STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055956	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Post Acute	5901 Lemon Hill Ave Sacramento, CA 95824

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51717 Based on observation, interview and record review, the facility failed to ensure one of 19 sampled residents (Resident 30) was free of unnecessary psychotropic medications (drug prescribed to affect the mind, emotions or behavior) when he was prescribed an antianxiety medication without adequate indication. This failure placed the resident at risk for unnecessary psychotropic medication use and excessive sedation. Findings: A review of Resident 30's admission record indicated he was admitted on [DATE] with the diagnoses of hemiplegia and hemiparesis (weakness and paralysis) following cerebral infarction (stroke) and dementia (a progressive state of decline in mental abilities). A review of Resident 30's Order Summary Report, dated 6/3/25, included active orders for lorazepam 1 mg, 1 tablet, twice a day for dementia with behaviors as manifested by yelling and removing clothes and to monitor Resident 30 closely for signs of significant side effects such as sedation drowsiness or confusion and to give special attention if administered with other sedatives or hypnotics. A review of Resident 30's Medication Administration Record (MAR), dated 5/25, indicated that the resident medications that were ordered included, Seroquel XR oral extended release 50 mg at bedtime for extreme physical aggression and striking out at staff, melatonin 3 mg, 2 tablets at bedtime to regulate circadian rhythm, gabapentin 600 mg 1 tablet twice a day for neuropathy pain (hold for sedation or drowsiness), lorazepam 0.5 mg, twice a day for dementia with behaviors manifested by yelling and removing clothes, fluoxetine 20 mg, 2 tablets once a day for depression. A review of Resident 30's Medication Regimen Review (MRR) completed by the Consultant Pharmacist (CP) to the Attending Physician/Prescriber, dated 4/10/25, indicated Resident 30 had been prescribed lorazepam, 0.5 mg tablet, 1 tablet, twice a day for dementia with behaviors manifested by yelling and removing clothes. The CP indicated lorazepam was being prescribed for an unapproved diagnosis of dementia and a re-evaluation of the order or rationale to support the diagnosis was needed. The MRR indicated a Physician/provider response of, Resident reviewed, and consultation behavior notes reviewed. No rationale to support the continued order was indicated on the MRR. (continued on next page)

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

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

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/5/25 at 1.30 p.m. with the Consultant Pharmacist (CO), the CP stated dementia was not an appropriate diagnosis for lorazepam and she had made a recommendation to the physician to re-evaluate the medication order. During a review of the facility's policy titled, Psychotropic Medication Use, undated, the policy stipulated psychotropic medications were to be used only, With a documented clinical indication for use with accepted clinical standards of practice.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39489 Based on observation, interview, and record review, the facility failed to provide services according to professional standards of quality for one of 16 sampled residents, Resident 33, when the Director of Nursing (DON) removed, and did not measure the length of Resident 33's Peripherally Inserted Central Catheter (PICC, thin, and long plastic tube that goes into a vein in your arm and ends in a large vein close to your heart) before throwing it in the trash can. This deficient practice had the potential risk of not removing the full length of the catheter and causing infection. Findings: A review of Resident 33's Clinical Record indicated Resident 33 was admitted to the facility in April 2025 with diagnoses that included infection and inflammatory reaction due to internal left knee prosthesis (artificial implants) and Methicillin Resistant Staphylococcus Aerus (MRSA, a serious, potentially fatal, bacterial infection [diseases that can affect your skin, lungs, brain, blood and other parts of your body]). A review of Resident 33's Minimum Data Set (MDS; an assessment tool), dated 4/28/25, Cognitive Patterns Section C, indicated a score of fifteen, meaning cognitively intact. A review of Resident 33's PICC INSERTION dated 4/24/25, indicated, . Initial internal catheter length: 42 cm . [length of thin plastic tube/catheter placed inside Resident 33's body]. A review of Resident 33's Order Summary Report, dated 6/2/25, indicated, Remove PICC line as per MD orders . During an observation inside Resident 33's room with the DON, on 6/2/25 at 11 a.m., As Resident 33 was lying on his bed, the DON pulled out the PICC line catheter from Resident 33's right upper arm and threw the catheter in the trash can beside Resident 33's bed. The DON did not measure the length of the PICC line catheter before throwing it in the trash can. During an interview with the DON on 6/5/25 at 12:35 p.m., the DON acknowledged he did not measure the length of the PICC line catheter before throwing it in the trash. The DON stated that he should have measured the length of the PICC line catheter to ensure the length of the catheter matches the pre-insertion length for residents' safety. The DON further stated the facility utilized [NAME] the PICC for PICC line insertion. A review of [NAME] the PICC's guidelines titled PICC Care & Maintenance Class, undated, indicated, . Objective Four PICC Line Removal and PICC Dressing Change Procedures . Procedure for PICC Line Removal: .8. Measure device to make sure entire catheter has been removed; check against documentation made upon device insertion. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to an article written in Medbridge (a comprehensive healthcare platform that offers both educational resources for healthcare professionals), titled PICC Line Removal: Techniques, Tips, and Troubleshooting, dated 11/5/2024, indicated, . While the removal process may seem routine, it carries risks if performed improperly . 1 These risks emphasize the importance of having the proper technique and knowledge to ensure patient safety . 4. Dressing the exit site and post-removal care . o Inspect the catheter. Always check the catheter tip to ensure it's intact and consistent with the original documented length . References 1. Medbridge PICC Line Removal: Techniques, Tips, and Troubleshooting. (November 5, 2024). https://www.medbridge.com/blog/picc-line-removal-techniques-tips-and-troubleshooting

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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. 51830 Based on observation, interview, and record review, the facility failed to ensure pharmacy services were maintained for one of 46 residents (Resident 25) when: Resident 25's haloperidol (medication used to treat nervous, emotional, and mental conditions) was not available to administer in the dose prescribed by the doctor. This failure had the potential for medication error and disruption of the resident's treatment plan. Findings: During an observation of medication administration on 6/3/25 at 7:41 a.m., Licensed Nurse 4 (LN 4) was observed to prepare Resident 25's morning medications which included haloperidol 5 mg (milligram, unit of measure). Reconciliation of the observed medication administration for Resident 25's current Physician Orders, dated 6/2/25, indicated, haloperidol oral tablet 5 mg. Give 0.5 tablet by mouth one time a day for schizophrenia (a chronic mental and brain disorder) . (0.5 tab =2.5 mg). During an interview on 6/3/25 at 7:41 a.m., with LN 4, LN 4 stated, I cannot administer resident's medication without clarifying it. There is a discrepancy with the ordered dose and the available dose in the medication blister pack. LN 4 further stated that the haloperidol order was changed, but the new dosage was not delivered to the facility from the pharmacy. During a review of Resident 25's Medication Administration Record (MAR), dated 6/3/25, the MAR indicated haloperidol 5 mg, give 0.5 tablet. During an interview on 6/3/25 at 8:01 a.m. with the Director of Nursing (DON), the DON stated a new verbal order for haloperidol was documented by a licensed nurse at 8:44 a.m., a day before, on 6/2/25 and was signed by the doctor on 6/3/25 at 1:11 a.m. The DON stated, the expectation was for the doctor to sign the order as soon as possible for the pharmacy to fill the prescription. Furthermore, the DON stated, since the current available dose of medication is not the same as the doctor's order, we will call the pharmacy to ask how we can use the current available medication until the new medication dose arrives. The DON confirmed the medication dose should have been available for the morning medication administration. During a follow up interview on 6/3/25 at 8:12 a.m. with the DON, the DON stated, the pharmacy said the pills are scored and can be cut in half until the new blister pack arrives at 11 p.m. tonight. During an interview on 6/3/25 at 11:47 a.m. with the DON regarding administering or dispensing a verbally ordered medication before the order is signed by a doctor, the DON stated, I am not sure if a medication can be dispensed by the pharmacy or administered by nurses after a verbal order is received and before the MD signs the order. The DON stated, he would find a policy, but policy was not provided. (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 policy and procedure (P&P), titled, Administering Medications, revised April 2019, the P&P indicated, Ensure that the six rights of medication administration are followed . Right dose . Compare medication source (bubble pack .) with MAR to verify . dose . administer medication as ordered . During a review of the facility P&P, titled, Pharmacy Services Overview, revised April 2019, the P&P indicated, .Pharmacy services are available to residents 24 hours a day, seven days a week .Residents have sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner .

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 51830 Based on observation, interview, and record review, the facility failed to ensure the medication error rate did not exceed 5% for three of six sampled residents from Medication Administration (Resident 25, 37, and 447), when; 1. For Resident 25, a licensed nurse did not administer resident's prescribed haloperidol (medication used to treat nervous, emotional, and mental conditions) as it was prescribed by the doctor. 2. For Resident 37, a licensed nurse did not follow the instructions on the medication label for resident's divalproex sodium (medication used to treat certain types of seizures). 3(a). For Resident 447, a licensed nurse did not follow the instructions on the medication label for resident's mycophenolate (medication used to prevent organ transplant rejection), and (b). For Resident 447, a licensed nurse did not administer resident's prescribed Aspirin (medication used for pain or inflammation) as it was prescribed by the doctor. As a result, 4 errors were identified out of 27 opportunities for error during the observation of medication administration; the facility medication error rate was 14.81%. Findings: 1. During an observation of medication administration on 6/3/25 at 7:41 a.m., Licensed Nurse 4 (LN 4) was observed to prepare Resident 25's morning medications which included a full haloperidol 5 mg (milligram, unit of measure) tablet instead of 2.5 mg (1/2 tablet). During an interview on 6/3/25 at 7:41 a.m., with LN 4, LN 4 stated, I cannot administer resident's medication without clarifying it. there is a discrepancy with the ordered dose and the available dose in the medication blister pack. LN 4 further stated that the haloperidol order was changed, but the new dosage was not delivered to the facility from the pharmacy. Reconciliation of the observed medication administration for Resident 25's current Physician Orders, dated 6/2/25, indicated, haloperidol oral tablet, 5 mg, give 0.5 tablet by mouth one time a day for schizophrenia (a type of chronic mental disorder) 0.5 tab =2.5mg). During an interview on 6/3/25 at 8:01 with the Director of Nursing (DON), the DON stated a new verbal order for haloperidol was documented by a licensed nurse at 8:44 a.m., a day before, on 6/2/25 and was signed by the doctor on 6/3/25 at 1:11 a.m. The DON stated, the expectation was for the doctor to sign the order as soon as possible for the pharmacy to fill the prescription. Furthermore, the DON stated, since the current available dose of medication is not the same as the doctor's order, we will call the pharmacy to ask how we can use the current available medication until the new medication dose arrives. The DON confirmed the medication dose should have been available for the morning medication administration. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility policy and procedure (P&P), titled, Administering Medications, revised April 2019, the P&P indicated, Ensure that the six rights of medication administration are followed . Right dose . Compare medication source (bubble pack .) with MAR to verify . dose . administer medication as ordered in accordance with manufacturer specifications . 2. During an observation of medication administration on 6/4/25 at 7:05 a.m., LN 5 was observed to prepare and administer Resident 37's morning medications which included divalproex sodium, without wearing gloves. During an interview on 6/4/25 at 07:13 a.m. with LN 5, LN 5 confirmed the medication label for divalproex sodium indicated to use gloves to handle. LN 5 stated the purpose of using gloves was due to the medication being a hazardous (the state or condition of being dangerous or involving risk) medication. LN 5 acknowledged gloves should have been worn. Reconciliation of the observation of medication administration with Resident 37's current Physician Orders for divalproex sodium dated 4/23/25, indicated, divalproex sodium 250 mg. Give 3 tablet by mouth two times a day for Epilepsy (a neurological disorder characterized by recurrent seizures, which are abnormal electrical activity in the brain). Use gloves to handle. During a review of Resident 37's Medication Administration Record (MAR), dated 4/23/25, the MAR indicated to use gloves to handle divalproex sodium. During a review of the facility policy and procedure (P&P), titled, Administering Medications, revised April 2019, the P&P indicated, Compare medication source (bubble pack .) with MAR . administer medication as ordered in accordance with manufacturer specifications . 3 (a). During an observation of medication administration on 6/4/25 at 7:44 a.m., LN 1 was observed to prepare and administer Resident 447's morning medications which included two mycophenolate tablets without wearing gloves. During an interview on 6/4/25 at 7:28 a.m. with LN 1, LN 1 confirmed the medication label for mycophenolate indicated to use gloves when handling. LN 1 acknowledged the reason was due to the resident being a transplant recipient. LN 1 acknowledged gloves should have been worn. Reconciliation of the observation of medication administration with Resident 447's current Physician Orders dated 3/26/25, indicated, mycophenolate mofetil 500 mg. Give 2 tablets by mouth two times a day to prevent and treat rejection after transplant. Use gloves to handle. During a review of Resident 447's Medication Administration Record (MAR), dated 5/19/25, the MAR indicated to use gloves to handle mycophenolate. During an interview on 6/4/25 at 7:48 a.m. with the DON, the DON acknowledged the nurse should have worn gloves when she administered mycophenolate and divalproex. He further stated, in addition to the pharmacy label on the blister packs, even the physician order indicates to wear gloves. 3 (b). During an observation on 6/4/25 at 7:14 a.m. of medication administration, LN 1, was observed preparing and administering Resident 447's morning medications which included only 2 tablets of mycophenolate. LN 1 confirmed 2 pills were being administered prior to administration. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reconciliation of the observation of medication administration with Resident 447's current Physician Orders dated 3/27/25, indicated, aspirin oral 81 mg by mouth one time a day for PPX DVT (deep vein thrombosis prophylaxis), which was not administered during the morning medication pass observation. During an interview and concurrent record review on 6/4/25 at 10:14 a.m. with LN 1, LN stated Resident 447's aspirin was given later that day during the second medication pass observation at 8:07a.m.; however, after reviewing the Electronic Medication Administration Record (e-MAR), LN 1 acknowledged being confused about the aspirin administration and believed it was given early in the morning at 7:24 a.m. during the first morning medication pass. LN 1 was unable to explain why only two mycophenolate tablets were dispensed during the first morning medication pass observation as the number of pills were confirmed by her prior to the administration of Resident 447's morning medications. During an interview on 6/4/25 at 11:02 a.m. with the DON, the DON stated, it is expected the nurses follow the e-MAR and doctors' orders and aspirin should have been administered as ordered by the doctor. During a review of the facility policy and procedure (P&P), titled, Administering Medications, revised April 2019, the P&P indicated, Ensure that the six rights of medication administration are followed: a. Right resident, b. Right drug, c. Right dosage, d. Right route. e. Right time, f. Right documentation .Review MAR to identify medication to be administered .Administer medication as ordered .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 51830 Based on observation, interview, and record review, the facility failed to ensure medications were stored properly, when unlabeled loose pills and labeled pharmaceutical products were found behind the drawers and in the back of medication cart A. These failures had the potential for medication error, misuse and drug diversion. Findings: During an inspection of the Medication Cart A on 6/2/25 at 9:31 a.m., four unlabeled loose pills and four labeled pharmaceutical products were found behind the drawers and in the back of medication cart A. During an interview on 6/2/24 at 9:48 a.m. with Licensed Nurse 1 (LN 1), LN 1 removed the pills found on the bottom of the drawer and confirmed there were 4 loose pills. LN 1 also confirmed there were 4 labeled medications found at the back of the cart behind the drawers. LN 1 stated the loose pills or the misplaced medication blister packs in the back can lead to a mediation error. LN 1 stated, the cart should have been checked every day to make sure medications did not fall in the back. During an interview on 6/2/25 at 11:41 a.m. with the Director of Nursing (DON), the DON confirmed medications should not be loose in the drawers and labeled medication should not be at the back of the cart behind the drawers. The DON stated, the medication carts should be checked thoroughly, cleaned and sanitized daily. During a review of the facility Policy and Procedure (P&P), titled, Medication Labeling and Storage, revised February 2023, the P&P indicated, Medications and biologicals are stored in the packaging, containers . which they are received .The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner .Medications are stored in an orderly manner in cabinets, drawers, carts .Each resident's medications are assigned to an individual cubicle, drawer, .to prevent the possibility of mixing medications of several residents.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 51483 Based on observation, interview and record review, the facility failed to ensure four dietary staff had the appropriate skill set to safely perform the daily operations of the food and nutrition services department when: 1. Two Dietary Aides were not able to verbalize the process of manual dishwashing with 3-compartment sink (cross refer to F812, #8), and 2. Two Cooks did not perform handwashing before touching the clean dishes at the clean side of the dishwashing machine (cross refer to F812, #9) These failures had the potential to place 45 out of 47 highly susceptible residents who consumed food from the facility kitchen at risk for food borne illness. Findings: 1. During an interview on 6/2/25 at 10:06 a.m. with Dietary Aide (DA) 1, DA 1 verbalized the manual dishwashing procedure by using the 3-compartment sink. He stated he would switch to manual dishwashing when the dishwashing machine was not working. He explained the kitchen had a 2-compartment sink for wash and rinse, and used an extra tub for the sanitize step as a third compartment. DA 1 was unable to answer the immersion time for dishes and pans into the sanitizer. A concurrent confirmation with Dietary Supervisor (DS), DS stated the immersion time should be 20-60 seconds. During an interview on 6/3/25 with DA 3, DA 3 verbalized the process of the manual dishwashing with the 3-compartment sink. DA 3 stated the steps involved wash, rinse, sanitize and air dried. She stated the wash and rinse water temperature should be 130 degrees Fahrenheit (F), and the immersion time for the dishes in the sanitizer should be one minute and the concentration of the sanitizer (quaternary ammonium) should be 100 ppm (parts per million, a measurement unit for concentration of solution). During an interview on 6/4/25 at 12:41 p.m. with Registered Dietitian (RD), RD stated, she expects staff to know about the procedure in case of an emergency. RD stated if sanitation was not performed properly, it may cause cross-contamination. A review of the facility P&P titled, 3-Compartment Procedure for Manual Dishwashing, dated 2023, indicated, .washing .fill the first compartment with detergent .and hot water (110-120 degrees F) .rinsing .fill the second compartment with .hot water, (110-120 degrees F) .sanitizer solution must read 200 ppm .immerse all washed items for 60 seconds. A review of DA 1's employee file, it indicated their date of hire was on Spring 2023 for dietary aide position. DA 1 had an updated food handler certificate with issue date of 6/4/25. A review of DA 3's employee file, it indicated their date of hire was Winter 2010 for dietary aide position. DA 3's had a food handler certificate with expiration date of 6/3/2028. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of facility documents titled, Verification of Job Competency Demonstration- Dietary Aids, for DA 1 and DA 3, both completed for the year 2024 by DS, it indicated that DA 1 and DA 3 were competent on Emergency dish washing procedure and when to use it. A review of departmental documents titled, Food & Nutrition Services In-Service, Topic: Low Temp Dish Machine and 3-Compartment Sinks,, completed on 4/20/24 and given by DS and indicated DA 1 and DA 3 attended in-services. The In-services explained about the proper steps, temperature requirements, sanitizer used and testing and the policies and procedures for three-compartment sink methods. 2. During an observation of the handwashing practice on 6/3/25 at 8:59 a.m., [NAME] (CK) 1 used the same gloved hands to touch the handle of refrigerator, clothing pocket, and then used the same gloved hands to touch and put away the clean dishes at the clean side of the dishwashing machine. During an observation of the handwashing practice on 6/3/25 at 11:20 a.m., CK 2 placed her bare hands on the whipped cream package then on the soiled plates. CK 2 used the same bare hands to pull up the handle of dishwasher panel (the dishwashing machine completed the dishwashing cycles) and pulled out the clean dish rack and then touched and rearranged the clean dishes and utensils. During an interview with DS on 6/3/25 at 12:42 p.m., DS acknowledged the handwashing issue above and she stated CK 1 and CK 2 should perform handwashing before touching the clean dishes. DS further stated the staff should wash their hands and don gloves between tasks. During an interview on 6/4/25 at 12:41 p.m. with RD, RD stated the dietary staff should perform hand hygiene every time in the kitchen before touching food, food contact surfaces and between tasks. RD further stated handwashing before touching the clean dishes should be done to prevent cross-contamination. A review of facility P&P titled, Dishwashing Machine Use, dated 2010, indicated, The following guidelines will be followed when dishwashing .a. Wash hands .frequently during the process . A review of the undated facility P&P titled, Dietary Employee Personal Hygiene, indicated, .Hands and fingernails .must always be washed .before putting on gloves, after removing gloves, and after engaging in other activities that contaminated the hands .Employees should never use bare hands contact any foods .or otherwise .Gloves are to be worn and changes appropriately to reduce the spread of infection . A review of CK 1's employee file, it indicated their date of hire was on Spring 2023 for [NAME] position. CK 1's had a food handler certificate with expiration date of 7/27/2026. A review of CK 2's employee file, it indicated their date of hire was on Fall 2023 for [NAME] position. CK 2's had a food handler certificate with expiration date of 9/24/2026. A review of facility documents titled, Verification of Job Competency Demonstration - Cooks, for CK 1 and CK 2, both were completed for the year of 2024 by DS. Both documents indicated CK 1 and CK 2 were competent on Hand washing procedure and Glove use in food preparation and service (continued on next page)

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	055956	A. Building B. Wing	06/05/2025

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Bridgewood Post Acute	5901 Lemon Hill Ave Sacramento, CA 95824

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of facility document titled, Dietary In-Service, Topic: Proper Glove Use and Hand Washing, completed on 11/30/24 and given by DS, indicated CK 1 and CK 2 attended. The in-service explained about importance of hand washing, FDA food code, techniques, P&P of glove use and hand washing. A review of undated facility job description (JD) titled, Dietary Aide, it stated, .Essential Job Functions . ensure all dietary procedures are followed in accordance with established policies .attend trainings, in-services, and meetings .prepare, serve, and store food, etc., in accordance with sanitary regulations and established policies and procedures . A review of undated facility JD titled, Cook/Kitchen Staff, it stated, .Safey and Sanitation Functions .Follow established infection prevention and control policies and procedures when performing daily task .Prepare food in accordance with sanitary regulations as well as established facility policies and procedures. A review of facility JD titled, Certified Dietary Manager, revised 10/2020, it stated, .administrative functions . assume .responsibility and accountability of supervising the food and nutrition services department .Duties and Responsibilities .standardizing the methods in which tasks will be performed .assist staff in the development and use of departmental procedures governing activities .ensure staff is aware of and follows established facility policies .make daily rounds to assure that personnel are performing required duties and to assure that appropriate procedures are being rendered to meet the needs of the facility .ensure that food and nutrition services personnel follow established infection prevention and control procedures . It showed the DS should have an effective in-service and monitoring programs for the dietary staff to understand the established policies and procedures to be competent to perform their job duties and functions described.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 51483 Based on observation, interview and record review, the facility failed to ensure the menu was followed for the therapeutic diet during lunch meal on 6/3/25 when: 1. One resident (Resident 26) with a diet of mechanical soft (MS) texture diets (a diet consisting of soft, moist foods for people who have chewing and/or swallowing difficulties) and small portions received the wrong portion for the meat. 2. One resident (Resident 13) with diet of MS, CCHO (diet where number of sugars and starches are controlled), and Renal (special diet to avoid foods that can be harmful to kidneys) received brown rice instead of wheat pasta. 3. One resident (Resident 22) with MS diet received parsley sprig for garnish instead of parsley flakes 4. Six residents (Resident 12, 34, 35, 37, 38, and 43) did not receive parsley sprig garnishes with their lunch meals. These failures had the potential to result in compromising the medical and nutrition status of nine out 45 residents who received food from the facility kitchen. The census was 47. Findings: During the lunch meal distribution on 6/3/25 beginning at 11:46 a.m., it was noted as follows: 1. Resident 26 with a diet of mechanical soft and small portions received 1/3 cup (#12 scoop) instead of 3/8 cup (#10 scoop) of meatball. A concurrent review of facility spreadsheet (a menu excel sheet that indicates what items and portions to be served for each prescribed diet) titled, Summer Menus, Week 1 Tuesday, indicated that MS texture and small portion diet should receive 3/8 cup (#10 scoop). 2. Resident 13 with a diet of MS, CCHO, and Renal received brown rice instead of wheat pasta for starch. A concurrent review of facility spreadsheet titled, Summer Menus, Week 1 Tuesday, indicated that MS, CCHO, and Renal diet should receive 1/2 cup of wheat pasta with margarine. 3. Resident 22 with mechanical soft diet received parsley sprig for garnish instead of parsley sprig flakes. A concurrent review of facility spreadsheet titled, Summer Menus, Week 1 Tuesday, indicated that MS diet should receive parsley sprig flakes. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Residents 12, 34, 35, 37, 38, and 43 did not receive parsley garnish with their lunch meal. A concurrent review of the facility spreadsheet titled, Summer Menus, Week 1 Tuesday, indicated that all diets on the spreadsheet should have received garnish. During an interview with Dietary Supervisor (DS) on 6/3/25 at 12:40 p.m., DS confirmed CK 1 used the incorrect scoop size to serve the MS soft small portion. DS stated Renal CCHO diet should get wheat pasta instead of brown rice. DS confirmed wheat pasta was in stock. DS stated she expected the dietary staff to follow the spreadsheet during meal distribution. During an interview with Registered Dietitian (RD) on 6/4/25 at 12:41 p.m., RD stated she expected the dietary staff to follow the spreadsheet and scoop size. RD confirmed renal/CCHO diet should not be replaced without notifying her to evaluate the replacement. RD further explained the garnishes were provided for appealing presentation. She stated if giving a whole garnish to MS diet instead of flakes may cause choking. A review of the job description (JD) titled, Certified Dietary Manager, dated October 2020, indicated, .Duties and Responsibilities .assure that personnel are performing required duties and to assure that appropriate procedures are being rendered . A review of the JD titled, Cook/Kitchen Staff, dated October 2020, indicated, .Food Service Functions . Prepare food in accordance with standardized recipe, planned menus, and special diet orders .serve meals that are appetizing in appearance .serve food in accordance with established portion control procedures . A review of the JD titled, Dietary Aide, undated, indicated, .Dietary Service .Assist in preparing food for therapeutic and texture modified diets in accordance with planned menus with established portion control procedures . Assist in preparing an .appetizing meal in accordance with planned menus . A review of the JD titled Registered Dietitian, dated October 2020, indicated, .Assist in planning regular and special diet menus as prescribed by the attending physician .evaluate .therapeutic diets.

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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** 51483 Based on observation, interview and record review, the facility failed to ensure food was prepared, stored, served, or distributed in accordance with professional standards of food service in a safe manner when: 1. The ice machine was not clean. 2. Found pans stacked wet and had food debris stored at the clean and ready-to-use storage area. 3. Found opened packaged food products with improper labeling and dating procedure in the reach-in refrigerator and reach-in freezer. 4. Found food products that stated, keep frozen, stored in the dry storage area. 5. Found produces were not fresh stored in dry storge area. 6. Found personal belonging stored in dry storage area. 7. One Dietary Aide used a mask to replace the beard net and not covered the facial hair completely. 8. Two Dietary Aides were not able to verbalize the process of manual dishwashing with 3-compartment sink correctly. 9. Two Cooks did not perform handwashing before touching the clean dishes at the clean side of the dishwashing machine. 10. There were issues found in the resident's food refrigerator at the ice room: a. One food item was expired and was not discarded b. Few food items did not have labels with residents' names and date they were received. These failures had the potential to cause food-borne illness which could cause illness in 45 out of 45 medically vulnerable residents who consumed food from the facility kitchen and food from outside. The census was 47. Findings: (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. During a concurrent observation and interview on [DATE] at 10:48 a.m. with Maintenance Supervisor (MS) in the ice machine room. MS stated the maintenance department was responsible for the deep cleaning (cleaning and sanitizing the machinery parts on the top section of the ice machine and ice storage bin on the bottom section of the machine with chemical solutions designed to remove lime scale and mineral deposits and to remove algae and slime, then sanitize with chemical agent) of the ice machine monthly. A concurrent review of the undated facility's document titled, Ice Machine Cleaning Log, indicated the last deep cleaning was completed on [DATE]. A white chalky substance was observed on the motor unit (unit that plumbs water to the evaporator unit) upon the mechanical (top) part of the ice machine dissembled. MS confirmed it was calcium deposit (white mineral buildup), and he needed to clean it with water and a brush. There were significant black gelatinous substances found on the bottom evaporator unit (a part where the condensation occurs to make ice). The black substances were sticky and rough to touch, and hard to remove with a paper towel. MS confirmed the findings and agreed the ice machine was not clean. MS explained the process of deep cleaning the ice machine, he stated he would dissemble the parts that could be removed which included the hose, water curtain, water trough) and put in the dishwashing machine for cleaning and sanitizing. Then he would use the descaler to clean and use the sanitizer to sanitize the areas inside the machine and the ice storage bin. The removed parts done with cleaning and sanitizing, he would assemble the parts back and turned on the water mode to drain and started to make ice, the first batch of ice would be discarded, and the second batch could be used. During an interview on [DATE] at 12:41 p.m. with Registered Dietitian (RD), RD stated, facility ice machine expected to be clean and should be clean monthly. A review of the undated facility's ice machine user manual titled, [Ice machine Brand] Instruction Manual, undated indicated, .Installation .unit must be cleaned once every other week with citric acid to remove mineral build up .Sanitizing solution- .ratio of water to vinegar or lemon juice; or .household bleach to .hot water .wipe the interior, including evaporator rods, with the solution .run the ice maker, discard the first two batches (ice) . A review of the facility's policy and procedure (P&P) titled, Sanitation, dated [DATE], the P&P indicated, ice machines and ice storage containers are drained, cleaned and sanitized per manufacturer's instructions. According to 2022 FDA (Food and Drug Administration) Food Code, on section ,d+[DATE].11 Equipment Food-Contact Surface and Utensils, it stated equipment like ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms (a living thing that is so small it must be viewed with a microscope, such as bacteria or algae). 2. During an observation on [DATE] at 8:48 a.m. and 9:10 a.m. there were issues found in the clean and ready-to-use storage area as follows: - one full sheet metal pan (stacked wet on top of another pan) - one metal muffin pan (with brown grainy substances) (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 interview on [DATE] at 9:15 a.m. with the Dietary Supervisor (DS), the DS confirmed the metal pan was wet and the muffin pan had brown grainy substance and stated it was food particles. DS stated she expected the pans and dishes to be dried and clean before being stored away. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the pans should be completely dried to prevent bacteria growth and contamination. RD further stated the pans should be clean before being stored away. A review of a facility P&P titled, Dishwashing Machine Use revised 2010, indicated, .After running items (dishes/utensils) through entire cycle, allowed to air-dry . According to 2022 FDA Food Code, on section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, the document indicated, (A) Equipment food-contact surfaces and utensils shall be clean to sight and touch (C) Non-food-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris . 3. A concurrent observation in the reach-in refrigerator and interview with the DS on [DATE] at 9.25 a.m. was conducted. There were issues found as followed: -one opened jar of mayonnaise (no opened and used by dates) -one opened jar of Italian dressing (no opened and used by dates) -one opened pack of parmesan cheese (no opened or used by dates) -one opened jar of Cesar salad dressing (no used by date) -one opened pack of shredded cheese (no used by date) -one opened pack of white shredded cheese (no used by date) DS confirmed some of food items above did not have opened and used by dates and some of them did not have used by dates. A concurrent observation in the reach-in freezer and interview with DS on [DATE] at 9:38 a.m. was conducted. There were issues found as followed: -two opened bags of frozen blueberries (no used by date) -one opened bag of frozen cream puffs (no used by date) DS confirmed the food items above without used by dates. A concurrent observation in the reach-in freezer and interview with the DS on [DATE] at 9:48 a.m. was conducted. There was one opened pack of pork sausage (no opened and used by dates). DS stated the opened pack of sausage should have an open and use by 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 interview on [DATE] at 12:41 p.m. with the RD, the RD stated, she expected opened food in the refrigerator and freezer should be labeled with opened and use by dates. A review of the facility P&P titled, Food Receiving and Storage, date 2022 indicated, .All foods stored in the refrigerator or freezer are .labeled and dated (use by date). 4. A concurrent observation in the dry storage and interview with the DS on [DATE] at 9:38 a.m. was conducted. There were four boxes of bread items that had information on them that indicated to keep frozen (two boxes with receive date of [DATE] (Texas toast & Buns/Rolls), and two boxes with receive date of [DATE] (wheat toast & croissants). DS confirmed the boxes of bread items mentioned above were defrosting in the dry storage. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated when a package or box stated keep frozen when received from a delivery, should be kept in the freezer. She further stated the frozen food should thaw or defrost in the refrigerator not in dry storage. A review of the facility P&P titled, Food Receiving and Storage, date 2022 indicated, Frozen foods are maintained at a temperature to keep the food frozen solid. According to 2022 FDA Food Code, section ,d+[DATE].11 Frozen Food, indicated frozen foods should be maintained at a temperature that keeps the food frozen solid. 5. During a concurrent observation and interview on [DATE] at 10:23 a.m. with the DS, there were 12 out of 38 white onions found with black fuzzy substances and soggy spots. The DS confirmed the onions were not fresh. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the dietary staff should check the produce when received and daily rounding should be done to check for freshness. A review of the facility P&P titled, Storing Produce, indicated, .check boxes of fruit and vegetables for rotten, spoiled items .Throw away all spoiled items .Remove obvious soil and debris when produce is delivered . 6. A concurrent observation in the dry storage and interview with the DS on [DATE] at 10:25 a.m. was conducted. There was a black backpack observed hanging on the rack where stored food was in the dry storage area. DS confirmed the personal belongings should not be stored in the dry storage area and expected the staff to store their items in the designated area. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the dietary staff should store their personal belongings in designated area but not in food storing and preparation areas. RD further stated personal items stored in the food storing areas would put residents at risk for sickness. A review of the undated facility P&P titled, Dietary Employee Personal Items, indicated, .personal items from outside will not be kept in the kitchen or food storage areas. These items will be kept in the employee break room or other designated area . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the 2022 FDA Food Code, section ,d+[DATE].110 Using Dressing Rooms and Lockers, it indicated personal items should be stored in a designated area away from food, equipment, linens, and single-service and single-use articles to prevent contamination. 7. During a kitchen inspection tour on [DATE] at 11:08 a.m., it was observed that the Dietary Aide (DA) 2 had a facemask on (without any beard net) that did not completely cover all his facial hair (mustache, beard and sideburns). Observed sides burns on left and right side of face extending outside of mask. A concurrent conformation with the DS and she agreed DA 2 was expected to wear a beard net to completely cover his facial hair and a mask was not a replacement. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the mask cannot replace the beard net and the restraint should completely cover the facial hair. A review of the undated facility P&P titled, Dietary Employee Personal Hygiene, indicated, .all dietary staff must wear hair restraints (.beard restraints) .to prevent hair from contacting food . According to the 2022 FDA Food Code, section ,d+[DATE].11 Hair Restraints - Effectiveness, it indicated food employees are required to wear hair restraints such as hair nets, beard nets, and other effective hair coverings to prevent hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles. 8. During an interview on [DATE] at 10:06 a.m. with DA 1, DA 1 stated if the dishwashing machine was not functioning, he would switch to manual dishwashing with 2-compartment sink with an extra tub for the sanitize step as a third compartment. DA 1 was unable to answer the immersion time for dishes and pans into the sanitizer. A concurrent confirmation with the DS, the DS stated the immersion time should be , d+[DATE] seconds. During an interview on [DATE] with DA 3, DA 3 verbalized the process of the manual dishwashing with the 2-compartment sink. DA 3 stated the steps involved wash, rinse, sanitize and air dried. She stated the wash and rinse water temperature should be 130 degrees Fahrenheit (F), and the immersion time for the dishes in the sanitizer should be one minute and the concentration of the sanitizer (quaternary ammonium) should be 100 ppm (parts per million, a measurement unit for concentration of solution). During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the dietary staff should know about the procedure in case of an emergency. The RD stated if sanitation was not performed properly, it may cause cross-contamination. A review of the facility P&P titled, 3-Compartment Procedure for Manual Dishwashing, dated 2023, indicated, .washing .fill the first compartment with detergent .and hot water (,d+[DATE] degrees F) .rinsing .fill the second compartment with .hot water, (,d+[DATE] degrees F) .sanitizer solution must read 200 ppm .immerse all washed items for 60 seconds. 9. During an observation of the handwashing practice on [DATE] at 8:59 a.m., [NAME] (CK) 1 used the same gloved hands to touch the handle of refrigerator, clothing pocket, and then used the same gloved hands to touch and put away the clean dishes at the clean side of the dishwashing machine. (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 of the handwashing practice on [DATE] at 11:20 a.m., CK 2 placed her bare hands on the whipped cream package then on the soiled plates. CK 2 used the same bare hands to pull up the handle of dishwasher panel (the dishwashing machine completed the dishwashing cycles) and pulled out the clean dish rack and then touched and rearranged the clean dishes and utensils. During an interview with the DS on [DATE] at 12:42 p.m., the DS acknowledged the handwashing issue above and she stated CK 1 and CK 2 should perform handwashing before touching the clean dishes. The DS further stated the staff should wash their hands and don gloves between tasks. During an interview on [DATE] at 12:41 p.m. with the RD, the RD stated the dietary staff should perform hand hygiene every time in the kitchen before touching food, food contact surfaces and between tasks. RD further stated handwashing before touching the clean dishes should be done to prevent cross-contamination. A review of the undated facility P&P titled, Dietary Employee Personal Hygiene, indicated, .Hands and fingernails .must always be washed .before putting on gloves, after removing gloves, and after engaging in other activities that contaminated the hands .Employees should never use bare hands contact any foods .or otherwise .Gloves are to be worn and changes appropriately to reduce the spread of infection . According to the 2022 FDA Food Code, section ,d+[DATE].14 When to Wash, it indicated, .food employees must wash their hands and exposed portions of their arms at specific times to prevent contamination. This includes: . Before working with food or clean equipment. After handling soiled equipment or utensils .After touching bare human body parts other than clean hands and arms .After engaging in other activities that contaminate the hands . 10. During an observation in the resident's food refrigerator located in the ice room on [DATE] at 8:53 a.m., there were issues found as followed: -one pack of expired tortillas (expiration date of [DATE] and no resident's name) was not discarded -two packages of tortillas (without a resident's name and received date) -one popsicle in the freezer compartment (without a resident's name and received date) During an interview on [DATE] at 3:53 p.m. and 4:07 p.m. with the Infection Preventionist/Director of Staff Development (IP/DSD), he confirmed the tortillas with expiration date of [DATE] was expired and should be discarded and confirmed other food items mentioned above did not have a resident's name and received date. The IP/DSD stated the food needed to be labeled with a resident's name and received date. The IP/DSD further stated there was a designated person to check and discard the outdated food, and stated the food could only be kept in the resident's food refrigerator for three days. A review of the facility P&P titled, Food Brought by family/Visitors, dated 2017, indicated, .Perishable foods must be stored and labeled with the resident's name, the item and the data. The nursing staff will discard perishable foods on or before the use by date . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility P&P titled, Refrigerators and Freezers, revised ,d+[DATE], indicated, .all food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates .will be marked on cases . Supervisors will be responsible for ensuring food items in pantry, refrigerators and freezers are not expired or past perish date .

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	055956	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewood Post Acute	5901 Lemon Hill Ave Sacramento, CA 95824

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34980 Based on observation, interview, and record review, the facility failed to ensure a safe, functional, and comfortable environment for a census of 47 when: 1. rooms [ROOM NUMBER] had broken/missing wardrobe drawers. 2. room [ROOM NUMBER] had a cracked toilet seat and a broken call light in the bathroom. 3. room [ROOM NUMBER] and 115 had missing call lights in the bathrooms. 4. room [ROOM NUMBER] had a broken windowsill lying on the floor with nails sticking up. These failures resulted in non-functional rooms and an unsafe environment. Findings: 1. During a concurrent observation and interview with the Contractor on 6/4/25 at 11:32 a.m., the Contractor verified and confirmed room [ROOM NUMBER] had a broken wardrobe drawer (2nd bottom drawer from the left) and room [ROOM NUMBER] had a broken, misaligned, and unable to open wardrobe drawer (2nd middle drawer from the top and bottom right drawer). room [ROOM NUMBER] had the 2nd drawer from the top missing from the wardrobe. During an interview with the Contractor on 6/4/25 at 11:56 a.m., the Contractor stated, The missing drawer in room [ROOM NUMBER] still needs to be made and the other drawers should have been working. A review of Resident 20's, Admission Record indicated Resident 20 was admitted to the facility in 2024 with a diagnoses that included, cirrhosis of the liver (a chronic liver disease where healthy liver tissue is replaced by scar tissue, hindering the liver's ability to function properly). A review of Resident 20's Minimum Data Set (MDS - an assessment tool used to guide care) Cognitive Patterns, dated 3/12/25, indicated Resident 20 had a Brief Interview for Mental Status (BIMS - a tool to assess cognition) score of 15 out of 15 which indicated Resident 20 had full understanding. During an interview with Resident 20 on 6/5/25 at 9:33 a.m., Resident 20 was asked about the broken wardrobe drawer and stated, The drawer has been like that for a while. Resident 20 further stated, I would like it fixed so that I can use it. A review of Resident 10's, Admission Record indicated Resident 10 was admitted to the facility in 2024 with a diagnoses that included a stroke (a condition that occurs when blood flow to part of the brain is disrupted). A review of Resident 10's MDS, Cognitive Patterns, dated 5/17/25, indicated Resident 10 had a BIMS score of 15 out of 15 which indicated Resident 10 had full understanding. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with Resident 10 on 6/5/25 at 9:47 a.m., Resident 10 was asked about the missing drawer and stated, That drawer has been missing for 7 years. Resident 10 further stated, I would like it replaced. During an interview with Administrator 2 (ADM2) on 6/5/25 at 11:33 a.m., ADM2 stated, All wardrobe drawers should be functioning and easy to open and close. A review of the facility's policy dated 12/2009 indicated, The maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 50312 2. During an observation at 9:51 a.m., in room [ROOM NUMBER]'s bathroom the toilet seat appeared cracked, and the call light was not attached to the wall. During an observation and concurrent interview on 6/3/25 at 11:00 a.m., with the Director of Nursing (DON), the cracked toilet seat was acknowledged by the DON. The DON also stated that the call light had been repaired on 6/2/25 after the Department's initial observation of the restroom in room [ROOM NUMBER]. A review of the facility policy and procedure title Routine Bathroom Cleaning and Maintenance, dated 2/2023 indicated Employees are to report areas of mold, cracked, leaking or damaged items in need of repair. 39489 3. A review of Resident 33's Clinical Record indicated Resident 33 was admitted to the facility in April 2025 with diagnoses that included Infection and inflammatory reaction due to internal left knee prosthesis (artificial implants) and Methicillin Resistant Staphylococcus Aerus (MRSA, a serious, potentially fatal, bacterial infection [diseases that can affect your skin, lungs, brain, blood and other parts of your body]). A review of Resident 33's MDS, dated [DATE], Cognitive Patterns Section C, indicated a score of 15, meaning cognitively intact. During a concurrent observation and interview with the DON, inside the bathroom of room [ROOM NUMBER] and room [ROOM NUMBER] on 6/2/25 at 10:55 a.m., the DON confirmed there was no call light inside the bathroom of room [ROOM NUMBER] and room [ROOM NUMBER]. The DON acknowledged there should be a call light inside the bathroom. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview with the Maintenance Supervisor (MS) inside the bathroom of room [ROOM NUMBER] and room [ROOM NUMBER] on 6/2/25 at 11:16 a.m., the MS confirmed the call light in the bathroom for room [ROOM NUMBER] and 115 was missing. The MS stated the call light had been missing for couple days ago, and he was not aware that it was missing. The MS further stated, he ordered the parts to fix the call light on 5/27/25 and was scheduled to be delivered on June 3rd or 6th. TheMS agreed that as of 6/2/25, there was no call light inside the bathroom of room [ROOM NUMBER] and room [ROOM NUMBER] for six to seven days. MS continued, it is important to have a working call light in the bathroom so the residents can call for help as needed. During a concurrent observation and interview with Resident 33, inside his bathroom, on 6/3/25 at 9:35 a.m., Resident 33 confirmed there was no call light in their bathroom. Resident 33 stated, they should have a call light inside the bathroom as it allows quick and easy to request assistance from the staff and gives us a sense of security. Resident 33 further stated residents in room [ROOM NUMBER] and room [ROOM NUMBER] shared the same bathroom with no call light. During an interview with the Certified Nursing Assistant (CNA 5) on 6/5/25 at 11 a.m., CNA 5 stated, it's important to have a call light in the bathroom to alert the staff if the residents need help and allows the staff to respond safely and quickly. 51717 4. During an observation on 6/2/25 at 9:50 a.m., of Resident 30 in his room, Resident 30 was sleeping in bed laying on his right side wearing a gown. A piece of wood from the windowsill was seen on the floor next to his bed with nails sticking up from the piece of wood. During a concurrent observation and interview on 6/2/25 at 10:24 a.m. with CNA 3, CNA 3 went in Resident 30's room to feed him. CNA 3 moved Resident 30's bed away from the wall and was standing on his right side next to the window. CNA 3 confirmed the windowsill had been broken and there was a piece of wood on the floor next to the Resident 30's bed with nails sticking up and agreed that it was a was a safety risk if the resident fell out of bed or if someone stepped on the nails. During a concurrent interview and record review on 6/3/25 at 08:54 a.m. with the MS, the MS reviewed the photographs of Resident 30's room. The MS confirmed there was a piece of wood on the floor next to Resident 30's bed and stated that this was a safety risk for staff and the resident if they stepped on the nails or if the resident fell out of the bed. Resident 30s progress notes dated 4/26/25 indicated that Resident 30 had an unwitnessed fall from bed on 4/26/25 at 7:30 p.m. During a review of the facility's policy titled. Maintenance Service, revised 2009, the policy stipulated, The Maintenance Department is responsible for maintaining the buildings, grounds and equipment in a safe and operable manner,, and functions of the personnel include, Maintaining the building in good repair and free from hazards,. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In a review of the facility's policy and procedure, titled, Call Lights, Answering . Procedure/Guidelines, dated, 3/17/25, indicated, . c. Staff will ensure that the call light system is plugged in, functioning and accessible to the resident. d. Any call light found to be defective will be reported to the supervisor, management, and/or the maintenance department . III. Documentation a. Facility management will periodically test call light functionality .