STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056180	A. Building B. Wing	04/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Balboa Care Center	16955 Vanowen Street Van Nuys, CA 91406

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 a person-centered care plan (a tool that ensures residents receive personalized, comprehensive, and goal-oriented care in a nursing home setting) by: 1.Failing to ensure a care plan was developed for three of five sampled residents (Resident 7, 15 and 35) investigated during review of the Infection Control task when Residents 7, 15,ˆand 35 refusedˆ Coronavirus Disease 2019 (COVID-19,respiratory illness that spreads easily through respiratory droplets from coughs, sneezes, or talking)ˆpneumoniaˆ(an infection/inflammation in the lungs), influenzaˆ(an infection of the nose, throat and lungs)ˆand respiratory syncytial virus (RSV-a common respiratory virus. It usually causes mild, cold-like symptoms but it can cause serious lung infections, especially in infants, older adult) vaccinations (medications used to prevent diseases usually given by injection or by mouth) 2. Failing to ensure a care plan was developed for one of five sampled residents (Resident 33) investigated during review of the Infection Control task when Resident 33 refusedˆpneumonia and RSV vaccination. These failures had the potential for the residents to not receive necessary care and services related to vaccination refusal, placing the residents at risk for respiratory diseases such as COVID-19, pneumonia, influenza, and RSV. 3. Failing to ensure a care plan was developed for a resident's use of Seroquel (an antipsychotic medication) and clonazepam (medication that acts as a central nervous system depressant) for one of five residents (Resident 8) reviewed for unnecessary medications. This deficient practice increased the risk that Resident 8 may have experienced adverse effects (unwanted or dangerous medication side effects) of psychotropic medication therapy leading to an overall negative impact on their physical, mental, and psychosocial well-being. Findings: 1a.ˆDuring a review of Resident 7's Face Sheet, the Face Sheet indicated the facility admitted Resident 7 onˆ 3/15/2026,ˆwith diagnoses that includedˆacute pyelonephritisˆ(a bacterial infection causing inflammation of the kidneys), urinary tract infection (UTI-ˆan infection in the bladder/urinary tract) and unspecified (unconfirmed) dementiaˆ(a progressive state of decline in mental abilities).ˆ During a review of Resident 7's Resident Consent for influenza, Pneumococcal (caused by bacteria that can infect different parts of the body), and COVID-19 Vaccination (the Consent), dated 3/15/2026, the Consent indicated Resident 7's Family Member 2 (FM 2) refused influenza, pneumococcal, and COVID-19 vaccine.ˆ During a review of Resident 7's Resident Vaccination Consent, dated 3/15/2026, the Resident Vaccination ConsentˆindicatedˆFM 2 refused RSV vaccine.ˆ During a review of Residentˆ7's History and Physical (H&P-a medical examination that involves a (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2026
NAME OF PROVIDER OR SUPPLIER Lake Balboa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16955 Vanowen Street Van Nuys, CA 91406	

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	doctor taking a patient's medical history, performing a physical exam, andˆdocumenting their findings), datedˆ3/16/2026, the H&P indicated Residentˆ7ˆhadˆfluctuatingˆcapacity to understand and make decisions.ˆ During a review of Residentˆ7's Minimum Data Set (MDS-a resident assessment tool),ˆdatedˆ3/18/2026, the MDS indicated Residentˆ7's cognitive (mental action or process ofˆacquiringˆknowledge and understanding) skills for daily decisions were severely impaired.ˆˆ During an interview on 4/11/2026, at 7:37 a.m., with the Infection Preventionist Nurse (IPN), the IPN stated Resident 7ˆhad refused vaccine for influenza, pneumococcal, COVID-19,ˆand RSV.ˆThe IPN stated the facility does not develop a care plan forˆresidents'ˆrefusal for vaccination.ˆ 1b.ˆDuring a review of Resident 15's Face Sheet, the Face Sheet indicated the facility admitted Resident 15 on 10/16/2025, with diagnoses that included unspecified elevated white blood cell countˆ(WBC-the immune system cells that fight infections), diabetes mellitus (DM-ˆa disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertensionˆ(HTN-high blood pressure).ˆ During a review of Resident 15's Resident Consent for Influenza, Pneumococcal, and COVID-19 Vaccination (the Consent), dated 3/21/2026, the ConsentˆindicatedˆResident 15's FM 3 refused influenza, pneumococcal, and COVID-19 vaccine.ˆ During a review of Resident 15's Resident Vaccination Consent, dated 3/21/2026, the Resident Vaccination ConsentˆindicatedˆFM 3 refused RSV vaccine.ˆ During a review of Resident 15's MDS dated [DATE], the MDS indicatedˆResidentˆ15's cognitive skills for daily decisions wereˆintact.ˆˆ During an interview on 4/11/2026, at 7:39 a.m., with the IPN, the IPN stated Resident 15 had refused the vaccine for influenza, pneumococcal, COVID-19,ˆand RSV.ˆ 1c. During a review of Resident 35's Face Sheet, the Face Sheet indicated the facility admitted Resident 35 on 3/26/2026, with diagnoses that included unspecified multiple sclerosisˆ(MS-a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), UTI and essentialˆHTN.ˆˆ During a review of Resident 35's Resident Consent for Influenza, Pneumococcal, and COVID-19 Vaccination (the Consent), dated 3/26/2026, the ConsentˆindicatedˆResident 35 refused influenza, pneumococcal, and COVID-19 vaccine.ˆ During a review of Resident 35's Resident Vaccination Consent, dated 3/26/2026, the Resident Vaccination ConsentˆindicatedˆResident 35 refused RSV vaccine.ˆ During a review of Resident 35's H&P, dated 3/30/2026, the H&PˆindicatedˆResident 35ˆhadˆtheˆcapacity to understand and make decisions.ˆ During a review of Resident 35's MDS, dated [DATE], the MDS indicated Resident 35'sˆcognitive skills for daily decisions were intact.ˆˆ (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/11/2026, at 7:35 a.m., with the IPN, the IPN stated Resident 35 had refused the vaccine for influenza, pneumococcal, COVID-19,ˆand RSV.ˆˆ 2. During a review of Resident 33's Face Sheet, the Face Sheet indicated the facility admitted Resident 33 on 2/23/2026, with diagnoses that included unspecified asthmaˆ(a chronic [long-term] disease that causes inflammation, swelling, and narrowing of the airways, making it difficult to breathe), unspecified fall and weakness.ˆˆ During a review of Resident 33's Resident Consent for Influenza, Pneumococcal, and COVID-19 Vaccination (the Consent), dated 2/23/2026, the ConsentˆindicatedˆResident 33's FM 4 refused influenza, pneumococcal, and COVID-19 vaccine.ˆ During a review of Resident 33's Resident Vaccination Consent, dated 2/23/2026, the Resident Vaccination ConsentˆindicatedˆResident 33 refused RSV vaccine.ˆ During a review of Resident 33's H&P, dated 2/25/2026, the H&PˆindicatedˆResident 33 had the capacity to understand and make decisions.ˆ During a review of Resident 33's MDS, dated [DATE], the MDS indicated Resident 33's cognitive skills for daily decisions were moderately impaired.ˆˆˆ During an interview on 4/11/2026, at 7:42 a.m., with the IPN, the IPN stated Resident 33 had refused the vaccine for pneumococcal and RSV. The IPN stated the facility does not develop a care plan for refusal for vaccination unless there was a change in the resident's condition.ˆ During an interview on 4/11/2026,ˆat 4:55 p.m., with the IPN, the IPN stated that they (licensed nurses) do not develop a care plan for residents' refusal of vaccinations. The IPN stated vaccines are used to protect the residents from influenza, pneumococcal, COVID-19, and RSV. The IPN stated the facility didˆnot develop an individualized care plan addressing the residents' refusal of vaccinations which included goals and interventions to prevent respiratory diseases.ˆ During an interview on 4/11/2026, at 5:12 p.m., with the DON, the DONˆstatedˆcare plans are developed to address residents' problems and needs whichˆincludeˆresident goals and specific interventions. The DONˆstatedˆnot developing a care plan forˆResidentˆ7, 15, and 35'sˆrefusal of vaccinations could potentiallyˆplaceˆResidents 7, 15, and 35's at risk for developing COVID-19, pneumonia,ˆinfluenzaˆand RSV,ˆand Resident 33 at risk for pneumonia and RSV.ˆ During aˆconcurrent interviewˆand record reviewˆon 4/11/2026, at 5:15 p.m., with the DON,ˆˆfacility's policy and procedure (P&P), titled, Comprehensive Resident Centered Care Plan, dated 11/2016,ˆand last reviewed on 2/2026, the P&P indicated, It is the policy of this facility that the interdisciplinary team (IDT-a coordinated group of experts from several different fields who work together) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.ˆThe DONˆstatedˆthe facility's P&P was not specific to resident refusal, but the P&Pˆindicatedˆthe care plan should have a measurableˆobjectiveˆandˆtimeframesˆto meetˆa resident's medical, nursing, mental and psychosocial needs. The DONˆstatedˆvaccination is aˆresident'sˆmedical need so a care plan should be developed when a vaccination is refused.ˆˆ (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of facility's P&P, titled, Immunizations-Residents, dated 9/2017,ˆand last reviewed on 2/2026, the P&P indicated, It is the policy of this facility to offer and administer influenza, pneumococcal, and COVID-19 immunization to eligible residents after providing education on the risks and potential side effects of the vaccine(s) and obtaining consent. Eligibility to receive the vaccines may include, but is not limited to current vaccine status, season/time of year, medical contraindications, or resident preference/choice. To minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza, pneumococcal disease, or COVID-19 by ensuring that each resident is informed about the benefits and risks of immunizations; andˆhas the opportunity toˆreceive the influenza, pneumococcal, or COVID-19 vaccine(s), unless medically contraindicated, declined or already immunized.ˆ 3. During a review of Resident 8's Face Sheet, the Face Sheet indicated the facility admitted Resident 8 on 1/26/2026 with diagnoses including dementia, bipolar (a disorder associated with episodes of mood swings ranging from depressive [period of feeling sad, hopeless or empty] lows to manic [being in a state of extreme, elevated energy and emotion] highs), and anxiety. During review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 42 has moderately impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and mostly dependent (helper does all the effort) for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). The MDS indicated Resident 8 was taking antipsychotic, antianxiety and antidepressant medications. During a review of Resident 8's Order Summary Report as of 4/12/2026, the Order Summary Report indicated an order dated 2/1/2026 for the following medications: -Seroquel 25 milligram (mg-unit of measurement), give three tablets by mouth at bedtime for bipolar disorder as evidenced by verbalization that someone is constantly pushing her. -Clonazepam 1 mg by mouth at bedtime for anxiety manifested by verbalization of feeling anxious. During a concurrent interview and record review on 4/12/2026 at 1:10 p.m., with Registered Nurse 2 (RN 2). Resident 8's care plans were reviewed. There was no care plan Resident 8's Seroquel use and anxiety disorder behavior as manifested by verbalization of feeling anxious requiring the use of clonazepam. RN 2 validated the missing care plans. RN 2 stated that it is important for Resident 8 to have individualized care plans so the facility can provide the proper care to meet Resident 8's needs. During a review of facility's P&P, titled, Comprehensive Resident Centered Care Plan, reviewed on 3/17/2026, the P&P indicated, Facility shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.

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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 interview and record review, the facility failed to ensure licensed nurses practiced professional standards of practice while administering insulin (hormone that regulates the amount of glucose [sugar] in the blood) by failing to rotate (a method to ensure repeated injections are not administered in the same area) the insulin injections sitesˆfor oneˆofˆoneˆsampled resident (Resident 2) investigated underˆthe care area insulin.ˆˆ ˆ This failure had the potential to result in bruising, pain, and/or lipodystrophy (lump or accumulation of fatty tissue under skin) to Residentˆ2.ˆˆ Cross reference to F760.Findings:ˆ ˆ During a review of Residentˆ2'sˆFace Sheet, theˆFace Sheetˆindicated the facility admitted Residentˆ2ˆon 6/1/2023 and readmitted the resident on 2/24/2026 with diagnoses that included, but not limited to type two (2) diabetes mellitus (DMˆ- a chronic condition that affects the way the body processes blood glucose [sugar])ˆand Parkinson's disease (a movement disorder of the nervous system that worsens over time).ˆ ˆ During aˆreview of Residentˆ2's Minimum Data Set (MDS, a resident assessment tool) datedˆ3/2/2026, indicated the Residentˆ2ˆhad the capacity toˆmake himself understood and understand others. The MDS indicated Resident needed substantial (helper does more than half the effort) on facilityˆstaff for dressing and bathing.ˆ During aˆreview of Residentˆ2's Order Summary Report, active as of 4/12/2026, the Order Summary Report indicatedˆan order for Novolog (a brand of insulin) Flex pen 100 units per milliliters (unit/ml, a unit of fluid volume) inject per sliding scaleˆ(progressive increase in the insulin dosage, based on pre-defined blood glucose ranges) subcutaneously (SQ - in the fatty layer of the skin) before meals and at bedtime, dated 3/4/2026.ˆˆ During aˆreview of Residentˆ2's Medication Administration Record (MAR- a report detailing the medications administered to a resident by the licensed nurse in the facility) fromˆ3/8/2026 to 3/23/2026, the MAR indicated the following for Novolog Flexpen 100 unit/ml solution: - 3/8/2026 - administered: abdomen - left upper quadrant (LUQ)ˆ - 3/9/2026 - administered: abdomen - LUQˆ - 3/16/2026 - administered: arm - left armˆ - 3/17/2026 - administered: arm - left arm - 3/22/2026 - administered: abdomen - left lower quadrant (LLQ)ˆ 3/23/2026 - administered: abdomen - LLQˆ ˆ During a review of Residentˆ2's DM Care Plan (CP, a document that summarizes a resident's needs, goals, and care/treatment), the CPˆindicatedˆan intervention to administer medication as ordered.ˆ ˆ During a concurrent interview and record review on 4/12/2025 at 2:27 p.m., withˆthe Director of Nursing (DON),ˆreviewedˆResidentˆ2's MAR dated 3/2026.ˆThe DON stated the expectation is for her licensed nurses to follow directions and rotate injection sites. The DONˆstatedˆthere were multiple instances where Resident 2's injection sites of insulin were not rotated in 3/2026.ˆThe DONˆstatedˆthe sites of insulin administration should be rotated to prevent damage to the skin tissues of the resident and medication errors.ˆ ˆ During a review of the facility's policy and procedure (P&P) titled, Administering Medications, last reviewed onˆ3/17/2026,ˆthe P&Pˆindicatedˆto administer medicationˆin accordance withˆprescriber's orders.ˆˆ ˆ During a review of the facility-provided FDA Label forˆNovolog insulin, last revised 2/2023,ˆit indicatedˆto rotate the injection sites from one injection to the next to reduce the risk of lipodystrophy and to not use the same spot for each injection.ˆˆ

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure residents were free of any significant medication errors by failing to rotate (a method to ensure repeated injections are not administered in the same area) the insulin (hormone that regulates the amount of glucose [sugar] in the blood) injections sitesˆfor one of one sampled resident (Residentsˆ2) investigated underˆthe care area insulin.ˆˆ ˆ This failure had the potential to result in bruising, pain, and/or lipodystrophy (lump or accumulation of fatty tissue under skin) to Residentˆ2 and for Resident 2 to not get the appropriate amount of medication.Findings:ˆ ˆ During a review of Residentˆ2'sˆFace Sheet, theˆFace Sheetˆindicated the facility admitted Residentˆ2ˆon 6/1/2023 and readmitted the resident on 2/24/2026 with diagnoses that included, but not limited to type two (2) diabetes mellitus (DMˆ- a chronic condition that affects the way the body processes blood glucose [sugar])ˆand Parkinson's disease (a movement disorder of the nervous system that worsens over time).ˆ ˆ During aˆreview of Residentˆ2's Minimum Data Set (MDS, a resident assessment tool) datedˆ3/2/2026, indicated the Residentˆ2ˆhad the capacity toˆmake himself understood and understand others. The MDS indicated Resident needed substantial (helper does more than half the effort) on facilityˆstaff for dressing and bathing.ˆ During aˆreview of Residentˆ2's Order Summary Report, active as of 4/12/2026, the Order Summary Report indicatedˆan order for Novolog (a brand of insulin) Flex pen 100 units per milliliters (unit/ml, a unit of fluid volume) inject per sliding scaleˆ(progressive increase in the insulin dosage, based on pre-defined blood glucose ranges) subcutaneously (SQ - in the fatty layer of the skin) before meals and at bedtime, dated 3/4/2026.ˆˆ During aˆreview of Residentˆ2's Medication Administration Record (MAR- a report detailing the medications administered to a resident by the licensed nurse in the facility) fromˆ3/8/2026 to 3/23/2026, the MAR indicated the following for Novolog Flexpen 100 unit/ml solution: - 3/8/2026 - administered: abdomen - left upper quadrant (LUQ)ˆ - 3/9/2026 - administered: abdomen - LUQˆ - 3/16/2026 - administered: arm - left armˆ - 3/17/2026 - administered: arm - left arm - 3/22/2026 - administered: abdomen - left lower quadrant (LLQ)ˆ 3/23/2026 - administered: abdomen - LLQˆ ˆ During a review of Residentˆ2's DM Care Plan (CP, a document that summarizes a resident's needs, goals, and care/treatment), the CPˆindicatedˆan intervention to administer medication as ordered.ˆ ˆ During a concurrent interview and record review on 4/12/2025 at 2:27 p.m., withˆthe Director of Nursing (DON),ˆreviewedˆResident 2's MAR dated 3/2026. The DONˆstatedˆthere were multiple instances where the injection sites of insulin were not rotated in 3/2026.ˆThe DONˆstatedˆthe sites of insulin administration should be rotated to prevent damage to the skin tissues of the resident and medication errors.ˆ ˆ During a review of the facility's policy and procedure (P&P) titled, Administering Medications, last reviewed onˆ3/17/2026,ˆthe P&Pˆindicatedˆto administer medicationˆin accordance withˆprescriber's orders.ˆˆ ˆ During a review of the facility-provided FDA Label forˆNovolog insulin, last revised 2/2023,ˆit indicatedˆto rotate the injection sites from one injection to the next to reduce the risk of lipodystrophy and to not use the same spot for each injection.ˆˆ

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to observe infection control guidelines by failing to: 1. Ensure one of one sampled ice machines did not have black substances inside the ice compartment bin. This deficient practice hadˆthe potential to resultˆinˆcontamination of the iceˆwhich could lead toˆwaterborneˆdiseases (illnesses caused by pathogenic microorganisms, bacteria, viruses, and parasitesˆtransmitted through contaminated water)ˆfor 48 of 50 residents in the facility. 2. Ensure Certified Nursing Assistant 1 (CNA 1) wore an isolation gown (type of personal protective equipment [PPE- specialized clothing or equipment worn by an employee for protection against infectious materials] used in healthcare settings to protect healthcare personnel from the spread of infection or illness, particularly from contact with blood and body fluids) while turning and reposition one of one sampled resident (Resident 7) who was on enhanced barrier precautions (EBP -a set of infection control practices that use PPE to reduce exposure to reduce the spread of multidrug-resistant organisms [MDROs -microorganisms that are resistant to multiple classes of antibiotics and antifungals] in nursing homes). 3. Ensure one of one sampled resident (Resident 62), who was admitted with a Peripherally Inserted Central Catheter (PICC-a long, thin flexible tube inserted into a large vein in the upper arm, extending to a central vessel near the heart), was placed on EBP. These deficient practices had the potential to result in the spread of MDRO and/or infection to residents. 4. Ensure a soiled toilet seat cover was removed from the toilet riser in one of one sampled resident's (Resident 27) bathroom during a random observation. This deficient practice placed residents and staff at risk of exposure and possibly contracting infectious microorganisms. Findings: 1. During a concurrent observation and interview on 4/11/2026 at 6:20 a.m., with the Dietary Supervisor (DS),ˆobservedˆthe iced machine in the kitchen. Upon wiping the inside of the ice compartment where the door was latched using a paper towel, the paper towel collected black substances which adhered to the paper towel. The DSˆstatedˆthat the blackˆsubstances shouldˆhave been wiped away and cleaned during the regular cleaning. The DSˆstatedˆthat if the black substancesˆgetˆinto the ice and are ingested, it can causeˆfoodborneˆillnesses.ˆ During an interviewˆon 4/11/2026 at 2:05 p.m., with the Director of Nursing (DON), the DONˆstatedˆshe exercised oversight of all department in the facility including the dietary department. The DONˆstatedˆthatˆcleanliness in the kitchen isˆmaintainedˆto ensure food and beverages that are served from the kitchen are safe for the residents of the facility.ˆThe DONˆstatedˆice machine should be regularly cleaned andˆmaintainedˆto ensure the iceˆisˆnot contaminated byˆany pathogensˆ(tinyˆorganisms that can make you sick if they get inside your body).ˆThe DONˆstatedˆthat dirt build up in the ice machine canˆpotentially make the resident sick.ˆ During a review of the facility's policy and procedure (P&P) titled, Ice Machine Cleaning Procedures, last reviewed on 3/7/2026, theˆpolicyˆindicated, The ice machine needs to cleaned and sanitized monthly.clean inside the machine with sanitizing agent per the manufacturer's instructions.ˆ 2. During a review of Resident 7's Face Sheet, the Face Sheet indicated the facility admitted Resident 7 on 3/15/2026 with diagnoses including toxic encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), sepsis (a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs), and urinary tract infection (UTI-infection in the urinary system). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During review of Resident 7's Minimum Data Set (MDS - a resident assessment tool) dated 3/18/2026, the MDS indicated Resident 7 has severely impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and substantial/maximal assistance (helper does more than half the effort) to dependent (helper does all the effort) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). During a review of Resident 7's Order Summary Report (OSR) as of 4/12/2026, the OSR indicated Resident 7 had a physician order for EBP: PPE required for high resident contact care activities due to MDRO urine, ordered 3/16/2026. During a concurrent observation and interview on 4/11/2026 at 7:42 a.m., with CNA 1, inside Resident 7's room, observed CNA 1 turn and reposition Resident 7 without wearing an isolation gown. CNA 1 stated that according to the signage in front of the room, Resident 7 was on EBP. CNA 1 also stated that she (CNA 1) was supposed to wear an isolation gown when touching Resident 7 due to possible contamination and high risk of infection. During an interview on 4/11/2026 at 12:24 p.m., with the Infection Preventionist Nurse (IPN), the IPN stated that staff must wear gowns and gloves for residents that are on EBP when doing any high close contact such as touching, repositioning, and cleaning residents due to prevent infection. During a review of facility's policy and procedure (P&P) titled, IPCP Standard and Transmission-Based Precautions, reviewed on 3/17/2026, the P&P indicated, EBP used in conjunction with standard precautions and expand the use of PPE though the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of MDROs to staff hands and clothing then indirectly transferred to residents or from resident-to-resident. 3. During a review of Resident 62's Face Sheet, the Face Sheet indicated the facility admitted Resident 62 on 4/10/2026 with diagnoses including reduced mobility, dysphagia (difficulty swallowing), and need for assistance with personal care. During a review of Resident 62's OSR as of 4/12/2026, the OSR indicated Resident 62 had no physician order for EBP. The OSR also indicated on 4/10/2026, Resident 62 had a physician order for a right upper arm PICC line intravenous (IV-means giving fluids, medications, or nutrients directly into a vein using a needle or tube) site check for any signs and symptoms of complications from IV medications. During a concurrent observation and interview on 4/11/2026 at 7:49 a.m., inside Resident 62's room, with CNA 1, observed CNA 1 reposition and change Resident 62. CNA 1 stated that Resident 62 was not on EBP. During an interview on 4/11/2026 at 8:00 a.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated Resident 62 does not need to be on EBP. During an interview on 4/11/2026 at 12:25 p.m., with the IPN, the IPN stated that Resident 62's PICC line does not place Resident 62 on EBP. During an interview on 4/12/2026 at 10:08 a.m., with Registered Nurse 3 (RN 3), RN 3 stated that Resident 62 has a PICC line, placing him (Resident 62) on high risk for infection. RN 3 stated that (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 62 needs to be on EBP for infection prevention. During a concurrent interview and record review on 4/12/2026 at 10:31 a.m., with the DON, reviewed the facility's P&P, titled, IPCP Standard and Transmission-Based Precautions, reviewed on 3/17/2026. The P&P indicated, PPE: the use of gown and gloves for high-contact resident care activities is indicated for nursing home residents with wounds and/or indwelling medical devices regardless of known MDRO infection or colonization. Indwelling medical devices include, but are not limited to .PICC lines. The DON stated that Resident 62, who has a PICC line, should be on EBP due to high risk of infection. 4. During a review of Resident 27's Face Sheet, the Face Sheet indicated the facility admitted Resident 27 on 1/27/2026 with diagnoses including urinary tract infection, sepsis, and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 27's MDS dated [DATE], the MDS indicated Resident 27 could make herself understood and understood others and required substantial assistance (helper does more than half the effort) from facility staff for toileting and personal hygiene. During a concurrent observation and interview on 4/6/2026 at 8:31 a.m., in Resident 27's room and bathroom, Resident 27 was lying in bed, which was in front of the open bathroom door. Resident 27 asked if the door to the bathroom could be shut because she did not want to look into the bathroom, especially because there was a dirty toilet seat cover on the toilet riser. Resident 27 stated it should have been thrown away. During a concurrent observation and interview on 4/6/2026 at 8:31 a.m., in Resident 27's room and bathroom with Certified Nursing Assistant 5 (CNA 5), CNA 5 pointed to the soiled toilet seat cover and stated the cover should have been removed right after it was used to prevent the spread of infections. During an interview on 4/9/2026 at 12:41 p.m., with the DON, the DON stated facility staff must remove soiled toilet seat covers once they are used/soiled, not only to make it aesthetically pleasing, but also to prevent the spread of germs. During a review of the facility's policy and procedure (P&P) titled, Infection Control, last reviewed and revised on 3/17/2026, the P&P indicated that the facility must implement infection control measures to prevent the spread of communicable diseases. The P&P further indicated if common use of equipment for multiple residents is unavoidable, clean and disinfect it prior to use on another.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 palatabilityˆfor lunch whenˆroast beefˆwas servedˆdry and too tough to chewˆforˆtwoˆof threeˆresidents (Residentˆ2, 37)ˆduring a lunch dining observation.ˆˆˆ This failure had the potential to place Residentˆ2ˆand 37 at risk of unplanned weight loss, a consequence of poor food intake, from receiving food from the kitchen.ˆˆ ˆˆˆ Findings:ˆˆ ˆˆ a. During a review of Residentˆ2'sˆFace Sheet, theˆFace Sheetˆindicated the facility admitted Residentˆ2ˆon 6/1/2023 and readmitted on [DATE]ˆwith diagnoses that includedˆtype 2 diabetes mellitus (DMˆ- a disease that occurs when the glucose, also called blood sugar, is too high)ˆandˆmoderate protein calorie malnutritionˆ(aˆpotentially fatalˆcondition caused by a severeˆlackˆof dietary protein and/or energyˆ[calories]).ˆ During aˆreview of Residentˆ2's Minimum Data Set (MDS, a standardized assessment and care screening tool), datedˆ3/2/2026,ˆthe MDS indicatedˆthe Residentˆ2ˆhad the capacity toˆmake himself understood and understand others. The MDS indicated Resident 2 neededˆsubstantialˆ(helper does more than half the effort) on facilityˆstaff for dressing and bathingˆand set-upˆassistanceˆ(helper sets up/cleans up; resident does the effort)ˆwith feeding.ˆˆ During a review of Resident 2'sˆOrder Summary Report, active as of 4/12/2026, there was an order dated 2/24/2026 for:ˆ -ˆCCHO (consistentˆcarbohydrate diet-ˆdiabetes management plan diet)ˆNAS (no added salt) diet Regularˆ– Level 7 texture (no texture restrictions).ˆˆ During an observationˆon 4/12/2026 at 12:48 P.M.ˆin the dining room during lunch service, Resident 2 was sittingˆup in his wheelchair next to his family member (FM1). FM 1 wasˆtrying to cut Resident 2's roast beefˆin a vigorous motion, repeatedly into tiny pieces.ˆResident 2 ate the other food items but did not eat the roast beef.ˆ During a concurrent observation and interview onˆ4/12/2026 at 12:51ˆp.m.ˆin the dining room with FM 1, FM 1ˆstatedˆthe roast beef wasˆway tooˆtough, hard to cut,ˆstatedˆwhereˆwasˆthe juiceˆor gravyˆbecause it was dryˆandˆitˆlooked terrible. FM 1 stated Resident 2 could not chew the meat,ˆand it should have never been served, especially to the population at the facility.ˆˆ During a concurrent observation and interviewˆon 4/12/2026 at 12:55 P.M. with Registered Nurse (RN 2) in the dining room, RNˆ2 looked at Residentˆ2's meat andˆstatedˆit looked very dry andˆtough,ˆand she should have noticed it sooner to offer a substitute. RN 2ˆstatedˆit would be hard for the residents in the facility to eatˆeven with a regular texture diet and should have never been served.ˆˆ During aˆconcurrentˆobservation, interview and record reviewˆwith theˆDietary Supervisor (DS) onˆ4/12/2026 at 12:50 p.m.,ˆa review ofˆfacility'sˆmenuˆindicatedˆthat on 4/12/2026,ˆroast beef au jusˆ(French for with juice) was served during lunch.ˆThe DS wasˆobservedˆtestingˆand chewingˆthe roast beef au jusˆfor about a minute before swallowing. DSˆstatedˆand validatedˆmissingˆau jus on (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the roast beefˆand addedˆmeat was dry and tough.ˆThe DS alsoˆstatedˆthe meat shouldˆnot haveˆbeenˆservedˆto the residents.ˆˆˆ During a review of the facility's Policy and Procedure (P&P) titled MealtimeˆObservation for Food Acceptance & Food Replacement, last reviewedˆ3/17/2026, the P&Pˆindicatedˆanyˆstaff member thatˆobservesˆa resident experiencing problems with chewingˆmust be referred to the Director of Nursing (DON). The P&P furtherˆindicatedˆstaff must offer a food substitute if they notice poor intake.ˆˆ During a review of the facility's P&P titled In-Room Dining, last reviewed 3/17/2026, the P&Pˆindicatedˆmeals will be presented attractively.ˆ b. During a review of Residentˆ37'sˆFace Sheet, theˆFace Sheetˆindicatedˆthe facility admitted Residentˆ37ˆonˆ8/15/2025ˆandˆwasˆreadmitted on [DATE]ˆwith diagnosesˆincludingˆdehydrationˆ(not having enough water in the body), dysphagiaˆ(difficulty swallowing food or liquid)ˆandˆprotein calorie malnutrition.ˆ During aˆreview of Residentˆ37's MDS, dated [DATE],ˆMDSˆindicatedˆResidentˆ37ˆhadˆmoderately impaired cognitionˆ(ability to think, understand, learn, and remember).ˆThe MDS indicated Residentˆ37ˆneededˆsupervision (helper provides verbal cuesˆand/or touching/steadying and/or contact guard assistance as resident completes activity)ˆwith eating whileˆdependent (helper does all the effort)ˆon the other activities of daily livingˆ(ADLs-bed mobility, surface transfer, eating,ˆwalkˆin room, dressing, toileting, and personal hygiene).ˆThe MDS alsoˆindicatedˆResident 37 had some difficulty or pain while swallowing.ˆˆ During a review of Residentˆ37'sˆOrder Summary Report, active as of 4/12/2026, the Order Summary Report indicatedˆan order onˆ10/29/2025 for aˆconsistent carbohydrate diet (CCHO-diabetes management plan diet).ˆˆ During aˆconcurrentˆdiningˆobservationˆand interview with Resident 37ˆon 4/12/2026 at 12:48 P.M.ˆin the dining room during lunch service,ˆResident 37 was seatedˆatˆthe dining table, andˆobservedˆhavingˆa hard timeˆcutting the meat into pieces.ˆResident 37 stated he is unable to eat due to meat being too tough like a shoe leather.ˆˆ During aˆconcurrentˆobservation, interview and record reviewˆwith theˆDietary Supervisor (DS) onˆ4/12/2026 at 12:50 p.m.,ˆa review ofˆfacility'sˆmenuˆindicatedˆthat on 4/12/2026,ˆroast beef au jusˆ(French for with juice) was served during lunch.ˆThe DS wasˆobservedˆtestingˆand chewingˆthe roast beef au jusˆfor about a minute before swallowing. DSˆstatedˆand validatedˆmissingˆau jus on the roast beefˆand addedˆmeat was dry and tough. TheˆDS alsoˆstatedˆthe meat shouldˆnot haveˆbeenˆservedˆto the residents.ˆˆ During a review of the facility's Policy and Procedure (P&P) titled MealtimeˆObservation for Food Acceptance & Food Replacement, last reviewedˆ3/17/2026, the P&Pˆindicatedˆanyˆstaff member thatˆobservesˆa resident experiencing problems with chewingˆmust be referred to the DON. The P&P furtherˆindicatedˆstaff must offer a food substitute if they notice poor intake.ˆˆ During a review of the facility's P&P titled In-Room Dining, last reviewed 3/17/2026, the P&Pˆindicatedˆmeals will be presented attractively.ˆ (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ˆ ˆ ˆˆ

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 facilityˆfailed toˆensure the Quaternary Ammonium Solution (QUAT- a class of disinfectant ingredients commonly used in household, healthcare, and commercial cleaning products) had a holding concentration of 200 parts per million (ppm-unit of measure). This deficient practice had the potential to result in ineffective sanitization of work surfaces against bacteria and viruses in the kitchen which could lead to resident consuming food that are contaminated and result to foodborne illnesses. Findings: During a concurrent kitchen observation and interview on 4/11/2026 at 6:20 a.m., with the Dietary Supervisor (DS), observed a red bucket containing a clear liquid solution. The DS sated that the red bucket contained the Quatˆsolution used to sanitize work and food preparation surfaces. The DS stated that they maintained a testing log to ensure the quat solution has a concentration of 200 ppm per manufacturer's guidelines. The DS stated that the 200 ppm concentration will ensure that the solution is effective in preventing bacteria and viruses from contaminating food items that are prepared in these work surfaces. The DS stated that this bucket had already been tested since the Sanitizer Dispenser Log had already been filled up for the breakfast testing and the next test will be during lunch preparation. The DS then obtained a test strip to test the bucket which would indicate if the solution contained the amount of ppm which is supposed to be 200 ppm based on the color diagram according to the DS. The DS then dipped the test strip in the red bucket containing the quat solution and the test strip turned orange, equivalent to 100 ppm (200 ppm is green). The DS replaced the red bucket with a fresh quat solution and retested by dipping the test strip which again resulted in the test strip turning orange. The DS then discarded the red bucket and stated she will call up the supplier/manufacturer to replace the quat solution. The DS stated that the quat solution in the red bucket won't be able to effectively disinfect the work surfaces which could potentially risk contamination of the food prepared in these work surfaces which could lead to foodborne illnesses. During a review of the facility's policy and procedure (P&P) titled, Quaternary Ammonium Log Policy, last reviewed on 3/17/2026, the P&P indicated, The concentration of the ammonium in the quaternary sanitizer will be tested to ensure the effectiveness of the solution.the quaternary solution used for sanitizing clean work surfaces in the kitchen, will be made according to the instruction on the product container or dispensing device set up for the specific quat product.the solution will be replaced when the reading is below 200 ppm.ˆ

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facilityˆfailed toˆdispose garbage and waste properlyˆwhen:ˆ 1. One of one black dumpster (a movable waste container designed to be brought and taken away by a special collection vehicle, or to a bin that a specially designed garbage truck lifts)ˆwas not completely closed due to overfilling of bagged trash and empty cartons. 2. There were eight transparent trash bags containing soiled diapers, gloves, empty glove boxes, and other unidentifiable trash piled on the concrete near the dumpster.ˆ Theseˆfailures had the potential to attract insects, pests, and rodents and potentially spread infection to 50 of 50 residents living in the facility. Findings: During a concurrent observation and interview on 4/12/2026 at 7:11 a.m., with the Director of Staff Development (DSD) at the back of the main facility building close to the parking lot, observed an overfilled black dumpster and eight transparent trash bags laying on the concrete floor in the enclosure designated for the dumpster. The DSD stated that the dumpster should be completely closed and anyˆother trash should be placed in the bins. The DSD stated it can potentially attract pests, insects, and rats and it's not sanitary for trash to be strewn in the garbage area enclosure. The DSD took a photo of the overfilled dumpster and multiple transparent trash bags containing soiled diapers, gloves, and unidentified trash. During a concurrent interview and record review on 4/11/2026 at 2:05 p.m., with the Director of Nursing (DON), reviewed the photo image of the dumpster and bags of transparent trash bags strewn on the floor near the dumpster. The DON stated that the dumpster should be covered and any other waste must be placed in bins with lids. The DON stated that the dumpster is used for kitchen waste and other trash. The DON stated that it can endanger the resident if trash disposal is unsanitary due to potential pest infestations that can result in any form of illnesses from pest contamination. During a review of the facility's policy and procedure (P&P) titled, Environmental-Exterior Trash Bin, last reviewed on 3/17/2026, the P&P indicated, It is the policy of the facility to maintain all outside trash and waste disposal areas clean, sanitary, safe, and compliant manner in accordance with federal, state, and local regulations, including infection control and environmental safety standards. Proper management of outside trash bins is essential to prevent odors, pest infestation, contamination, and safety hazards.avoid overfilling bags or bins.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to maintain accurate and complete medical record for one of eight sampled residents (Resident 15) failing to ensure the Infection Preventionist Nurse (IPN) documented when the physician initially ordered to discontinue Resident 15's Vancomycin (a strong antibiotic^[medication used to treat infections]^used primarily to treat severe infections)^on 3/24/2026, after the physician was made aware that vancomycin use did not meet the criteria for Resident 15's antibiotic use. This deficient practice placed the resident at risk of not receiving appropriate care due to inaccurate medical care information and the potential to result in confusion in the care and services for Residents 15 Findings: During a review of Resident 15?s Face Sheet , the Face Sheet indicated the facility admitted Resident 15 on 10/16/2025, with diagnoses including unspecified elevated white blood cell count (WBC-the immune system cells that fight infections), diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (HTN-high blood pressure).^ During a review of Resident 15's Physician Order, dated 3/21/2026, the Physician order indicated an order for vancomycin hydrochloride^oral suspension^(a liquid medication where solid particles of the drug are mixed into a liquid but do not fully dissolve)^125^milligram (mg-^metric unit of measurement, used for medication dosage and/or amount)/ five milliliter (ml-unit of measurement) by mouth daily for clostridium difficile^(C-diff,^a highly contagious bacteria that causes severe diarrhea) prophylaxis^(treatment or actions taken to prevent a disease)^for 14 days.^ During a review of Resident 15's Minimum Data Set (MDS-a resident assessment tool) dated 3/23/2026, the MDS indicated^Resident 15's cognitive skills for daily decisions were intact.^ During a review of Resident 15's Antibiotic Time Out, dated 3/24/2026, the^Antibiotic Time Out^indicated Resident 15 did not have an active infection and had culture^(a test to find germs^that can cause an infection)^result positive for vancomycin resistant^enterococci^(VRE-^a type of antibiotic-resistant bacteria often acquired in healthcare settings). The^Antibiotic Time Out^indicated^the^Infection^Preventionist Nurse (IPN) notified Family Member 3 (FM 3),^but FM 3 wanted the vancomycin to be continued until completed.^^ During a review of Resident 15's MAR, dated 3/2026, the MAR^indicated^Resident 15 received the vancomycin from 3/22/2026,^to 3/31/2026.^ During an interview on 4/11/2026,^at 7 a.m., with the IPN, the IPN stated Resident 15 had VRE and had an order for vancomycin for^C-diff prophylaxis. The IPN stated since Resident^15 had VRE, Resident 15's vancomycin would not be effective, and he (Resident 15) should not be on vancomycin.^The IPN stated Resident 15 did not meet the criteria for the use of vancomycin.^The IPN^stated^she (IPN) called the physician on 3/24/2026,^and^the physician^initially^discontinued^the vancomycin but after^notifying FM^3, FM 3 wanted the vancomycin to be continued so she (IPN) had called the physician and^the physician^agreed to continue the vancomycin. The IPN stated she (IPN) did not document that the physician initially^discontinued^the vancomycin. The IPN stated she (IPN) should have documented in^Resident^15's medical record the complete physician^conversation.^The IPN stated the failure was to not completely^document^physician conversation.^^ During an interview on 4/11/2026,^at 9:17 a.m., with the Director of Nursing (DON), the DON stated IPN should have documented in Resident 15's medical record the entire conversation with the physician that the physician initially^discontinued^the vancomycin and was continued due to FM 3's request. The DON^stated^Resident 15's medical record should be complete and^accurate.^^ During a review of facility's policy and procedure (P&P), titled, Charting and Documentation,^dated 12/2025,^and last reviewed on 3/17/2026, the P&P^indicated, The purpose of this procedure is to provide:^ 1.^A complete account of the resident's care, treatment, response to the care, signs,^symptoms, as well as the progress of the resident's care.^ 2. Guidance to the physician in prescribing^appropriate medications^and treatments.^ 3. The facility, as well as other interested parties, with a tool for (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	measuring the quality of care provided to theˆresidents.ˆ 4. Nursing service personnel with a record of the physical and mental status of theˆresidents.ˆ 5. Assistant in the development of a Plan of Care for each resident.ˆ 6. The elements of quality medical nursing care.ˆ 7. A legal record that protects the resident, physician, nurse,ˆand the facility.ˆ 8. A source of all resident charges.ˆ Charting Requirement:ˆ.ˆAttemptedˆand/or completed communication with physician.ˆ

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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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure at least 80 square (sq.) feet (ft.) per resident was provided for ten (10) of 23 resident rooms (room [ROOM NUMBER], 103, 105, 107, 110, 112, 115, 117, 119, and 121). This deficient practice had the potential to result in inadequate useable living space for all the residents and inadequate working space for the health caregivers. Findings: During the recertification survey from 4/11/2026 to 4/12/2026, the residents residing in rooms 101, 103, 105, 107, 110, 112, 115, 117, 119, and 121 were observed with sufficient amount of space for residents to move freely inside the rooms. There was adequate room for the operation and use of wheelchairs, walkers, or canes. The room variance did not affect the care and services provided by nursing staff for the residents. During a review of the Request for Room Variance Waiver letter dated 4/11/2026, submitted by the Administrator (ADM), the letter indicated the rooms (101, 103, 105, 107, 110, 112, 115, 117, 119, and 121) did not meet the 80 sq. ft. requirement per federal regulation. The letter indicated that no residents in the rooms are hindered, nor adversely affected by the limited room size. During a review of the document titled, Client Accommodations Analysis dated 4/11/2026, submitted by the facility, indicated the following rooms with their corresponding measurements: Room #^^^^^^^^^^^^ No. # of beds^ Total sq. ft./total sq. ft. per resident 101^^^^^^^^^^^ ^^^^^^^^^^^^^^^^^ 2^^^^^^^^^ ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^ 155/ 77.5 103^^^^^^^^^^^ ^^^^^^^^^^^^^^^^^ 2^^^^^^^^^ ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^ 155/ 77.5 105^^^^^^^^^^^ ^^^^^^^^^^^^^^^^^ 2^^^^^^^^^ ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^ 155/ 77.5 107^^^^^^^^^^^ ^^^^^^^^^^^^^^ 2^^^^^^^^^ ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^ 155/ 77.5 110 4 310/77.5 112 4 310/77.5 115 2 157/78.5 117 2 157/78.5 119 2 157/78.5 121 2 157/78.5 During the resident council (a group of nursing home residents who meet regularly to discuss their rights, quality of care, and quality of life) meeting on 4/11/2025 at 1:30 p.m., no concerns were brought up by the residents regarding the size of the rooms. During multiple room observations conducted in rooms 101, 103, 105, 107, 110, 112, 115, 117, 119, and 121 from 4/11/2026 to 4/12/2026, between the hours of 7:00 a.m. to 6:30 p.m., it was observed that nursing staff had adequate space to provide care to the residents. During a review of facility's policy and procedure (P&P) titled, Resident Rooms, reviewed on 3/17/2026, P&P indicated that it is a policy of the facility that a resident room must. measure at least 80 sq. ft per resident in multiple resident bedrooms, and at least 100 sq. ft in a single resident room.