STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056150	A. Building B. Wing	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Catered Manor Nursing Center	4010 N Virginia Rd. Long Beach, CA 90807

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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

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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the physician when one of four sampled resident's (Resident 1) laboratory (lab) result dated 5/22/2025 indicated a high blood glucose (sugar) level, a low sodium (the electrolyte in the body crucial for maintaining fluid balance, nerve and muscle function, and blood pressure) level, and a low chloride (an essential electrolyte that plays a crucial role in body fluids, including blood, sweat and urine) level. This deficient practice resulted in Resident 1's physician being unaware of Resident 1's abnormal lab results and a delay in care and treatment. Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including Chronic Obstructive Pulmonary Disease ([COPD] a progressive lung disease characterized by persistent airflow limitation and breathing problems) and DM. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 4/15/2025, the MDS indicated Resident 1 was able to make decisions that were consistent and reasonable, required a one person assist to complete her activities of daily living ([ADLs] routine tasks/activities]) such as bathing, dressing, personal hygiene and toileting a person performs daily to care for themselves), and was incontinent (involuntary voiding of urine and stool) of bladder and bowel functions. During a review of Resident 1's Change of Condition (COC) form, dated 5/15/2025 and timed at 6:16 p.m., the COC indicated Resident 1 had increased confusion and was not eating well. The COC indicated Resident 1's physician ordered a complete blood count ([CBC] a blood test that analyzes the different types of cells in the blood), a basic metabolic panel ([BMP] a blood test that measures several substances in the blood to assess a person's overall health and organ function including b/s) and a UA with a culture and sensitivity ([C&S] a diagnostic lab procedure used to identify the type of bacteria and to determine which medication can successfully fight an infection). During a review of Resident 1's Physician's Order, dated 5/16/2025, the Physician's Order indicated to obtain a CBC, BMP and UA with a C&S due to Resident 1's increased confusion and poor food intake.During a review of Resident 1's Lab Results Report, the Lab Results Report indicated on 5/16/2025, a glucose level of 378 milligrams (mg)/deciliter (dl), with a normal range of 85 mg/dl to 125 mg/dl.During a review of Resident 1's Nursing Progress Note dated 5/19/2025 and timed at 4:25 p.m., the Nursing Progress Note indicated Resident 1's physician was made aware of Resident 1's lab results dated 5/16/2025 and a Comprehensive Metabolic Panel ([CMP] a group of blood tests that provides a broad overview of the body's chemical balance and metabolism including the kidney and liver function, blood sugar and electrolyte levels) was ordered on 5/22/2025.During a review of Resident 1's Lab Results Report dated 5/22/2025, the Lab Results Report indicated a glucose level of 362 mg/dl, a sodium level of 130 millimoles(mmol)/Liter(L) (with a normal range of 136 mmol/L to 145 mmol/L), and a chloride level of 93 mmol/L (with a normal range of 98 mmol/L to 107 mmol/L).During a review of Resident 1's Clinical Record in 5/2025, there was no documented evidence that Resident 1's lab results dated 5/22/2025 were reported to Resident 1's Physician. During an interview on 7/3/2025 at 5:26 p.m., the Director of Nursing (DON) stated Resident 1's physician should have been notified of Resident 1's abnormal labs. During a telephone interview on 7/3/2025 at 7:45 p.m., Resident 1's physician stated he was not notified of Resident 1's lab results dated 5/22/2025 and had he been aware he could have ordered accu-checks (a brand of b/s monitoring systems used by people with DM to measure their b/s levels) to monitor Resident 1's b/s. Resident 1's physician stated managing Resident 1's DM and b/s levels was important to prevent complications of DMDuring a review of the facility's P/P titled, Physician, Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Lab Notifications dated 12/17/2024, the P/P indicated the facility shall promptly notify the physician, physician assistant, nurse practitioner or clinical nurse specialist of the residents' lab results that fall outside of the clinical reference ranges because delayed notification can contribute to delays in changing the course of treatment or care plan.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Care Plan was created one of four sampled residents (Resident 1) who was administered Prednisone (medication used to treat a wide range of conditions that raises b/s levels and can induce hyperglycemia [a condition where there's too much sugar in the bloodstream]) with intervention to monitor Resident 1 for risk, side effects, and adverse reactions related to the use of Prednisone due to this medications ability to increase blood sugar (b/s) levels. This deficient practice resulted in Resident 1's b/s level not being monitored from 4/11/2025 through 5/16/2025 to ensure it was within an acceptable range in order to provide care and treatment accordingly. On 6/22/2025 Resident 1 was transferred to a General Acute Care Hospital (GACH) due to an altered level of consciousness ([ALOC] a person's awareness of themselves and their surroundings is different from their normal state that can range from mild changes like drowsiness to severe changes like a coma [a deep state of unconsciousness where a person is unresponsive to external forces and cannot be awakened]), hypotension (low blood pressure [BP]), a high heart rate (HR), and a b/s level that indicated high (when the b/s level is too high to register) on the facility's glucometer (a machine that measures the concentration of glucose or blood sugar in a small sample of blood). At the GACH Resident 1's b/s level was 1060 milligrams([mg] metric unit of measurement, used for medication dosage and/or amount)/deciliter([dl] a unit of measurement) and she was diagnosed with diabetic ketoacidosis ([DKA] a life-threatening complication of DM where the body produces too many acidic chemicals called ketones [a byproduct of fat breakdown]) with coma associated with DM hyperosmolar hyperglycemic state ([HHS] a serious life threatening complication of DM characterized by extremely high b/s and severe dehydration). Resident 1 was admitted to the GACH's Intensive Care Unit ([ICU] a specialized unit in the hospital that provides specialized treatment and monitoring for critically ill patients) in critical condition.Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including Chronic Obstructive Pulmonary Disease ([COPD] a progressive lung disease characterized by persistent airflow limitation and breathing problems) and DM. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 4/15/2025, the MDS indicated Resident 1 was able to make decisions that were consistent and reasonable, required a one person assist to complete her activities of daily living ([ADLs] routine tasks/activities]) such as bathing, dressing, personal hygiene and toileting a person performs daily to care for themselves), and was incontinent (involuntary voiding of urine and stool) of bladder and bowel functions.During a review of Resident 1's Clinical Record (Care Plan section), the Clinical Record indicated there was no Care Plan created related to Resident 1's use of Prednisone or interventions to monitor Resident 1 for risk, side effects, or adverse reactions associated with the use of Prednisone due to this medication ability to increase blood sugar levels. During an interview and record review on 7/3/2025 at 12:09 p.m., Registered Nurse Supervisor (RNS) 3 stated a Care Plan should have been created related to Resident 1's use of Prednisone with interventions ensuring Resident 1's b/s was managed. During a review of the facility's Policy and Procedures (P/P), titled, Comprehensive Care Plans revised 2/5/2025, the P/P indicated the facility shall develop and implement a comprehensive person centered care plan for each resident after a comprehensive assessment, that includes measurable objectives and timeframes to meet the residents' medical, nursing, mental and psychosocial needs.During a review of the facility's P/P, titled, Unnecessary Drugs revised 2/5/2025, the P/P indicated the information during the initial and ongoing evaluation of the residents will be incorporated into the residents' comprehensive care plan that reflects person-centered medication related goals and parameters for monitoring the resident's condition, including the likely medication effects and potential adverse consequences.

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that licensed nurses monitored the blood sugar (b/s) levels for one of four sampled residents (Resident 1) who had diagnosis of diabetes mellitus ([DM] disease characterized by elevated levels of blood sugar) and was receiving Prednisone (medication used to treat a wide range of conditions that raises b/s levels and can induce hyperglycemia (a condition where there's too much sugar in the bloodstream). The facility failed to:1. Ensure licensed nurses clarified with Resident 1's physician, instructions from the admitting GACH to check Resident 1's b/s levels every day before meals and at bedtime and to take diabetic medication or insulin (a medication used to manage b/s levels in people with DM) as prescribed. 2. Ensure Resident 1's b/s levels were monitored due to diagnosis of DM and use of Prednisone, from 4/11/2025 through 5/16/2025. 3. Ensure Resident 1's physician provided instructions for care, interventions and/or treatment to manage Resident 1's abnormal (high) blood and urine glucose (sugar) levels when Resident 1's b/s level of 378 milligrams ([mg] metric unit of measurement, used for medication dosage and/or amount)/deciliter ([dl] a unit of measurement) (reference range of 85 mg/dl to 125 mg/dl) was obtained via a lab report on 5/16/2025, a glucose level of more than a 1,000 mg/dl, was obtained from a urinalysis ([UA] urine test [reference range is negative]) on 5/21/2025, and a b/s level of 362 mg/dl was obtained via a lab report on 5/22/2025. 4. Notify Resident 1's physician of the resident's high b/s level of 362 mg/dl based on blood lab test report dated 5/22/2025 to obtain instructions for care, interventions and/or treatment. 5. Follow Resident 1's untitled Care Plan for DM dated 5/10/2025, to monitor Resident 1 for signs and symptoms (s/s) of hyperglycemia (high b/s level above 180 mg/dL two hours after eating and fasting blood glucose levels above 125 mg/dL) and hypoglycemia (low b/s level below 70 mg/dl) by checking (via a Glucometer [a machine that measures the concentration of glucose or blood sugar in a small sample of blood) Resident 1's b/s levels and rechecking as needed. 6. Develop a Care Plan for the use of Prednisone with interventions to monitor Resident 1 for risk, side effects, adverse reactions related to the use of Prednisone. 7. Follow the facility's Policy and Procedure (P/P) titled, Processing Physician Orders that indicated to process the physician orders and to clarify these orders with the attending physician to verify and maintain the accuracy of the physician orders to provide appropriate care and services. 8. Follow the facility's P/P titled, Physician, Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Lab Notifications that indicated the facility shall promptly notify the physician, physician assistant, nurse practitioner or clinical nurse specialist of the residents' lab results that fall outside of the clinical reference ranges because delayed notification can contribute to delays in changing the course of treatment or care plan.9. Follow the facility's P/P titled, Diabetes Management Policy that indicated the facility shall maintain the highest level of function of the residents within the normal limitations of the disease. The primary care physician orders should address medication and laboratory tests. Every resident with the diagnosis of diabetes mellitus will be identified and their care provided based on their assessed problems. Every resident should be watched for signs and symptoms of hyperglycemia and hypoglycemia including but not limited to visual disturbances, loss of skin integrity, and dehydration and should be reported to the primary care physician.These deficient practices resulted in Resident 1's b/s level not being monitored from 4/11/2025 through 5/16/2025 to ensure it was within an acceptable range in order to provide care and treatment accordingly. On 6/22/2025 Resident 1 was transferred to a GACH due to an altered level of consciousness ([ALOC] a person's awareness of themselves and their surroundings is different from their normal state that can range from mild changes like drowsiness to severe changes like coma), hypotension (low blood pressure [BP]) a high heart rate (HR), and a b/s level that indicated high (when the b/s level is too high to register) on the facility's glucometer. At the GACH Resident 1's b/s level was 1060 mg/dl and the resident was diagnosed with diabetic ketoacidosis ([DKA] a life-threatening complication of DM where the body produces too many acidic chemicals called ketones) with coma (a deep state of unconsciousness where a person is unresponsive to external forces and cannot be awakened) associated with DM hyperosmolar hyperglycemic state ([HHS] a serious life threatening complication of DM characterized by extremely high b/s and severe dehydration), sepsis (a life threatening condition that occurs when the body's immune system overreacts to an infection) due to urinary tract infection ([UTI] an infection of the urinary system that includes kidneys, ureters, bladder and urethra), and candidiasis (a fungal infection caused by an overgrowth of yeast that can occur in various parts of the body including the mouth, vagina, skin and even inside the body) of the urogenital site (a region of the body

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) who had an order for Prednisone (medication used to treat a wide range of conditions that raises b/s levels and can induce hyperglycemia (a condition where there's too much sugar in the bloodstream) 20 milligrams ([mg] a metric unit of measurement, used for medication dosage and/or amount) 2 tablets, twice a day (80 mg), had a stop date and/or duration of administration. This deficient practice resulted in Resident 1 taking Prednisone 20 mg., 2 tablets twice a day (for a total of 80 mg daily), from 4/12/2025 until 6/22/2025. Resident 1 had a change of condition (COC) and was transferred via 911 to a GACH on 6/22/2025, due to an altered level of consciousness (a person's awareness of themselves and their surroundings is different from their normal state that can range from mild changes like drowsiness to severe changes like coma), hypotension (low blood pressure where the normal range is less than 120 systolic [top number] and less than 80 [bottom number]), and a blood sugar (b/s) level of high (the b/s was too elevated to register, reference range of 70 mg/deciliter ([dl] a unit of volume) to 99 mg/dl, obtained from a glucometer (a machine that measures the concentration of glucose or blood sugar in a small sample of blood) Resident 1's b/s at the GACH was 1060 mg/dl and she was admitted to the GACH's Intensive Care Unit ([ICU] a specialized unit in the hospital that provides specialized treatment and monitoring for critically ill patients) comatose (a deep state of unconsciousness where a person is unresponsive to external forces and cannot be awakened) with Diabetic Ketoacidosis (a life-threatening complication of DM where the body produces too many acidic chemicals called ketones [a product of fat breakdown]) associated with type 2 DM hyperosmolar hyperglycemic [NAME] ([HsHS] a serious, life threatening complication of diabetes). Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including Chronic Obstructive Pulmonary Disease ([COPD] a progressive lung disease characterized by persistent airflow limitation and breathing problems) and DM. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 4/15/2025, the MDS indicated Resident 1 was able to make decisions that were consistent and reasonable, required a one person assist to complete her activities of daily living ([ADLs] routine tasks/activities]) such as bathing, dressing, personal hygiene and toileting a person performs daily to care for themselves), and was incontinent (involuntary voiding of urine and stool) of bladder and bowel functions.During a review of Resident 1's Order Summary Report (Physician's Orders), the Physician's Order indicated on 4/11/2025, an order for Prednisone 20 mg two tablets two times a day, with no stop date or duration of treatment.During a review of Resident 1's Medication Administration Records ([MAR] a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 4/2025, 5/2025 and 6/2025, the MARs indicated the following:1. In April 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 37 doses.2. In May 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 59 doses.3. In June 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 41 doses.During a telephone interview on 7/1/2025 at 4:44 p.m., Licensed Vocational Nurse (LVN) 3 stated Resident 1 was admitted to the facility on [DATE] from a GACH with a Preadmission Report, a Reconciled Home Medication form, and Discharge Instructions. During a subsequent interview with LVN 3 on 7/3/2025 at 3:44 p.m., LVN 3 stated he called Resident 1's physician on 4/11/2025 to get approval for the list of medications that accompanied Resident 1 on admission to the facility and Resident 1's physician instructed him to continue all previously administered medication from the GACH, which included the Prednisone. LVN 3 stated the Prednisone had no stop date and he should have clarified with Resident 1's physician about a stop date for the Prednisone. During a telephone interview on 7/2/2025 at 11:35 a.m., Resident 1's Family Member (FM) stated he often visited Resident 1 at the facility when he got off work and Resident 1 was usually alert and interactive with him. The FM stated on 5/15/2025, he noticed Resident 1 was more confused and would drift off to sleep during a conversation. The FM stated he told the licensed nursing staff at the facility to call Resident 1's physician to obtain an order to check Resident 1's labs and urine and evaluate Resident 1's medications. The FM stated on 6/16/2025 during the morning (time unknown), when he visited Resident 1, she appeared to be weaker, she looked sedated (in a calm, almost dreamlike state, but still somewhat aware of the surroundings), she could barely open her eyes, and her speech was slurred. The FM stated Resident 1 was not doing very well in the ICU at GACH and when she

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Medication Regimen Review (MRR) for one of four sampled residents (Resident 1) was conducted in 6/2025. They failed to ensure a MRR conducted in 5/2025 with a recommendation by the facility's Pharmacist Consultant (PC) to add a duration of time for the use of Prednisone (medication used to treat a wide range of conditions[b/s] levels) was followed, by notifying Resident 1's physician of the PC's recommendation and ensuring Resident 1's physician responded.This deficient practice resulted in Resident 1's use and dosage of Prednisone not being evaluated per the PC's recommendation from 4/12/2025 until 6/22/2025. Resident 1 was transferred to a General Acute Care Hospital (GACH) on 6/22/2025 due to an altered level of consciousness ([ALOC] a person's awareness of themselves and their surroundings is different from their normal state that can range from mild changes like drowsiness to severe changes like coma [a deep state of unconsciousness where a person is unresponsive to external forces and cannot be awakened]), hypotension (low blood pressure [BP]), a high heart rate (HR), and a b/s level that indicated high (when the b/s level is too high to register) on the facility's glucometer (a machine that measures the concentration of glucose or blood sugar in a small sample of blood). At the GACH Resident 1's b/s level was 1060 milligrams([mg] metric unit of measurement, used for medication dosage and/or amount)/deciliter([dl] a unit of measurement) and she was diagnosed with diabetic ketoacidosis ([DKA] a life-threatening complication of DM where the body produces too many acidic chemicals called ketones [a byproduct of fat breakdown]) with coma associated with DM hyperosmolar hyperglycemic state ([HHS] a serious life threatening complication of DM characterized by extremely high b/s and severe dehydration). Resident 1 was admitted to the GACH's Intensive Care Unit ([ICU] a specialized unit in the hospital that provides specialized treatment and monitoring for critically ill patients) in critical condition.Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including chronic obstructive pulmonary disease ([COPD] a progressive lung disease characterized by persistent airflow limitation and breathing problems) and DM. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 4/15/2025, the MDS indicated Resident 1 was able to make decisions that were consistent and reasonable, required a one person assist to complete her activities of daily living ([ADLs] routine tasks/activities]) such as bathing, dressing, personal hygiene and toileting a person performs daily to care for themselves), and was incontinent (involuntary voiding of urine and stool) of bladder and bowel functions.During a review of Resident 1's Order Summary Report (Physician's Order), dated 4/11/2025, the Physician's Order indicated Prednisone 20 mg, two tablets, two times a day, without a stop date or duration of administration. During a review of Resident 1's Medication Administration Records ([MAR] a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 4/2025, 5/2025 and 6/2025, the MARs indicated the following:1. In April 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 37 doses.2. In May 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 59 doses.3. In June 2025 - Prednisone 20 mg, 2 tablets (40 mg) was administered twice a day for a total of 41 doses.During a review of the facility's Consultant Pharmacist's Medication Regimen Review dated 5/1/2025 to 5/9/2025, the Consultant's Pharmacist's Medication Regimen Review indicated a recommendation for the facility to obtain a duration for the use of Prednisone.During a review of Resident 1's Clinical Record for 5/2025, the Clinical Record indicated there was no documented evidence that the PC's recommendation was followed. During a telephone interview on 7/3/2025 at 3:23 p.m., the PC stated the MRR is conducted monthly and is crucial in identifying residents' medication irregularities. The PC stated he was not the PC who conducted the MRR in 5/2025, but the PC's recommendation made in 5/2025 should have been conveyed to Resident 1's physician prevent unnecessary medication administration. During a telephone interview on 7/3/2025 at 7:45 p.m., Resident 1's Physician stated he was not aware that Resident 1's Prednisone had no stop date or duration for use, and he was not notified of the facility's PC's recommendation to add a duration for use. During an interview on 7/3//2025 at 5:26 p.m., the Director of Nursing (DON) stated she was not the DON at the time of the PC's recommendation, she was not aware of the recommendation or that it was completed. The DON stated, the DON at that time should have notified Resident 1's physician of the PC's recommendation so Resident 1's physician could have assessed Resident 1 and evaluated the use of the Prednisone based on