

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	
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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to dispose garbage and refuse properly when the dumpster's (a movable waste container designed to be brought and taken away by special collection vehicle, or to a bin that specially designed garbage truck lifts) surrounding floors had trash and litter. This failure had potential to attract birds, flies, insects, pests (animal or microorganism that has a negative effect on humans) and possibly spread infection to 138 of 138 facility residents. Findings: During a concurrent observation and interview on 6/3/2026 at 11:25 a.m., of the dumpster area with the Dietary Supervisor (DS), observed soiled gloves, napkins, and disposable spoons on the dumpster floor surroundings. The DS stated they needed to maintain the cleanliness of the dumpster surroundings and not have trash to prevent mice and flies coming into the facility for infection control purposes. During a review of the facility's policy and procedure (P&P) titled, Environment, dated 1/15/2026, the P&P indicated, 6. All trash will be contained in covered, leak-proof containers that prevent cross contamination. 7. All trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris. During a review of the facility's P&P titled, Dispose of Garbage and Refuse, dated 1/15/2026, the P&P indicated, All garbage will be collected and disposed of in a safe and efficient manner. (1). The Dining Service Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior dumpster is maintained in a manner free of rubbish or other debris. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 5-501.116 Cleaning Receptacles. Proper storage and disposal of garbage and refused are necessary to minimize the development of odors, prevent such waste from becoming an attractant and harborage of breeding places for insects and rodents, and prevent the soiling of food preparation and food service areas. Improperly handled garbage creates nuisance conditions, makes housekeeping difficult, and may be possible source of contamination of food, equipment, and utensils. Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated.		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement the facility's Water Management Program ([WMP] - a written, step-by-step plan for buildings to ensure their water system was safe, clean, and efficient) by failing to ensure the hot water tank was flushed monthly. This failure placed the residents, staff and visitors at risk for exposure to unsafe water conditions. Findings: During a concurrent interview and record review on 6/4/2026 at 9:25 a.m. with the Maintenance Supervisor (MS), the facility's Water Management Program (WMP) was reviewed. The MS stated that he and the Infection Preventionist Nurse (IPN) was responsible for the implementation of the facility's WMP. The MS stated that, in accordance with WMP control measures, hot water tanks should be flushed monthly to eliminate impurities from the bottom of the tank. The MS stated that he flushed the hot water tank every two to three months. The MS stated he did not have documentation for this control measure. The MS stated that he flushed the hot water tank to prevent growth of opportunistic waterborne pathogens such as legionella (type of bacterium that lives naturally in fresh water) by eliminating stagnant water and controlling temperatures. The MS stated that residents, facility staff and visitors are placed at risk when exposed to stagnant water which has the potential to cause illness and lead to health complications. During an interview on 6/4/2026 at 10:35 a.m. with IPN, the IPN stated that she collaborates with the MS in the implementation of the facility's WMP. The IPN stated that the MS was responsible for monitoring the facility's water system. The IPN explained that the purpose of the WMP is to prevent bacterial growth or outbreaks originating from the building's water system. The IPN stated that the facility aims to eliminate any risk of disease transmission. The IPN stated that Legionella is a bacterium commonly present in water systems; its proliferation within the facility's water system poses significant concern as exposure may result in fever, gastrointestinal symptoms, and pneumonia. The IPN added that given that all individuals utilize the water facilities, everyone is potentially at risk. The IPN further stated the importance of implementing WMP control measures to inhibit bacterial growth and transmission, which is essential to safeguard the health of residents, particularly those who are immuno-compromised (weakened immune system). During a review of facility's WMP, titled Risk management plan for Legionella Control, undated, the WMP indicated the plan aimed to control the growth and survival of Legionella and other waterborne pathogens in water systems and manage epidemics in the facility. Operational monitoring includes the use of both preventative maintenance programs and internal facility procedures to oversee the implementation of control measures. The effectiveness of the control plan will be evaluated through infection control surveillance. ~ During a review of facility's Policy and Procedures (P&P), titled, Legionella Surveillance and Detection, last reviewed 1/15/2026, the P&P indicated that a commitment to the prevention, detection, and control of water-borne contaminants, including Legionella. Surveillance for Legionnaire's disease (severe type of lung infection caused by breathing in mist or water droplets containing legionella bacteria) was incorporated into the facility's infection monitoring activities.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, the facility failed to obtain a physician's order for the use of continuous glucose (sugar) monitoring (CGM-glucose monitor uses a sensor that is placed on the back of the upper arm and worn externally by the user, allowing glucose information to be monitored using a mobile application; the hand held reader is used to scan the glucose without the need to prick the fingers) for one of one sampled residents (Resident 145). This deficient practice had the potential to result in inaccurate blood sugar readings due to the lack of training provided to the licensed nurses on the functionality of the CGM device which could negatively affect management of Resident 145's diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). Findings: During a review of Resident 145's admission Record, the admission Record indicated that the facility initially admitted Resident 145 to the facility on 8/27/2025 and readmitted the resident on 3/27/2026 with diagnoses including DM, chronic heart failure (a condition in which the heart does not pump blood as well as it should), chronic kidney disease (gradual loss of kidney function), and hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]). During a review of Resident 145's Minimum Data Set (MDS - a resident assessment tool) dated 3/30/2026, the MDS indicated that Resident 145's cognition (mental action or process of acquiring knowledge and understanding) was intact. The MDS indicated Resident 145 required ranging from independent (no assistance from a helper) to moderate (helper does less than half the effort) physical assistance from staff for activities of daily living (ADLs - eating, toileting, hygiene, shower/bathing). The MDS also indicated that Resident 145 received insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) injection during the last seven days of the assessment. During a review of Resident 145's Order Summary Report, the Order Summary Report indicated the following orders: -Insulin aspart (fast acting type insulin) inject four (4) units subcutaneously (injection under the skin) with meals for DM, rotate injection sites, dated 3/28/2026. -Insulin glargine (long-acting insulin) inject 14 units subcutaneously at bedtime for DM, rotate injection sites, dated 3/28/2026. During a review of Resident 145's care plan (a document that summarizes a resident's needs, goals, and care/treatment) titled, Diagnosis of DM type 2, uncontrolled blood sugar, revised on 5/27/2026, the care plan indicated a goal for the resident to remain free from all signs and symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar). The interventions outlined include ongoing monitoring and providing education to Resident 145 regarding the signs and symptoms of both hypoglycemia and hyperglycemia, as well as related complications associated with DM. During a concurrent observation and interview on 6/1/2026 at 10:47 a.m., with Resident 145, observed Resident 145 with a small patch sensor under the skin in his left upper arm. Resident 145 stated that he has DM, receives insulin and the nursing staff use his blood sugar reading from his CGM. During a concurrent interview and record review on 6/2/2026 at 1:21 p.m., with Licensed Vocational Nurse 2 (LVN 2), reviewed Resident 145's physician orders and Medication Administration Record (MAR, a report detailing the medications administered to a resident by the licensed nurse in the facility). LVN 2 stated that Resident 145 had physician orders for insulin glargine and insulin aspart. LVN 2 also stated the importance of blood glucose monitoring prior to insulin administration. LVN 2 indicated that during her shift, she used Resident 145's CGM readings prior to administering mealtime insulin dose. LVN 2 stated there was no physician order and documentation for the use of Resident 145's CGM for monitoring blood sugars. LVN 2 further stated that failure to monitor the CGM could result in potentially serious complications, including uncontrolled blood glucose levels and delayed wound healing. During a concurrent interview and record review on 6/3/2026 at 11:30 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 145's physician Order Summary Report. RN 1 stated that there was no documented physician order for the use of the CGM device or specifying monitoring procedures for blood glucose readings obtained from the CGM device for Resident 145. RN 1 also stated that the necessity of having a physician order (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to ensure accurate blood sugar monitoring by the nursing staff is essential for the safe administration of medication to residents. During an interview on 6/4/2026 at 3:06 p.m., with the Director of Nursing (DON), the DON stated that a physician order and ongoing monitoring are required for the use of CGM. The DON further stated the importance of assessments to ensure that residents are properly monitored for signs and symptoms of hypoglycemia and hyperglycemia while using CGM. During a review of the facility's Policy and Procedure (P&P) titled, Diabetes-Clinical Protocol, reviewed 1/15/2026, the P&P indicated requirements for providers to prescribe appropriate glucose targets and monitoring regimens, as well as parameters for reporting information related to blood sugar management. The P&P also indicated that staff are expected to integrate these orders and reporting criteria into both the medication administration record and the care plan. During a review of the facility's P&P titled, Insulin Administration Purpose, reviewed 1/15/2026, the P&P indicated that the procedure specifies checking blood glucose according to the physician's orders or the facility protocol as part of the steps for insulin injections.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide an environment that is free from accident hazards for seven (Resident 58, Resident 84, Resident 125, Resident 15 and Resident 9, Resident 101, Resident 4) of nine residents investigated for accidents by failing to: 1. Ensure Resident 58, 84, 125, and 15 did not have an over-bed table on top of the landing pad (a mat placed on the floor next to a resident's bed or chair to minimize the impact of a fall). 2. Ensure Resident 9's bed was left in its lowest position 3. Ensure Resident 101's bed upper side rails (adjustable metal or rigid plastic bars that attach to the bed) were fully covered by padding per the physician's orders. 4. Ensure Resident 4 was kept safe from swallowing injury when Family Member 2 (FM 2) fed Resident 4 who was prescribed a puree diet (foods that are smooth with pudding like consistency), regular texture food (texture of food with no modifications and restrictions). These failures placed Resident 58, Resident 84, Resident 125, Resident 15 and Resident 9, Resident 101 at increased risk for injury in the event of a fall and placed Resident 4 at risk for aspiration (accidentally inhaling food or liquids into the airway and lungs, potentially causing lung infection) and choking (foreign body airway obstruction). Findings: 1 a. During a review of Resident 58's admission Record the admission Record indicated that the facility initially admitted Resident 58 to the facility on 3/30/2025, with diagnoses including dementia (a progressive state of decline in mental abilities), difficulty in walking, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity) and right femur closed fracture (a break, crack or crush injury of the thigh bone). During a review of Resident 58's Minimum Data Set (MDS- a resident assessment tool), dated 4/28/2026, the MDS indicated that Resident 58's cognition (mental action or process of acquiring knowledge and understanding) was severely impaired. The MDS indicated Resident 58 required ranging from supervision (helper provides touching or contact guard assistance) to moderate (helper does less than half the effort) physical assistance from staff for activities of daily living (ADLs & eating, toileting, hygiene, shower/bathing) The MDS also indicated that Resident 58 used a manual wheelchair for mobility device. During a review of Resident 58's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician's order dated 12/15/2025: -Lowbed with bilateral landing pad on both sides of the bed. Monitor for placement every shift. During a review of Resident 58's Nursing Documentation Evaluation, dated 4/28/2026, the Nursing Documentation Evaluation indicated that Resident 58 had fall risk factors such as disorientated/confused, poor safety judgement, predisposing disease and that she was on cardiac medications (used to lower blood pressure, reduce chest pain, prevent blood clots, and help your heart pump more efficiently). During a review of Resident 58's Care Plan Report (a document that outlines a resident's healthcare needs, goals, and the interventions planned to achieve those goals) titled At risk for falls/injury revised on 12/15/2025, the care plan indicated interventions including provision of a low bed with bilateral landing pads on each side, maintaining a clutter-free environment within the resident's room, (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and ensuring consistent furniture arrangement. During a concurrent observation and interview on 6/1/2026 at 10:13 a.m. with Licensed Vocational Nurse 1 (LVN 1) in Resident 58's room, an over-bed table with a broken wheel was placed on top of the left side landing pad and a wheelchair on top of the right-side landing pad. LVN 1 stated that there should not be any objects on top of the landing pads, as these items could create tripping hazards, cause injuries, and pose dangers. LVN 1 stated she would educate the certified nursing assistants (CNAs) about keeping the landing pads clear since Resident 58 was identified as a fall risk. LVN 1 further stated that objects need to be removed from the landing pad area, and that broken wheels on bedside tables can also present hazards. 1.b. During a review of Resident 84's admission Record, the admission Record indicated that the facility initially admitted Resident 84 to the facility on 3/31/2025, with diagnoses including right hip osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), syncope (fainting or passing out), legal blindness (partial or complete loss of vision) and hypertension (HTN-high blood pressure). During a review of Resident 84's MDS dated [DATE], the MDS indicated that Resident 84's cognition was severely impaired. The MDS indicated Resident 84 required ranging from supervision to maximal (helper does more than half the effort) physical assistance from staff for ADLs. During a review of Resident 84's History and Physical (H&P), dated 4/22/2026, the H&P indicated that resident 84 was able to make needs known but not medical decisions. The H&P also indicated Resident 84 was on fall and safety precautions. During a review of Resident 84's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician's order dated 7/18/2025: -Lowbed with bilateral landing pad on both sides of the bed. Monitor for placement every shift. During a review of Resident 84's Nursing Documentation Evaluation, dated 3/25/2026, the Nursing Documentation Evaluation indicated that Resident 84 had fall risk factors such as visually impaired, poor safety judgement, predisposing disease, requires assist for toileting and Resident 84 was on pain and cardiac medications. During a review of Resident 84's Care Plan Report titled At risk for falls/injury revised on 3/02/2026, the care plan indicated interventions including maintaining a clutter-free environment within the resident's room and ensuring consistent furniture arrangement. During a concurrent observation and interview on 6/1/2026 at 10:39 a.m. with LVN 1 in Resident 84's room, an over-bed table was placed on the left side landing pad. LVN 1 stated that overbed tables should not be placed on top of the landing pad. LVN 1 also stated that Resident 84 requires assistance and is considered a fall risk. LVN 1 further stated that if a resident falls, they could hit the table and sustain an injury. LVN 1 emphasized the importance of educating CNAs to keep the landing pad clear of any objects. 1 c. During a review of Resident 125's admission Record, the admission Record indicated that the facility admitted Resident 125 to the facility on [DATE], with diagnoses including history of falling, dementia, Parkinson's disease (a chronic brain disorder that causes movement problems, and can (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	also affect mental health, sleep, and pain) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 125's MDS dated [DATE], the MDS indicated that Resident 125's cognition was intact. The MDS indicated Resident 125 required ranging from supervision to maximal physical assistance from staff for ADLs. During a review of Resident 125's H&P, dated 12/5/2025, the H&P indicated that Resident 125 had fluctuating capacity to make decisions. The H&P also indicated Resident 125 was on precautions for fall. During a review of Resident 125's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician's order dated 12/15/2025: -Lowbed with bilateral landing pad on both sides of the bed. Monitor for placement every shift. During a review of Resident 125's Nursing Documentation Evaluation, dated 3/4/2026, the Nursing Documentation Evaluation indicated that Resident 125 had fall risk factors such as predisposing disease and Resident 125 was on psychotropic (medication that affects how your brain works, directly altering your mood, thoughts, feelings, or behavior), pain and cardiac medications. During a review of Resident 125's Care Plan Report titled At risk for falls/injury revised on 12/15/2025, the care plan indicated interventions including provision of a low bed with bilateral landing pads on each side, maintaining a clutter-free environment within the resident's room, and ensuring consistent furniture arrangement. During a concurrent observation and interview on 6/1/2026 at 11:20 a.m. with the Assistant Director of Nursing (ADON) in Resident 125's room, an over-bed table was placed on the left side landing pad. The ADON stated that the landing pad must remain free of any items to ensure safety. The ADON stated the over-bed table should be removed on top of the landing pad, as its presence could pose a risk of injury if a resident were to fall and come into contact with the object placed on top of the landing pad. 1 d. During a review of Resident 15's admission Record, the admission Record indicated that the facility admitted Resident 15 to the facility on 2/18/2024, with diagnoses including right femur closed fracture, osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), atrial fibrillation (afib- an irregular and very rapid heart rhythm that and can lead blood clots in the heart), major depressive disorder and dementia. During a review of Resident 15's MDS dated [DATE], the MDS indicated that Resident 15's cognition was severely impaired. The MDS indicated Resident 15 required ranging from moderate physical assistance to dependent (helper does all the effort) from staff for ADLs. During a review of Resident 15's H&P, dated 1/25/2026, the H&P indicated that resident 15 does not have the capacity to understand and make decisions. During a review of Resident 15's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician's order dated 1/23/2026: (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/1/2026 at 09:38 a.m. with LVN 1, LVN 1 stated Resident 9 was not identified as fall risk as Resident 9 was alert, oriented and cooperative. During an interview on 6/3/2026 at 10:51 a.m. with Registered Nurse (RN) 1, RN 1 stated that the bed height for residents should consistently be kept at its lowest setting, as elevating the bed increases the risk of injury. During an interview on 6/4/2026 at 3:06 p.m. with Director of Nursing (DON), the DON stated that landing pads are used to reduce the risk of injury should a resident experience a fall, thereby enhancing resident safety. The DON indicated that nursing staff are responsible for conducting visual assessments of residents' environments to ensure that landing pads remain free of clutter. The DON further stated that any object placed on top of a landing pad is considered a trip hazard and may increase the risk of injury, such as bruising, skin tears, or other harm, should a resident fall onto the object. During a follow-up interview on 6/4/2026 at 3:06 p.m. with the DON, the DON stated that the facility uses fall prevention strategies, including keeping beds at their lowest height, using landing pads, conducting frequent rounds to address residents' needs, and positioning residents near the nurses' station. The DON also stated that keeping beds at their lowest position is crucial for resident safety, as it helps prevent injury if a fall occurs. During a review of the facility's policy and procedure (P&P) titled, Fall Management, last reviewed 1/15/2026, the P&P indicated that patients will be evaluated for fall risk during nursing assessment. The P&P also indicated that when patient was identified as at risk, patients will receive interventions to lower their risk and minimize injury, including reviewing nursing documentation to identify risk, communicating fall risk status to caregivers, developing an individualized care plan, and regularly reviewing and updating the care plan as needed. 3. During a review of Resident 101's admission Record, the admission Record indicated the facility admitted Resident 101 on 2/26/2025 with diagnoses including epilepsy (a brain disorder that causes seizures) contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of left upper arm, and weakness. During a review of Resident 101's MDS, dated [DATE], the MDS indicated Resident 101 had moderate cognitive impairment. The MDS indicated Resident 101 as makes self-understood (able to express ideas and wants) and is able to understand others (clear comprehension understanding verbal content). The MDS indicated Resident 101 had seizure disorder or epilepsy as active diagnoses in the last 7 days. During review of Resident 101's History and Physical (H&P), dated 2/27/2025, the H&P indicated Resident 101 does not have the capacity to understand and make own decisions. During a review of Resident 101's Physician Order Summary Report (POR), dated 6/5/2026, the POR indicated an order for bilateral upper padded siderails as enabler for mobility and positioning and for seizure precaution every shift. During a review of Resident 101's care plan titled Risk for injury: Diagnosis Seizure Disorder, the care plan indicated the intervention of padded siderails as ordered. (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 6/1/2026 at 11:01 a.m., with Licensed Vocational Nurse 3 (LVN 3), observed Resident 101 lying in bed with padding applied outside the right upper side rail. LVN 3 stated the padding was placed incorrectly and should be on the inside of the right upper side rail. LVN 3 stated that the padding is intended to protect the resident from injury in case of a seizure by preventing direct contact with the metal side rail. LVN 3 stated that with the padding not placed on the inside of the rail facing the resident, the resident could hit her head against the metal bar, potentially resulting in bruising or head injury. During an interview on 6/1/2026 at 9:45 a.m. with the DON, the DON stated that the reason for padded side rails is to protect residents from injury when a resident has a seizure. The DON stated that when the padding is not applied or applied incorrectly, it leaves the resident at risk of potential skin tears, bruising or head injury from direct contact with the side rail. During a review of the facility's policy and procedure (P&P) titled, Seizures and Epilepsy & Clinical Protocol last reviewed 1/15/2026, the P&P indicated The physician will identify and order appropriate treatment for an acute seizure and a seizure disorder. During a review of the facility's P&P titled, Siderails last reviewed 1/15/2026, the P&P indicated Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders but are still restraints if they meet the definition of a restraint. Safety: a. Nursing Staff will check side rails periodically for safety and security and alert Maintenance Department when side rails need repair. 4. During a review of Resident 4's admission Record, the admission Record indicated the facility admitted the resident on 10/30/2023 and re-admitted on [DATE] with diagnoses that included dysphagia (difficulty swallowing) and dementia. During a review of Resident 4's MDS, dated [DATE], the document indicated Resident 4 was severely impaired in cognition with skills required for daily decision making. The MDS indicated Resident 4 required partial/moderate assistance (helper does less than half the effort) with eating. During a review of Resident 4's Physician's Orders, the orders indicated Resident 4 is prescribed a regular diet, pureed texture, mildly thick consistency (liquid consistency of pouring quickly from a spoon, but slower than water), dated 3/02/2025. During a dining observation on 6/02/2026 at 12:30 p.m., observed Resident 4's Family Member 2 (FM 2) offering the resident food and assisting with feeding. Observed FM 2 hand a piece of a white meat from a black disposable container and was not from the facility's tray. Observed Resident 4 eating food not provided by the facility. During an interview with the DON on 6/02/2026 at 2:10 p.m., the DON stated she noticed FM 2 was feeding regular texture food to Resident 4. The DON stated she observed FM 2 was tearing the food into small pieces and feeding that to Resident 4. The DON stated the AD told her to come to the dining room because FM 2 is feeding regular food to Resident 4 which is not allowed on a puree diet. The DON stated the facility notifies a residents' family of residents' diet order and that FM 2 knew Resident 4's prescribed diet. The DON stated the process is when family brings in outside food for a resident, the family member tells the licensed nurse, and they assess to see if the food is appropriate for the resident's prescribed diet. The DON stated the food brought by FM 2 was flaked and not pureed as ordered by the physician. The DON stated Resident 4 could have been at risk for aspiration (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with such symptoms as coughing, trouble swallowing, and shortness of breath. During an interview with the DON and the Administrator (ADM) on 6/02/2026 at 3:07 p.m., the ADM stated he confirmed with FM 2 that he was aware that he should have notified staff of the food brought from the outside for Resident 4. The DON stated FM 2 did not notify any staff that day that they brought food into the facility. The DON stated FM 2 told them he brought the food for himself. The DON stated she did not know if he ate any of the food, but he fed the food to Resident 4. During an interview with the AD on 6/02/2026 at 3:40 p.m., she stated she was standing near Resident 4 and FM 2 in the dining room. The AD stated she noticed there was a surveyor observing FM 2 feeding Resident 4. The AD stated she went and told the Infection preventionist nurse (IPN) who was also in the dining room and was checking the physician diet orders with the trays that were just brought from the kitchen. The AD stated the IPN told her she was busy and to go find the DON and tell her. The AD stated she left the dining room and found the DON in station 1 and told her that FM 2 was in the dining room with Resident 4 and had brought outside food. The AD stated the DON and ADM came to the dining room and spoke to FM 2. During an interview with the IPN on 6/02/2026 at 3:54 p.m., she stated the AD approached her to let her know FM 2 had food in front of him but was not sure if it was his food or her food. The IPN stated she was checking the physician diet orders with what the kitchen trays to ensure the diets matched with the physician's order. The IPN stated since she was busy checking she asked the AD to go find the DON to notify her. During a telephone interview with FM 2 on 6/03/2026 at 9:57 a.m., he stated he visited with Resident 4 the previous day on 6/02/2026 at lunchtime and brought her cold cuts. FM 2 stated he realized that Resident 4 is on a puree diet but wanted to give her a break. FM 2 stated he realized that he must check what he brings with the dietician. FM 2 stated he believed Resident 4 can eat soft food with someone present while she eats but realized there is a process to go through before she is allowed to eat non-puree food. During an interview with LVN 5 on 6/03/2026 at 11:07 a.m., LVN 5 stated she was in the dining room on 6/02/2026 during lunchtime checking trays against the physician's diet orders. LVN 5 stated no one notified her that Resident 4's FM 2 was feeding her non-puree food. During a review of the facility's P & P titled, Therapeutic Diets, last reviewed 1/15/2026, the P & P indicated the following: A therapeutic diet must be prescribed by the resident's attending physician. A therapeutic diet is considered a diet ordered by a physician, practitioner or dietician as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet. If the resident or resident's representative declines the recommended therapeutic diet, the interdisciplinary team (a group of healthcare professionals such as nursing, dietary, and social services who meet to help a resident accomplish a specific medical goal) will collaborate with the resident or representative to identify possible alternatives. During a review of the facility's P & P titled, Safe Handling of Foods From Visitor, last reviewed (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1/15/2026, the P & P indicated the following: Family members and visitors will be educated to inform nursing staff of their desire to bring food into the facility. Food brought by family/visitors for individual residents may not be shared with or distributed to other residents. ^		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to provide nutritional care and services consistent with resident's nutritional assessment and physician orders for one of two sampled residents (Resident 145) by failing to: 1. Ensure weekly weight monitoring was conducted in accordance with physician's order. 2. Ensure that the nutritional assessment conducted by Registered Dietician's (RD- expert on diet and nutrition) was completed in accordance with physician's order. These deficient practices had the potential to result in further risk of weight loss for Resident 145. Findings: During a review of Resident 145's admission Record, the admission Record indicated that the facility admitted Resident 145 to the facility on 8/27/2025, with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic heart failure (a condition in which the heart does not pump blood as well as it should), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure) and hypertension (HTN-high blood pressure). During a review of Resident 145's Minimum Data Set (MDS -a resident assessment tool) dated 3/30/2026, the MDS indicated that Resident 145's cognition (mental action or process of acquiring knowledge and understanding) was intact. The MDS indicated Resident 145's varying levels of assistance ranging from independent (no assistance from a helper) to moderate (helper does less than half the effort) physical assistance from staff for activities of daily living (ADLs - eating, toileting, hygiene, shower/bathing). The MDS indicated that Resident 145 had no swallowing disorder. The MDS indicated Resident 145 height was 72 inches (unit of measurement) and weighed 208 pounds. The MDS also indicated Resident 145 was on therapeutic diet (specialized meal plans designed to treat or manage specific medical conditions by controlling nutrient intake) and the resident had no weight loss of 5% in the last month or loss of 10% or more in last 6 months. During a review of Resident 145's Weights and Vitals Summary, dated 6/4/2026, the Weights and Vitals Summary indicated Resident 145's weight was as follows: -On 4/20/2026 Resident 145 was 210 lbs. -On 5/14/2026 Resident 145 was 195 lbs. (7.14% weight loss). -On 6/2/2026 Resident 145 was 189 lbs. (10% weight loss). During a review of Resident 145's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician orders dated 12/15/2025: -Carbohydrate Controlled Diet Regular texture, thin consistency, requesting 2 cups of juice and lactose free milk for all meals, add melted margarine to meals, initiated on 3/29/2026. -Nourishment three times a day for supplement 1 bottle to be given in between meals, initiated on 6/3/2026. -for RD consult, initiated on 3/29/2026. During a review of Resident 145's Laboratory Results Report, dated 5/26/2026, the CMP results report indicated Resident 145's albumin (protein made by your liver) was 3.1 grams per deciliter (g/dL-reference range is 3.2 to 5.5 g/dL). During a review of Resident 145's Change in Condition Evaluation, dated 5/14/2026, the change in Condition Evaluation indicated that the resident has a weight loss of 15 lbs. (7.1%) over the past 30 days. Oral intake observed at 50 to 100% with intermittent episodes of meal refusal noted. The summary indicated that the primary physician was notified with orders for RD to continue following nutritional status, oral intake, supplement tolerance, continue weekly weights and report further significant changes in condition. During a review of Resident 145's Interdisciplinary Care Conference, dated 5/14/2026, the interdisciplinary care conference indicated that the plan of care outlined the following actions: monitoring weight trends, assessing oral intake, reviewing laboratory results as they become available, and having the Registered Dietitian evaluate the resident in accordance with recommendations provided during the meeting. During a review of Resident 145's Care Plan Report titled Unplanned/unexpected weight loss, revised on 6/2/2026, the care plan indicated the goal was to keep the resident's nutritional status stable, prevent further significant weight loss, and ensure they consume at least 75% of their meals and prescribed supplements as tolerated. The care plan included interventions such as encouraging adherence to the prescribed diet and supplements, educating the resident about the importance of proper nutrition for strength and health, contacting the (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician and notifying the dietician if weight continues to decline, monitoring and evaluating weight loss, determining the percentage lost and following facility protocol, arranging a registered dietitian consult, and recording weekly weights for four weeks. During a review of Resident 145's Care Plan Report titled Nutritional Risk, revised on 3/28/2026, the care plan included interventions including honoring food preferences within meal plan, monitoring for changes in nutritional status and reporting to food and nutrition/physician as indicated. During a concurrent observation and interview on 6/1/2026 at 10:47 a.m. with Resident 145, Resident 145 was awake, alert and able to communicate verbally. Resident 145 stated a decrease in meal intake was due to dissatisfaction with the food provided and indicated that he has been experiencing weight loss. Resident 145 stated that I think I am down to 180 lbs. something. During an interview on 6/2/2026 at 1:15 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated Resident 145 did not like the breakfast served in the morning and she reported it to Licensed Vocational Nurse (LVN) 2. During a concurrent interview and record review on 6/2/2026 at 1:21 p.m. with LVN 2, Resident 145's weight, physician order summary and change of condition evaluation were reviewed. LVN 2 reported that Resident 145 expressed dissatisfaction with the meals provided and communicated this concern to the Dietary Supervisor (DS). LVN 2 stated that according to the change of condition evaluation dated 5/14/2026, the physician ordered monitoring of the resident's oral intake, weekly weight checks, and a consultation with the RD. However, LVN 2 stated the order for weekly weight checks was not carried out and that there were no weekly weights recorded after 5/14/2026. During an interview on 6/2/2026 at 2:25 p.m. with Assistant Director of Nursing (ADON), the ADON stated that she was responsible for monitoring weight changes but had overlooked Resident 145's weight loss and failed to conduct weight checks as ordered by the physician. The ADON also stated that weekly weight monitoring was not done after 5/14/2026. Additionally, the ADON stated that the last nutritional assessment was completed on 4/29/2026, with no further assessments conducted after 5/14/2026. During a concurrent interview and record review on 6/3/2026 at 11:50 a.m. with Registered Nurse 1 (RN) 1, Resident 145's weight summary, physician order summary, change of condition evaluation and nutrition assessment were reviewed. RN 1 stated that there was no nutritional assessment conducted following the weight loss documented on 5/14/2026, the physician order for ongoing weight monitoring was not carried out and implemented, and there were no documented weights after 5/14/2026. RN 1 stated it is important to monitor weights to evaluate the nutritional health status of the resident and to revise the care plan as necessary, ensuring the effectiveness of interventions. RN 1 further stated that failure to implement the care plan may result in continued weight loss, which could go unaddressed, potentially leading to failure to thrive, electrolyte imbalances, reduced mobility, and diminished strength. During a concurrent interview and record review on 6/3/2026 at 1:48 p.m. with the RD, Resident 145's nutritional assessments were reviewed. The RD stated that the Director of Nursing (DON) or ADON informs her when there are weight variances for a resident. The RD stated she is responsible for conducting nutritional assessments, which include laboratory reviews, documentation of weight changes, supplement intake, and presence of wounds. The RD stated that these assessments are typically completed within one to two days after a weight variance is identified, to determine underlying factors and prevent further weight loss. The RD stated that a nutritional assessment was not completed for Resident 145 after a weight loss was identified on 5/14/2026. The RD further stated that the absence of an assessment could have potentially contributed to continued weight loss for Resident 145. During an interview on 6/4/2026 at 3:06 p.m. with DON, the DON stated that when weight variance is identified, a change in condition is initiated which includes notifying the physician, resident or their representative, consulting the RD, involving the interdisciplinary team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need) weekly, and monitoring weights weekly. The DON added that the RD conducts a nutrition assessment and the nursing staff follows recommendations that can be implemented for the resident. The DON also stated that weekly weight monitoring is essential for evaluating whether (continued on next page)		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interventions are effective or need adjustment to maintain the resident's nutritional status and prevent further weight loss. The DON further stated that not following physician orders for weekly weight checks and RD nutritional assessment could potentially affect further weight loss for Resident 145. During a review of facility's Policy and Procedure (P&P) titled, Nutritional Assessment, reviewed on 1/15/2026, the P&P indicated that dietitian, along with nursing staff and healthcare practitioners, will assess each resident's nutrition at admission (within baseline timeframes) and whenever there is a condition change that impacts nutrition. The assessment uses a systematic, multidisciplinary approach to gather and interpret data, guiding interventions for residents at risk of impaired nutrition. The team reviews nursing components such as usual body weight, current height and weight, intake and appetite description, and food preferences or dislikes. After analyzing risks and conditions, individualized care plans are developed according to the resident's prognosis and personal preferences. During another review of facility's P&P titled, Weight Management, reviewed on 1/15/2026, the P&P indicated that baseline weight is documented at admission to identify and investigate significant changes. The P&P also indicated that nursing staff records initial weight in the nursing assessment, admission note, MDS for skilled nursing facilities, and nutrition assessment. All weights are entered or tracked electronically. Residents' weights are taken weekly for the first four weeks, then monthly unless more frequent checks are needed by physician orders or patient condition. Additionally, for unplanned weight loss/gain triggers intervention if it reaches: 2% in a week, 5% in 30 days, 7.5% in 90 days, or 10% in 180 days with the following interventions to be carried out: -Nursing notifies physician and family/RP. -Dietetic professional assesses and documents, recommending interventions and obtaining orders for supplements or other needs. -Interdisciplinary team evaluates need to change frequency of weight measurements per physician order.		

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to assess and monitor a resident's pain every shift per the physician's order for one of seven sampled residents (Resident 101). This deficient practice had the potential to result in undetected, untreated, and unrelieved pain. Findings: During a review of Resident 101's admission Record, the admission Record indicated the facility admitted Resident 101 on 2/26/2025 with diagnoses that included epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures [sudden, uncontrolled body movements and changes in behavior that occur because of abnormal electrical activity in the brain]), contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of left upper arm, and muscle spasm (involuntary and uncontrolled tightening or shortening of a muscle). During a review of Resident 101's Minimum Data Set (MDS - a resident assessment tool) dated 2/25/2026, the MDS indicated Resident 101 had moderate cognitive impairment. The MDS indicated Resident 101 makes self-understood and able to understand others. The MDS indicated Resident 101 received pain medication, received PRN (given as needed or requested) pain medication or was offered and declined, and received non-medication intervention for pain. During a review of Resident 101's care plan (a document that summarizes a resident's needs, goals, and care/treatment) titled, Resident exhibits or is at risk for alterations in comfort/pain related to multiple complex medical conditions, abdominal pain, contracture of left upper extremity, muscle spasm, initiated 2/27/2026, the care plan indicated interventions that included complete pain assessment per protocol, monitor for non-verbal signs of pain: increase in agitation, grimace, resistance to care, and monitor frequency of episodes of breakthrough pain to determine the need for pain medication adjustment. During concurrent interview and record review on 6/3/2026 at 10:33 a.m., with Licensed Vocational Nurse 3 (LVN 3), reviewed Resident 101's physician orders dated 2/26/2026 and Medication Administration Record (MAR, a report detailing the medications administered to a resident by the licensed nurse in the facility) for 6/2026. LVN 3 stated that Resident 101's physician order indicated to monitor Resident 101 for pain every shift. LVN 3 stated that pain monitoring is documented on the MAR. LVN 3 stated Resident 101's MAR for 6/2026 did not indicate pain monitoring every shift was performed. LVN 3 stated that because the physician's order was entered incorrectly, the order for pain monitoring every shift is not on the MAR for nurses to know it is to be done. LVN 3 stated that the absence of documentation of Resident 101's pain assessment every shift means that Resident 101's pain was not monitored every shift. LVN 3 stated that it is important to implement physician orders since it is the care of the residents and determined to be necessary for the resident. LVN 3 stated that failing to monitor Resident 101's pain every shift, as ordered, could mean the facility is not effectively managing Resident 101's pain. During an interview on 6/5/2026 at 9:45 a.m., with the Director of Nursing (DON), the DON stated Resident 101's pain was not monitored every shift as ordered. The DON stated physician orders must be implemented as ordered to ensure residents receive appropriate care and treatment tailored to their individual needs. The DON stated that monitoring pain according to prescribed physician order is essential for maintaining resident comfort, preventing unaddressed discomfort, and promoting effective pain management. During a review of the facility's policy and procedure (P&P) titled, Physician Orders, last reviewed 1/15/2026, the P&P indicated, Medication/treatment orders will be transcribed onto the appropriate resident administration record. Orders pertaining to the other health care disciplines will be transcribed onto the appropriate communication system for that discipline. Documentation pertaining to physician orders will be maintained in the resident's medical record. During a review of the facility's P&P titled, Charting and Documentation, last reviewed 1/15/2026, the P&P indicated, The following is to be documented in the resident medical record: a. Objective observations. Documentation in the medical record will be objective, complete, and accurate.		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prepare food by methods that conserved flavor, appearance and palatable temperatures when: a. The grilled bratwurst (a fresh German sausage traditionally made from pork, veal, or beef, seasoned with spices like marjoram, nutmeg and pepper) had black burnt ends. b. Hot foods were not at palatable temperatures for breakfast on 6/2/2026. c. Turkey patty was dry for easy to chew (diet consist of soft, tender, and moist food that require minimal biting and less chewing effort) diet. These failures had potential to result in 128 of 138 facility residents including Resident 155, Resident 72, Resident 157, and Resident 120 at risk of unplanned weight loss, a consequence of poor food intake, getting food from the kitchen. Findings: During a review of the facility's menu spreadsheet (a sheet containing the kind and amount of food each diet would receive) titled Spring 2026, dated 6/1/2026, the spreadsheet indicated residents on regular diet would include the following foods on the tray: -Grilled bratwurst 3 ounces (oz, a unit of measurement) -Buttered new potatoes 1/2 cup (c, a household measurement) -Sauerkraut 1/2 c -Roll/margarine 1 each -Oatmeal/Raisin Cookie 1 each During an observation on 6/1/2026 at 11:41 a.m. of the trayline (an area where foods were assembled from the steamtable [kitchen appliance that keeps food warm at a safe temperature for serving] to resident's plates), observed a pan of bratwurst with burnt edges on several pieces. During an observation on 6/1/2026 at 12:35 p.m., of the second pan of bratwurst, observed pieces of bratwurst with burnt edges. During an interview on 6/1/2026 at 1:25 p.m., with [NAME] 1, [NAME] 1 stated she cooked the sausage in the oven, and the sausages were premade but uncooked. The DS stated she cooked the bratwurst in the oven and knew it was already cooked when it reached an internal temperature of 165 degrees Fahrenheit (F, a scale of temperature), During a concurrent test tray (a process of tasting, temping, and evaluating the quality of food) observation and interview on 6/1/2026 at 1:34 p.m., of the regular diet with the DS, observed the bratwurst had burnt edges. The DS stated she did not feel that the bratwurst was burnt but a little overcooked and well done. The DS stated the bratwurst could have been taken off the trayline because of its appearance which could cause residents to complain about how it looks. The DS further stated the residents would not eat the food and would get upset as a potential outcome. During a review of the facility's policies and procedures (P&P) titled, Menus, dated 1/15/2026, the P&P indicated, Menus will be planned in advance to meet the nutritional needs of the residents/patients in accordance with established national guidelines. Menus will be developed to meet the criteria through the use of an approved menu planning guideline. Procedure: Menu cycles will include standardized recipes. During a review of the facility's recipe titled, Grilled Bratwurst dated 1/15/2026, the recipe indicated, 1. Place bratwurst on prepared grill. 2. Cook, turning for even cooking until internal temperature reaches 165 F. Alternate method: Place sausage on sheet pans and bake in a 350 F oven for approximately 30 minutes or until internal temperature reaches 165 F. During a review of Resident 155's admission Record, the admission Record indicated the facility admitted Resident 155 on 5/24/2026 with diagnoses including, but not limited to dysphagia (difficulty swallowing, essential hypertension (HTN, high blood pressure), mild protein calorie malnutrition (early stage of nutritional deficit and it occurs when individual's intake for calorie and/or protein is inadequate to meet the body's needs resulting to weight loss, or reduced food intake). During a review of Resident 155's Minimum Data Sheet (MDS- a resident assessment tool) dated 5/27/2026, the MDS indicated Resident 155 understood others and can make self-understood. The MDS indicated Resident 155 needed set-up and clean up assistance (helper provides verbal cues and/or touching/steadying and/or contract guard assistance as resident completes the activity. Assistance may be provided throughout the activity or intermittently) when eating. During a review of Resident 155's Order Summary Report, dated 5/24/2025, the report indicated Resident 155 was ordered regular diet texture with thin consistency (diet with no restrictions). During an interview on 6/1/2026 at 12:10 p.m., with (continued on next page)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 155, Resident 155 stated he has not had any warm meals since he his admission to the facility. During an interview on 6/1/2026 at 8:59 a.m., with Resident 155, Resident 155 stated yesterday's lunch and today's breakfast were cold. During a review of Resident 72's admission Record, the admission Record indicated the facility initially admitted Resident 72 on 12/19/2025 and readmitted on [DATE] with diagnoses including, but not limited to dysphagia, type 2 diabetes (a chronic condition that affects the way the body processes blood sugar) with hyperglycemia (high blood sugar) and chronic kidney disease (CKD, a condition which kidneys are damaged and cannot filter blood as well as they should). During a review of Resident 72's MDS dated [DATE], the MDS indicated Resident 50 understood others and make self-understood. The MDS indicated Resident 72 is independent (resident completes the activity by themselves with no assistance from the helper) when eating. During a review of Resident 72's Order Summary Report, dated 6/11/2026, the report indicated Resident 72 was ordered regular diet, regular texture with thin liquid consistency. During an interview on 6/2/2026 at 10:25 a.m. with Resident 72, Resident 72 stated food was cold. During a review of Resident 157's admission Record, the admission Record indicated the facility admitted Resident 157 on 5/27/2026 with diagnoses including but not limited to hypotension (low blood pressure), pain in the right ankle and joints of right foot and nondisplaced oblique fracture of shaft of left fibula (a break in the calf bone that runs at a diagonal angle). During a review of Resident 157's MDS dated [DATE], the MDS indicated Resident 157 understood others and make self-understood. The MDS indicated Resident 157 needed set-up and clean up assistance when eating. During a review of Resident 157's Order Summary, dated 5/27/2026, the report indicated Resident 157 was ordered regular diet, regular texture with thin consistency. During an interview on 6/2/2026 at 10:37 p.m., with Resident 157, Resident 157 stated the bacon, and fried eggs were cold for breakfast. During a review of the facility's menu spreadsheet titled Spring 2026, dated 6/2/2026, the spreadsheet indicated residents on easy to chew would include the following foods on the tray: -Juice 4 fluid oz -Hot or cold cereal 4 oz -Fried egg 1 piece (pc) -Sausage patty 1 pc -Banana Muffin 1 pc -Milk 2% 8 fluid oz -Coffee 8 fluid oz During a concurrent test tray observation and interview on 6/2/2026 at 8:24 a.m. with the DS, observed the DS took the temperature of the following foods on the tray using the facility thermometer. The DS stated the following food temperatures were as follows: -Turkey patty 94 F -Fried egg 105 F -Oatmeal 112 F The DS stated the fried egg did not hold temperature well and the hot foods were under 120 F and it could have been better. The DS stated the sausage patty was cut into pieces, and the heat retention was less resulting to non-palatable temperatures of food. The DS stated residents would be unsatisfied with the food and would not eat the food resulting in weight loss as a potential outcome. c. During a review of Resident 120's admission Record, the admission Record indicated the facility admitted Resident 120 on 3/27/2026 with diagnoses including, but not limited to gastrointestinal reflux disease (GERD, stomach acid or contents frequently flow back in to the esophagus [the tube connecting the mouth and stomach]) without esophagitis (swelling or irritation of the tissues lining the esophagus), dysphagia and essential HTN. During a review of Resident 120's MDS dated [DATE], the MDS indicated Resident 120 understood others and make self-understood. The MDS indicated Resident 120 needed supervision and touching assistance (helper provides verbal cues and/or touching/steadying and or contact guard assistance as resident completes the activity. Assistance may be provided throughout the activity or intermittently) when eating. During a review of Resident 120's Order Summary, dated 3/27/2026, the report indicated Resident 120 was ordered Cardiac (low fat, low cholesterol, two (2) grams sodium [diet the avoids fried, fatty foods and salty foods]), easy to chew texture, thin consistency, no pork, no beef soft and bite meat only. During an interview on 6/1/2026 at 9:20 a.m., with Resident 120, Resident 120 stated the toast was over toasted, and the sausage was hard to chew. During a concurrent test tray observation and interview on 6/2/2026 at 8:24 a.m. with the DS, observed the DS tasting the turkey patty. The DS stated the turkey patty was dry and gravy would help. The DS stated it was a food product substitution, and it was a precooked product. The DS further stated the residents would be (continued on next page)		

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

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unsatisfied with dry turkey patty and would refuse to eat the meal resulting in weight loss as a potential outcome. During a review of the facility's P&P titled Food: Quality and Palatability, dated 1/15/2026, the P&P indicated, Food will be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive and served in a manner, form, and texture to meet resident's needs. Definitions: -Food attractiveness refers to the appearance of the food when served to the residents. -Food palatability refers to the taste and flavor of the food. -Proper (safe and appetizing) temperature- food should be at the appropriate temperature as determined by the type of food to ensure residents' satisfaction and minimize the risk of scalding and burns. 1. The dining services director and cook(s) are responsible for the food preparation. Menu items are prepared according to the menu, production guidelines, and standardized recipes. 2. The cook(s) prepare food in accordance with the recipes, and season for region and/or ethnic preferences, as appropriate. (2) [NAME] use proper cooking techniques to ensure color and flavor retention.		

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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. Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when: Kitchen and storage areas were not free from dirt and debris. Reach-in refrigerator shelves contained dried food debris and amber discoloration particles. Walk-in refrigerator floors had dry spills, red Jello pieces, butter and trash. Walk-in refrigerator shelves had dried up milk residues. Dry storage floor contained oatmeal particles Cambro (a brand name of container that are insulated or durable plastic commonly used in restaurants, hospital and catering) containers had sticker residues Drying racks for domes had dirt residues. Freezer gasket was torn. No thermometer on the chest freezer 1. Three (3) dented cans were found with non-dented cans. [NAME] chopping boards had burnt marks, cracked and scratches. Cross contamination Clear Cambro containers for scoops and kitchen utensils were not covered, resulting in dirt debris contamination. Soap was spilling from the first compartment sink to the upper counter where pans are air-dried during dishwashing in the three-compartment sink. Oven grill was on the floor Cambro containers were stacked wet. Four of 4 residents' trays had cracks and chips Dietary Aide 1 (DA 1) did not wash his hands after cleaning the second compartment sink then touched coffee creamer and jams. Vannilla bars in the residents' refrigerator were not labeled, and 2 food items were not labeled with resident's name. These failures had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 128 of 138 medically compromised residents who received food and ice from the kitchen. Findings: 1. a. During an initial kitchen tour observation on 6/1/2026 at 8:25 a.m., of the reach-in refrigerator by the trayline (an area where foods were assembled from the steamtable [kitchen appliance that keeps food warm at a safe temperature for serving] to resident's plates), observed the shelves had amber discoloration and food debris. During an interview on 6/1/2026 at 8:55 a.m., with the Dietary Supervisor (DS), the DS stated refrigerator cleaning is done at the end of each shift and the last time the staff cleaned the refrigerator was last night. The DS stated there was dry food debris and debris that was orange in color on the shelves and it was not okay as the refrigerator contained ready-to-eat food and there could be cross-contamination to food. The DS stated the debris that was orange in color comes out when touched but the staff needed to clean it. During a review of the facility's policies and procedures (P&P) titled Equipment dated 1/15/2026, the P&P indicated, All foodservice equipment will be clean, and in proper working order. During a review of Food Code 2022, the Food Code 2022 indicated, 4-601.11 (E) Except when dry cleaning methods are used as specified under S 4-603.11, surfaces of utensils and equipment contacting food that is not time/temperature control for safety food shall be cleaned: (1) At anytime when contamination may have occurred; (2) At least every 24 hours for iced tea dispensers and consumer self-service utensils such as tongs, scoops, or ladles; (3) Before restocking consumer self-service equipment and utensils such as condiment dispensers and display containers; and (4) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specification, at a frequency necessary to preclude accumulation of soil or mold. b & c. During an observation on 6/1/2026 at 8:33 a.m., of the walk-in refrigerator observed dirt, butter, and paper trash on the floor. During an interview on 6/1/2026 at 9:11 a.m., with the DS, the DS stated the walk-in refrigerator is cleaned every shift, floors are mopped three times a day and power washed once a week. The DS stated there was gelatin on the floor and dry food debris. The DS further stated there was dry milk residue on the walk-in refrigerator shelves and needed to be cleaned. The DS stated it was important to maintain the cleanliness of the walk-in refrigerator to prevent cross (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	contamination resulting in food borne illnesses to residents. During a review of the facility's P&P titled Environment, dated 1/15/2026, the P&P indicated, All food preparation areas, food service areas, and dining area will be maintained in a clean and sanitary condition. d. During concurrent observation and interview on 6/1/2026 at 9:41 a.m., of the dry storage room with the DS, observed oatmeal particles on the floor. The DS stated it was not okay to have food and oatmeal debris on the floor as it could attract rodents. The DS further stated it was important to have a rodents-free facility because rodents (a small animal with continuously growing front teeth that they use for chewing like mice, rats, squirrels) carry bacteria and they could also go to food resulting to foodborne illness to the residents. During a review of the facility's P&P titled Environment, dated 1/15/2026, the P&P indicated, 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. e. During an observation on 6/2/2026 at 12:19 p.m. of the drying racks, observed Cambro containers had sticker residues and debris. During an interview on 6/3/2026 at 10:54 a.m., with the DS, the DS stated there were sticker residues on the Cambro containers and it was not okay due to cross-contamination. The DS stated they were having issues with their label machine, and the stickers were hard to clean. During a review of the facility's P&P titled Environment, dated 1/15/2026, the P&P indicated, 3. All food contact surfaces will be cleaned and sanitized after each use. f. During an observation on 6/2/2026 at 12:22 p.m., of the drying racks used for domes and cover, observed dirt debris on the bottom of the racks. During an interview on 6/3/2026 at 10:49 a.m., with the DS, the DS stated the drying racks are clean daily before placing the plate covers and domes and it was important to clean it to prevent the dishes from being contaminated. The DS stated the bottom of the 2 racks had dirt and dust, and she did not think it was cleaned today before drying the clean cover and domes. During a review of the facility's P&P titled Equipment, dated 1/15/2026, the P&P indicated, (1) All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials. (4) All non-food contact equipment will be clean and free of debris. During a review of Food Code 2022, the Food Code 2022 indicated, 4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. During an observation on 6/1/2026 at 8:30 a.m., of the freezer by the exit door, observed the freezer gasket was torn. During an interview on 6/1/2026 at 9:02 a.m., with the DS, the DS stated the Freezer 3 gasket was ripped, and it was not okay as gasket helps maintain the refrigerator and freezer temperature and the flow of air. The DS stated residents could potentially get sick of food borne illness if the freezer and refrigerator temperatures were not maintained. During a review of the facility's P&P titled Equipment, dated 1/15/2026, the P&P indicated, All food service equipment will be clean, sanitary, and in proper working order. 5. The Dining Service Director will submit requests for maintenance or repair to the Administrator and or Maintenance director as needed. During a review of the facility's P&P titled, Refrigerator and Freezer, dated 1/15/2026, the P&P indicated, 10. Supervisor inspects refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs are initiated immediately. During an observation on 6/1/2026 at 9:18 a.m. of the chest freezer, observed that there was no thermometer inside the freezer. During an interview on 6/1/2026 at 9:21 a.m., with the DS, the DS stated that there was no thermometer inside the chest freezer. The DS further stated that it was important to place a thermometer in the chest-freezer for temperature control and check if the temperature was at an acceptable range because there is frozen food stored in it. The DS stated it was important to maintain the freezer temperatures to prevent foodborne illnesses. During a review of the facility's P&P titled Cold Foods, dated 1/15/2026, the P&P indicated, 3. Freezer temperatures will be maintained at a temperature of 0 F or below. 4. An accurate thermometer will be kept in each refrigerator and freezer. A written record of daily temperatures will be recorded. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated 4-204.112 Temperature Measuring Devices. (A) In a mechanically refrigerated or hot FOOD storage unit, the sensor of a (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	TEMPERATURE MEASURING DEVICE shall be located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot FOOD storage unit. (B) Except as specified in (C) of this section, cold or hot holding EQUIPMENT used for TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be designed to include and shall be equipped with at least one integral or permanently affixed TEMPERATURE MEASURING DEVICE that is located to allow easy viewing of the device's temperature display.^^ During a concurrent observation and interview on 6/1/2026 at 9:26 a.m., of the dry storage room with the DS, observed 3 dented cans stored with non-dented cans. The DS stated dented cans are separated into an area to prevent staff from using them. The DS further stated residents could have food borne illness from botulism (rare but serious illness caused by bacteria leading to difficulty breathing, muscle paralysis and it could be fatal if not treated promptly) as chemical is released from the dented can. During a review of the facility's P&P titled Receiving, dated 1/15/2026, the P&P indicated, 4. All canned goods will be appropriately inspected for dents, rust or bulges. Damaged cans will be segregated and clearly identified for return to vendor or disposal, as appropriate. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601.12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard. During an observation on 6/2/2026 at 7:33 a.m. of the chopping boards, observed two (2) green chopping boards have brownish discoloration and scratches. During an interview on 6/2/2026 at 8:38 a.m. with the DS, the DS stated the green chopping boards had burned and cut marks. The DS stated the green chopping board had brownish discoloration, and it was not okay as there could be bacterial growth to it causing cross contamination and food borne illness to the residents. The DS further stated the discoloration would not come off when they wash it During a review of the facility's P&P titled Equipment, dated 1/15/2026, the P&P indicated, All food service equipment will be clean, sanitary, and in proper working order. During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated, 4-501.12 Cutting Surfaces. Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through. a. During an observation on 6/2/2026 at 7:39 a.m. of the clear Cambro clear container where scoops and utensils were stored, observed 2 Cambro containers were not covered and there was dirt debris inside of the container. During an interview on 6/2/2026 at 8:40 a.m. with the DS, the DS stated they cover the scoop container with the lid so that food particles does not fall in it and contaminate the whole container. The DS stated there were two containers not covered and they had dirty debris. b. During an observation on 6/4/2026 at 9:22 a.m., of the manual dishwashing process, observed Dietary Aide 1 (DA 1) scrubbed the pots with soap and the soap spilled on the pans on top of the drying area. During an interview on 6/4/2026 at 9:44 a.m., with the DS, the DS stated soap spilling on the pots and dishes were not okay due to cross contamination of the sanitized pans. During a review of the facility's P&P titled Food: Preparation, dated 1/15/2026, the P&P indicated, Dining Services Staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. During a review of Food Code 2022, dated 1/18/2022, the Food Code 2022 indicated, 4-601.11 (A) Equipment Food Contact Surfaces and utensils shall be cleaned: (1) Except as (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	specified in (B) of this section, before use with a different type of raw animal food such as beef, fish, lamb, pork or poultry; (2) Each time there is a change from working with raw foods to working with ready-to-eat food; (3) Between uses with raw fruits and vegetables and with time/temperature control for safety food. (4) Before using or storing a food temperature measuring device, and (5) At the time during the operation when contamination may have occurred. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-307.11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under subparts 3-391 - 3-306. During a review of Food Code 2022, the Food Code 2022 indicated, 4-701.10 Food Contact Surfaces and Utensils shall be sanitized. 4-702.11 Before use After cleaning. Utensils and Food-Contact Surfaces of Equipment shall be sanitized before use after cleaning. During an observation on 6/2/2026 at 8:03 a.m., of the floor by the oven, observed the grill was on the floor. During an interview on 6/2/2026 at 8:42 a.m., with the DS, the DS stated the oven grill, and rack was touching the floor, and it should be on the rack. The DS stated they avoid storing food and utensils on the floor to prevent cross contamination. During a review of the facility's P&P titled Dry Goods, dated 1/15/2026, the P&P indicated, All items will be stored on shelves at least 6 inches above the floor. During a review of the facility's P&P titled, Food: Preparation, dated 1/15/2026, the P&P indicated, All utensils, food contact equipment, and food contact surfaces will be cleaned and sanitized after every use. During an observation on 6/2/2026 at 12:19 p.m., of the Cambro containers on the shelves, observed the Cambro containers were stored stacked wet. During an interview on 6/3/2026 at 10:59 a.m., with the DS, the DS stated there were still water particles on the Cambro containers and it was stacked wet. The DS further stated their process was to air dry food containers to prevent water nesting (wet nesting, a sanitation risk in the kitchen occurs when containers are still wet and stack together causing airflow restriction and moisture becomes trapped creating the perfect environment for rapid bacterial growth) causing bacterial and cross contamination. During a review of the facility's P&P titled Manual Ware washing (3-Compartment Sink), dated 1/15/2026, the P&P indicated, 2. All service ware and cookware will be air dried prior to storage. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry. During a concurrent observation and interview on 6/3/2026 at 11:03 a.m., of the resident's trays with the DS, observed 4 of 4 trays had visible cracks. The DS stated cracked trays are hard to clean, and bacteria could grow causing potential cross contamination of food. During a review of the facility's P&P titled Equipment, dated 1/15/2026, the P&P indicated, All food service equipment will be clean, sanitary, and in proper working order. During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. (3) Free of sharp internal angles, corners, and crevices, (4) Finished to have smooth welds and joints. During an observation on 6/4/2026 at 9:07 a.m., of the manual dishwashing process, observed Dietary Aide 1 (DA 1) working on scraping the dishes and washing them on the wash sink and DA 2 was working on the clean side near the sanitizing sink. Observed DA 2 drained the rinse compartment sink, cleaned it and went to grab a cart then placed the soiled trays from the dish machine area to the three-compartment sink. Observed DA 2 got a towel, wiped his hands and dipped his hand in the first compartment sink containing soap, water and dishes. Observed DA 2 went and grabbed a floor squeegee (a tool used to remove or push water off the floor) and removed water from the floor then proceeded to dip his hands on the rinse compartment sink with dishes. During an observation on 6/4/2026 at 9:16 a.m. of DA 2 dishwashing, observed DA 2 wore (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	gloves then removed the utensils from the second compartment to the third compartment then touched the clean scoops and put it away for storage. During an observation on 6/4/2026 at 9:29 a.m., observed DA 2 got a creamer and jam after dishwashing without washing his hands. During an interview on 6/4/2026 at 9:44 a.m. with the DS, the DS stated DA 2 should have washed his hands after cleaning the rinse compartment sink and before handling clean pots and dishes to prevent cross-contamination. During a review of the facility's P&P titled Food Preparation, dated 1/15/2026, the P&P indicated, All staff will practice proper hand-washing techniques and glove use. During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; P (B) After using the toilet room; P (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); P (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using TOBACCO PRODUCTS, eating, or drinking; P (E) After handling soiled EQUIPMENT or UTENSILS; P (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; P (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; P (H) Before donning gloves to initiate a task that involves working with FOOD; P and (I) After engaging in other activities that contaminate the hands. During a concurrent observation and interview on 6/4/2026 at 9:53 a.m., of the resident's refrigerator with the DS and Activities Director (AD), observed an ice cream box in the freezer with no label and a plastic bag of food in the refrigerator without label. The AD stated it was important to label the food item, so they know which residents it belongs to however she does not know the potential outcome of not labeling the food. The DS stated it was important to label the food items to make sure residents receive the right diet, cater to food allergies and right texture to residents to prevent allergic reactions. During a review of the facility's P&P titled, Food Brought in By Visitors, dated 1/15/2026, the P&P indicated, 5. When food items are intended for later consumption, the staff responsible will: c. Label foods with the resident's name and the receive date. Items will be thrown out after 48 hours.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to maintain accurate clinical records in accordance with accepted professional standards and practices for 3 (Resident 1, Resident 5, and Resident 18) of 29 sampled residents by failing to: Ensure the diagnosis of diabetes mellitus ((DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) was reflected in Resident 1's and Resident 5's list of diagnoses in the medical record. This failure had the potential to result in inaccurate medical records, missed care planning, and inadequate treatment and management of the residents' diabetes. 2. Ensure Restorative Nursing Assistant 1 (RNA 1, a certified Nursing Assistant with specialized training in physical rehabilitation) documented a treatment until after it was completed and did not document the treatment before it was provided for Resident 18. This failure had the potential to cause confusion among staff regarding the provision and timing of the resident's treatment and result in inaccurate medical records. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted the resident on 12/30/2024, and most recently readmitted the resident on 2/9/2026, with diagnoses including, but not limited to, metabolic encephalopathy (the loss of brain function due to a chemical imbalance in the blood) and acute (severe, sudden onset) respiratory failure (a condition where the lungs cannot release enough oxygen into the blood) with hypoxia (an insufficient amount of oxygen in your body tissues). The admission Record did not include DM in the resident's list of diagnoses. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 4/24/2026, the MDS indicated the resident was sometimes able to make himself understood and sometimes understands others. The MDS indicated Resident 1 was dependent (helper does all of the effort) on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following active order for insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication): Insulin Aspart (a rapid-acting insulin) to inject per sliding scale (a reactive method of managing blood sugar where the dose of short- or rapid-acting insulin is adjusted based on your pre-meal or bedtime blood sugar levels) for DM type 2 (a type of DM where the body cannot use insulin correctly) before meals and at bedtime. During a concurrent interview and record review on 6/3/2026 at 3:54 p.m. with the Minimum Data Set Nurse (MDSN), Resident 1's medical record, did not indicate a diagnosis of DM under the resident's list of active diagnoses. The MDSN stated DM should be listed in the resident's diagnoses in the medical record because it was identified that he does have that diagnosis and the facility is providing treatment for it. The MDSN stated the diagnosis list should be complete, so staff is all aware of the resident's DM. The MDSN stated all basic information needed should be listed on the resident's admission Record to give proper information to facility staff as well as the staff of any outside facility they need to transfer the resident to so they will have complete information about the resident. During a review of the facility's policy and procedure (P&P) titled, Charting and Documentation, last (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	reviewed on 1/15/2026, the P&P indicated documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. 2. During a review of Resident 5's admission Record, the admission Record indicated that the facility admitted Resident 5 to the facility on [DATE], with diagnoses including hypertension (HTN-high blood pressure), schizophrenia (a mental illness that is characterized by disturbances in thought), epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures) and cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue). During a review of Resident 5's MDS dated [DATE], the MDS indicated that Resident 5's cognition (mental action or process of acquiring knowledge and understanding) was severely impaired. The MDS indicated Resident 5 was dependent (helper does all the effort) for physical assistance from staff for activities of daily living (ADLs &ndash; eating, toileting, hygiene, shower/bathing). The MDS also indicated that Resident 5 was receiving insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) injections.^^ During a review of Resident 5's History and Physical (H&P) from the general acute care hospital (GACH), dated 2/23/2026, the H&P indicated that Resident 5 has a medical diagnosis of type 2 diabetes mellitus with hyperglycemia (the body cannot properly process sugar, resulting in too much sugar building up in the bloodstream). During a review of Resident 5's Order Summary Report, dated 6/4/2026, the Order Summary Report indicated the following physician orders: -Insulin Glargine (a long-acting basal insulin used to control high blood sugar) inject 10 units subcutaneously (under the skin) every 12 hours for Diabetes rotate injection site, initiated on dated 5/13/2026. -Insulin Lispro (fast-acting, mealtime insulins used to control blood sugar) Inject as per sliding scale: if 71 - 150 = 0; finger stick blood sugar (FSBS- test used to measure how much sugar [glucose] is in your blood) less than 70 Call Medical Doctor (MD-Doctor of Medicine); 151 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units FSBS >401 give 12 units and call MD, subcutaneously before meals and at bedtime for diabetes, rotate injection site, initiated on 2/25/2026. During a review of Resident 5's Laboratory Results Report, dated 5/13/2026, the laboratory result report indicated that Resident 5's hemoglobin A1C (test measures your average blood sugar levels over the past 2 to 3 months) was 8.3% (greater than 6.4% which was indicative of DM). During a concurrent interview and record review on 6/3/2026 at 11:06 a.m. with Registered Nurse (RN) 1, Resident 5's records including summary report, medical diagnosis and care plan were reviewed. RN 1 stated that Resident 5 had physician orders for insulin glargine and insulin lispro, both indicated for DM. RN 1 stated that the nursing staff who enters physician orders is responsible for verifying that the resident has diagnoses corresponding to the prescribed medications, ensuring that unnecessary medications are not administered for safety reasons. RN 1 stated that the Minimum Data Set Nurse (MDSN) was responsible for medical diagnosis coding. RN 1 further stated that there was no care plan in place for diabetes management or insulin administration. RN 1 stated that Resident 5 was at risk for uncontrolled blood sugar and potential complications due to the absence of a (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented plan of care. During a concurrent interview and record review on 6/3/2026 at 4:00 p.m. with MDSN, Resident 5's MDS, medical diagnosis and care plan were reviewed. The MDSN stated her responsibilities include working with the interdisciplinary team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need), conducting assessments, and completing MDS and care plan documentation. The MDSN stated that the admission Record contains basic resident information and diagnosis history. The MDSN stated that for residents with DM, she creates a care plan for medication, monitoring, and treatment. The MDSN further stated when insulin therapy is ordered, an active medical diagnosis must be documented to initiate treatment promptly and failure to document may lead to missing care plans and risks like hyperglycemia, hypoglycemia, neuropathy, and vision impairment for Resident 5. During a review of facility's Policy and Procedure (P&P) titled Charting and Documentation, last reviewed 1/15/2026, the P&P indicated that all services rendered to residents, progress toward care plan objectives, and any alterations in medical, physical, functional, or psychosocial status must be recorded in the resident's medical record. The medical record serves as a communication tool for the interdisciplinary team regarding the resident's condition and response to care. All entries are required to be objective, comprehensive, and accurate, avoiding subjective or speculative statements. 3. During a review of Resident 18's admission Record, the admission Record indicated the facility admitted the resident on 10/25/2024 with diagnoses that included right hip contusion (a bruise that appears on the skin of the hip after an injury). During a review of Resident 18' s MDS, the MDS indicated Resident 18 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 18 required partial/moderate assistance (helper does less than half the effort) with walking. During a review of Resident 18's Physician's Orders, the orders indicated the following: RNA for ambulation (walking) with front wheeled walker five times a week, as tolerated every day shift, dated 4/30/2026. RNA for active range of motion (AROM) to bilateral upper extremities (BUE, both arms) five times a week as tolerated, every day shift, dated 4/30/2026. During a review of Resident 18's Care Plan for Restorative Ambulation/Mobility, initiated 3/25/2026, the care plan indicated a goal that Resident 18 will maintain current level of ambulation for 90 days. The care plan indicated an intervention that the RNA will assist Resident 18 with ambulation with a front wheeled walker, five times a week as tolerated. During a review of Resident 18's Restorative Administration Record (RAR, a daily documentation record used by an RNA to document RNA treatments given to a resident) indicated RNA 1 signed Resident 18's ambulation treatment as being completed on 6/01/2026. During a concurrent observation, interview, and record review with the Director of Staff Development (continued on next page)		

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

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(DSD) on 6/01/2026 at 4:35 p.m., the DSD reviewed Resident 18's RAR which indicated Resident 18's ambulation had been completed. However, the survey team and DSD immediately observed that RNA 1 was walking with Resident 18 in the station one hallway with her walker. The DSD stated RNA 1 signed the RAR ambulation task as completed before completing the treatment. The DSD stated the practice is to complete a task first and then sign that it was completed afterwards. During an interview with RNA 1 on 6/01/2026 at 4:56 p.m., he stated he completed the upper extremity range of motion movements task with Resident 18 in the morning. RNA 1 stated Resident 18 told him she wanted to complete the walking activity later in the day. RNA 1 stated he signed the ambulation task as completed right before he started the task with Resident 18 because Resident 18 told him then that she wanted to walk in the hallway. RNA 1 stated he knew he was supposed to sign the RAR record after completing the task. RNA 1 stated it is important to sign the RAR afterwards because a resident might change their mind at the last minute and say they do not want to do the activity. During a concurrent interview and record review with the Minimum Data Set Nurse (MDSN) on 6/04/2026 at 12:41 p.m., the MDSN reviewed the facility's policy and procedure titled, Charting and Documentation, last reviewed 1/15/2026. The MDSN stated in the policy under number 7. that documentation of procedures and treatments will include care-specific details, including the date and time the procedure/treatment was provided by the name and title of the individual (s) who provided the care. The MDSN stated the part was provided, infers that this signing is to be after the care was provided. The MDSN stated this is important for accuracy of records. During an interview with the Director of Nursing (DON) on 6/04/2026 at 2 p.m., she stated the facility's practice is to document care was provided after it is completed and not before. The DON stated this is important for accuracy of records. ^		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the food services department when three (3) flies (a type of insect) were observed in trayline (an area where foods were assembled from the steamtable [kitchen appliance that keeps food warm at a safe temperature for serving] to resident's plates) and dishwashing area in the kitchen. This failure had the potential to result in 128 of 138 residents, who received food from the kitchen, to acquire food borne illnesses (illness caused by consuming contaminated foods or beverages) by consuming potentially contaminated food. Findings: During an observation on 6/1/2026 at 12:18 p.m., of the trayline, observed a fly flying around the trayline and landed on the stove dial. During a concurrent observation and interview on 6/1/2026 at 12:24 p.m., with the Corporate Dietitian (CRD), observed a fly lingering around the trayline area. The CRD stated the fly most likely came from the door when the staff opened it. During an observation on 6/1/2026 at 12:30 p.m., observed a fly land on the disposable box container for food in trayline. During an observation on 6/1/2026 at 12:41 p.m., observed a fly land on the fly light top surface and staff killed it. During an observation on 6/1/2026 at 12:56 p.m., of the lunch trayline, observed a fly landing on the disposable food container and heard the Dietary Supervisor (DS) telling the staff to close the door. During an observation on 6/1/2026 at 12:59 p.m., observed a fly landing on the food container and heard the Corporate District Manager (CDM) instruct staff to remake the food. During an interview on 6/1/2026 at 1:31 p.m., with the DS, the DS stated flies were coming from the front door dining room and the staff should not leave it open. The DS stated pest control came and installed fly traps outside the back door. The DS stated it was important not to have flies in the kitchen to prevent cross-contamination. During an observation on 6/4/2026 at 9:22 a.m., of the three-compartment sink, observed a fly flying around the area. During a review of facility's policy and procedure (P&P) titled, Pest Control, dated 1/15/2026, the P&P indicated, A program will be established for control of insects and rodents for the Dining Services Department. During a review of the facility's pest control report titled, Customer Service Report, dated 5/10/2026, the report indicated, There was no fly noted during the inspection and service at 9:11 p.m. and a demand CS insecticide was applied in the exterior area slide door to target flies. The report further indicated a stealth maxima flight light was used to target flies in the kitchen. During a review of Food Code 2022, dated 1/18/2026, the Food Code 2022 indicated, 6-501.11 Controlling Pests. The premises shall be maintained free of insects, rodents and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by (a) routinely inspecting incoming shipments of food and supplies; (b) routinely inspecting the premises for evidence of pests. (c) using methods, if pests are found such as trapping devices or other means of pest control (d) eliminating harborage conditions.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide care in a manner that promoted resident dignity and respect for two of 29 sampled residents (Resident 22 and Resident 4) when: 1. The facility failed to inform Resident 22 of the reason for the use of single-use disposable food containers and plastic utensils when serving meals. This deficient practice had the potential to violate the resident's rights to be treated with respect and dignity and negatively affect resident's sense of self-worth and self-esteem. 2. Speech Therapist¹ (ST 1, a healthcare professional who evaluates and treats swallowing disorders in residents) was observed standing over Resident⁴ while assisting with eating. This deficient practice had the potential to affect a resident's self-worth and self-esteem and would not provide an accurate assessment of Resident⁴'s swallowing ability. Findings: 1. During a review of Resident 22's admission Record, the admission Record indicated the facility originally admitted Resident 22 on 6/30/2025 and re-admitted the resident on 3/21/2026 with diagnoses that included metabolic encephalopathy (general term that describes brain disease, damage, or malfunction usually related to inflammation within the body), acute (sudden onset) respiratory failure (a condition where the lungs cannot release enough oxygen into the blood) with hypoxia (an insufficient amount of oxygen in your body tissues) and need for assistance with personal care. During a review of Resident 22's Minimum Data Set (MDS – a resident assessment tool) dated 3/24/2026, the MDS indicated Resident 22 is able to make self-understood and is able to understand others. The MDS indicated Resident 22 required set-up assistance (helper sets up or cleans up; resident completes activity). During review of Resident 22's History and Physical (H&P) dated 3/22/2026, the H&P indicated Resident 22 had the capacity to make own decisions. During a concurrent observation and interview on 6/1/2026 at 1:13 p.m., with Resident 22, observed Resident 22 eating her meal from a brown, single-use disposable food container and using plastic, disposable utensils. Resident 22 stated the facility has been serving meals the past two (2) days in these cardboard things, disposable box and plastic utensils. Resident 22 stated the food gets cold quickly when served in the disposable container. Resident 22 stated she liked it better when real dishes were being used. Resident 22 stated, I don't know why they (referring to the facility) is being so cheap, using disposables. What is going on that we can't have the real stuff? It doesn't make a whole lot of sense why the change. At home, I use real plates and utensils and I want it back the way it was. No one explained why the switch. Resident 22 stated that there has been other times since she has been in the facility that meals were served in disposable containers and staff do not explain why they are being used. During an interview on 6/1/2026 at 3:43 p.m., with Licensed Vocational Nurse 1 (LVN), LVN 1 stated that she was not sure when the kitchen started using disposable containers and utensils, however, she is able to attest she observed meals were served in disposable container and utensils on 5/31/2026 evening and on 6/1/2026. LVN 1 stated the nursing staff were not informed when the (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	kitchen started using the disposable containers and utensils. LVN 1 stated she did not inform Resident 22 or any of the residents the reason why the disposables were being used because she did not know what to tell the residents. LVN 1 stated that it is the residents' right to know when and why disposables are being used for their meals. LVN 1 stated that regular dishes are what is used in a home like setting, and if there is a change where disposables are being used instead of regular dishes, residents should be informed of the reason since the facility serves as their home. During an interview of 6/5/2026 at 8:48 a.m., with the Administrator (ADM), the ADM stated administration did not inform the staff about the switch from using regular dishes and utensils to disposables when serving meals and the rationale for it. The ADM stated it is important to keep staff informed so they can effectively share information with residents who have the right to know. The ADM stated the facility is the residents' home and it is important for residents to be well informed of changes in their home to avoid confusion. The ADM stated giving residents advance notice about switching to disposable dishes and utensils helps ensure residents do not become confused or concerned that there may other issues with the building or other matters. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed 1/15/2026, the P&P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be treated with respect, kindness, and dignity. During a review of the facility's P&P titled, Dignity, last reviewed 1/15/2026, the P&P indicated, Each resident is cared for in manner that promotes and enhances individuality, a sense of well-being, satisfaction with life, and feelings of self-worth and self-esteem. 2. During a review of Resident 4's admission Record, the admission Record indicated the facility admitted the resident on 10/30/2023 and re-admitted the resident on 10/29/2024 with diagnoses that included dysphagia (difficulty swallowing) and dementia (a progressive state of decline in mental abilities). During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 was severely impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 4 required partial/moderate assistance (helper does less than half the effort) with eating. During a review of Resident 4's Physician's Orders, the Physician's Orders indicated an order for a regular diet (food with no modifications and restrictions), pureed texture (foods that are smooth with pudding like consistency), mildly thick consistency (liquid consistency of pouring quickly from a spoon, but slower than water), dated 3/2/2025. During a dining observation on 6/2/2026 at 12:56 p.m., with the Director of Nursing (DON), the DON observed Resident 4 being fed lunch by ST 1. ST 1 was observed not feeding Resident 4 at eye level. ST 1 was observed standing beside Resident 4. When asked, ST 1 stated she usually sits down at the resident's eye level when feeding a resident and was going to sit down. ST 1 stated the practice of sitting at eye level is easier in positioning for feeding. ST 1 stated sitting at eye level is important so she can access Resident 4's eating, how the resident's mouth is moving, and observe better how they are eating. (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/4/2026 at 4:19 p.m., with the DON, the DON stated residents that need assistance with eating are to be fed at eye level to provide dignity for the residents and to ensure a resident's swallowing is being fully assessed. During a concurrent interview and record review on 6/5/2026 at 10:39 a.m., with the DON, reviewed the facility's policy and procedure titled, "Quality of Life & Dignity, last reviewed 1/15/2026 and an in-service (training intended for those actively engaged in a profession or activity) titled, "Assistance During Eating, dated 6/2/2026. The DON reviewed the policy that indicated that residents are treated with dignity and respect at all times. The DON stated the Quality of Life policy does not contain specific verbiage regarding sitting at eye level when feeding a resident but is a practice that the staff follow. The DON presented the ST 1's in-service which indicated the practice is to feed a resident at eye level, sitting down to ensure staff are assessing a resident while eating.		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on observation, interview, and record review, the facility failed to provide the full six page of the arbitration agreement (a voluntary binding agreement by the parties to submit to an arbiter [a lawyer or retired judge, not a court judge] all or certain disputes which have arisen or may arise for a resident while staying in the facility) for one of four sampled residents (Resident 154). This deficient practice violated Resident 154's rights to make a fully informed decision. Findings: ~ During a review of Resident 154's admission Record, the admission Record indicated the facility admitted the resident on 5/30/2026 with diagnoses that included nontraumatic intracerebral hemorrhage (bleeding directly into the brain tissue not caused by head trauma). During a review of Resident 154' s Minimum Data Set (MDS, a resident assessment tool), dated 6/4/2026, the MDS indicated Resident 154 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated Resident 154 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating. During a concurrent interview and record review on 6/1/2026 at 10 a.m., with Resident 154, Resident 154 stated the facility gave him some admission paperwork to look over. Reviewed the admission paperwork which included an arbitration signature page. Resident 154 did not know what that page was. During an interview on 6/1/2026 at 10:20 a.m., with Admissions Coordinator 1 (AC 1), AC 1 stated the admission packet with the one Arbitration Agreement page was given to Resident 154 over the weekend by another staff and the arbitration agreement should contain six pages. AC 1 stated she would redo the packet so Resident 154 would have all the arbitration agreement pages. AC 1 stated this is important for residents' rights so that residents are fully informed about the arbitration agreement. During a concurrent interview and record review on 6/4/2026 at 3:24 p.m., with AC 1, reviewed the facility's policy and procedure titled, Binding Arbitration Agreement, last reviewed 1/15/2026. AC 1 stated to make an informed decision on whether to enter into the arbitration agreement, as per policy, residents have the right to make informed decisions about important aspects of their health, welfare and safety. AC 1 stated to achieve this, Resident 154 should have received all pages of the arbitration agreement. During an interview on 6/5/2026 at 2:07 p.m., with the Administrator (ADM), the ADM stated the admissions department gives all pages of the arbitration agreement so the residents can understand the agreement. The ADM stated this is important for residents' rights so they can make an informed decision on whether to enter into the agreement.		

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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. Based on observation, interview, and record review, the facility failed to provide a resident with a safe, clean, comfortable, and homelike environment for one of 29 sampled residents (Resident 58) when the over bed table was wobbly and missing one wheel. This deficient practice violated the resident's right to a safe, clean, comfortable and homelike environment and had the potential to affect the resident's self of worth. Findings: During a review of Resident 58's admission Record, the admission Record indicated the facility initially admitted Resident 58 on 3/30/2025 with diagnoses including dementia (a progressive state of decline in mental abilities), difficulty in walking, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and right femur closed fracture (a break, crack or crush injury of the thigh bone). During a review of Resident 58's Minimum Data Set (MDS - a resident assessment tool) dated 4/28/2026, the MDS indicated that Resident 58's cognition (mental action or process of acquiring knowledge and understanding) was severely impaired. The MDS indicated Resident 58 required ranging from supervision (helper provides touching or contact guard assistance) to moderate (helper does less than half the effort) physical assistance from staff for activities of daily living (ADLs - eating, toileting, hygiene, shower/bathing). The MDS also indicated that Resident 58 used a manual wheelchair for mobility device. During a review of Resident 58's Care Plan (a document that summarizes a resident's needs, goals, and care/treatment) titled, At risk for falls/injury related to impaired mobility, generalized weakness, multiple complex medical conditions, revised on 12/15/2025, the care plan indicated interventions such as provision of a low bed with bilateral landing pads on each side, maintaining a clutter-free environment within the resident's room, and ensuring consistent furniture arrangement. During a concurrent observation and interview on 6/1/2026 at 10:13 a.m., with Licensed Vocational Nurse 1 (LVN 1) in Resident 58's room, observed an over-bed table with a broken wheel on the left side landing pad. LVN 1 stated that broken wheels on over-bed tables should be removed from Resident 58's room because it poses hazards and do not contribute to a home-like environment for Resident 58. LVN 1 further stated that the damaged wheel must be repaired or replaced by the Maintenance Supervisor (MS). During an interview on 6/4/2026 at 3:06 p.m., with Director of Nursing (DON), the DON indicated that all staff members are responsible for ensuring furniture and equipment remain in good working order. The DON stated that if any issues arise, it is MS who was responsible for addressing and fixing them as needed. The DON also stated that keeping furniture and equipment well-maintained helps prevent accidents and injuries, and is vital for creating a comfortable, homelike environment for residents. During a review of facility's Policy and Procedure (P&P) titled, Home Like Environment, reviewed 1/15/2026, the P&P indicated that residents are provided with a safe, clean, comfortable, and homelike setting. The P&P also states that facility staff and management strive to maximize aspects of the facility that create a personalized, home-like atmosphere, while maintaining a clean, sanitary, and orderly environment.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of two sampled resident's (Resident 1 and Resident 5) diagnosis of diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) was reflected in the resident's list of diagnoses in the Minimum Data Set (MDS - a resident assessment tool). This deficient practice resulted in Resident 1 and Resident 5 having an inaccurate MDS assessment and has the potential to negatively affect in plan of care and treatment. Findings: a. During a review of Resident 5's admission Record, the admission Record indicated that the facility initially admitted Resident 5 to the facility on [DATE], with diagnoses including hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]), schizophrenia (a mental illness that is characterized by disturbances in thought), and cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue). During a review of Resident 5's MDS dated [DATE], the MDS indicated that Resident 5's cognition (mental action or process of acquiring knowledge and understanding) was severely impaired. The MDS indicated Resident 5 was dependent (helper does all the effort) for physical assistance from staff for activities of daily living (ADLs & eating, toileting, hygiene, shower/bathing). The MDS also indicated that Resident 5 was receiving insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) injections. During a review of Resident 5's General Acute Care Hospital 1 (GACH 1) History and Physical (H&P) dated 2/23/2026, the H&P indicated that Resident 5 had a medical diagnosis of type two (2) diabetes mellitus with hyperglycemia (the body cannot properly process sugar, resulting in too much sugar building up in the bloodstream). During a review of Resident 5's Order Summary Report dated 6/4/2026, the Order Summary Report indicated the following physician orders: -Insulin glargine (a long-acting insulin) inject 10 units subcutaneously (under the skin) every 12 hours for diabetes rotate injection site, dated 5/13/2026. -Insulin lispro (fast-acting insulin) inject as per sliding scale (progressive increase in the insulin dosage, based on pre-defined blood glucose ranges) subcutaneously before meals and at bedtime for diabetes, rotate injection site, dated 2/25/2026. During a concurrent interview and record review on 6/3/2026 at 11:06 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 5's Order Summary Report, medical diagnosis, and MDS dated [DATE]. RN 1 stated that Resident 5 had physician orders for insulin glargine and insulin lispro, both indicated for DM. RN 1 stated that the nursing staff who enter physician orders are responsible for verifying that the resident has diagnoses corresponding to the prescribed medications, ensuring that unnecessary medications are not administered. RN 1 stated that the Minimum Data Set Nurse (MDSN) was responsible for medical diagnosis coding. During a concurrent interview and record review on 6/3/2026 at 4:00 p.m., with the MDSN, reviewed (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 5's MDS dated [DATE] and medical diagnosis. The MDSN stated that her responsibilities include collaboration with the interdisciplinary team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need), conduct assessments and evaluations, and completing both the MDS and care plan documentation. The MDSN stated that when a physician orders insulin therapy, an active medical diagnosis must be documented within the MDS. The MDSN stated Resident 5 does not have an active diagnosis of DM listed on their MDS dated [DATE] and should because they have orders for insulin. The MDSN added that the importance of accurately identifying diagnoses in the MDS is to enable timely initiation of treatment. The MDSN further stated failure to do so may result in the absence of a formulated care plan, placing Resident 5 at risk for hyperglycemia, hypoglycemia, neuropathy, and vision impairment. During a review of facility's Policy and Procedure (P&P) titled, Resident Assessment, reviewed 1/15/2026, the P&P indicated that the resident assessment coordinator makes sure the interdisciplinary team completes assessments for residents promptly and accurately. The details recorded in MDS assessments should always match what's found in progress notes, care plans, and observations or interviews with residents. All resident assessments from the last 15 months are kept in each resident's current clinical record. The results are used to create, update, and revise the resident's comprehensive care plan. b. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted the resident on 12/30/2024 and readmitted the resident on 2/9/2026 with diagnoses including metabolic encephalopathy (the loss of brain function due to a chemical imbalance in the blood) and acute (severe, sudden onset) respiratory failure (a condition where the lungs cannot release enough oxygen into the blood) with hypoxia (an insufficient amount of oxygen in your body tissues). During a review of Resident 1's MDS dated [DATE], the MDS indicated the resident was sometimes able to make himself understood and sometimes understands others. The MDS indicated Resident 1 was dependent on staff for most ADLs. The MDS did not indicate Resident 1 had DM under the Active Diagnoses section. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following active order for insulin: Insulin aspart (fast-acting insulin) to inject per sliding scale for DM type 2 before meals and at bedtime, ordered 3/4/2026. ~~~~~ During a concurrent interview and record review on 6/3/2026 at 3:54 p.m., with the MDSN, reviewed Resident 1's MDS dated [DATE]. The MDSN stated Resident 1's MDS did not indicate a diagnosis of DM under the Active Diagnoses section. The MDSN stated the diagnosis of DM should be in the MDS because they are providing treatment for this diagnosis. The MDSN stated all the relevant diagnoses should be in the MDS to reflect the resident's information and what treatment they are providing for them. (continued on next page)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, "Resident Assessments, last reviewed on 1/15/2026, the P&P indicated information in MDS assessments will consistently reflect information in the progress notes, plans of care, and resident observations and interviews."		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement comprehensive care plan (a document that summarizes a resident's needs, goals, and care/treatment) for two of five sampled residents (Resident 1 and Resident 5) for diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and the administration of insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) injections. This deficient practice had the potential to result in a delay of nursing care and medical interventions for Resident 1 and Resident 5. Findings: a. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted the resident on 12/30/2024 and readmitted the resident on 2/9/2026 with diagnoses including metabolic encephalopathy (the loss of brain function due to a chemical imbalance in the blood) and acute (severe, sudden onset) respiratory failure (a condition where the lungs cannot release enough oxygen into the blood) with hypoxia (an insufficient amount of oxygen in your body tissues). During a review of Resident 1's the Minimum Data Set (MDS &ndash; a resident assessment tool) dated 4/24/2026, the MDS indicated the resident had was sometimes able to make himself understood and sometimes understands others. The MDS indicated Resident 1 was dependent (helper does all of the effort) on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS did not indicate Resident 1 had DM under the Active Diagnoses section. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following active order for insulin: Insulin aspart (fast-acting insulin) to inject per sliding scale (progressive increase in the insulin dosage, based on pre-defined blood glucose ranges) for DM type 2 before meals and at bedtime, ordered 3/4/2026. During a concurrent interview and record review on 6/3/2026 at 3:54 p.m., with the Minimum Data Set Nurse (MDSN), reviewed Resident 1's care plan. The MDSN stated Resident 1's care plans did not include goals or interventions related to DM or insulin administration. The MDSN stated because Resident 1 has DM, the care plan should include goals related to Resident 1's DM and treatment for it to ensure they provide the necessary medications, do blood sugar checks and monitoring, and provide all necessary treatments to manage their DM. During a review of the facility's policy and procedure (P&P) titled, Care Plan Comprehensive, last reviewed on 1/15/2026, the P&P indicated an individualized comprehensive care plan must be created for each resident and should include clear objectives and timelines to address each resident's medical, physical, mental, and psychosocial needs. b. During a review of Resident 5's admission Record, the admission Record indicated that the facility initially admitted Resident 5 to the facility on [DATE], with diagnoses including hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]), schizophrenia (a mental illness that is characterized by disturbances in thought), and cerebral infarction (lack of (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	blood flow resulting in severe damage to some of the brain tissue). During a review of Resident 5's MDS dated [DATE], the MDS indicated that Resident 5's cognition (mental action or process of acquiring knowledge and understanding) was severely impaired. The MDS indicated Resident 5 was dependent (helper does all the effort) for physical assistance from staff for ADLs. The MDS also indicated that Resident 5 was receiving insulin injections.^^ During a review of Resident 5's General Acute Care Hospital 1 (GACH 1) History and Physical (H&P) dated 2/23/2026, the H&P indicated that Resident 5 had a medical diagnosis of type two (2) diabetes mellitus with hyperglycemia (the body cannot properly process sugar, resulting in too much sugar building up in the bloodstream). During a review of Resident 5's Order Summary Report dated 6/4/2026, the Order Summary Report indicated the following physician orders: -Insulin glargine (a long-acting insulin) inject 10 units subcutaneously (under the skin) every 12 hours for diabetes rotate injection site, dated 5/13/2026. -Insulin lispro (fast-acting insulin) inject as per sliding scale subcutaneously before meals and at bedtime for diabetes, rotate injection site, dated 2/25/2026. During a concurrent interview and record review on 6/3/2026 at 11:06 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 5's Order Summary Report, medical diagnosis, and care plans. RN 1 stated that Resident 5 had physician orders for insulin glargine and insulin lispro, both indicated for DM. RN 1 stated that a care plan was an individualized plan of care for each resident. RN 1 stated that all nursing staff are responsible for developing a care plan. RN 1 stated that Resident 5 had no care plan for diabetes management and insulin administration. RN 1 stated that Resident 5 was at risk for uncontrolled blood sugar and potential complications due to the absence of a documented plan of care. During a concurrent interview and record review on 6/3/2026 at 4:00 p.m., with the MDSN, reviewed Resident 5's medical diagnosis and care plans. The MDSN stated that her responsibilities include collaboration with the interdisciplinary team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need), conduct assessments and evaluations, and completing both the MDS and care plan documentation. The MDSN indicated that when a resident has a medical diagnosis of DM, she formulates a care plan to facilitate medication administration, monitor the condition appropriately, and ensure the implementation of necessary treatments to manage the disease effectively. The MDSN further stated failure to do so may result in the absence of a formulated care plan, placing Resident 5 at risk for hyperglycemia, hypoglycemia, neuropathy, and vision impairment. The MDSN stated there was no care plan for Resident 5's diagnosis of DM or insulin use. During a review of the facility's P&P titled, Care Plan Comprehensive, reviewed 1/15/2026, the P&P indicated that an individualized comprehensive care plan must be created for each resident. This plan should include clear objectives and timelines to address each resident's medical, physical, mental, and psychosocial needs. The facility's IDT, with input from the resident and/or their family or representative, is responsible for developing and implementing this person-centered care plan. It must outline measurable goals and timeframes, based on the needs identified during a comprehensive assessment. The procedures used should reflect current professional standards of practice for any (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	problem areas or conditions. Any concerns identified during the resident assessment are further evaluated using specific tools, such as Care Area Assessments, before interventions are added to the care plan. These interventions are carefully designed after considering how the resident's problem areas relate to their causes. The comprehensive care plan must be completed within seven days after the MDS is completed.		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents receive proper treatment and assistive devices to maintain hearing abilities for one of one resident (Resident 101) investigated under the communication-sensory care area by failing to ensure Resident 101 received proper evaluation for hearing loss. This deficient practice had the potential for Resident 101 not to receive necessary medical treatments or assistive accommodation to maintain or improve their hearing. Findings: During a review of Resident 101's admission Record (the front page of the chart that contains a summary of basic information about the resident), the admission Record indicated the facility admitted Resident 101 on 2/26/2025 with diagnoses that included epilepsy (a brain disorder that causes seizures) contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of left upper arm, and weakness. During a review of Resident 101's Minimum Data Set (MDS - a resident assessment tool) dated 2/25/2026, the MDS indicated Resident 101 had moderate cognitive impairment. The MDS indicated Resident 101 as makes self-understood (able to express ideas and wants) and able to understand others (clear comprehension understanding verbal content). The MDS indicated Resident 101 had adequate hearing (no difficulty in normal conversation, social interaction, listening to tv) and did not use hearing aid or other hearing appliance. During review of Resident 101's History and Physical (H&P), dated 2/27/2025, the H&P indicated Resident 101 does not have the capacity to understand and make own decisions. During a concurrent observation and interview on 6/2/2026 at 8:38 a.m. with Resident 101, observed Resident 101 speaking in an elevated, strong voice when communicating. Resident 101 stated she could not hear when spoken to in a normal tone of voice from the foot of her bed. The resident stated she was still unable to hear when addressed from directly next to her bed. Resident 101 asked surveyor to remove the worn mask while speaking to her so she could hear and better understand surveyor when speaking. Resident 101 stated that she is hard of hearing and does not possess or use a hearing aid. During a concurrent interview and record review on 6/2/2026 at 9:36 a.m. with the Minimum Data Set Nurse (MDSN), Resident 101's Minimum Data Set (MDS) upon admission dated 3/1/2025 and most recent MDS dated [DATE] were reviewed. Both MDSS indicated Resident 101 had adequate hearing. The MDSN stated that it was her assessment of Resident 101's hearing that is documented on the MDS dated [DATE] and 2/25/2026. The MDSN stated that on 6/1/2026, upon responding to Resident 101's call light, the MDSN observed that Resident 101's hearing has changed since the previous assessment and is currently noted to be impaired. The MDSN stated she had to increase the volume of her voice in order for Resident 101 to hear her. During review of Resident 101's History and Physical (H&P), dated 2/27/2025, the H&P indicated Resident 101 does not have the capacity to understand and make own decisions. During a review of Resident 101's Psychological Evaluation, dated 3/5/2025, the Psychological Evaluation indicated Resident 101 was hard of hearing. During a review of Resident 101's Psychological Consult, dated 3/18/2025, the Psychological Evaluation indicated Resident 101 was hard of hearing. During a review of Resident 101's Recreation Comprehensive Assessment, dated 2/25/2026, the assessment indicated Resident would benefit from accommodation for hearing loss. During a review of Resident 101's care plan While in the facility, resident states that it is important that she has the opportunity to engage in daily routines that are meaningful relative to their preference will do independent activity, created on 3/6/2026, the care plan indicated the intervention of I would benefit from accommodation for hearing loss by speaking loudly, initiated 3/6/2026. During an interview on 6/4/2026 at 3:15 p.m. with the Activities Director (AD), the AD stated she observed Resident 101's hearing impairment upon admission to the facility. The AD stated that when she was speaking with normal voice and tone to Resident 101 during her admission assessment, Resident 101 kept saying huh? The AD stated she had to get close to Resident 101 for Resident 101 to hear her as she spoke in a slightly elevated voice and tone. The AD stated that she noticed Resident 101 looked at the AD's lips when speaking. The AD (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that Resident 101 seemed to understand better when Resident 101 is able to see AD's mouth. The AD stated that between being close to Resident 101 and raising her voice and tone when speaking and not wearing a mask that covers her mouth, Resident 101 was able to understand her. The AD stated that the licensed nurse was aware of Resident 101's hearing impairment and informed the AD to get close to Resident 101 when speaking with Resident 101. During an interview on 6/4/2026 at 3:25 p.m. with Activities Assistant (AA), AA stated Resident 101 has been hard of hearing since being admitted to the facility. AA stated that he noted Resident 101's hearing difficulty varied from day to day-sometimes it was less severe, however, it has worsened over the past two months. AA stated he shared his observation to the Certified Nursing Assistant (CNA) taking care of Resident 101. AA stated the CNA told him that that the issue was being addressed and was advised to speak loudly to Resident 101. During an interview on 6/4/2026 at 3:50 p.m. with Certified Nursing Assistant (CNA) 3, CNA 3 stated Resident 101 has been hard of hearing since being admitted to the facility. CNA 3 stated she needs to be close to Resident 101 when speaking or remove her mask so Resident 101 can see her mouth. CNA 3 stated that Resident 101 understands her better when she takes off her mask, likely because Resident 101 watches her mouth and reads her lips to help understand what is being said. During an interview on 6/5/2026 at 9:45 a.m. with the Director of Nursing (DON), the DON stated that Resident 101's hearing has been assessed as adequate, no impairment, from review of Weekly Summary Documentation from admission date to 5/26/2026. The DON stated that the facility failed to assess Resident 101's hearing impairment. The DON stated that proper assessment is important to determine what type of care and treatment the resident needs. The DON stated that if the hearing impairment is not addressed according to its specific cause, hearing may not improve. The DON stated that this results in Resident 101's struggle to hear, need to exert extra effort, and experience delays in receiving hearing aids if necessary. During a review of the facility's job description titled, Licensed Practical (Vocational) Nurse (LPN) (LVN) revised 7/2024, the job description indicated, Resident Care Functions: Provide nursing services to residents accordance with scope of practice, facility policies and professional standards of care. Monitor residents for development of acute changes of condition including confusion, fever, difficulty breathing, increased pain, difficulty urination, loss of appetite, constipation, diarrhea, vision or hearing loss, general malaise or decreased range of motion (ROM); conduct assessments and notify provider as needed. During a review of the facility's job description titled, Registered Nurse (RN) revised 7/2024, the job description indicated, Resident Care Functions: Provide nursing services to residents accordance with scope of practice, facility policies and professional standards of care. Monitor residents for development of acute changes of condition including confusion, fever, difficulty breathing, increased pain, difficulty urination, loss of appetite, constipation, diarrhea, vision or hearing loss, general malaise or decreased range of motion (ROM); conduct assessments and notify provider as needed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	
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 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. Based on observation, interview, and record review, the facility failed to ensure a resident's low air loss mattress (LALM or LAL, a mattress designed to distribute a resident's body weight over a broad surface area and help prevent skin breakdown) was set to the resident's weight for one of one sample resident (Resident 156) investigated for pressure ulcer/injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence). This deficient practice placed Resident 156 at risk for development of new pressure ulcers. Findings: During a review of Resident 156's admission Record, the admission Record indicated the facility admitted the resident on 5/21/2026 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury) and sacral (the large, upside-down triangular bone located at the base of the spine between the lower back vertebrae and the tailbone) pressure ulcer stage four (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone). During a review of Resident 156's Minimum Data Set (MDS, a resident assessment tool) dated 5/25/2026, the MDS indicated Resident 156 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 154 was dependent (helper does all of the effort; resident does none of the effort) on staff for rolling left and right (the ability to roll from lying on back to left and right side and return to lying on back on the bed). The MDS indicated Resident 156 had four (4) stage four pressure ulcers. During a review of Resident 156's physician orders, the physician orders indicated the following: - LAL mattress for skin management every day shift, dated 5/31/2026. - LAL mattress for skin management at 165 pounds (lbs., a unit for weight) every day shift, dated 6/01/2026. During a review of Resident 156's Care Plan (a document that summarizes a resident's needs, goals, and care/treatment) for risk for Skin Breakdown, initiated 5/22/2026, the care plan indicated a goal that resident will not show signs of skin breakdown for 90 days. The care plan indicated an intervention to set the LAL mattress for skin management settings at 165 lbs. During a review of Resident 156's Weights, the Weights indicated Resident 156 weighs 165 lbs., dated 5/29/2026. During a concurrent observation and interview on 6/1/2026 at 9 a.m., with the Director of Staff Development (DSD), in Resident 156's room, observed Resident 156's LAL mattress which was set between the numbers 120 and 150. The ADON stated that the setting is not accurate with Resident 156's physician order. The DSD stated the setting appeared to be at 130 or 140 lbs. The DSD stated that the setting should be closer to Resident 156's weight of 165 lbs. During a concurrent observation and interview on 6/1/2026 at 9:12 am., with Licensed Vocational Nurse 4 (LVN 4), observed Resident 156's LAL mattress setting appeared to be at 130 or 140 lbs. LVN 4 stated she needed to correct Resident 156's LAL mattress to set according to Resident 156's weight at 165 lbs. LVN 4 stated it is important to set the LAL mattress according to a resident's weight to help with skin wound management. LVN 4 stated Resident 4 had a skin wound. During a concurrent interview and record review on 6/4/2026 at 4:17 p.m., with the Minimum Data Set Nurse (MDSN), reviewed Resident 156's LAL Mattress Operational Manual, revised 3/15/2016. The MDSN, referred to page ten which indicated when the normal pressure indicator lights up (green), the pressure in the mattress has reached the pre-defined level, and the patient can then be placed on the mattress. The MDSN stated this pre-defined level refers to placing the settings according to a resident's weight. The MDSN referred to page 11 which indicated the following: The pressure of the mattress can be adjusted by choosing the patient's corresponding weight setting using the weight setting buttons (+) and (-). Use the weight setting buttons to select the desired level.		