STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055922	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard Health Care Center	1850 East 8th Street Davis, CA 95616

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 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** 44946 Based on observation, interview and record review, the facility failed to ensure communication boards were available at the bedside for three of 33 sampled residents (Resident 19, Resident 24 and Resident 58) who did not speak English. This failure had the potential to result in reduced ability for the residents to express their needs, preferences, and choices, placing them at risk for unmet care needs and taking away their right to participate in decisions about their care. Findings: During a review of Resident 19's Admission Record (AR), the AR indicated, Resident 19 was admitted on [DATE] with diagnoses which included chronic kidney disease stage 3B (kidneys are not filtering blood as well, moderate to severe kidney damage), and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (complete paralysis and weakness following a stroke). The AR also indicated Resident 19's primary language was Russian. During a review of Resident 19's Care Plans (CP), the CP indicated, that Resident 19 had a communication problem related to a language barrier, initiated on 12/6/24. The CP's interventions included communication: the resident required a translator or a communication board to facilitate communication. During a review of Resident 58's AR, AR indicated, Resident 58 was admitted on [DATE] with diagnoses which included Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and dementia (a progressive state of decline in mental abilities). The AR also indicated Resident 58's primary language was Mandarin (Chinese). During a review of Resident 58's CP, the CP indicated, Resident 58 had a communication problem related to a language barrier, initiated on 3/24/25. The CP indicated, Resident 58 preferred to communicate in Mandarin and able to communicate by lip reading, writing, using a communication board, gestures, sign language, and with the assistance of a translator. During a review of Resident 24's AR, AR indicated, Resident 24 was admitted on [DATE] with diagnoses which included congestive heart failure. The AR also indicated Resident 24's primary language was Cantonese (Chinese). (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 24's CP, the CP indicated, Resident 24 had a communication problem related to age-related hearing and language barrier (Cantonese), initiated on 12/27/24. The CP documented the resident preferred to communicate in Cantonese. During a concurrent observation and interview on 4/15/25 at 9:23 a.m. in Resident 19's room, Resident 19 was asked how he was doing that day, and Resident 19 responded, I don't understand. There was no communication board observed at the bedside or on the bulletin board on the wall or anywhere in the room. During a concurrent observation and interview on 4/15/25 at 9:34 a.m. in Resident 24's room, Resident 24 was asked how she was doing that day, Resident 24 shook her head and said something in Chinese. There was no communication board observed on the bedside table or on the bulletin board on the wall or anywhere in the room During a concurrent observation and interview on 4/15/25 at 10:09 a.m. with Certified Nursing Assistant (CNA) 4 in Resident 58's room, Resident 58 was asked how she was, and she just smiled. There was a picture poster on the wall, but it was in English. CNA 4 confirmed that it was in English, and the Chinese communication board was not in anywhere in the room. During an interview on 4/17/25 at 8:31 a.m. with Social Services Director (SSD), SSD stated for non-English speaking residents, there should also have been communication boards in the resident's room in their language. During a review of the facility's policy and procedure (P&P) titled, Dignity, dated December 2024, the P&P indicated, .facility culture supports dignity and respect for residents honoring resident goals, choices, preferences, values and beliefs . During a review of the facility's P&P titled, Non-Discrimination Policy, dated 9/30/21, the P&P indicated, [facility's name] does not discriminate and does not permit discrimination including without limitation .on the basis of race .provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages .

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. 48874 Based on observation, interview, and record review, the facility failed to protect the residents, rights to personal privacy and confidentiality of their personal and medical records when 16 resident meal tickets were left unattended in the facility's memory unit dining area. This resulted in the facility's failure to protect the residents' rights to personal privacy and confidentiality of their personal and medical records relating to sensitive information about residents' names, allergies and therapeutic diets. Findings: During a concurrent observation and interview on 4/16/25 at 1:14 p.m. in the Memory Unit with Registered Dietician (RD), observed resident meal tickets left unattended on a table in the Memory Unit. RD stated, They shouldn't be out there. Should be taken to shredder. HIPAA (Health Insurance Portability and Accountability Act) violation. Those are the meal tickets for the residents for memory unit dining. During an interview on 04/17/25 at 12:41 p.m. with DON, DON stated, That's HIPAA (Health Insurance Portability and Accountability Act) if meal tickets are unattended, they need to be shredded. During a review of the facility's policy and procedure (P&P) titled, Safeguarding PHI (Protected Health Information) Policy, dated, 2018, indicated Covenant Care employees must reasonably safeguard PHI to limit incidental uses or disclosures. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and occurs as a result of an otherwise permitted use or disclosure. The disposal/destruction of records will be carried out in compliance with all applicable Federal and State laws and shall be done so with the use of technology and methodology that renders the PHI unusable or undecipherable to unauthorized individuals.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49933 Based on observation, interview and record review, the facility failed to maintain a homelike environment when: 1. Shower room [ROOM NUMBER] was found to have a dark brown substance on the floor; and, 2. Four out of 11 rooms (C15, C17, C18 and C21) in the memory care unit had curtains by the sliding doors that were worn and had visible brown discolorations on them. These failures reduced the facility's potenital to provide residents with a homelike environment and had the potential to negatively impact the resident's quality of life. Findings: 1. During a review of Resident 69's face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated, Resident 69 was admitted to the facility in early June 2023 with multiple diagnoses of myopathy (disease that affects the muscles that control voluntary movement in the body) and paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 69's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/26/25, indicated Resident 69 had intact cognition. During an interview on 4/16/25 at 2:56 p.m. in Resident 69's room, Resident 69 stated, the shower rooms were dirty and unsanitary. Resident 69 further stated that she had seen mold and dirt in between the grouts. Resident 69 stated she felt upset and grossed out. During a concurrent observation and interview on 4/17/25, at 2 p.m., shower room [ROOM NUMBER] had a dark brown substance on the floor. Licensed Nurse (LN) 7 acknowledged that there was a dark brown substance on the floor. LN 7 confirmed that staff should have notified the housekeeping department when the shower room was dirty. During an interview on 4/18/25 at 8:19 a.m., the Infection Preventionist (IP) stated that shower rooms should always be clean. The IP further stated, an unclean environment can spread infection, and it can also impact the residents' psychosocial wellbeing of not wanting to take a shower. 44946 2. During an observation on 4/15/25 at 11:40 a.m. in the memory care unit (rooms C13 through C23), it was noted that the curtains by the sliding doors in room C15, C17 and C21 were worn and exhibited multiple brown discolorations. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/15/25 at 11:45 a.m. with Director of Staff Development (DSD) in Room C18, curtains by the sliding door were observed to be dirty and worn. DSD described the curtains as dirty, old and worn and that the brown discolorations were stains. DSD stated that to provide a homelike environment, curtains should be clean and not worn out. During an interview on 4/17/25 at 8:03 a.m. with Director of Nursing (DON), DON stated to maintain a homelike environment, the expectations is for curtains in the rooms to be clean and intact. During a review of the facility's policy and procedure (P&P) titled, Safe, Clean, Comfortable, and Homelike Environment, dated 6/2023, the P&P indicated, .the facility will strive to maintain/enhance a safe, clean, and comfortable environment by engaging in the following general practices and considerations .removing torn, frayed or stained linens from supplies upon discovery . During a review of the facility's (P&P) titled, Safe, Clean, Comfortable, and Homelike Environment, dated 6/2023, the P&P indicated, .Maintain/enhance a safe, clean, and comfortable environment by engaging in the following general practices and considerations: .Cleaning up spills, debris .Reporting bathrooms or other areas needing cleaning to Housekeeping Department .removing torn, frayed or stained linens from supplies upon discovery .

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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** 44946 Based on observation, interview and record review, the facility failed to ensure care and services were provided according to accepted professional standards of clinical practice when: 1. The licensed nurse (LN) did not administer medications in a timely manner for Resident 16, Resident 19, Resident 37, Resident 59 and Resident 71. 2. The LN did not check the residents' identity and did not explain the medications administered for (Resident 15, Resident 23, Resident 222, and Resident 102) and; 3.The Licensed Nurse failed to follow physician orders for continuous gastrostomy feeding for Resident 18 for a census of 104. These failures had the potential to result in medication errors and for Resident 15, Resident 16, Resident 18, Resident 19, Resident 23, Resident 37, Resident 59, Resident 102 and Resident 222 not meeting their highest practicable well-being. Findings: 1. During a review of Resident 16's Admission Record (AR, front page of the chart that contains a summary of basic information about the resident), the AR indicated, Resident 16 was admitted on [DATE] with diagnoses which included Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), acute gastroenteropathy (stomach flu), type 2 diabetes mellitus with hyperglycemia (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing with high blood sugar) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 19's AR, the AR indicated, Resident 19 was admitted on [DATE] with diagnoses which included chronic atrial fibrillation (irregular, rapid heart beat), hypertensive heart (heart problems cause by chronic high blood pressure) and chronic kidney disease (progressive loss of kidney function) with heart failure, hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominant side (complete paralysis and weakness following a stroke). During a review of Resident 37's AR, the AR indicated, Resident 37 was admitted on [DATE] with diagnoses which included nontraumatic intracerebral hemorrhage (bleeding inside the brain tissue without any injury or trauma), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, hypokalemia (low level of potassium in blood), other seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness) and essential hypertension (HTN-high blood pressure). (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 59's AR, the AR indicated, Resident 59 was admitted on [DATE] with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic viral hepatitis (liver disease), bipolar disorder (a mental illness characterized by extreme mood swings), anxiety disorder (feeling of worry, unease, or nervousness), low back pain and essential HTN. During a review of Resident 71's AR, the AR indicated, Resident 71 was admitted on [DATE], with diagnoses which included type 2 DM, anxiety disorder, benign prostatic hyperplasia (BPH-prostate gland enlarges over time), dementia (progressive state of decline in mental abilities), pain in right knee, essential HTN, and hyperlipidemia (HLD-high level of fats in the blood). During a concurrent observation and interview on 4/15/25 at 10:56 a.m. with Licensed Nurse (LN) 3, LN 3 reported that she had not been able to administer any medications since this morning. During a review of the facility's Medication Administration Audit Report (MAAR), indicated the following medications were not administered timely on 4/15/25 as scheduled. 1. Resident 16's [brand name of empaglifozin] 25 mg (milligram-unit of measurement; to treat DM) tab (tablet), scheduled for 7:30 a.m., was given at 1:10 p.m.; metformin HCl (hydrochloride) 500 mg/ml (milligram/mililliter - unit of measurement, to treat DM), scheduled for 8:00 a.m., given at 1:07 p.m.; risperidone 1 mg/ml (treat bipolar disorder), scheduled for 9 a.m., given at 1:09 p.m.; and saccharomyces boulardii 250 mg (yeast probiotic), scheduled for 9:30 a.m., was administered at 1:07 p.m. 2. Resident 19's multivitamin tab (supplement) was scheduled for 7:30 a.m. and given at 11:50 a.m.; baclofen 5 mg tab (help relax muscles); senna 8.6 mg tab (treat constipation), [brand name for apixaban] 5 mg tab (used to treat blood clots) and metoprolol tartrate 25 mg tab (treats HTN) were all scheduled for 9 a.m. and given at 11:37 a.m. 3. Resident 37's furosemide 20 mg tab (treats HTN), scheduled for 7 a.m., was given at 12:02 p.m.; simvastatin 20 mg tab (treat HLD), senna 8.6 mg tab, potassium chloride 20 mEq/ml (milliequivalent/ml - unit of measurement; treat hypokalemia), metoprolol tartrate 100 mg tab - all scheduled for 7:30 a.m. were administered at 1:11 p.m.; and lisinopril 40 mg tab (treat HTN) and keppra 7.5 mL (treat seizures), both scheduled for 9 a.m., were given at 12:08 p.m. 4. Resident 59's aspirin chew 81 mg tab (prevention of blood clot) and amlodipine 2.5 mg tab (treat HTN), both scheduled for 7:30 a.m., were given at 11:59 a.m. and 11:58 a.m., respectively. Acetaminophen 500 mg tab (treat pain), buspirone HCl 15 mg tab (treat generalized anxiety disorder), senna 8.6 mg tab, and gabapentin 300 mg cap (capsule, treat epilepsy, can be taken for nerve pain), all scheduled for 9 a.m. were administered at 11:58 a.m.; ciprofloxacin Hcl 250 mg cap (treat bacterial infection), scheduled for 10 a.m., was given at 11:58 a.m. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Resident 71's clopidogrel 75 mg tab (prevention of blood clot), finasteride 5 mg tab (treat symptoms of BPH), aspirin chew 81 mg tab, [brand name for mirabegron] 50 mg tab (treats overactive bladder), vitamin D 1000 IU tab (international unit; supplement), and memantine HCl 5 mg tab (treat Alzheimer's or dementia with Lewy bodies), all scheduled for 7:30 a.m., were administered at 11:14 a.m.; amlodipine besylate 5 mg tab, metoprolol 100 mg tab, , lisinopril 40 mg tab, acetaminophen 650 mg tab, bupropion HCl 150 mg tab (treat major depressive disorder), gabapentin 300 mg cap and [brand name for diclofenac sodium gel] (topical gel used for pain), all scheduled for 9 a.m., were given between 11:13 a.m. and 11:14 a.m. During an interview on 4/15/25 at 11:21 a.m. with Director of Nursing (DON), the DON stated the expectation for medication administration was for medications to be administered within one hour before or one hour after the scheduled time indicated on the eMAR. During a review of the facility's P&P titled, Administering Medications, dated December 2024, the P&P indicated, .medications can be administered within one hour before or after their prescribed times . 50517 2. During a review of Resident 15's AR, indicated, Resident 15 was admitted in 4/2025 with diagnoses including Unspecified fracture of left forearm. During a review of Resident 23's AR, indicated Resident 23 was admitted in 3/2025 with diagnoses including Essential Hypertension (high blood pressure). During a review of Resident 222's AR, indicated Resident 222 was admitted in 3/2025 with diagnoses including Obstructive (blockage) and Reflux (backward flow of fluid) Uropathy (disease of the urinary system). During a review of Resident 102's AR, indicated Resident 102 was admitted in 3/2025 with diagnoses including Hemiplegia (one side of the body experiences loss of the ability to move) and Hemiparesis (weakness on one side of the body) following Cerebral Infarction (stroke). During an observation on 4/16/25 at 8:45 a.m., LN 1 prepared Resident 15's morning medication which included Oxycodone (medication for pain) 5 mg (milligram, a unit of measure), (brand name of depression medication) 60 mg, Olmesartan Medoximil (for high blood pressure), Aspirin Enteric (medication that prevent blood clots from forming]) 81 mg, cranberry (supplement) 450 mg capsule, and clear lax powder (medication for constipation). During an observation on 4/16/25 at 8:50 a.m., LN 1 administered the prepared medications to Resident 15 without checking the resident's identification and not explaining the medications. LN 1 stated, Here are your medicines. During an observation on 4/16/25 at 9:06 a.m., LN 1 prepared Resident 23's medication which included Lisinopril (for high blood pressure) 5 mg, Furosemide (medication that help reduce fluid build up in the body) 40 mg, (brand name of medication to prevent or treat blood clots) 5 mg. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 4/16/25 at 9:10 a.m., LN 1 administered and handed the medication cup with medications to Resident 23 without checking the identification and not explaining the medications. During an observation on 4/16/25 at 9:23 a.m., LN 2 prepared Resident 222's morning medications which included Clopidogrel Bisulfate (medication to prevent or treat blood clots) 75 mg, (brand name of medication to prevent or treat blood clots) 2.5 mg, Gabapentin (for nerve pain) 300 mg, Hydroxyurea (medication to treat cancer by slowing or stopping the growth of cancer cells in the body) 500 mg. During an observation on 4/16/25 at 9:30 a.m., LN 2 administered the prepared medications to Resident 222 without checking the resident identification and not explaining the medications. LN 2 stated, Here you go. During an observation on 4/16/25 at 9:50 a.m., LN 2 prepared Resident 102's medication which included, Amlodipine (for high blood pressure) 10 mg, Metformin (medication for Diabetes Mellitus Type 2 (DM- a disorder characterized by difficulty in blood sugar control) 500 mg, Lisinopril 40 mg, (brand name for DM medication) 5 mg, Hydrochlorothiazide (medication to help reduce the amount of water in the body by increasing the flow of urine) 25 mg. During an observation on 4/16/25 at 10 a.m. LN 2 administered the prepared medications to Resident 102 without checking the resident identification and not explaining the medications. During an interview on 4/16/25 at 9:06 a.m. with LN 1, when asked how the medication pass procedure was, LN 1 stated, I forgot to check the residents' identification and did not explain the medication to the resident. During an interview on 4/16/25 at 10 a.m. with LN 2, when asked how the medication pass procedure was, LN 2 stated, I did not check the names and did not explain their medications to them. During an interview on 4/18/25 at 9 a.m. with DON, the DON stated, her expectation was for the licensed nurses to do their resident identifiers prior to giving medications and to inform the residents what medications they are going to take during medication pass. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, revised 12/24, the P&P indicated, .individual administering medications verifies the resident's identity before giving the resident his/her medications .individual administering medication checks the label THREE (3) times to verify the right resident, right medications, right dosage, right time, right route before giving the medication. 49933 3. During a review of Resident 18's AR, indicated, Resident 18 was admitted to the facility in late May 2013 with multiple diagnoses which included gastrostomy status (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach) and dysphagia (difficulty swallowing). (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 18's Order Summary Report (OSR), dated 4/18/25, the OSR indicated, .every shift Administer Jevity 1.5 (feeding formula) . Enteral [passing through the intestine] Pump and Infuse at 55 cc/hr [cubic centimeter/hour - unit of measurement]. X 20 hrs [hours]. Total 1100 cc's/1650 total calories per day, 70 gm [gram- unit of measurement] protein .via G-tube [gastrostomy tube] Begin Feedings at 5 PM and end at 1PM until dose Delivered. During a review of Resident 18's care plan, dated 7/21/15, the care plan indicated, The resident [18] is dependent with tube feeding and water flushes. See MD (doctor) orders for current feeding orders. During an observation on 4/15/25 at 9:38 a.m. in the hallway, Resident 18's door was closed. LN 4's medication cart was in front of Resident 18's doorway while preparing medications. During an observation on 4/15/25 at 9:50 a.m., 10:02 a.m., and 10: 56 a.m., respectively, Resident 18 was lying in bed with feeding formula hanging on feeding tube pole. The feeding pump was beeping and screen displayed hold error. The feeding formula measured at 650 ml (unit of measure) in each observation. During a concurrent observation and interview on 4/15/25 at 11:15 a.m. in Resident 18's room, feeding pump was still beeping. Feeding formula measured at 650 ml. LN 4 confirmed she had not gone into Resident 18's room since administering medications at 9:38 a.m. LN 4 confirmed that the feeding pump should not be beeping and should be running continuously until 1 p.m. During an observation on 4/15/25 at 11:43 a.m. in Resident 18's room, Resident 18's feeding pump was beeping again with hold error. During an interview on 4/18/25 at 10:15 a.m. with Registered Dietician (RD), the RD stated that Resident 18 could be at risk for dehydration and weight loss if feeding formula was not administered according to physician orders. During an interview on 4/18/25 at 10:30 a.m. with the DON, the DON stated licensed nurses and certified nursing assistants (CNA) should be monitoring the residents for any alarms with a feeding pump. The DON stated the CNA should notify the LN if there are any beeping noises. DON stated if the feeding pump is not working the resident did not receive the prescribed nutrition. During a review of facility's P&P titled, Administering Medications dated, revised 12/23, the P&P indicated, Medications are administered in accordance with prescriber orders, including any required time frame.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 38528 Based on observation, interview and record review, the facility failed to ensure pressure injury prevention consistent with the professional standards of practice for one of 33 sampled residents (Resident 106), when regular and timely turning and repositioning was not implemented. This failure had the potential risk to result in skin breakdown and Resident 106 not attaining his highest practicable physical and psychosocial well-being. Findings: During a review of Resident 106's Admission Record (AR, a page of resident's medical chart containing admission information, diagnoses, etcetera) was admitted to the facility in early 2024 with diagnoses which included hematoma (a collection of blood outside of a blood vessel caused by a broken blood vessel) of skin and subcutaneous (innermost layer of skin) tissue following surgery, chronic kidney disease, muscle weakness and limitation of activities due to disability. During a review of Resident 106's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 3/21/25, the MDS indicated Resident 106 had no memory impairment, had limited range of motion and dependent with turning and repositioning, and at risk for pressure ulcers. During a review of Resident 106's document titled, BRADEN SCALE [an assessment tool used to assess risk for developing pressure injury] FOR PREDICTING PRESSURE SORE RISK, dated 3/17/25, the document indicated Resident 106 was confined to bed, very limited with mobility, and at risk for skin breakdown. During a review of Resident 106's Nursing Care Plan (NCP), dated 3/27/25, the NCP indicated, Self-Care Deficit As Evidenced by: Needs dependent assistance with ADLs [activities of daily living] R/T [related to] weakness, poor coordination and balance .Bed Mobility - Two person physical assistance required. During a review of Resident 106's NCP, dated 3/28/25, the NCP indicated, Potential for impaired skin integrity related to: Impaired mobility, Incontinence .No new pressure ulcers will develop . There was no intervention to turn & reposition the resident every two hours. During a concurrent observation and interview on 4/15/25 at 10:58 a.m. in Resident 106's room, Resident 106 was lying in bed, awake and alert, verbally responsive, and stated, I have been here a month .I don't like it here .it's difficult to get help .they'll say, I'll be right back, and you never see them again .I cannot turn side to side. I fell twice. First time, I severely damaged my right leg. The second time, I fell and damaged my knee on my left leg and I can't stand .I just need help to get from here to there . During an interview on 4/16/25 at 9:02 a.m. in Resident 106's room, Resident 106 stated, My main problem is just lying in bed in the same position. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During and interview on 4/16/25 at 9:31 a.m. with Family Member (FM) 1, FM 1 stated, [Resident 106] is having difficulty going to the bed .He cannot turn in bed and he has a wound. During a concurrent observation and interview on 4/17/25 at 12:37 p.m. in Resident 106's room, Resident 106 was lying in bed on his back, and stated, I'm a little tired. I didn't sleep last night. I stayed on my back all night .My problem is I am staying in my back for so long. I have a wound in my bottom .I don't know if it's getting better or worse. I'm worried. I can't turn on my side. During a concurrent observation and interview on 4/17/25 at 12:38 p.m. in Resident 106's room with Certified Nursing Assistant (CNA) 3 and Resident 106, when asked what the process was when residents were immobile, unable to reposition themselves and had skin issues, CNA 3 stated, When they're bed bound, we have to rotate them side to side every two hours. [Resident 106] is on his back right now. Resident 106 stated, I didn't know that I can be turned every two hours. CNA 3 stated, I haven't turned him today . Resident 106 answered,I don't remember you turning me. CNA 3 stated, .He [Resident 106] hasn't been rotated to the side and we're supposed to change and turn them. Resident 106 stated, I am just on my back. I didn't know you should rotate me every two hours. During an interview on 4/17/25 at 12:42 p.m. with Licensed nurse (LN) 1, when asked about pressure injury prevention, LN 1 stated, Check for skin issues when providing care. Turn and reposition [the resident] every two hours to prevent skin breakdown. When asked about Resident 106's ability to turn and reposition, LN 1 stated, [Resident 106] is not able to turn and reposition himself. I haven't seen him turning and repositioning by himself in bed. He needs help turning when lying in bed. During a review of the undated facility's policy and procedure (P&P) titled, Wound Treatment Management, the P&P indicated, It is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice. During a review of the undated document titled, Nursing Practice Act Rules and Regulations, the document indicated, Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require substantial amount of specific knowledge of the following: .Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement treatment, disease prevention, or rehabilitative regiment .ordered by and within the scope of licensure of a physician .as defined by Section 1316.5 of the Health and Safety Code. (Nursing Practice Act Rules and Regulations Issued by Board of Registered Nursing 1997 State of California Department of Consumer Affairs. pp. 5)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44946 Based on interview and record review, the facility failed to ensure one of 33 sampled residents (Resident 58) significant weight loss was addressed and monitored. This failure resulted in further weight loss for Resident 58. Findings: During a review of Resident 58's Admission Record (AR), AR indicated, Resident 58 was admitted on [DATE] with diagnoses which included metabolic encephalopathy (a change in how the brain works due to an underlying condition), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), dementia (a progressive state of decline in mental abilities), hypothyroidism (the thyroid gland, an organ doesn't produce enough thyroid hormones which can disrupt all types of metabolism), hyperosmolality (blood has a high concentration of salt) and hypernatremia (blood has an abnormally high concentration of sodium) and dysphagia oral phase (problems using mouth, lips and tongue to control food or liquid). During a review of Resident 58's Nutritional Risk Assessment (NRA) dated 3/25/25, NRA indicated, the usual body weight was around 125 lbs. (pounds-a unit of weight measurement). The NRA indicated that Resident 58 was dependent with feeding. During a review of Resident 58's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 3/25/25, the MDS indicated, for eating - the helper did all the effort for Resident 58. During a review of Resident 58's Care Plans (CP), the CP indicated, had a focus of potential for malnutrition, as evidenced by the Nutritional Screening Tool that was initiated on 3/24/25 and interventions listed were monitor eating environment and monitor weight closely for gain/loss. Another CP had a focus of 'altered nutrition and hydration (risk) with a one goal listed as will have no unintended significant weight variance through next review date, interventions listed were monitor weight: weekly x4 then monthly and Notify MD of significant weight change. During an interview on 4/18/25 at 8:40 a.m. with Registered Dietician (RD), RD stated resident weights were to be taken upon admission, monthly and weekly if ordered by the physician, as well as weekly for four weeks following admission. The RD also stated obtaining weekly weights upon admission was important because residents were coming directly from the hospital and could experience drastic weight changes due to their current health conditions, recent surgery, medications, or fluid shifts. During a concurrent interview and record review on 4/18/25 at 9:13 a.m. with RD, Resident 58's weight log was reviewed. The log indicated Resident 58 weighed 124 lbs. on 3/21/25 during admission. The RD confirmed a weight entry around 3/28/25 was missing from the record. The RD reported the resident was weighed as part of the April 2025 monthly weights, which indicated Resident 58 weighed 107.2 lbs. The RD calculated the percentage weight loss at 13.5% weight loss over a week and a half, considered a significant change in weight. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/25 at 9:45 a.m. with RD, RD stated Resident 58 had lost additional weight, now weighing 102.6 lbs. The RD confirmed Resident 58 was not included in the most recent weekly weight meeting. The RD stated significant weight loss was not addressed promptly, it could lead to further weight loss, dehydration, electrolyte imbalance and muscle wasting. During a review of the facility's P&P titled, Weight Management Standard, dated 10/11, the P&P indicated, . weekly weight monitoring may be appropriate for: new admission for one-month, significant unplanned weight loss/gain review to identify potential causal factors of loss/gain, need for significant change in condition assessment and referral for continued assessment and intervention . During a review of the facility's policy and procedure (P&P) titled, Weight Assessment and Intervention, dated 12/24, the P&P indicated, .the threshold for significant unplanned and undesired weight loss will be based on the following criteria .1 month-5% weight loss is significant; greater than 5% is severe .

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38528 Based on observation, interview and record review, the facility failed to ensure adequate pain management consistent with professional standards of practice for two of 33 sampled residents (Resident 15 and Resident 6), when: 1. Resident 15 complained of severe pain and was not asssessed and did not receive pain medication before therapy exercises; and 2. Resident 6 complained of pain and was not assessed and not given pain medication as scheduled. These failures had the potential to negatively affect residents' highest practicable physical, mental and psychosocial well-being. Findings: 1. During a review of Resident 15's Admission Record (AR, a page in resident's chart with medical information) indicated admission to the facility in early 2025 with diagnoses which included fracture of the left forearm (radius/ulna), fracture of the right arm (humerus), and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage resulting in chronic pain). During a review of Resident 15's Nursing Care Plan (NCP), dated 4/4/25, the NCP indicated, [Resident 15] is on pain medication therapy Oxycodone r/t [related to] fx [fracture] (LEFT RADIUS FX, LEFT ULNA FX, RIGHT PROXIMAL HUMERUS FX) .The resident will be free of any discomfort. During a review of Resident 15's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 4/6/25, the MDS indicated Resident 15 had mild memory impairment and had received pain medication as needed. During a review of Resident 15's NCP, dated 4/7/25, the NCP indicated, Acute Pain/Chronic Pain .Administer pain medications per order, if non-medication interventions are ineffective .Administer prescribed medication before activity and therapy. During a review of Resident 15's Order Summary Report (OSR), dated 4/10/25, the OSR indicated, oxyCODONE .Oral Tablet 5 MG [milligram, weight measure] .Give 2 tablet orally every 8 hours as needed for moderate to severe pain. During a review of Resident 15's electronic Medication Administration Record (eMAR), dated 4/15/25, the eMAR indicated no pain medication was administered. The last time Oxycodone was administered was on 5/14/25 at 12:19 a.m. During an observation on 4/15/25 at 9:56 a.m. in Resident 15's room, Resident 15 was in bed and the Certified Occupational Therapist (COTA) at the bedside behind the privacy curtain attempted to do therapy exercises with Resident 15. Resident 15 refused and told the COTA, I can't do anything. I'm in pain. I have been in pain since this morning. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/15/25 at 9:57 a.m. in Resident 15's room, Resident 15 was lying in bed, appeared with discomfort, awake and alert, verbally responsive, and stated, I'm in pain, in my arm and my shoulder since I woke up this morning. The thing I need right now, with all my pain, is my medication. I have been asking for that since this morning. I am hurting so much . It's so painful, my pain is 10 out of 10. During an interview on 4/15/25 at 9:58 a.m. with Licensed Nurse (LN) 1, LN 1 stated, I have not checked [Resident 15] yet .I have not assessed her pain. I have not given her any pain medication. During an interview on 4/15/25 at 10:05 a.m. with the COTA, the COTA stated, .I'm just trying to help her get her range of motion back in her hand as tolerated, but she was telling me she was in pain .I haven't even told the nurse that she's in pain. During an interview on 4/17/25 at 12:24 p.m. with the Rehab Director (RHD), the RHD stated, we should be asking the nurses to premedicate them before the exercises. [Resident 15] was in a lot of pain on the right shoulder fracture where she had the fracture .I know she was crying in pain the other day. 44946 2. During a review of Resident 6's AR, the AR indicated, Resident 6 was admitted on [DATE] with diagnoses which included other intervertebral disc degeneration (natural breakdown of discs between the bones of the spine), chronic pain syndrome, rheumatoid arthritis with rheumatoid factor of multiple sites (immune system is attacking the joints causing pain, swelling and stiffness), unilateral primary osteoarthritis (joint pain and degeneration affecting only one side of the body), varicose veins of bilateral lower extremities with pain (swollen, twisted veins in the legs that can cause discomfort like aching, throbbing or burning). During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 had no memory impairment. During an observation and interview on 4/15/25 at 9:35 a.m. in the hallway, Resident 6 appeared to be in distress, moaning and grimacing while saying 'dolor' (pain). At 9:49 a.m. Certified Nursing Assistant (CNA) 5 went in the room and stated that Resident 6 was talking about pain and CNA 5 left to inform the nurse. At 9:55 a.m. Resident 6 handed me her cellphone, and her Family Member (FM) 2 was on the line. FM 2 stated that Resident 6 had pain medications that were due and that the resident is in pain. At 10:44 a.m., Resident 6 was still outside the room, moaning due to pain. During an interview on 4/15/25 at 10:56 a.m. with LN 3, LN 3 reported that she had not been able to administer any scheduled morning medications. During an interview on 4/15/25 at 11:21 a.m. with Director of Nursing (DON), DON stated the medication administration expectation was for medications to be administered within one hour before or one hour after the scheduled time indicated on the eMAR. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/17/25 at 8:31 a.m. with (Social Services Director) SSD, the SSD was asked what Resident 6 said on Tuesday, 4/15/25, when the electronic health record (EHR) was down, as she was one of the staff members who spoke with the resident. The SSD stated that Resident 6 said she was in a lot of pain and had not yet received her medication. During a review of Resident 6's OSR printed on 4/16/25, OSR indicated Resident 6 had the following orders: a. [brand name of celecoxib] (used to treat mild to moderate pain and inflammation) 200 mg (milligram-unit of measurement), 1 capsule to be given once a day for arthritis. b. duloxetine hydrochloride (used to treat chronic pain related to muscles and bones) 60 mg, 1 capsule to be given in the morning for chronic pain. c. gabapentin (medication for epilepsy, also taken for nerve pain) 600 mg, 1 tablet to be given every 8 hours for chronic neck and back pain. d. hydrocodone-acetaminophen (opioid pain medication) 5-325mg, 2 tablets to be given four times a day for chronic pain. During a review of the facility's Medication Admin Audit Report (MAAR),the MAAR indicated, the scheduled administration time for [brand name for celecoxib] and duloxetine was 7:30 a.m., gabapentin scheduled administration time was 0800; and for hydrocodone-acetaminophen, the scheduled time was 0900. Duloxetine and [brand name for celecoxib] were administered at 11:02 a.m., while hydrocodone-acetaminophen and gabapentin were administered at 11:00 a.m. During a review of facility's policy and procedure (P&P) titled, Pain Management, undated, the P&P indicated, In order to help a resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being and to prevent or manage pain the facility will .manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences . During a review of the facility's P&P titled, Administering Medications, dated 12/24, the P&P indicated, Medications can be administered within 1 hour before or after their prescribed time .

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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. 49933 Based on observation, interview, and record review the facility failed to adequately maintain pharmacy services for 11 residents out of a census of 104 when: 1.The facility did not have a complete controlled drug (medication that may be abused or cause addiction) destruction record log, and; 2.The facility did not reconcile the controlled drug records when the original controlled drug sheets went missing for medication cart A2. These failures had the potential to cause inaccurate accountability of controlled medications and the potential to result in residents' controlled meedication diversion. Findings: 1.During a concurrent observation and record review of the controlled medication storage on 4/16/25 at 9 a. m. in the Director of Nursing's (DON) office, a review of 11 random residents' controlled drug records, indicated no documented evidence a destruction log was recorded when receiving discontinued controlled medications from the nurses. During an interview on 4/16/25 at 9:15 a.m. with the DON, the DON verified the 11 controlled medications did not have a destruction log and confirmed the controlled drugs in the locked cabinet were not scanned and recorded into the pharmacy website at the time she received it from the nurses. The DON acknowledged that inaccurate accountability of controlled drug record logs could result in controlled drugs being diverted. 2. During a concurrent observation and interview on 4/16/25 at 9:30 a.m. with the DON, of the controlled medication storage in the DON's office, the DON verified the 11 controlled drugs had photocopied hand written narcotic sheets. The DON stated, the 11 controlled drugs were given to her by the nurse without the original narcotic sheets. The DON also stated that all the controlled drug sheets went missing from medication cart A2 on Wednesday, 4/16/25 at 6:30 a.m. The DON further stated that the original controlled drug sheets were found later that day at 7:30 p.m. but were not reconciled for any discrepancies. The DON acknowledged that inaccurate accountability of controlled drug record logs could result in controlled drugs being diverted. During an interview on 4/21/25 at 2 p.m. with Pharmacist Consultant (PC) 2, the PC 2 stated the DON should have a destruction log when receiving discontinued controlled drugs from the nurses. The PC 2 further stated that all controlled drugs in medication cart A2 should have been reconciled when the original controlled drug sheets were found. The PC 2 further stated that reconciliation between two nurses was to make sure controlled drugs were not missing during the temporary transfer to a new narcotic sheet. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Controlled Substance Administration & Accountability undated, the P&P indicated, It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion . Obtaining/Removing/Destroying Medications .The entire amount of controlled substances obtained or dispensed is accounted for . Discrepancy Resolution .Any discrepancy in the count of controlled substances . is resolved by the end of the shift . Resolution can be achieved by review of dispensing and administration records and consulting with all staff with access .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50517 Based on observation, interview and record review, the facility failed for a census of 104 to ensure : 1.Observed in the medication room [ROOM NUMBER]: -Treatment supplies had expiration dates. - Expired Tube feeding formulas were removed. 2. Observed in the medication carts A1 and A2: -Narcotic cabinet is used only for narcotics in accordance with facility policy and procedure, -Expired and discharged resident medications were disposed accordingly -Medications and over the counter products were appropriately labeled with open and discard dates. 3. Narcotic count sheets are signed by both incoming and off going shift's licensed nurses in accordance with facility policy and procedure. These failures decreased the facility's potential to provide an updated treatment and nutrition supplies, and prevent medication administration errors. Findings: 1. During a concurrent observation and interview on 4/17/25 at 8:20 a.m. with Director of Nursing (DON) in Medication room [ROOM NUMBER], the following expired tube feeding formula and unlabeled medical supplies were identified: Opened and unlabeled pair of anti-embolic (prevent blood clots) stockings; suction catheter trays, nebulizer adaptors, foley catheter (a hollow tube inserted into the bladder to drain or collect urine) holders, Yankauer suction (an oral suctioning tool used in medical procedures), masks, mini tracheostomy (a surgically created hole in the windpipe) care kits, tracheostomy masks, all items do not have a use by date; and 3 Glucerna (diabetic [disorder characterized by difficulty in blood sugar control and poor wound healing] nutrition) tube feeding formula were expired on 4/1/25. The DON stated, the opened anti embolic stockings and the expired Glucerna needed to be disposed. The DON stated that the expectation was for licensed nurses to routinely check the medication room and dispose any expired medications and opened items. During a review of facility's policy and procedure (P&P) titled, Storage and Expiration dating of Medication, Biologicals, Syringes and Needles, dated 12/1/07, the P&P indicated, 10.Facility should ensure that medications and biologicals that (1) have an expired date on the label; (3) . are stored separate from other medications until destroyed. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Food and Drug Administration (FDA) document titled, Shelf life of Medical Devices,' undated, page 10 indicated, both the manufacturing specifications and the manufacturing process must be written 21 CFR 820.100: written manufacturing specifications and processing shall be established, implemented to assure that the device conforms to its original design. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/shelf-life-medical-devices 2. During a concurrent observation and interview on 4/17/25 with Licensed Nurse (LN) 1 at 11:03 a.m., LN 1 reviewed the manufacturer's labeling on several items in Medication Cart A1 and were identified with no labels: Foley catheter (a thin urinary cathetermade of plastic or rubber, inserted into the bladder through the urethra[a tube-like structure that carries urine from the bladder to the outside of the body] to drain urine), 5 Mini Tracheostomy (a surgical procedure that creates an opening in the windpipe in fornt of the neck) care kit, 1 tracheostomy tube holder, 1 tracheostomy mask, oxygen tubing, opened wound treatment dressing, bordered gauze foam wound dressing, 4x4 gauze, a bell, kerlix roll dressing, Peripherally Inserted Central catheter (PICC- a long, flexible thin tube that is placed into a vein in the upper arm) dressing kit, plastic isolation gown. In medication cart A1 (brand name for dialysis [a blood clearance technique used in patients with kidney disease] medication) overstock medication bags (2 bags) were found in the locked box; three 10cc (unit of measurement) Normal Saline flush syringes that were unsealed, 10 cc of Sterile water vial was expired in 3/2025; a Famotidine (medication to decrease stomach acid) 10 mg (milligram-unit of measurement) tablet and 1 capsule of Doxycycline (an antibiotic) in a medication cup without resident label or original packaging; an expired Furosemide (medication to help with fluid retention) vial, 40 mg/ml (milligram/ milliliter- unit of measurement), expired in 4/1/2025 without a resident label; and two packages of Lidocaine (medication patch used for pain) 5% of a discharged resident. LN 1 confirmed treatment supplies should be in the treatment cart, expired medications need to be discarded, non-narcotic medication should not be in the narcotic box, and medications of discharged residents should be removed from the medication cart. During an interview on 4/17/25 at 1:56 p.m. with Pharmacy Consultant (PC) 1, PC 1 stated treatment supplies should be in a treatment cart and not in the medication cart. PC 1 further stated, overstock non-narcotic medications should not be in the narcotic drawer. During a follow up interview on 4/18/25 at 9 a.m. with DON, the DON stated any medication for a resident that has been discharged should be removed from the medication cart. DON stated any medication in a cup (Doxycycline and Famotidine) and any expired medications should be removed from the cart and discarded. DON stated that this will cause medication errors. During a review of facility's P&P titled, Storage and Expiration dating of Medication, Biologicals, Syringes and Needles dated, 12/1/07, the P&P indicated, Procedure . 3. Facility should ensure food is not to be stored in the refrigerator, freezer, or general storage where medications and biologicals are stored . 10. Facility should ensure that medications and biologicals that have an expired date on the label .(3) .are stored separate from other medications until destroyed . During a concurrent observation and interview on 4/17/25 at 2:30 p.m. with LN 2, an observation of Medication Cart A2, identified opened medications with no opened dates. LN 2 reviewed the manufacturer's labeling on each item and confirmed 8 opened over -the -counter bottles with no open date and use by date of medication bottles. In medication cart A2, the narcotic count sheet for shift-to-shift count had open spaces without licensed nurse signatures. (continued on next page)

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	055922	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard Health Care Center	1850 East 8th Street Davis, CA 95616

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview with LN 2 stated, Over- the- counter medications should have dates when they were opened. LN 2 stated, narcotic count sheet should have signatures of both shifts. During a follow up interview on 4/18/25 at 9 a.m. with DON, the DON stated that all over the counter medications should have an opened date and is written on the bottle. DON further stated narcotic count sheet must be signed by both incoming and off going licensed nurse every shift to account for all controlled drugs. A review of facility's P&P titled, Storage and Expiration dating of Medication, Biologicals, Syringes and Needles, dated 12/1/07, the P&P indicated, 11. Facility staff should record the date opened on the primary medication container when the medication has shortenend expiration date once opened A review of facility's P&P titled, Controlled Substance Administration and Accountability undated, The P&P indicated, 9. Inventory Medication.b. For areas without automated dispensing systems,two licensed nurses account all controlled substances and access keys at the end of each shift.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48874 Based on observation, interview and record review the facility failed to follow scheduled mealtimes comparable to mealtimes in the community and in accordance with resident preferences for five of 33 sampled residents (Resident 81, Resident 94, Resident 30, Resident 69 and Resident 3). This failure resulted in residents' dissatisfaction with their meals and had the potential for decreased food intake leading to unplanned weight loss and nutritional deficiencies. Findings: Review of Resident 81's Admission Record (AR), the AR indicated, Resident 81 was admitted in early June 2023 with diagnoses including type 2 diabetes with hypoglycemia (a condition that makes it difficult to control blood sugar and with episodes of low blood sugar). Review of Resident's 81's Minimum Data Set (MDS-A federally mandated resident assessment tool) dated 1/15/25, the MDS indicated Resident 81 had moderately impaired cognition (mental process of acquiring understanding and knowledge). During an interview on 4/15/25 at 12:28 p.m., with Resident 81 during dining observation, Resident 81 stated, the food is always late. Review of Resident 94's AR, the AR indicated, Resident 94 was admitted in late December 2024 with diagnoses including hypomagnesia (low magnesium levels in the blood), hypokalemia (low potassium levels in the blood) and type 2 diabetes mellitus. Review of Resident 94's MDS dated [DATE], the MDS indicated Resident 94 had intact cognition. During an interview with Resident 94 on 4/15/25 at 12:32 p.m. during dining observation, Resident 94 stated Lunch comes as late as 1:30 p.m. We get hungry . Review of Resident 30's AR, the AR indicated, Resident 30 was admitted early August 2024 with diagnoses including acute kidney failure and vitamin D deficiency. Review of Resident 30's MDS dated [DATE], the MDS indicated Resident 30 had severely impaired cognition. During a concurrent observation and interview on 4/15/25 at 12:51 p.m., Resident 30's meal tray had not been served. Resident 30 complained of feeling hungry. During a review of Resident 69's AR, AR indicated, Resident 69 was admitted to the facility in early June 2023 with diagnoses including myopathy (disease that affects the muscles that control voluntary movement in the body) and paraplegia (loss of movement and/or sensation, to some degree, of the legs). (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 69's MDS dated [DATE], indicated Resident 69 had intact cognition. During an interview on 04/16/25 at 3:15 p.m. in Resident 69's room, Resident 69 stated meals were always late. Resident 69 stated she is frustrated and can't schedule anything because she does not know when meals will be served. Resident 69 further stated sometimes she has to wait up to 1 to 2 hours for meals to be served. Review of Resident 3's AR, AR indicated, that Resident 3 was admitted in late January 2018 with several diagnoses including anemia (low amount of red blood cells) and hyperlipidemia (high levels of fat proteins in the blood). Review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition. During an interview on 4/17/25 at 10:44 a.m. in Resident 3's room, Resident 3 stated the meals are late especially on the weekend with breakfast as late as 10 am and lunch at 1:30 pm. She further stated, The kitchen follows no schedule, and this makes me feel mad. Sometimes meals are cold. During a concurrent observation and interview on 4/15/25 at 9:45 a.m. with the Registered Dietician (RD), observation of the posted Dinning Schedule, did not indicate a time when lunch is served in the main dinning room. The RD stated lunch is served in the main dining room between 12:05 and 12:10 p.m. During a concurrent observation and interview on 4/15/25 at 12:40 p.m., with Certified Nursing Assistant (CNA) 6, observed no meal trays had been served in the dining room. CNA 6 confirmed the trays were late. During an observation on 4/15/25 at 12:49 p.m. in the main dining room, observed that tray cart had arrived at the main dining room and staff began to serve the trays to the residents. During an interview on 04/17/25 at 9:41 a.m. with the dietary consultant (DC), the DC stated, We are aware of late meal trays. During an interview on 4/17/25 at 11:15 a.m. with the Director of Nursing (DON), the DON stated her expectation was that meal trays would be given to residents on time. The DON's stated, if meal trays are given late, it may affect the timing of certain medications (for example insulin-a medication that helps control blood sugar) that need to be given with food, and it also affects resident satisfaction. During a review of the facility's policy and procedure (P&P) titled, Meal Service, dated 2023, the P&P indicated, Meals are served on a routine in compliance with ordered diets, resident preferences, and state and federal regulations, Mealtimes are planned according to existing norms in the community .All residents will receive three meals daily .It is suggested that meal hours be posted in or near the dining rooms .The facility will establish routine eating times that coincide with most resident's meal habits .Meal service should be consistent .Tray cart delivery should be coordinated with nursing and CNA schedules to ensure the delivery of food to the resident a timely manner .Suggested Hours: Breakfast: 7:00 AM, Lunch: 12:00 NOON, Dinner: 5:30 PM .Meals will be delivered to residents in a timely manner .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48874 Based on observation, interview, and record review, the facility failed to ensure food service staff adhered to current standards of practice for food service safety when: 1. Staff failed to label, date, and monitor refrigerated and frozen food when expired food was found in 2 out of 4 refrigerators, food without expiration dates were found in 2 out of 4 refrigerators and 2 out of 3 freezers, and temperature logs were incomplete for 4 out of 4 refrigerators and 3 out of 3 freezers; 2. The facility failed to keep non refrigerated foods in a clean dry environment safe for consumption when fruit flies and flies were present and flying in the dry storage room over a container of uncovered sugar, two boxes of opened and unsealed dry instant hot cereal mix, a bag of unsealed oats with a ripped opening, a bag of unsealed Raisin Bran cereal with a ripped opening; and, 3. Staff failed to adhere to current standards of practice by failing to wear beard restraints to prevent hair from contacting food. These failures had the potential to result in food contamination and foodborne illness for 101 residents who receive facility prepared food out of a census of 104. Findings: 1. During an observation on [DATE] at 8:30 a.m. in the kitchen with Dietary Manager (DM), inside Fridge B, items found were one 16oz (ounces, unit of measure) tub of beef broth without expiration date, 1 gallon (gallon, unit of measurement) containers of sweet pickle relish without expiration date, 1 gallon of Caesar dressing without expiration date, 1 gallon of mayonnaise without received by date or expiration date, 1 gallon thousand island dressing without expiration, 8 avocados without received date or expiration date, 14 eggs unlabeled without expiration date or received by date and 1 egg was broken and leaking, 2 gallon bucket of sauerkraut without expiration date, two cans of crescent rolls expired on [DATE], and plastic bin of 2.5 lbs (pounds, unit of measure) American cheese slices without expiration date. During an observation on [DATE] at 8:35 a.m. in the kitchen with DM, inside Fridge D, items found were mustard with a received by date of [DATE] and expiration date of [DATE], orange marmalade prepared on [DATE] with expiration [DATE], an unsealed clear bag of tortillas without an expiration date, and an unsealed bag of Swiss cheese with small droplets of clear liquid adhered to the side of the bag. During an observation on [DATE] at 8:38 a.m. in the kitchen with DM, inside Freezer 1, items found were biscuit dough without an expiration date, cookie dough in an opened clear bag without expiration date, 15 boxes of English muffins without an expiration date, 10 bags of frozen waffles without an expiration date, and 8 loaves of bread without an expiration date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on [DATE] at 8:40 a.m. in the kitchen with DM, inside Freezer 2, items found were two and a half bags of vegetarian burgers without an expiration date, an unsealed bag of sliced pepperoni with ripped opening without an expiration date, a 3lb bag of meatballs without expiration date, a box of Canadian bacon without an expiration date, a 10lb box of ravioli without an expiration date, one bag of fish sticks with a ripped opening without expiration date, and two 10lb chubs of ground beef without expiration date. During an interview on [DATE] at 8:50 a.m. with the DM, the DM confirmed the above findings. The DM stated her expectation would be that food should be properly dated and expired food should be thrown out. The DM further stated, if a resident receives expired food they may get sick. 2. During a concurrent observation and interview on [DATE] at 9 a.m. in dry storage room with DM and Registered Dietician (RD), observed small flying insects in dry storage room. RD stated, Those are just fruit flies. They should not be in there .can contaminate the food. Observed a container of sugar left uncovered with lid open and no expiration date, two boxes of unsealed Cream of Wheat, a bag of Raisin Bran with ripped opening, and ripped bag of oats. The RD stated, expired food should be thrown out and food should be stored in sealed containers. The RD further stated if expired food is served to a resident, there is a chance of food borne illness. During a concurrent observation and interview on [DATE] at 9:15 a.m. in the kitchen with RD and DM, observed refrigerators B and D, freezer 1 and 2 with missing temperature logs on p.m. shift for [DATE], [DATE], [DATE], and [DATE] respectively. RD and DM confirmed missing temperature logs. The RD stated that the freezer temperatures should be checked twice daily, and the entries logged. During a concurrent observation and interview on [DATE] at 10:59 a.m. in the kitchen with DM, DM confirmed that Fridge A is missing temperature log entries for p.m. shift on [DATE], [DATE], [DATE], and [DATE] respectvely. Confirmed with DM missing temperature log entries for [DATE], [DATE], [DATE], [DATE], and [DATE] for freezer 3 respectively. The DM stated the log entries should be entered for these dates. 3. During an observation on [DATE] at 12:08 p.m. in the kitchen, Dietary Aide (DA) 1 assembled resident trays for tray line while wearing a face mask instead of beard net. Portions of DA1's beard facial hair protruded from the sides and below the bottom edge of his face mask. During an interview on [DATE] at 12:09 p.m. in the kitchen with RD, RD stated, He [DA1] should have a beard net on. Expectation is that they wore beard nets. I believe we've been out of them. During an observation on [DATE] at 12:12 p.m. in the kitchen, DA1 lowered his face mask to below the level of his chin exposing his mouth and beard while assembling meal trays and calling out tray ticket orders over uncovered resident food on trayline. Review of the FDA Food Code 2022 indicated, food employees shall wear hair restraints such as hat, hair covering or Nets, beard Nets, and clothing that covers body hair that are designed and worn to effectively keep their hair from contacting exposed food . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's Policy and Procedure (P&P) tilted, Sanitation and Infection Control, dated 2023, the P&P indicated, All the perishable food items purchased by the department of food will be stored properly .all open food items will have a open date and use-by-date per manufacture's guidelines .all foods will be covered properly .bins holding dry goods such as flour, sugar, beans, etc. must clearly be labeled, dated on the lid or front and dated when the product was put into the bin.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. 44946 Based on interview and record review, the facility failed to implement its facility assessment and ensure staff adherence to the established contingency plan during an electronic health record (EHR) system downtime when nursing staff were not provided timely direction and were unaware of procedures to follow when the EHR was inaccessible for a census of 104. This failure resulted in the facility's EHR inaccesibility, which resulted delays in medication administration and the potential to affect the residents' health and safety. Findings: During an interview on 4/15/25 at 11:21 a.m. with Director of Nursing (DON), DON stated the internet was down, preventing access to the EHR. The outage began at approximately 5:00 a.m. The DON stated, when this occurs, nurses are expected to print their own medication administrator record (MARs) from the backup computer located in the medication room. The DON stated, the emergency backup computer was also not functioning, and they had to connect to a different computer. The DON also stated the medication administration expectation was for medications to be administered within one hour before or one hour after the scheduled time indicated on the eMAR. During a telephone interview on 4/16/25 at 10:07 a.m. with Licensed Nurse (LN) 3, LN 3 stated she arrived at the facility on 4/15/25 at 6:30 a.m. and was informed the system was already down. LN 3 reported staff were waiting for instructions on what to do, but no guidance had been provided at that time. LN 3 stated, she was not aware of the procedures to follow when the EHR system was down. During an interview on 4/18/25 at 7:37 a.m. with LN 4, LN 4 stated she arrived at the facility at 6:30 a.m. and was informed by the night nurse that the system was down. LN 4 stated this was the first time she experienced an EHR outage and that she was not aware of the contingency plan for such situations. She further stated that initially, neither the DON nor the ADM provided staff with instructions on how to proceed. During an interview on 4/18/25 at 7:43 a.m. with LN 5, LN 5 stated prior to reporting for work, there was no notification from management regarding the system outage; she was informed of the issue by the night nurse upon arrival at the facility. LN 5 stated she was not aware of the contingency plan for this type of situation. During an interview on 4/17/25 at 9:23 a.m. with ADM, ADM stated and confirmed that no mock drills had been conducted for an EHR outage. During a review of the facility's document titled Facility Assessment, revised March 2025, the Facility Assessment indicated, .in the event of a disaster or power outage making the Electronic Health Record (EHR) inaccessible, the facility follows the EHR Emergency Event Instructions and follow the eMAR back-up instructions to enable our EHR as part of our disaster preparedness plan. Additionally, the facility performs drills as outlined in our Mock Outage Drill Standards . (continued on next page)

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure (P&P) titled, Electronic Health Record Emergency Plan, dated November 2022, the P&P indicated, .you must access EHR data via the PCC back-up laptop . During a review of the facility's P&P titled, Facility Assessment, undated, the P&P indicated, .this facility conducts and documents a facility-wide assessments to determine what resources are necessary to care for our residents competently during both day-to-day operations and emergencies .the facility will use the facility assessment to: inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect residence care .

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. 38528 Based on observation, interview, and record review, the facility failed to ensure an effective and comprehensive Quality Assessment and Assurance (QAA) and Quality Assurance Performance Improvement (QAPI) program was performed for a census of 104, when the facility did not maintain documentation and did not present evidence of the previous three quarterly meetings. This failure had the potential to result in quality care improvement activities to not be evaluated and revised as needed and had the potential to negatively impact the quality care for the residents. Findings: During an interview on 4/18/25 at 8:40 a.m. with the Director of Staff Development (DSD), the DSD stated, I did attend the last QAA/QAPI .I don't know about the previous three quarterly meetings. I am not sure about the previous quarterly QAPIs .I am not sure what they did before. With the eight months that we've been here . it has been a hard to get a grasp on things. During an interview on 4/18/25 at 8:49 a.m. with the Social Services Director (SSD), the SSD stated, . table issues and concerns [from QAPI meetings] to be discussed for performance improvement . should be documented . During an interview on 4/18/25 at 8:54 a.m. with the Infection Preventionist (IP), the IP stated, .I don't know if they did the QAPI in the last previous quarterly meetings. During an interview on 4/18/25 at 10:18 a.m. with the Minimum Data Set Manager (MDSM), the MDSM stated, We were supposed to have the quarterly QAPI meeting .on April 15 [2025] . MDSM stated, we've been working on resident rehospitalization because our rates are pretty high. MDSM stated, .If we could have figured out like what was wrong with [the residents] first, that way we didn't wait till the point that they had to go to the hospital. During a concurrent observation and interview on 4/18/25 at 10:25 a.m. with the Administrator (ADM), the last quarterly binder meeting with the sign in sheets was reviewed. The ADM stated, I couldn't find any records for QAPI meetings for the last three quarters .there weren't any QAPIs .we didn't have any meetings prior to me getting here .there are no records of QAPI done quarterly .They clearly don't even know and grasp the importance of the QAA/QAPI .This is our whole quarter's worth .I'm struggling right now with even getting them from month to month to stay on task with what the project is now .I don't even want to look anymore because they were not doing any QAPI meeting in the previous quarters. We usually look at it within the year but all I could find for 2024 was nothing done. (continued on next page)

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the undated facility's policy and procedure titled, Quality Assurance Performance Improvement (QAPI), the P&P indicated, It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides .The facility will maintain documentation and demonstrate evidence of its ongoing QAPI program .The QAA Committee shall submit supporting documentation of ongoing QAPI activities to the Governing Body upon request.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44946 Based on observation, interview, and record review, the facility failed to ensure proper infection control practices were implemented when: 1. Resident 17's CPAP (continuous positive airway pressure-a breathing machine designed to increase air pressure, keeping the airway open when the person breathes in) was not stored in a bag; 2. Resident 4, Resident 18, Residents 19, Resident 37, Resident 43, Resident 60 and Resident 87 were not on Enhanced Barrier Precaution (EBP-gown and glove during high contact resident care activities); 3. Resident 97's oxygen tubing connected to a tracheostomy tube (surgical placed opening in the neck into the windpipe) was not labeled and dated; 4. Resident 220's feeding tube was not labeled and dated; 5. Resident 38's intravenous (IV) antibiotic bag and tubing were not labeled and dated; 6. Certified Nursing Assistant (CNA) 6 failed to perform hand hygiene in between assisting multiple residents in the dining room; and, 7. Licensed Nurse (LN) 1 failed to perform hand hygiene during medication administration. These failures had the potential to compromise resident's health and safety, and potentially lead to the spread of communicable illnesses. Findings: 1. During a review of Resident 17's Admission Record (AR), the AR indicated, Resident 17 was admitted on [DATE] with diagnoses which included chronic respiratory failure with hypercapnia (condition that occurs when the lungs can't get rid of enough carbon dioxide from the blood), and obstructive sleep apnea (sleep disorder that occurs when the airway becomes blocked while sleeping). During a review of Resident 17's Order Summary Report (OSR), printed on 4/17/25, the OSR indicated, Devices: CPAP; ON whenever patient is asleep, OFF when patient awakens . During a concurrent observation and interview on 4/15/25 at 9:59 a.m. with Director of Nursing (DON) in Resident 17's room, Resident 17's CPAP mask was not stored in a bag and was placed directly on top of the CPAP machine. The DON stated that the mask should have been stored in a bag for infection control purposes, to prevent it from touching any surface that could contaminate it. (continued on next page)

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	055922	A. Building B. Wing	04/18/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/17/25 at 11:41 a.m. with Infection Preventionist (IP), IP stated CPAP masks should be stored in microbial bags (blue bags) at the bedside when not in use. IP explained microbial bags are used instead of plastic bags because they allow moisture to escape, reducing the risk of bacterial growth. The IP stated the mask should be stored in a bag to prevent contamination, which could potentially lead to respiratory infections. During an interview on 4/17/25 at 1:54 p.m. with IP, IP stated, it was the facility's standard practice to place it in a microbial bag when not in use. 2. During a review of Resident 19's AR, the AR indicated, Resident 19 was admitted on [DATE] with diagnoses which included chronic kidney disease stage 3B (kidneys are not filtering blood as well, moderate to severe kidney damage), and acquired absence of kidney (missing one or both kidneys due to an injury or operation) and hematuria (blood in urine). During a review of Resident 19's OSR, printed on 4/16/25, the OSR indicated, Resident 19 had an order for urinary catheter. During a review of Resident 37's AR, the AR indicated, Resident 37 was admitted on [DATE] with diagnoses which included dysphagia following cerebral infarction (difficulty swallowing after a stroke) and gastrostomy status (surgical opening in the stomach, used to insert a tube to provide a way to deliver nutrition directly). During a review of Resident 37's OSR, the OSR indicated, Resident 37 had an order for tube feeding. During a review of Resident 43's AR, the AR indicated, Resident 43 was admitted on [DATE] with diagnoses which included spondylosis lumbosacral region (wear and tear of the lower back) and cachexia (condition that causes significant weight loss and muscle loss). Resident 43' medical record indicated Resident 43 has a stage 3 pressure ulcer (Full-thickness loss of skin. Dead and black tissue may be visible). During a review of Resident 43's OSR, printed on 4/18/25, the OSR indicated, Resident 43 had a treatment order for a pressure ulcer on the left medial foot. During an observation on 4/15/25 at 9:23 a.m., there was no EBP sign posted outside Resident 19's room, and no personal protective equipment (PPE) was available inside or immediately outside the room. During an observation on 4/15/25 at 9:38 a.m., there was no EBP sign posted outside Resident 37's room, and no PPE was available inside or immediately outside the room. During an observation on 4/15/25 at 11:38 a.m., there was no EBP sign posted outside Resident 43's room, and no PPE was available inside or immediately outside the room. During a review of Resident 87's AR indicated, Resident 87 was admitted to the facility in late May 2024 with diagnosis including gastrostomy infection. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 87's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/30/25, indicated Resident 87 had a gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) tube. During an observation on 4/15/25, 4/16/25 and 4/17/25 respectively, in Resident 87's room, Resident 87 had a gastrostomy feeding tube running at bedside. No signs and personal protective equipment (PPE - clothing and equipment that was worn or used to provide protection against hazardous substances and/or environments) observed for EBP. During a review of Resident 87's medical record, no documented evidence that Resident 87 was on EBP for the gastrostomy tube. During a review of Resident 60's AR indicated, Resident 60 was admitted to the facility in late January 2021 with diagnoses including obstructive and reflux uropathy (blockage and backward flow in the urine tract). During an observation on 4/15/25, 4/16/25 and 4/17/25 respectively, in Resident 60's room, Resident 60 had a suprapubic catheter (a thin tube inserted directly into the bladder through a small cut in the lower abdomen [below the belly button] to drain urine). No signs and personal protective equipment observed for EBP. During a review of Resident 60's medical record, no documented evidence that Resident 60 was on EBP for his suprapubic catheter. During a review of Resident 4's face sheet, the face sheet indicated, Resident was admitted to the facility in early May 2013 with multiple diagnoses which included cystostomy (surgical procedure involving creating an opening into the urinary bladder). During a review of Resident 4's MDS, dated [DATE], MDS indicated Resident 4 had a urinary catheter. During an observation on 4/15/25, 4/16/25 and 4/17/25 respectively, in Resident 4's room, Resident 4 had a covered urine bag hanging at the foot of the bed. No signs and personal protective equipment observed for EBP. During a review of Resident 4's medical record, no documented evidence that Resident 4 was on EBP for the urinary catheter. During a review of Resident 18's AR indicated, Resident 18 was admitted to the facility in late May 2013 with multiple diagnoses which included gastrostomy. During an observation on 4/15/25, 4/16/25 and 4/17/25 respectively, in Resident 18's room, Resident 18 had a continuous feeding formula running at bedside. During a review of Resident 18's medical record, no documented evidence that Resident 18 was on EBP for her gastrostomy. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/17/25 at 11:41 a.m. with IP, IP stated EBP were used during high-contact care activities for residents with invasive medical devices such as urinary catheter, intravenous (IV) lines, gastrostomy tubes, and for residents with wounds where the skin was removed. The IP stated, an orange sign indicating EBP precautions should have been posted on the door, along with instructions for donning (put on) and doffing (remove) PPE with necessary PPE, which included gown and gloves, and if splashing was anticipated, face masks and face shields to prevent transmission of multidrug-resistant organisms. During a review of facility's P&P titled, Enhanced Barrier Precaution, undated, the P&P indicated, it is the policy of this facility to implement EBP for the prevention of transmission of multidrug-resistant organisms .an order for EBP will be obtained for residents with any of the following: wounds (e.g. chronic wounds such as pressure ulcers) . and/or indwelling medical devices (e.g. urinary catheters .feeding tubes) .make gowns and gloves available immediately near or outside of the resident's room . 49933 38528 3. During a review of Resident 97's AR, indicated Resident 97 was readmitted in early 2025 with diagnoses which included pneumonia (an infection/inflammation in the lungs) and respiratory failure (lungs cannot properly exchange gases causing abnormal levels of carbon dioxide and/or oxygen). During a review of Resident 97's OSR, dated 3/29/25, the OSR indicated, O2 [oxygen] 5 L/min [liters per minute] via T [trach]-mist continuous at night as needed. During an concurrent observation and interview on 4/15/25 at 9:35 a.m. in Resident 97's room, Resident 97 sat in bed, awake and verbally responsive, with a trach collar (a soft adjustable neck device that secures a tracheostomy tube in place) connected to an oxygen tubing with no label or date. Resident 97 put her passy muir valve (speaking valve, allows one with a tracheostomy to potentially voice and produce speech sounds) to the trach, and stated, This [oxygen] tubing, they change this tube every two weeks. I don't know when they changed it. They don't put a label on it. They never put a date on it. I have not seen it. During an concurrent observation and interview on 4/15/25 at 9:40 a.m. with LN 1, LN 1 verified and confirmed the oxygen tubing had no label or date, and stated, We have to put the date when we change it to prevent lung infection. I did not put the label today because I am busy. 4. During a review of Resident 220's AR, indicated Resident 220 was admitted in early 2025 with diagnoses which included difficulty swallowing following a stroke and gastrostomy. During a review of Resident 220's OSR, dated 3/29/25, the OSR indicated Resident 220 was on NPO [nothing by mouth] diet, and food through a feeding tube. During an observation on 4/15/25 at 11:51 a.m. in Resident 220's room, Resident 220 was lying in bed, awake and alert, able to respond with eyes tracking, with two family members at the bedside. Resident 220's tube feeding line had no date or label. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an concurrent observation and interview on 4/15/25 at 12:01 p.m. in Resident 220's room with LN 5, LN 5 verified and confirmed the tube feeding line had no label and date, and stated, [The LN] should be labeling the tubing, and this one has no label. It has to be changed .to prevent infection. 5. During a review of Resident 38's AR, indicated Resident 38 was readmitted in early 2025 with diagnoses which included severe bone infection and paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 38's OSR, dated 4/4/25, the OSR indicated, Cefazolin [antibiotic, medication for bacterial infection] 2 gm [gram -unit of measure] IV [intravenous, fluids given directly into the blood stream]. During an concurrent observation and interview on 4/15/25 at 11:23 a.m. in Resident 83's room, Resident 83 was in bed awake, alert and oriented, verbally responsive. Observed at the bedside was an IV pole with a hanged empty bag with no time and date or the nurse's initial when the medication was administered. The IV tubing was also not labeled or dated. Resident 83 stated, I get the antibiotic every day. I don't know why there is no label. During an concurrent observation and interview on 4/15/25 at11:25 a.m. in Resident 83's room with LN 5, LN 5 verified and confirmed the IV bag and IV tubing had no date and label, and stated, The medication, the bag and the tubing should be dated. I don't see anything written in the [IV] bag. It is important to date and time so we know when the bag was administered and when to change the tubing for infection control. During an interview on 4/18/25 at 8:54 a.m. with the Infection Preventionist (IP), the the IP stated, Antibiotic bags should have some type of indication as to who administered and the date and time it was administered for infection control .All tubes and lines, oxygen tubing, tube feeding lines should all be labeled and dated for infection control. 50517 6.During an observation on 4/15/25 at 12:24 p.m., CNA 6 was observed holding a cup at the top rim for Resident 5 without performing hand hygiene first. After assisting Resident 5, CNA 6 was observed touching Resident 30's shoulder without performing hand hygiene after. During an observation on 04/15/25 at 12:35 p.m. in the dining room, Resident 5 asked for a napkin. CNA 6 brought a napkin to her using bare hands without performing hand hygiene. After bringing Resident 5 the napkin, CNA 6 then rubbed Resident 30's shoulder without performing hand hygiene. During an observation on 4/15/25 at 12:38 p.m. in the dining room, CNA 6 was observed not performing hand hygiene after rubbing Resident 1's back, which CNA 6 brought more napkins to Resident 5 with bare hands without performing hand hygiene first. During an observation on 04/15/25 at 12:39 p.m. in the dining room, Resident 1 was observed drooling with saliva and CNA 6 did not perform hand hygiene before wiping Resident 1's mouth. After wiping Resident 1's mouth, CNA 6 was observed holding a cup of tea to Resident 5 without performing hand hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/15/25 at 1 p.m. in the dining room with CNA 6, CNA 6 stated, .I forgot to do hand hygiene in between residents. 7. During a review of Resident 15's AR, indicated Resident 15 was admitted early April 2025, with a diagnosis including fracture (broken) of the left forearm. During a medication administration observation on 4/16/25 at 8:45 a.m. with LN 1, LN 1 did not perform hand hygiene prior and after medication administration to Resident 15. During an interview on 4/16/25 at 8:50 a.m. with LN 1, LN 1 stated and confirmed, she forgot to perform hand hygiene before preparing and after medication pass. During an interview on 04/17/25 at 12:41 p.m. with DON, DON stated, Hand hygiene before and after each patient interaction if touching other residents and surfaces. During a review of the facility's policy and procedure (P&P) titled, Hand Hygiene, undated, indicated, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility . 'Hand hygiene' is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice .Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. The facility's P&P further indicated, .[hand hygiene with] Either Soap and Water or Alcohol Based Hand Rub (ABHR is preferred) . Between resident contacts . Before preparing or handling medications .

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 48874 Based on observation, interview, and record review, the facility failed to maintain kitchen equipment in safe operating condition when: 1. Frozen brownish residue on the bottom shelf of Freezer 1 was present; 2. Boilerless Steamer was found leaking clear liquid onto the floor pooling at the base of a metal panel; and, 3. Two ovens with brownish black residue, and all four stove burners were observed with food and black burnt residue. These failures had the potential for mold growth and food contamination of resident food stored in the freezer and prepared in the steamer, oven, and stovetop. Findings: During a concurrent observation and interview on 4/15/25 at 8:40 a.m. in the kitchen with Dietary Manager (DM), brownish tinted frozen residue on the bottom shelf of freezer was observed. DM confirmed presence of frozen residue on shelf. The DM stated, expectation is that there should not be any residue or crumbs on shelf of freezer. During a concurrent observation and interview on 4/15/25 at 9:20 a.m. in the kitchen with Registered Dietician (RD), observed two ovens with brownish black residue, boilerless steamer with clear liquid leaking and pooling on the floor at the base of a metal panel located from below the sink to the floor, and metal with dark discoloration and liquid. RD stated, It [referring to boilerless steamer] seems pretty unstable. Potential issue. This is pretty old. I've been aware of it for weeks . Observed 4 burner stove with black burnt and food residue on all 4 burners, 3 out of 4 burners were on with a pot of clear golden colored liquid with sediment. The RD confirmed above findings. During an interview on 4/15/25 at 10 a.m. in the kitchen with Maintenance Assistant (MA), confirmed drainage and leaking from boilerless steamer. MA stated the boilerless steamer is broken and not fixed. During an interview on 4/16/25 at 11:10 a.m. in kitchen with DM, DM stated, Expectation is equipment is in clean working order. Expectation is that equipment would not be leaking. During a review of the facility's P&P titled, Sanitation and Infection Control, dated, 2023, indicated, Equipment will be cleaned and sanitized to prevent food borne illness .Reach-in freezers will be cleaned and sanitized once a week and walk-in freezers once a month or more often as necessary. Freezers will be defrosted as per manufacturer's instructions or as ice build-up occurs. Messes and spills will be cleaned as they occur .Stove will be cleaned and sanitized after each use .May use an abrasive cleaning pad for particles not easily removed with a wet cloth .Clean drip pans under gas burners weekly to remove food debris. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Maintenance Manual Policies & Procedures Title: Preventative Maintenance, dated 8/14, indicated, Maintenance Department - Regularly scheduled maintenance tasks performed to ensure that each facility's department and the individual items classified as part of it, are maintained in a safe, functional and aesthetically acceptable condition .