not assist with ROM of Resident 8's both hips. RNA 2 physically assisted Resident 8 to bend and straighten both knees, 8 times for each leg. RNA 2 did not provide exercises or cue Resident 8 to perform ankle ROM exercises. RNA 2 stated the RNA session was complete and transported Resident 2 back to the dining room. During a concurrent interview and record review with RNA 2 on 01/21/2026 11:24 am, RNA 2 confirmed Resident 8 had an RNA order for AAROM exercises to both arms and both legs while observing left hip precautions, 5 times a week. RNA 2 stated AAROM meant that RNA 2 verbally cued and demonstrated the ROM exercises for the resident to perform independently and did not physically assist the resident with exercises. RNA 2 stated Resident 8 was unable to fully move both arms and both legs independently but did not physically assist with ROM because the order was for AAROM. RNA 2 stated she thought she was assisting with AAROM exercises to both hips because she provided verbal cueing only and did not physically assist Resident 8 through the ROM. RNA 2 stated she (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provided passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises to Resident 8's both shoulders, both elbows, both hands, and both knees because he did not assist at all with exercises but was unsure why she did because the RNA order was for AAROM, not PROM. RNA 2 stated Resident 8 could move both arms and both legs but had difficulty with ROM due to confusion and difficulty following instructions. RNA 2 stated she forgot to provide ROM exercises to Resident 8's both wrists, both hips, and both ankles as ordered. RNA 2 stated it was important to provide RNA exercises as ordered to prevent joint stiffness and harm. During a concurrent interview and record review with the Director of Rehabilitation (DOR) on 1/22/2026 at 2:19 pm, the DOR who was a PT stated Rehab created the RNA programs and trained the RNAs in how to properly carry out the prescribed exercises before transitioning residents to an RNA program. The DOR stated RNAs were to carry out RNA exercises as ordered. The DOR stated there were 3 main types of ROM exercises: Active ROM which meant the resident performed the exercises independently, AAROM exercises which meant the resident performed the exercises as much as possible on his or her own and required the physical assistance of another person or equipment to move the arm or leg through the rest of the motion, and passive ROM which meant a person or equipment provided total physical assistance with ROM. The DOR reviewed Resident 8's RNA orders and confirmed Resident 8 had an RNA order for AAROM exercises to Resident 8's both arms and both legs. The DOR stated AAROM exercises were typically prescribed to residents who were unable to obtain full ROM on their own and needed the assistance of RNA or equipment to help move through the rest of the motion. The DOR stated if an RNA order was written for AAROM exercises to both legs, it was expected the RNA provide AAROM to the entire leg, which included the hips, knees, and ankles. The DOR stated if an RNA order was written for AAROM exercises to both arms, it was expected the RNA provide AAROM to the entire arm, which included the shoulders, elbows, wrists, and hands. The DOR stated it was important for RNA to carry out the exercises as ordered to ensure the resident maintained his or her abilities and did not have a functional decline. During an interview with the DON on 1/22/2026 at 5:42 pm, the DON stated it was important for RNA to provide exercises as ordered to prevent contracture development and functional declines. 4. During a review of Resident 2's admission Order, the admission Order indicated the facility initially admitted Resident 2 on 8/27/2025 and re-admitted Resident 2 on 10/2/2025 with diagnoses including rheumatoid arthritis, gastrointestinal hemorrhage, and muscle weakness. During a review of Resident 2's Physician Order Report, the Physician Order Report indicated a physician's order, dated 12/15/2025, for RNA to assist Resident 2 with ambulation (walking) exercises using a front wheeled walker (FWW, mobility device with two wheels in the front used for support when standing or walking) a minimum of 5 times a week. During a review of Resident 2's December 2025 RNA History Report (daily record of RNA services provided for each month), the RNA History Report indicated for RNA to assist Resident 2 with walking exercises. The RNA History Report indicated missing care records for the following days: 12/16/2025, 12/21/2025, 12/24/2025, 12/26/2025, 12/28/2025, 12/29/2025, and 12/31/2025. During a review of Resident 2's January 2026 RNA History Report, the RNA History Report indicated for RNA to assist Resident 2 with walking exercises. The RNA History Report indicated missing care records for the following days: 1/1/2026, 1/2/2026, 1/7/2026, 1/14/2026, and 1/21/2026. The RNA History Report indicated the RNA task was not performed on the following days: 1/11/2026, 1/12/2026, and 1/20/2026. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 required set up or clean up assistance for eating and oral hygiene, partial/moderate assistance for rolling to both sides and walking, substantial/maximal assistance for upper body dressing, personal hygiene, and transfers and was dependent for toileting hygiene, lower body dressing, and bathing. The MDS indicated Resident 2 had functional limitations in ROM in both arms and both legs. During an observation and interview with Resident 2 in Resident 2's room on 1/20/2026 at 3:27 pm, Resident 2 was lying in bed. Resident 2 was unable to straighten her right knee and minimally moved her ankle upwards and downwards. Resident (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2 stated she has had right knee pain for awhile because of rheumatoid arthritis which interfered with her ability to walk. Resident 2 stated she required assistance with walking because she was unable to walk by herself. Resident 2 stated RNA assisted with walking exercises every now and then but did not feel they came enough during the week. Resident 2 stated she wished RNA came more often to walk her back and forth to the dining room since she was unable to walk on her own. During an interview with RNA 2 on 1/20/2026 at 11:41 am, RNA 2 stated the facility had one RNA on the floor during the day shift providing RNA exercises, seven days a week. RNA 2 stated RNA exercises provided included ROM exercises, walking exercises, transfers, applying splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint), and feeding. RNA 2 stated RNA tried but did not always get to all the residents on the RNA caseload daily because of occasional staffing shortages. RNA 2 stated RNA was supposed to document the exercises provided to each resident on the RNA program in the electronic health record after every RNA session. RNA 2 stated if she was unable to provide RNA exercises to a resident as scheduled, she would not document in the electronic health record at all. During an interview with the DON on 1/22/2026 at 5:42 pm, the DON stated the purpose of the RNA program was to ensure the residents in the facility maintained their level of function and to prevent any functional declines. The DON stated missed RNA treatments could potentially cause a resident to have a functional decline and develop contractures. During a concurrent record review and interview with the Director of Staff Development (DSD) on 1/23/2026 at 2:12 pm, the DSD stated she supervised the RNAs. The DSD stated the purpose of the RNA program was to ensure the residents in the facility received exercises to maintain their current level of function and to prevent joint stiffness and contractures. The DSD reviewed Resident 2's December 2025 and January 2026 RNA History Reports and physician's orders. The DSD confirmed Resident 2 had physician's orders for RNA to assist Resident 2 with ambulation exercises using a FWW a minimum of 5 times a week. The DSD stated missing dates on the RNA History Reports indicated RNA did not document the RNA session which meant RNA services were not provided that day. The DSD confirmed Resident 8 missed one RNA session the week of 12/14/2025 to 12/20/2025, 3 RNA sessions the week of 12/21/2025 to 12/27/2025, 5 RNA sessions the week of 12/28/2025 to 1/3/2026, one RNA session the week of 1/4/2026 to 1/10/2026, and 3 RNA sessions the week of 1/11/2026 to 1/17/2026, totaling 13 missed RNA sessions from 12/1/2025 to 1/23/2026. The DSD stated RNA did not provide Resident 8 with RNA services, 5 times a week as ordered by the physician. The DSD stated it was important for RNA to provide services as prescribed by the physician because missed treatments could place residents at risk for a functional decline in ROM, ADLs, and contracture development. During a review of the facility's Policy and Procedure (P/P) titled, Resident Mobility and ROM, revised 7/2017, the P/P indicated the facility would ensure residents would not experience an avoidable reduction in ROM, residents with limited ROM would receive treatment and services to increase and/or prevent a further decrease in ROM, and residents with limited mobility would receive appropriate services, equipment, and assistance to maintain mobility unless unavoidable. The P/P indicated the nurse would identify the current ROM of his or her joints, limitations in movement or mobility, opportunities for improvement, and previous treatment and services for mobility. The P/P indicated the care plan would include specific interventions, exercises, and therapies to maintain, prevent avoidable decline in, and/or improve mobility and ROM. The P/P indicated the care plan would include the type, frequency, and direction of interventions as well as measurable goals and objectives. During a review of the facility's P/P titled, Restorative Nursing Services, the P/P indicated residents would receive restorative nursing care as needed to help promote optimal safety and independence.		

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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. Based on observation, interview, and record review, the facility failed to ensure Restorative Nursing Aides (RNA, trained nursing staff who help residents gain an improved quality of life by increasing their level of strength and mobility) were competent to provide RNA services to one of six sampled residents (Resident 8) by failing to: 1.Ensure Restorative Nursing Aide 2 (RNA 2) was competent to perform active assistive range of motion (AAROM, use of muscles surrounding the joint to perform the exercise but required some help from a person or equipment) exercises to Resident 8's both arms and both legs in accordance with physician orders. 2.Ensure RNA 1 and RNA 2 were competent and knowledgeable of left posterior hip precautions (specific movements and positions that must be followed after having surgery to prevent a hip dislocation [disruption of the normal position of the ends of two or more bones where they meet at the joint] or injury which includes no bending of the hip past 90 degrees, no rotation of the operated leg inwards, and no crossing of the operated leg past the midline of the body) while assisting with ROM exercises to Resident 8's left leg. These failures had the potential to cause Resident 8 to experience pain, a left hip dislocation or injury, and resulted in inefficient delivery of ROM services which could lead to ROM and functional decline for residents receiving RNA services. Findings: During a review of Resident 8's admission Record, the admission Record indicated the facility initially admitted Resident 8 on 11/6/2024 and re-admitted Resident 8 on 1/22/2025 with diagnoses including dementia (decline in mental ability severe enough to interfere with daily life), fracture of the left neck of the femur (broken hip, broken bone in the top portion of the thigh bone where it connects to the hip joint), and malignant neoplasm of the prostate (uncontrolled growth of cancerous cells in the prostate gland, a male reproductive organ). During a review of Resident 8's Physician Order Report, the Physician Order Report indicated a physician's order, dated 1/3/2025 and discontinued 4/2/2025, for Resident 8 to be weightbearing as tolerated (WBAT, a person is medically cleared to place as much weight through the affected arm or leg to the point of comfort or tolerance) to the left leg with posterior hip precautions. During a review of Resident 8's Physician Order Report, the Physician Order Report indicated an RNA order, dated 6/6/2026, for RNA to provide AAROM exercises to Resident 8's both arms and both legs for a minimum of five (5) times a week or as tolerated while observing left hip precautions. During a review of Resident 8's Minimum Data Set (MDS, a resident assessment tool), dated 1/15/2026, the MDS indicated Resident 8 had severely impaired cognition (mental action or process of acquiring knowledge and understanding). The MDS indicated Resident 8 required substantial/maximal assistance (helper does more than half the effort) for eating, rolling to both sides, and was dependent (helper does all the effort) for transfers, hygiene, bathing, and dressing. During an RNA session observation on 1/21/2026 at 11:10 am, RNA 2 transported Resident 8 who was seated in a wheelchair from the dining room into Resident 8's room. RNA 2 entered Resident 8's room and positioned Resident 8's wheelchair next to the bed. RNA 1 physically raised and lowered Resident 8's both arms to shoulder height, bent and straightened Resident 8's both elbows, and bent, straightened, and spread the fingers of Resident 8's both hands, eight (8) times each. RNA 1 did not assist or cue Resident 8 to perform ROM exercises to both wrists. RNA 1 asked Resident 8 to march both legs in place while seated in the wheelchair. Resident 8 minimally raised and lowered both thighs three times and had difficulty following RNA 2's instructions. RNA 2 did not assist with ROM of Resident 8's both hips. RNA 2 physically assisted Resident 8 to bend and straighten both knees, 8 times for each leg. RNA 2 did not provide exercises or cue Resident 8 to perform ankle ROM exercises. RNA 2 stated the RNA session was complete and transported Resident 2 back to the dining room. During a concurrent interview and record review with RNA 2 on 01/21/2026 11:24 am, RNA 2 confirmed Resident 8 had an RNA order for AAROM exercises to both arms and both legs while observing left hip precautions, 5 times a week. RNA 2 stated AAROM meant that RNA 2 verbally cued and demonstrated the ROM exercises for the resident to perform (continued on next page)		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	independently and did not physically assist the resident with exercises. RNA 2 stated Resident 8 was unable to fully move both arms and both legs independently but did not physically assist with ROM because the order was for AAROM. RNA 2 stated she thought she was assisting with AAROM exercises to both hips because she provided verbal cueing only and did not physically assist Resident 8 through the ROM. RNA 2 stated she provided passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises to Resident 8's both shoulders, both elbows, both hands, and both knees because he did not assist at all with exercises but was unsure why she did because the RNA order was for AAROM, not PROM. RNA 2 stated Resident 8 could move both arms and both legs but had difficulty with ROM due to confusion and difficulty following instructions. RNA 2 stated she forgot to provide ROM exercises to Resident 8's both wrists, both hips, and both ankles. RNA 2 stated she did not know what hip precautions meant. RNA 2 stated she had been providing RNA ROM exercises to Resident 8's both legs since the RNA order which indicated for RNA to observe left hip precautions was written but did not know what left hip precautions meant. RNA 2 stated she thought Resident 8 had a history of a hip fracture but was unsure. RNA 2 stated the Rehabilitation Department (Rehab) never instructed RNA 2 in what hip precautions were when Resident 8 transitioned to RNA and confirmed she never asked for clarification before starting Resident 8's RNA program. RNA 2 stated the facility did not assess RNA competency. RNA 2 stated it was important for RNAs to be knowledgeable of ROM exercises and precautions to prevent joint stiffness and harm. During a concurrent interview and record review with RNA 1 on 1/22/2026 at 11:29 am, RNA 1 reviewed Resident 8's RNA order and confirmed Resident 8 had an RNA order for AAROM exercises to both arms and both legs while observing left hip precautions. RNA 1 stated she did not know what left hip precautions meant in Resident 8's RNA order. RNA 1 stated therapy never instructed RNA in what hip precautions were and she did not ask for clarification. RNA 1 stated she had been providing RNA ROM exercises to Resident 8's both legs since the RNA order which indicated for RNA to observe left hip precautions was written but did not know what left hip precautions meant. RNA 1 stated Resident 8 broke his hip a long time ago but thought hip precautions meant for RNA to ensure RNA did not irritate Resident 8's left hip when doing ROM and did not know which ROM movements and positions to avoid. RNA 1 stated the facility did not assess RNA competency. RNA 1 stated it was important RNAs provided RNA services as ordered and were knowledgeable of precautions to prevent resident injury. During a concurrent interview and record review with the Director of Rehabilitation (DOR) on 1/22/2026 at 2:19 pm, the DOR who was also a Physical Therapist (PT, profession aimed in the restoration, maintenance, and promotion of optimal physical function) stated Rehab created the RNA programs and trained the RNAs in how to properly carry out the prescribed exercises before transitioning residents to an RNA program. The DOR stated RNAs were to carry out RNA exercises as ordered. The DOR stated there were three main types of ROM exercises: Active ROM which meant the resident performed the exercises independently, AAROM exercises which meant the resident performed the exercises as much as possible on his or her own and required the physical assistance of another person or equipment to move the arm or leg through the rest of the motion, and PROM which meant a person or equipment provided total physical assistance with ROM. The DOR reviewed Resident 8's RNA orders and confirmed Resident 8 had an RNA order for AAROM exercises to Resident 8's both arms and both legs while observing left hip precautions. The DOR stated AAROM exercises were typically prescribed to residents who were unable to obtain full ROM on their own and needed the assistance of RNA or equipment to help move through the rest of the motion. The DOR stated if an RNA order was written for AAROM exercises to both legs, it was expected the RNA provide AAROM to the entire leg, which included the hips, knees, and ankles. The DOR stated if an RNA order was written for AAROM exercises to both arms, it was expected the RNA provide AAROM to the entire arm, which included the shoulders, elbows, wrists, and hands. The DOR stated it was important for RNA to know the differences between the types of ROM exercises and carry out the exercises as ordered to ensure the resident maintained his or her abilities and did not have a (continued on next page)		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	functional decline. The DOR stated posterior hip precautions were put in place to decrease the risk of hip dislocation after surgery. The DOR stated posterior hip precautions meant no bending of the operated leg past 90 degrees, no rotation of the operated leg inwards, and no movement of the operated leg toward the middle of the body. The DOR stated it was very important for RNAs to be knowledgeable of hip precautions while providing ROM exercises because not knowing and/or not following hip precautions during RNA could lead to resident injury and hip dislocation. During an interview with the Director of Nursing (DON) on 01/22/2026 at 5:42 pm, the DON stated conducting staff competencies were important to ensure staff were up to date and competent in performing their job duties. The DON stated the facility had two primary RNAs for all the residents in the facility and were in the process of training more CNAs to have RNA certification. The DON stated the RNAs assisted residents with activities such as ROM exercises, walking exercises, sit to stand exercises and feeding to ensure the residents in the facility maintained their current level of function and did not experience a functional decline. The DON stated it was important for the RNAs to know the differences in ROM and be knowledgeable of precautions while providing RNA services to the residents in the facility to prevent injuries and functional declines. The DON stated the facility did not have a way to ensure the RNA staff were competent in their job duties since they did not conduct RNA competencies. The DON stated if RNA competencies were not completed routinely, the facility would not know the staff were up to date and competent in their job duties which could potentially lead to injury of staff and/or residents. During an interview with the Director of Staff Development (DSD) on 1/23/2026 at 10:17 am, the DSD stated the RNAs in the facility were CNAs with specialized training in RNA services. The DSD stated she was responsible for completing CNA competencies yearly but never completed any competencies for the RNAs. The DSD stated the facility did not have a way to ensure the RNA staff were competent in their job duties since they did not conduct RNA competencies. The DSD stated the CNA competency checklist did not assess staff's competency of RNA tasks such as ROM exercises. The DSD stated it was important for RNAs to know the differences in ROM and be knowledgeable of precautions while providing RNA services to ensure the appropriate treatment was being given to the residents and to prevent any injury or decline. The DSD stated it was important for the facility to have recurring competency assessments for staff to ensure the care and services provided were appropriate and safe. The DSD stated it placed the residents in the facility at risk for harm if staff were not competent in the services they were providing. During a review of the facility's Policy and Procedures (P/P), titled, Competent Nursing, revised 2001, the P/P indicated the facility provided nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. The P/P indicated competency requirements and training for nursing staff were established and monitored by nursing leadership with input from the medical director to ensure programming for staff training results in nursing competency, gaps in education are identified and addressed, education topics and skills needed are determined based on the resident population, tracking or other mechanisms were in place to evaluate effectiveness of training, and training included critical thinking skills and managing care in a complex environment with multiple interruptions.		

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NAME OF PROVIDER OR SUPPLIER Artesia Christian Home Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183rd St Artesia, CA 90701	
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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer psychotropic medications (chemical substance that treat mental illnesses that affect the brain that modifies mood, thought, emotions, and behavior) in a timely manner for one of four sampled residents (Resident 39). This deficient practice had the potential to cause delay in treatment and exacerbate Resident 39's condition. During a review of Resident 39's admission Record, the admission Record indicated Resident 39 was initially admitted on [DATE] and was readmitted to the facility on [DATE] with diagnoses including unspecified dementia (group of thinking and social symptoms that interferes with daily functioning) with agitation and psychotic (seeing, hearing and believing that is not based on reality) disturbance, anxiety disorder, and Parkinsonism (group of movement disorders that includes symptoms such as tremors, stiffness, slow movements, and balance problems). During a review of Resident 39's History and Physical (H&P), dated 12/17/2025, the H&P indicated Resident 39 did not have the capacity to understand or make decisions. During a review of Resident 39's Minimum Data set ([MDS], a resident assessment tool), dated 10/29/2025, the MDS indicated Resident 39's cognitive (ability to think, learn and remember) skills was severely impaired. The MDS indicated Resident 39 was dependent on staff for performing all aspects of activities of daily living (ADL: basic activities such as eating, dressing, toileting). During a review of Resident 39's Physician Order Report dated 12/22/2025 to 1/22/2026, the report indicated the following orders: Order dated 11/18/2024: Seroquel (Quetiapine: antipsychotic medication used to manage symptoms of mental disorder) tablet 100 milligram (mg: unit of mass) oral for dementia with psychosis manifested by (m/b) resisting care and continuous yelling out that interferes with care and safety twice a day 9:00a.m., 5:00p.m. Order dated 8/2/2025: Sertraline (antidepressant used to treat anxiety and other conditions) tablet 50mg for anxiety m/b yelling behavior once a day 9:00a.m. During a review of Resident 39's Psychotropic medication Administration History dated 1/1/2026 - 1/22/2026, the Psychotropic Administration History indicated the following: Seroquel (Quetiapine) tablet 100mg twice a day Scheduled date and time: 1/13/2026 at 9:00a.m. Administration time: 1/13/2026 at 10:41a.m. Comment: Administered Late Scheduled date and time: 1/14/2026 at 9:00a.m. Administration time: 1/14/2026 11:59a.m. Comment: Administered Late Scheduled date and time: 1/16/2026 at 9:00a.m. Administration time: 1/16/2026 at 10:29a.m. Comment: Administered Late Scheduled date and time: 1/17/2026 at 9:00a.m. Administration time: 1/7/2026 at 11:06a.m. Comment: Administered Late Sertraline tablet 50mg once a day Scheduled date and time: 1/13/2026 at 9:00a.m. Administration time: 1/13/2026 at 10:41a.m. Comment: Administered Late Scheduled date and time: 1/14/2026 at 9:00a.m. Administration time: 1/14/2026 11:59a.m. Comment: Administered Late Scheduled date and time: 1/16/2026 at 9:00a.m. Administration time: 1/16/2026 at 10:29a.m. Comment: Administered Late Scheduled date and time: 1/17/2026 at 9:00a.m. Administration time: 1/7/2026 at 11:06a.m. Comment: Administered Late During a concurrent interview and record review of Resident 39's Psychotropic Administration History dated 1/1/2026 - 1/22/2026 on 1/22/2026 at 12:44p.m. with the Licensed Vocational Nurse 4 (LVN 4), the LVN 4 stated medication is administered one hour (hr.) before and after the scheduled medication administration time. The LVN 4 stated the Seroquel and Sertraline given on 1/16/2026 at 10:29a.m. was late and indicated she cannot get to the resident on time all the time, however stated if Resident 39 was starting to yell, she will give Resident 39 her medication sooner. The LVN 4 stated that administering a late medication will not impact the residents and indicated realistically, medications should be given on time. During a concurrent interview and review of Resident 39's Psychotropic Administration History dated 1/1/2026 - 1/22/2026 on 1/22/2026 at 3:50 p.m. with the Director of Nursing (DON), the DON stated the Seroquel and Sertraline medications were administered late and indicated medications should not be given two hours later than scheduled time. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, revised December 2012, the P&P indicated (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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications shall be administered in a safe and timely manner, and as prescribed. Medications must be administered in accordance with the orders, including any required time frame. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).		

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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 observation, interview, and record review, the facility failed to ensure medical records for two of six sampled residents (Residents 2 and 8) were accurate by failing to: Ensure Restorative Nursing Aides (RNA, nursing aide program that help residents maintain any progress made after therapy intervention to maintain their function) accurately documented RNA services provided for Resident 2 in December 2025 and January 2026. Ensure Resident 8's left posterior (toward the back) hip precautions (specific movements and positions that must be followed after having hip surgery to prevent a hip dislocation [disruption of the normal position of the ends of two or more bones where they meet at the joint] or injury which includes no bending of the hip past 90 degrees, no rotation of the operated leg inwards, and no crossing of the operated leg past the midline of the body) were discontinued on the RNA order when Resident 8's left hip precautions were discontinued by the physician. These deficient practices had the potential to negatively impact the provision of necessary care and services, cause miscommunication among staff, and cause a decline in range of motion (ROM, full movement potential of a joint), mobility, and overall function. Findings: 1. During a review of Resident 2's admission Record, the admission Record indicated the facility initially admitted Resident 2 on 8/27/2025 and re-admitted Resident 2 on 10/2/2025 with diagnoses including rheumatoid arthritis (painful swelling and stiffness of the joints caused by the body attacking its own healthy tissues and joints by mistake), gastrointestinal hemorrhage (bleeding that occurs in the digestive track), and muscle weakness. During a review of Resident 2's Physician Order Report, the Physician Order Report indicated a physician's order, dated 12/15/2025, for RNA to assist Resident 2 with ambulation (walking) exercises using a front wheeled walker (FWW, mobility device with two wheels in the front used for support when standing or walking) a minimum of 5 times a week. During a review of Resident 2's December 2025 RNA History Report (daily record of RNA services provided for each month), the RNA History Report indicated for RNA to assist Resident 2 with walking exercises. The RNA History Report indicated missing care records for the following days: 12/16/2025, 12/21/2025, 12/24/2025, 12/26/2025, 12/28/2025, 12/29/2025, and 12/31/2025. During a review of Resident 2's January 2026 RNA History Report, the RNA History Report indicated for RNA to assist Resident 2 with walking exercises. The RNA History Report indicated missing care records for the following days: 1/1/2026, 1/2/2026, 1/7/2026, 1/14/2026, and 1/21/2026. During a review of Resident 2's minimum data set (MDS a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 2 was cognitively (mental action or process of acquiring knowledge and understanding) intact. The MDS indicated Resident 2 required set up or clean up assistance (helper sets up or cleans up) for eating and oral hygiene, partial/moderate assistance (helper does less than half the effort) for rolling to both sides and walking, substantial/maximal assistance (helper does more than half the effort) for upper body dressing, personal hygiene, and transfers and was dependent (helper does all the effort) for toileting hygiene, lower body dressing, and bathing. The MDS indicated Resident 2 had functional limitations in ROM (limited ability to move a joint that interferes with daily functioning, including activities of daily living, or places the resident at risk of injury) in both arms and both legs. During an observation and interview with Resident 2 in Resident 2's room on 1/20/2026 at 3:27 pm, Resident 2 was lying in bed. Resident 2 was unable to straighten her right knee and minimally moved her ankle upwards and downwards. Resident 2 stated she has had right knee pain for awhile because of rheumatoid arthritis which interfered with her ability to walk. Resident 2 stated she required assistance with walking because she was unable to walk by herself. Resident 2 stated RNA assisted with walking exercises every now and then but did not feel they came enough during the week. Resident 2 stated she wished RNA came more often to walk her back and forth to the dining room since she was unable to walk on her own. During an interview with Restorative Nursing Aide 2 (RNA 2) on 1/20/2026 at 11:41 am, RNA (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2 stated the facility had one RNA on the floor during the day shift providing RNA exercises, seven days a week. RNA 2 stated RNA provided services which included ROM exercises, walking exercises, transfers, applying splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint), and feeding. RNA 2 stated RNA tried but did not always get to all the residents on the RNA caseload daily because of occasional staffing shortages. RNA 2 stated RNA was supposed to document the exercises provided to each resident on the RNA program in the electronic health record after every RNA session. RNA 2 stated if she was unable to provide RNA exercises to a resident as scheduled, she would not document in the electronic health record at all. During an interview with Restorative Nursing Aide 1 (RNA 1) on 1/22/2026 at 9:56 am, RNA 1 stated the RNAs were supposed to document the services provided to the residents after every RNA session. RNA 1 stated she was supposed to document services provided after every RNA session but usually tried to ensure all documentation was in the electronic record by the end of the shift. RNA 1 stated she tried to ensure all documentation was done timely but could possibly forget at times if very busy. During a concurrent record review and interview with the Director of Staff Development (DSD) on 1/23/2026 at 2:12 pm, the DSD stated she supervised the RNAs. The DSD stated the purpose of the RNA program was to ensure the residents in the facility received exercises to maintain their current level of function and to prevent joint stiffness and contractures. The DSD stated RNAs were supposed to document RNA services provided after every RNA session. The DSD reviewed Resident 8's December 2025 RNA History Report and confirmed missing care records on the following days: 12/16/2025, 12/21/2025, 12/24/2025, 12/26/2025, 12/28/2025, 12/29/2025, and 12/31/2025. The DSD reviewed Resident 8's January 2026 RNA History Report and confirmed missing care records on the following days: 1/1/2026, 1/2/2026, 1/7/2026, 1/14/2026, and 1/21/2026. The DSD stated missing care records on the RNA History Reports indicated RNA did not document the RNA session for the day or RNA treatment was not provided. The DSD stated if RNAs forgot to document the RNA exercises provided, it meant the RNA service was not provided due to lack of documented evidence. The DSD stated it was important that RNAs documented accurately to ensure the facility could correctly monitor a resident's progress and tolerance to the RNA program and to ensure all residents on the RNA program were seen as ordered to prevent any functional declines. 2. During a review of Resident 8's admission Record, the admission Record indicated the facility initially admitted Resident 8 on 11/6/2024 and re-admitted Resident 8 on 1/22/2025 with diagnoses including dementia (decline in mental ability severe enough to interfere with daily life), fracture of the left neck of the femur (broken hip, broken bone in the top portion of the thigh bone where it connects to the hip joint), and malignant neoplasm of the prostate (uncontrolled growth of cancerous cells in the prostate gland, a male reproductive organ). During a review of Resident 8's Physician Order Report, the Physician Order Report indicated a physician's order, dated 1/3/2025 and discontinued 4/2/2025, for Resident 8 to be weightbearing as tolerated (WBAT, a person is medically cleared to place as much weight through the affected arm or leg to the point of comfort or tolerance) to the left leg with posterior hip precautions. During a review of Resident 8's Physician Order Report, the Physician Order Report indicated an RNA order, dated 6/6/2026, for RNA to provide active assistive ROM (AAROM, use of muscles surrounding the joint to perform the exercise but required some help from a person or equipment) exercises to Resident 8's both arms and both legs for a minimum of five times a week or as tolerated while observing left hip precautions. During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 had severely impaired cognition. The MDS indicated Resident 8 required substantial/maximal assistance for eating, rolling to both sides, and was dependent for transfers, hygiene, bathing, and dressing. During an RNA session observation on 1/21/2026 at 11:10 am, RNA 2 transported Resident 8 who was seated in a wheelchair from the dining room into Resident 8's room. RNA 2 entered Resident 8's room and positioned Resident 8's wheelchair next to the bed. After arm ROM exercises, RNA 1 asked Resident 8 to march both legs in place while seated in the wheelchair. Resident 8 minimally raised and lowered both thighs three times and had difficulty following RNA 2's instructions. RNA 2 did not (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assist with ROM of Resident 8's both hips. RNA 2 physically assisted Resident 8 to bend and straighten both knees, eight times for each leg. RNA 2 did not provide exercises or cue Resident 8 to perform ankle ROM exercises. RNA 2 stated the RNA session was complete and transported Resident 2 back to the dining room. During an interview with the Director of Nursing (DON) on 1/22/2026 at 5:42 pm, the DON stated the purpose of the RNA program was to ensure the residents in the facility maintained their level of function and to prevent any functional declines. The DON stated it was important RNA documentation and RNA orders were accurate to ensure the facility was providing the appropriate care and meeting the current needs of the residents. During a concurrent record review and interview with the Director of Rehabilitation on 1/22/2026 at 2:19 pm, the DOR who was also a Physical Therapist (PT, profession aimed in the restoration, maintenance, and promotion of optimal physical function) stated Rehab created the RNA programs and trained the RNAs in how to properly carry out the prescribed exercises before transitioning residents to an RNA program. The DOR stated RNAs were to carry out RNA exercises and necessary precautions as ordered. The DOR reviewed Resident 8's RNA orders and confirmed Resident 8 had an RNA order for AAROM exercises to Resident 8's both arms and both legs while observing left hip precautions. The DOR stated posterior hip precautions were put in place to decrease the risk of hip dislocation after surgery. The DOR stated posterior hip precautions meant no bending of the operated leg past 90 degrees, no rotation of the operated leg inwards, and no movement of the operated leg toward the middle of the body. The DOR stated the RNA order was inaccurate because Resident 8's left hip precautions were discontinued by the physician on 4/2/2025. The DOR stated staff should have discontinued Resident 8's left hip precautions on the RNA order when the physician discontinued the precautions on 4/2/2025. The DOR stated if RNA was ordered to observe hip precautions on a resident who no longer had active orders to maintain hip precautions, it could result in a decline in ROM and function due to avoidance of ROM and positions that did not need to be avoided. During a concurrent record review and interview with the DSD on 1/23/2026 at 2:12 pm, the DSD stated RNAs were to carry out the RNA program as ordered. The DSD stated it was important that RNA orders were accurate to ensure the RNAs were providing the appropriate care and services based on the resident's needs. The DSD stated inaccurate RNA orders could result in harm, injury, inappropriate delivery of services, and functional decline. During a review of the facility's Policy and Procedure (P/P), titled Charting and Documentation, revised 7/2017, the P/P indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition shall be documented in the medical record. The P/P indicated treatment or services performed was to be documented in the medical record. The P/P indicated documentation in the medical record would be objective, completed, and accurate.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to provide documented evidence of COVID-19 (contagious infectious disease) education and vaccination (medications used to prevent diseases) status for four of four sampled employee records (Certified Nursing Assistant (CNA1, CNA2), Food Service Worker (FSW) and Laundry Staff (LS)). This failure had the potential to place staff and residents at risk for Covid 19. During an interview and record review on 1/22/2026 at 11:03 a.m., with the Assistant Director of Nursing (ADON), the facility's employee records of COVID-19 status were reviewed, four of four sampled facility employee records of COVID-19 immunization, the ADON stated status was unknown. During an interview and record review on 1/22/2026 at 11:03 a.m., with the Infection Prevention Nurse (IPN), the County of Los Angeles Department of Public Health order of the Health Officer, Annual Influenza and Covid-19 immunization or Masking Requirement for Healthcare Personnel during Respiratory Virus Season, issued 8/26/2024, was reviewed. The order indicated healthcare provider who declined either or both an influenza or COVID-19 vaccination. must provide their employer, on a form provided by their employer, a written declaration for each vaccine that they have declined. The ADON stated most of the staff have not replied whether they accept or decline vaccinations. During an interview on 1/22/2026 at 3:34 p.m. with the Director of Nursing (DON), the DON stated the facility needed employees' Covid vaccination status updated. During a review of the facility's policy and procedure (P&P) titled, COVID-19 Vaccination, undated, the P&P indicated, compliance guidelines indicated the person receiving the immunization, his/her legal representative, will be provided with copy of current vaccine information statement relative to COVID-19 vaccination.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one of one sampled residents (Resident 45) was treated with respect and dignity when the trash bag was placed on Resident 45's bed during a treatment. This failure had the potential affect resident's sense of dignity and self-worth. Findings: During an observation on 1/22/2026 at 9:33 a.m., the Treatment Nurse (TXN) was observed placing a clear bag on Resident 45's bed. The TXN was observed disposing gauze, gloves, and a medicine cup into the clear plastic bag during Resident 45's wound treatment. During a review of Resident 45's admission Record, the admission Record indicated Resident 45 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities, benign prostatic hyperplasia (BPH - an enlargement of the prostate gland causing difficult urination and incomplete bladder emptying), and a urinary device-supra pubic catheter (a hollow tube inserted through the lower abdomen skin into the bladder to drain or collect urine). During a review of Resident 45's History and Physical (H&P), dated 10/3/2025, the H&P indicated Resident 45 did not have the capacity to understand and make decisions. During a review of Resident 45's Minimum Data Set (MDS - a resident assessment tool), dated 10/21/2025, the MDS indicated Resident 45 had severe cognitive (ability to learn, reason, remember, understand, and make decisions) impairment, and was dependent (helper does all the effort) when eating, oral hygiene, toileting hygiene, bathing, and dressing. During an interview on 1/22/2026 at 9:33 a.m. with the TXN, the TXN stated they placed the trash bag on the bed because there is no trash can in the room. The TXN stated they cannot place it on the bedside table because that is where the resident eats and cannot place it on the floor or the bathroom. During an interview on 1/22/2026 at 6:21 p.m. with the Director of Nursing (DON), the DON stated residents have a right to be treated with respect and dignity. The DON stated trash bags should not be placed on residents' beds during treatment, it can be put on the bedside table. The DON stated it a trash bag was placed on a resident's bed, it could potentially make the resident feel not respected or cared for in a respectful way. During a review of the facility's policy and procedure (P&P), titled Quality of Life - Dignity, dated August 2009, the P&P indicated each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. The P&P indicated treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth.		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an Advance Directive (written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out should the person be unable to communicate them to a doctor) was formulated for one (1) out of the four (4) sampled residents (Resident 26). This deficient practice had the potential to cause conflict with Resident 26's wishes regarding health care and end of life wishes. Findings: During a review of Resident 26's admission record, the admission record indicated Resident 26 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (group of thinking and social symptoms that interfere with daily functioning), hypertension (high blood pressure), and hypertrophic lichen planus (chronic inflammatory condition). During a review of Resident 26's History and Physical (H&P), dated 3/3/2025, the H&P indicated Resident 26 does not have the capacity to make healthcare decisions. During a review of Resident 26's Minimum Data Set ([MDS] a resident assessment tool), dated 12/12/2025, the MDS indicated Resident 26's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were severely impaired. The MDS indicated Resident 26 is dependent (helper does all the effort) of activities of daily living (ADLs: routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During an interview on 1/21/2026 at 3:28p.m. with the Social Services Designee 1 (SSD 1), the SSD 1 stated an AD helps residents who could not make decisions and identify what kind of decisions or wishes they would like to have for their medical care. The SSD 1 stated an AD is offered upon admission and indicated Resident 26 did not have an AD. The SSD 1 stated an AD was important to ensure the family is aware of what kind of decision, or who the resident would want to make their health care decisions. During an interview on 1/22/2026 at 3:43p.m. with the Director of Nursing (DON), the DON stated an AD is a document that reflects the resident's decisions regarding the care they wish to receive or decline. The DON stated it was important to ask Resident 26 if he would like to formulate an advanced directive and provide education and information to the residents. During a review of the facility's policy and procedure (P&P) titled, Advanced Directives, revised December 2016, the P&P indicated upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the resident's legal representative. Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record.		

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NAME OF PROVIDER OR SUPPLIER Artesia Christian Home Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183rd St Artesia, CA 90701	
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the physician when one of three sampled residents (Resident 45's) wound progressed from a pressure injury (PI- localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) stage 1 (intact skin with a localized area of redness and/or changes in sensation, temperature, or firmness) to a PI Stage 2 (partial-thickness loss of skin, presenting as a shallow open sore or wound). This failure had the potential to delay care in treating and preventing Resident 45's PI from getting worse. Findings: During a review of Resident 45's admission Record, the admission Record indicated Resident 45 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), benign prostatic hyperplasia (BPH - an enlargement of the prostate gland causing difficult urination and incomplete bladder emptying), and a urinary device-supra pubic catheter (a hollow tube inserted through the lower abdomen skin into the bladder to drain or collect urine). During a review of Resident 45's History and Physical (H&P), dated 10/3/2025, the H&P indicated Resident 45 did not have the capacity to understand and make decisions. During a review of Resident 45's Minimum Data Set (MDS - a resident assessment tool), dated 10/21/2025, the MDS indicated Resident 45 had severe cognitive (ability to learn, reason, remember, understand, and make decisions) impairment, and was dependent (helper does all the effort) when eating, oral hygiene, toileting hygiene, bathing, and dressing. During a concurrent interview and record review on 1/22/2026 at 1:22 p.m., with the Treatment Nurse (TXN), Resident 45's medical record was reviewed. Resident 45's nursing note dated 1/16/2026 indicated Resident 45 had a stage 1 PI on the sacrum. Resident 45's nursing note dated 1/17/2026 indicated Resident 45 had a stage 2 PI on the sacrum. The TXN stated there was no documentation that the RN notified the physician that the wound progressed from a PI stage 1 to a PI stage 2. The TXN stated the physician should have been notified the had worsened on 1/17/2026. During an interview on 1/22/2026 at 4:00 p.m., with the Director of Nursing (DON), the DON stated the nurse should notify the physician when there is a change of condition and document it as a progress note. The DON stated if the physician was not notified, there was a risk that the resident's wound, would not being treated appropriately to promote healing. During a review of the facility's policy and procedure (P&P), titled Change in a Resident's Condition or Status, dated December 2016, the P&P indicated the facility shall promptly notify the resident, his or her attending physician, and resident's medical/mental condition and/or status. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): significant change in the resident's physical/emotional/mental condition. a significant change of condition is major decline or decline or improvement in the resident's status.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to verify the dose of Vitamin B-12 (supplement) order for one of two sample residents (Resident 35). This deficient practice had the potential to result in medication errors. Findings: During a review of Resident 35's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 35 was admitted to the facility on [DATE] with diagnoses including anemia (a condition where the body does not have enough healthy red blood cells), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and osteopenia (condition characterized by lower-than-normal bone mineral density). During a review of Resident 35's Minimum Data set ([MDS] A resident assessment tool), dated 10/16/2025, the MDS indicated Resident 35's cognitive skills (functions your brain uses to think, pay attention, process information, and remember things) for daily decision-making was intact. During a review of Resident 35's View Prescription Order, starting 7/7/2023, the prescription ordered indicated to give Vitamin B-12 1,000 microgram (mcg) tablet once a day. During a concurrent interview and record review on 1/21/2026 at 8:36 a.m. with the Assistant Director of Nursing (ADON) Resident 35's physician order for vitamin B-12 was reviewed. The ADON stated the order needed to be clarified because the tablet was 1,000 milligrams (mg) and the order indicated to administer 1000 mcg. The ADON stated it was important to administer the correct dosage for resident safety. During an interview on 1/22/2026 at 3:30 p.m. with the Director of Nursing (DON), the DON stated medication orders need to have the correct dosage. During a review of the facility's policy and procedure (P&P) titled, Administering Medication, revised 12/2012, the P&P indicated medications shall be administered in a safe manner as described with the right the right dose. During a review of the facility pharmacy's policy and procedure (P&P) titled, Medication Orders, reviewed 5/21/2025, the P&P indicated all medications orders must be complete and clear and the order must include the dose.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure an opened Tuberculin, Purified Protein Derivative ([PPD] medication used to do a skin test to help detect tuberculosis serious lung infection) for one of two medication rooms was labeled with the date opened. These deficient practices had the potential to result in the loss of viability (ability to work) of the PPD if used beyond recommended date. Findings: During a concurrent observation and interview on 1/20/2026 at 8:41 a.m. with Registered Nurse Supervisor (RNS) 1, in the North station medication room, the PPD vial was previously opened, and the vial was not labeled with the date it was opened. RNS 1 stated the vial should have had the open date on it. During a concurrent interview and record review on 1/20/2026 at 8:41 a.m. with RNS 1, the PPD vial carton was reviewed. RNS 1 stated the package indicated once opened vial should be discarded after 30 days. During an interview on 1/22/2026 at 3:30 p.m. with the Director of Nursing (DON), the DON stated PPD vials should be discarded in 30 days once they are opened. During a review of the facility pharmacy's policy and procedure (P&P) titled, Medication Labeling and Proper Storage, reviewed 5/21/2025, the P&P indicated Tuberculin PPD opened vial should be discarded after one month of use because of oxidation (chemical reaction) and degradation (process by which a drug deteriorates) may reduce potency. During a review of the facility's P&P titled, Administering Medication, revised 12/2024, the P&P indicated when opening a multidose container, the date opened shall be recorded in the container.		

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F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Physical Therapy (PT, licensed professional aimed in the restoration, maintenance, and promotion of optimal physical function) Evaluation, dated 12/23/2025, and Occupational Therapy (OT, profession that provides services to increase and/or maintain a person's capability to participate in everyday life activities) Evaluation, dated 12/23/2025, were completed under the written order of a physician for one of six sampled residents (Resident 1). These deficient practices had the potential to result in inaccurate care planning, harm, inaccurate provision of care and services, and lack of physician verification and coordination of skilled needs and care. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility initially admitted Resident 1 on 9/1/2025 and re-admitted Resident 1 on 12/22/2025 with diagnoses including cellulitis (skin infection) of both legs, muscle weakness, and sepsis (illness caused by the body's response to an infection). During a review of Resident 1's PT Evaluation and Plan of Treatment (PT Eval), dated 12/23/2025, the PT Evaluation indicated Resident 1's reason for PT Eval was for decrease in functional mobility, decrease in range of motion (ROM, full movement potential of a joint), decreased strength, decreased postural alignment, decreased ambulation (walking), increased need for assistance from others, limited and painful movement, decreased balance, and decreased activities of daily living (ADL, basic activities such as eating, dressing, toileting). The PT Eval indicated Resident 1 would receive PT services five times a week for 30 days. During a review of Resident 1's OT Evaluation and Plan of Treatment (OT Eval), dated 12/23/2025, the OT Evaluation indicated Resident 1 the reason for the OT Eval was for edema exacerbation (sudden, significant increase in fluid retention), decreased strength, decreased ROM, wounds, and increased need for assistance from others. The OT Eval indicated Resident 1 would receive OT services five times a week for 30 days. During a review of Resident 1's PT Discharge summary, dated [DATE], the PT Discharge Summary indicated Resident 1 was discharged from PT services on 1/9/2026. During a review of Resident 1's OT Discharge summary, dated [DATE], the OT Discharge Summary indicated Resident 1 was discharged from OT services on 1/9/2026. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 1/11/2026, the MDS indicated Resident 1 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding). The MDS indicated Resident 1 required set up or clean up assistance (helper sets up or cleans up) for eating and oral hygiene, partial/moderate (helper does less than half the effort) assistance with upper body dressing, substantial/maximal assistance (helper does more than half the effort) for lower body dressing and rolling to both sides, and was dependent (helper does all the effort) for transfers and bathing. During a concurrent record review and interview with the Director of Rehabilitation (DOR) on 1/22/2026 at 2:19 pm, the DOR who was a PT stated PT and OT required physician orders to evaluate and treat residents in the facility. The DOR reviewed Resident 1's physician's orders and confirmed PT and OT did not have physician orders to evaluate and treat Resident 1. The DOR reviewed Resident 1's therapy and clinical records and confirmed PT and OT evaluated Resident 1 for skilled therapy services (services that require specialized training and experience of a licensed therapist or therapy assistant) on 12/23/2025 and provided therapy treatment five times a week until the time of discharge on [DATE] without a physician's order. The DOR stated PT and OT required physician's orders to evaluate and treat residents in the facility to ensure the resident was medically stable and appropriate to participate in therapy and to ensure the plan of care was developed in conjunction with the physician. During an interview with the Director of Nursing (DON) on 1/22/2026 at 5:42 pm, the DON stated PT and OT required physician orders to evaluate and provide therapy to residents in the facility. The DON stated PT and OT required physician orders to evaluate and treat residents in the facility to ensure the physician was aware of (continued on next page)		

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F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the resident's plan of care and the residents were appropriate to participate in a therapy program. During a review of the facility's Policy and Procedures (P/P), titled, Scheduling Therapy Services/Screenings, revised July 2013, the P/P indicated the therapist shall interview and consult with the Attending Physician as to the type of treatment to be administered. During a review of the facility's Job Description, titled, Occupational Therapist, revised 12/2018, the Job Description indicated the OT performed appropriate assessment(s) and reassessment(s) of patient's functional abilities, including physical, emotional, cognitive, and sensory components to evaluate the necessity of skilled OT intervention, identify and initiate clinically appropriate therapeutic intervention that is evidence based and comprehensive to the needs of the individual patient and/or as directed by physician orders in accordance with the standards set by American Occupational Therapy Association, the state of employment and the company. During a review of the facility's Job Description, titled, Physical Therapist, revised 12/2018, the Job Description indicated the OT performed appropriate assessment(s) and reassessment(s) of patient's functional abilities, including physical, emotional, cognitive, and sensory components to evaluate the necessity of skilled PT intervention, identify and initiate clinically appropriate therapeutic intervention that is evidence based and comprehensive to the needs of the individual patient and/or as directed by physician orders in accordance with the standards for professional PT practice, the state of employment and the company.		

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure bedrooms measure at least 80 square (sq) foot (ft) per resident for six of twelve resident rooms. This failure had the potential to result in compromised resident safety due to limited bedroom space. During an interview with the Administrator (ADMIN) on 1/23/2026 at 2:49 p.m., the ADMIN stated the residents in the affected rooms were not negatively impacted. The ADMIN stated there was sufficient room for the provision of nursing services for these group of residents, the rooms were approved during (Office of Statewide Health Planning and Development (OSHDPD) inspection. During a review of the letter provided by the ADMIN dated 1/20/2026 , the ADMIN requested a room waiver for the residents' room sizes less than 80 sq ft per resident for six of 18 rooms. The following resident rooms measured as follows: Room, Number of beds, and Square Footage room [ROOM NUMBER] 4 beds 305.5 sq ft room [ROOM NUMBER] 4 beds 305.5 sq ft room [ROOM NUMBER] 2 beds 151 sq ft room [ROOM NUMBER] 2 beds 152 sq ft room [ROOM NUMBER] 2 beds 152 sq ft room [ROOM NUMBER] 2 beds 151 sq ft During observations in these rooms during the survey period from 1/20/2026 through 1/23/2026, there were no quality of care issues observed with the residents having access in and out of the rooms, the space for their furniture, and no problems with staff being able to administer or assist with care.		