

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2026
NAME OF PROVIDER OR SUPPLIER Fortuna Rehabilitation and Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2321 Newburg Road Fortuna, CA 95540	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review, the dietary staff failed to follow recipes during meal preparation for 87 residents who ate meals from the kitchen on 6/23/26 and 6/24/26. This failure resulted in unpalatable meals and decreased the facility's potential to prevent malnutrition and weight loss. Findings: In an interview on 6/23/26 at 6:52 a.m. Resident 28 stated, I don't like the food. It's the same thing every day. The flavor is okay, but no variety. In an interview on 6/23/26 at 7:40 a.m., Resident 97 stated, The food is bad, indescribable it's so bad. In an interview on 6/23/26 at 7:54 a.m., Resident 98 stated, The food is okay, not what I am used to. In an interview on 6/23/26 at 8:38 a.m., Resident 38 stated, I don't like the food much. In an interview on 6/23/26 at 10:13 a.m., Resident 75 stated, The food is not very good. In an interview on 6/23/26 at 10:25 a.m. Resident 22's family member stated, She [Resident 22] doesn't like the food. It's pretty bad. In an observation on 6/23/26 beginning at 10:46 a.m., the [NAME] (CK) put frozen chicken breasts on a baking tray and placed the tray in the oven. The CK stated, This is a convection oven, not a conventional one. We can put frozen [food] in the oven. In an observation and concurrent interview on 6/23/26 at 11:02 a.m. as the CK made the pureed bread, the CK started putting bread in the food processor and the Certified Dietary Manager (CDM) pulled the recipe book out for him to follow. The CK looked at it and continued. The CK added more bread to the food processor then obtained a container of white liquid on the bottom and yellow liquid floating at the top. The CK stated he was making enough pureed bread for eight portions. The CK also stated there was a half-gallon of milk and half a cube of butter in the container. The CK said, I like to add more milk because if it's to the recipe, it's not the consistency we need. The CK stated there was about half of a loaf of bread in the food processor, maybe 12 slices. The CK added approximately half of the milk-and-butter liquid and blended it up. The CK confirmed he was making the recipe by sight and clarified, I'm looking for a smoothness. The CK stated he thought the nutritional value of the pureed bread was the same regardless of the ratio of ingredients in a recipe. In an interview on 6/23/26 at 11:12 a.m. with the CDM, the CDM stated, If the ratios are not as the recipe states, the nutritional value could be different. In an interview on 6/23/26 at 11:40 a.m. with the California Department of Public Health Nutrition Consultant (CDPH NC), the CDPH NC stated recipes needed to vary based on the use of a convection oven versus a conventional one because there was a difference between the length of cooking time and temperature. The CDPH NC also stated placing frozen chicken directly into a convection oven will cause the chicken to come out dry and rubbery. In an observation on 6/23/26 at 11:52 p.m., the survey team tasted the baked chicken the CK made and identified it was dry, tough, and had no flavor. In an interview on 6/23/26 at 12:40 p.m. in the dining room, Resident 71's family member stated, The meat [chicken] was super tough, couldn't eat it. [Resident 71] spit it out! And the apples are hard. It's one or the other. The food hasn't been good for a long time. In an observation and interview with CNA 8 on 6/24/26 at 8:34 a.m. CNA 8 was (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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	removing Resident 38's food tray out of her room. Resident 38's food was observed to have been untouched. CNA 8 stated, She doesn't like to eat [it]. In an interview on 6/24/26 at 9 a.m., Resident 79 stated, Oh god, the food is awful. It's bad. In an observation on 6/24/26 beginning at 9:38 a.m. the CDM was making scalloped potatoes for lunch. The CDM stated he followed the recipe when he made the sauce. The CDM spooned an unmeasured amount of potatoes into the cooking pan and filled it with an unmeasured amount of sauce. The CDM added more potatoes and stated, I am looking for there to be enough sauce in here, so the potatoes don't get dry. The CDM then put paprika on top of the potatoes, covered the cooking pan, and put the pan in a convection oven. In an observation on 6/24/26 beginning at 9:47 a.m. the CDM made pureed scalloped potatoes. The CDM put an unmeasured amount of potatoes in the food processor, added two scoops of unmeasured sauce and mixed it to a visual consistency he liked. The CDM then added more sliced potatoes in the food processor and stated, This is for minced/moist. The CDM then covered the potatoes and put the pan in the oven. In an observation on 6/24/26 beginning at 10:23 a.m. the CDM made Italian Herb Vegetables and did not add butter or seasonings. The CDM also did not add butter or seasoning to the mashed vegetables. In an observation on 6/24/26 beginning at 10:43 a.m. the CDM made Fish Italiano. The CDM lightly spread out the sauteed onions on the base of the pan and placed the fish on top of the sauteed onions. The CDM stated, They're [the fish] not all the way frozen. They've been thawing in the fridge for a day and a half. The CDM then sprinkled salt, pepper, and garlic powder on the fish, covered the pan, and put the pan on top of the oven. The CDM then made two additional pans of fish following the same steps. The CDM stated, There won't be enough and obtained frozen fish from the freezer. The CDM then placed frozen fish filets directly into a pan without adding sauteed onions, then sprinkled salt, pepper, and garlic powder on it. In an observation on 6/24/26 beginning at 11:11 a.m. the CDM made mashed potatoes from a box. The CDM placed an unmeasured amount of mashed potato flakes in the mixer, used the same liquid mixture he used for the scalloped potatoes, not measuring, and added it to the potatoes as they mixed. The CDM confirmed he was cooking by sight when he stated, I'm looking for consistency, no lumps, smooth texture. A review of the facility's recipe for baked chicken indicated, Chicken breasts take less cooking time than thighs. Place chicken on sprayed sheet pans or pans lined with foil. Blend all ingredients [melted margarine, salt, pepper]. Brush over chicken. Bake at 350 F [Fahrenheit, a measurement of temperature] for 30-50 minutes (check temperature at 30 minutes). Chicken breasts cook about 30-40 minutes and thighs 40-50 minutes. Internal temperature must register at least 165 F for 15 seconds. A review of the facility's recipe for scalloped potatoes indicated, If using dehydrated potatoes, reconstitute in boiling water 20-30 minutes. Drain potatoes. If using fresh, peel potatoes and slice 1/4 [inch, a measurement of length] or less. Place potatoes dehydrated or fresh, in greased pans. Pour sauce over potatoes and stir to blend. Sprinkle paprika over potatoes. For dehydrated potatoes, bake 25 minutes at 400 F. For fresh potatoes, bake about 1 1/2 hours at 350 F. Cover first hour and then uncover. Potatoes are done when tender. Internal temperature must register at least 145 F for 15 seconds. [For] Minced & Moist: Mince potatoes before preparing recipe, no skin. Mince until the food is in pieces= 4 mm [millimeters, a measurement of length] by 15 mm. Moisten with additional sauce as needed. Utilize the critical tests and IDDSI [International Dysphagia Diet Standardization Initiative, a global framework that standardizes terminology and testing methods for texture-modified foods and thickened liquids for individuals with swallowing disorders characterized by specific numbers, colors, and descriptors to ensure safe consumption] audit to confirm texture meets level #6 specifications. [For] Pureed: Puree #8 [1/2 cup], following the pureed recipes in the Food Safety/Misc. section of Book #1. Utilize the critical tests [i.e. Fork Drip Test, using a fork, place a small amount of the pureed food on the fork. (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Liquid should not continuously drip through the fork prongs. Spoon Tilt Test, the food holds its shape on the spoon and falls off fairly easily when the spoon is tilted or lightly flicked.] and IDDSI audit to confirm texture meets level #4 specifications.A review of the facility's recipe for Italian Herb Vegetables indicated, .Cooks- taste vegetables and add more Italian Seasoning if needed. If using fresh vegetables, wash well under cool running water. [NAME] vegetables until tender. Add margarine and seasonings.A review of the facility's recipe for Fish Italiano indicated, Wash and rinse onions under cold running water. Saute onions in margarine until transparent. Divide among pans (24 servings/ pan). Place fish on top of the onions, sprinkle lightly with salt, pepper, and garlic powder. Place tomatoes on top of fish, sprinkle with basil, oregano, and parsley. Cover and bake at 375 F for 15-25 minutes. Spoon juice over the fish and serve. Internal temperature must register at least 145 F for 15 seconds.A review of the facility's menu system guide indicated, .IF YOU HAVE A CONVECTION OVEN: A good rule of thumb is to reduce the temperature stated in the recipe by 25-50 F. Also, reduce the total bake/roast time by approximately 10-15 percent.In an interview on 6/25/26 at 8:08 a.m., the CDM stated, I misread the recipe. I did not see the tomato was to be cooked with the fish in the pan. Yes, it could have affected the palatability of the food. It is important to follow the recipe. In an interview on 6/25/26 at 3:26 p.m. with the Director of Nursing (DON), the DON stated it was important for food to be tasty and pleasing to look at so the residents do not lose weight and the facility can be as homelike as possible.A review of facility's Policy and Procedure titled, Standardized Recipes, revised 7/1/14 indicated, Food products are prepared and served by the dietary department will utilize standardized recipes.Standardized recipes will have adjustments or separate recipes for therapeutic and consistency modifications.A review of the facilities job description of [NAME] indicate that a Principal Responsibility included, Prepares, in a timely manner, nutrition and attractive meals and supplements for all residents according to Provider orders, menus and recipes. Ensuring accuracy with therapeutic diet modifications and texture modifications.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 dietary staff failed to store food in a sanitary manner for a census of 87 residents when: The kitchen floor and mats appeared dirty; Silver storage shelves had dried white matter on the surface of the shelves and its legs; The [NAME] (CK) did not wear a hair net; Expired food was in the refrigerator; The hand-washing sink appeared dirty; The recipe holder was sticky; and, There was food splatter observed under a shelf above the cooking station. These failures decreased the facility's potential to ensure a sanitary kitchen and prevent foodborne illnesses. Findings: During an initial observation of the kitchen on 6/23/26 starting at approximately 5:43 a.m., this surveyor observed: -CK wearing a baseball cap with exposed hair, and no hairnet. -Black/brown footprints on the red/brown floor tiles, dried white water build-up under the sanitizer and rinse sinks, built-up black dirt was embedded on the edge and engrained into the wood threshold between the red/brown tiles and the white laminate flooring; dried spots of brown liquid throughout the red/brown kitchen floor and between large silver storage shelves. -At the corners of the room, the white laminate flooring had layered black/brown dirt with speckles of crusted yellow, orange, and red dots. -The black floor mats had dried white matter throughout the crevices. -The surface of the silver shelves had dried white substance throughout the shelving and the legs. -Several expired foods were in the refrigerator, including: A bag of cut cabbage with a use by date of 6/20/26; A bag of greens with a use by date of 6/17/26; A container of shredded coconut, opened, with an open date of 12/4/25 and a use by date of 8/27/26; A container of Choco Pudding was labeled good from 6/22/36 to 6/13/26; A Chef Salad dated 6/21/26, but the date did not indicate if it was the date the salad was made a use by date; and, A resident's cereal was not dated when opened. - The handwashing sink had a brown/yellow substance along the back edge of the sink and the grouting between the sink and wall was crusted with a brown/yellow substance. In a concurrent observation and interview on 6/23/26 beginning at 5:49 a.m. the CK confirmed the floor, and floor mats did not look clean. The CK stated, It's usually the nighttime dishwasher's job. They tried to clean it but no this doesn't look clean. In an interview on 6/23/26 at 10:42 a.m., the Certified Dietary Manager (CDM) observed the photos of the CK not wearing a hair net under his cap and stated, No that is not common practice. He should be wearing a hairnet. In an interview and concurrent observation on 6/23/26 at 10:46 a.m., the CDM observed the photos of the expired food. The CDM stated he had observed the expired food earlier that morning and threw the items away. However, the CDM acknowledged the container of shredded coconut was expired and stated he was going to throw it away now. During an observation of CK cooking a sticky substance on the recipe holder was observed. The CDM confirmed the sticky substance on the recipe holder and brought it to the sink to have it cleaned. During an observation of the CDM cooking on 6/24/26 at 9:47 a.m., food splatter was observed on the underside of a shelf located above a food preparation station. In a concurrent interview and observation of the handwashing sink in the kitchen on 6/24/26 at 3:37 p.m. with the CDM and the Registered Dietitian (RD), the RD examined the sink and stated, Yes, that is dirty. The RD added the issue has been identified and reported. During an interview and concurrent observation on 6/25/26 at 8:52 a.m., the CDM observed the underside of the shelf located above the food preparation station and stated, I never noticed that. It needs to be cleaned. A review of the Food & Drug Administration [FDA] Food Code 2022 indicated, Food Contact Surfaces, Nonfood Contact Surfaces, and Utensils. Equipment, food contact surfaces, and utensils shall be clean to sight and touch. Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Cleaning, (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Frequency and Restrictions.PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food.A record review of the facility's Produce Storage Guidelines indicated cut cabbage is good for 1 to 2 weeks, greens for 3 to 5 days and the coconut 6 months after opening.		

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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 ensure trash was stored in a sanitary manner for a census of 87 residents when trash dumpsters were observed overflowing with rubbish and filled rubbish bags were left on the ramp next to the container. This failure decreased the facility's potential to prevent a nuisance or breeding ground for insects and rodents. Findings: In an observation on 6/23/26 at 5:46 a.m., the trash dumpster was observed open due to too much rubbish in the container. In a concurrent observation and interview with the Certified Dietary Manager (CDM) on 6/23/2026 at 10:42 a.m., the CDM stated, The trash bin [covers] should be closed at all times. Someone should have put the bags in the other container. The concern is rodents could move in. On three separate observations on 6/23/26 at 5:46 a.m., 6/24/26 at 6:59 a.m., and 6/26/26 at 7:06 a.m., the trash dumpsters were observed open due to over filling. On 6/26/26 at 7:06 a.m., a bag of rubbish was observed on the ground next to the trash bins. In a concurrent observation and interview on 6/26/2026 at 7:25 a.m. with the Administrator (ADM), we observed a maintenance staff throwing the rubbish that was sitting next to the bin into a dumpster on security camera. The ADM stated, That's not right. They [staff] know better than that. No, [this] does not meet expectation. A review of the facility's policy titled, Waste Management, dated 4/21/22 indicated, Containers must be CLOSABLE, puncture resistant and leakproof. Food waste will be placed in covered garbage and trash cans.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a safe and sanitary environment for a census of 92 residents when:1. Certified Nursing Assistants (CNAs) did not offer or remind residents to clean their hands before lunch service or eating;2. Resident glucometers (a small, portable electronic device used to measure the amount of sugar [glucose] in your blood) were not sanitized using the appropriate sanitizing agent;3. An Infection Prevention and Control Program (IPCP) with written standards, policies, and procedures was not maintained, reviewed and regularly updated;4. Oxygen concentrators (a medical device that provides supplemental oxygen to people with breathing-related conditions by pulling in ambient air, filtering out nitrogen, and delivering purified oxygen) had visible dust and debris in the vents and another had a dirty filter; and,5. Transmission-based precaution was not initiated for Resident 35 when she was prescribed an antibiotic for pneumonia (a lung infection that can be caused by many germs) and was actively coughing. These failures decreased the facility's potential to prevent the spread of germs and infection among residents. Findings: 1. During an interview and concurrent observation of Resident 75 on 6/23/26 at 12:58 p.m., Resident 75 was about to eat lunch at bedside. Resident 75 stated staff had not offered or reminded him to clean or wash his hands before serving his lunch tray. Resident 75 stated he will go to the restroom and wash his hands himself. During interview and concurrent observation on 6/23/26 at 1:03 p.m., Resident 72 was observed eating her lunch at bedside and stated nobody came in to offer to wash or clean her hands. Resident 72 pointed to her roommate and stated nobody came to clean her roommate's hands either. The Director of Rehabilitation (DOR) overheard the conversation and brought hand wipes into the room and wiped both residents' hands. During a series of interviews in successive rooms in one hallway, the following interviews were obtained on 6/23/26: -At 1:13 p.m. Resident 94 stated staff had not reminded her to wash or sanitize her hands today, but that she used her own hand sanitizer. At 1:15 p.m., Resident 48 stated staff have never reminded her to wash or sanitize her hands and had not done so prior to lunch service today. -At 1:17 p.m., Resident 99 stated staff have never reminded him to wash or sanitize her hands and had not done so prior to lunch service today. -At 1:18 p.m., Resident 5 stated staff did not offer to wash, wipe or clean his hands before lunch service. -At 1:19 p.m., Resident 13 stated staff have never offered to wash or wipe his hands before meals. Resident 13 stated he uses his own wet wipes to clean his hands before eating. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 6/23/26 at 1:20 p.m., CNA 6 verified she was assigned to the odd numbered rooms in the hall the survey had just interviewed residents in and confirmed she had not offered hand hygiene to her residents today. CNA 6 stated not doing Hand Hygiene (HH) can spread infection. CNA 6 said everyone should wash hands before eating. During an interview on 6/23/26 at 1:25 p.m., CNA 7 verified she was assigned to the even-numbered rooms in the hall the survey had just interviewed residents in and acknowledged he had not offered HH to her residents. CNA 7 stated germs on hands can cause illness. During an interview on 6/23/26 at 1:32 p.m., the Infection Preventionist 1 (IP 1) stated staff was expected to offer HH to residents before meal trays were served; washing hands is best practice. A review of the facility policy titled, Hand Hygiene revised 9/1/20 indicated, The facility considers hand hygiene as the primary means to prevent the spread of infection. The following situations require appropriate hand hygiene. before eating. 2. During a concurrent interview and observation on 6/25/26 at 7:27 a.m. Licensed Nurse 4 (LN 4) removed a glucometer from the top drawer of a medication cart and took a blood sample from Resident 76. LN 4 cleaned the glucometer with wipes from a Super Sani-cloth (a disposable wipe soaked in germicidal solution in a container with a purple top) container and immediately replaced the glucometer back in the top drawer of the medication cart. LN 4 stated she was unaware she needed to keep the surface of the glucometer visibly wet (dwell time) for at least two minutes for the germicide to effectively kill germs. During a concurrent interview with LN 5 and observation on 6/25/26 at 10:51 a.m., a Sani-cloth Plus wipes container (a container with a red top) was on top of Medication Cart 2. LN 5 stated the Sani-cloth Plus wipes were used to clean the glucometers. During an interview with the IP 2 on 6/26/26 at 1:19 p.m., the IP 2 stated the glucometers should be cleaned after each use. The IP 2 stated staff could use either the Super Sani-cloth wipes or the Sani-cloth Plus wipes to clean the glucometers. IP 2 stated that not cleaning between resident use had the potential to spread germs to other residents and staff. During an interview with the Director of Staff Development (DSD) on 6/26 at 1:25 p.m., the DSD stated nursing staff have been instructed to clean the glucometers with either the Super Sani-cloth wipes or the Sani-cloth Plus wipes The DSD also confirmed all the glucometers in the facility were the Assure Platinum glucometers. A review of the manufacturer's manual of the Assure Platinum Blood Glucose Monitoring System revised September 2024, indicated Super Sani-cloth Germicidal Disposable wipes were the recommended wipes that should be used to clean and disinfect the Assure Platinum glucometers. A review of the facility's undated document titled, Glucometer Cleaning Instructions indicated, .use. Super Sani-cloth germicidal disposable wipes to wipe down Glucometer, then allow 2 minute wet time. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3. During consecutive observations on 6/25/26 at 2:55 p.m. and 3:01 p.m., staff could not find the IPCP binder in both Nurse's Station 2 and Nurse's Station 1 respectively. During an interview on 6/25/26 at 3:31 p.m., the facility Administrator (ADM) confirmed she could not find the facility's IPCP bind. The ADM was unable to provide documented evidence that the facility had reviewed the IPCP at least annually. 4. A review of Resident 58's admission record indicated Resident 58 was admitted to the facility on [DATE] with diagnoses of COPD (long term lung condition where the lungs cannot adequately transfer oxygen into the blood, causing persistent low oxygen levels) and Dependence on Supplemental oxygen. In an observation in Resident 58's room on 6/23/26 at 8:25 a.m., Resident 58 was sitting up in bed with a nasal cannula in place to both nostrils. The oxygen concentrator was noted to be administering oxygen at 1.5 liters per minute. The outside vent had dust buildup. A review of Resident 99's face sheet indicated admission to the facility in June 2026 with diagnoses which included COPD. During an observation on 6/23/26 at 10:04 a.m., Resident 99's oxygen condenser filter was noted with brown dirt and dust buildup and photographed. During a concurrent observation and interview in Resident 58's room, on 6/26/26, at 8:30 a.m., with the Director of Nursing (DON), the DON stated the Treatment Nurse is supposed to change the oxygen tubing and humidifiers on the condensers every Sunday. The DON stated it was the Treatment Nurse's responsibility to clean the filters when they changed everything else. Clearly, they missed the filters. The implications were that the residents could inhale dust and increase the risk of infection. The DON stated, It's a concern. In an interview on 6/26/2026 at 8:35 a.m., the IP 2 stated, There are a lot of concerns with dusty filters. inhaling dust, not getting the O2 concentration the residents need, infection possibilities. I used to be the Treatment Nurse on Sundays. I knew that that was part of the job, rinsing out the filers. A review of facility policy titled Oxygen Therapy, revised 10/10/2025, indicated the policy was if oxygen concentrators are used, the filters will be cleaned per manufacturer's guidelines. 5. During an observation inside Resident 35's room on 6/23/26 at 8:24 a.m., Resident 35 was observed to be coughing and was not wearing a mask for source control (a strategy for reducing disease transmission by blocking respiratory secretions produced through breathing, speaking, coughing, sneezing or singing). Resident 35 had two roommates in the room during this observation. A review of Resident 35's Order Summary Report, for June 2026 indicated the physician ordered Resident 35 to receive an antibiotic for seven days for a diagnosis of pneumonia and COPD. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of Resident 35's Progress Notes, dated 6/22/26 at 5 p.m., indicated she was administered guaifenesin oral syrup (cough syrup) as needed for cough. A review of Resident 35's Progress Notes, authored by LN 2 on 6/22/26 at 10:51 p.m., indicated, Resident [Resident 35] on alert charting x [for] 10 days. Started on Doxycycline [antibiotic on] 6/19 [at 5 p.m.] for LLL left lower lobe Pneumonia and COPD Exacerbation. A review of Resident 35's Care Plan, initiated by the DON on 6/22/26, indicated, Resident 35 has altered respiratory status AEB [as evidenced by] Chest X-ray with PNA [Pneumonia] and COPD exacerbation. During an interview on 6/26/26, at 9:32 a.m., IP 2 stated Resident 35 may have COPD exacerbation and did not require droplet precaution. IP 2 stated the x-ray result did not indicate pneumonia, so she was not placed on droplet precaution. A review of Resident 35's hospital chest x-ray results dated 6/18/26 indicated, Mild left basilar airspace opacities, which may represent atelectasis, infection, or aspiration. During an interview on 6/26/26 at 9:36 a.m., the DON stated if Resident 35 had an infection, she could transmit it to her roommates. The DON stated she did not have enough information at this time to determine what precautions Resident 35 had to be on but stated she would talk with IP 2. A review of Centers for Disease Control and Prevention (CDC) guideline titled Transmission Based Precautions, dated 4/23/24 indicated, Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Source control: put a mask on the patient. Ensure appropriate patient placement in a single room if possible. In long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives.		

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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 care plan for one resident (Resident 9) of five sampled residents. This failure decreased the facility's potential to ensure Resident 9 can result in missed or delayed interventions in Resident 9's plan of care and cause the resident's suffering or her condition to worsen. Findings: A review of Resident 9's face sheet indicated she was admitted to the facility on [DATE] with diagnoses which included diabetes, and severe protein-calorie malnutrition. During a concurrent observation of Resident 9's wound dressing change and interview with the Wound Nurse on 6/24/26 at 11:16 a.m., the Wound Nurse cleansed and covered Resident 9's pressure ulcer located on her coccyx (tailbone). The Wound Nurse stated Resident 9 had an unstageable pressure ulcer (UTD - serious bed sore where the true depth and severity of the wound cannot be seen because the bottom of the wound is completely covered by thick layers of dead, hardened, or mushy tissue) that recently evolved to a Stage 4 (a very deep, severe open pressure sore that goes completely through all the outer layers of skin, deep into the fat, and all the way down to expose your muscles, tendons, or bones) pressure ulcer. A review of all of Resident 9's care plans did not show a care plan for the UTD or Stage 4 pressure ulcer Resident 9 had upon admission on [DATE]. During an interview with the Director of Nursing (DON) on 6/24/26 at 3:22 p.m., the DON confirmed licensed nurses had not initiated a care plan for Resident 9's UTD upon readmission. The DON stated the lack of a care plan did not ensure continuity of care for Resident 9's wound. A review of the facility's policy titled Person-Centered Care Planning effective 5/22/25 indicated, The facility must develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that describe the services that are to be furnished to attain the resident's highest practical physical, mental, and psychosocial well-being		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Interdisciplinary Team (IDT, a collaborative group of healthcare professionals that assess and manage a resident's medical, functional, and social needs) failed to review and revise the comprehensive care plan for one resident (Resident 5) of five sampled residents. This failure decreased the facility's potential to ensure new interventions were included in a resident's person-centered care plan. Findings: A review of Resident 5's face sheet indicated he was admitted to the facility on [DATE] for bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) and anxiety disorder among other medical conditions. A review of Resident 5's care plans to improve his psychosocial well-being, initiated on 12/15/23, indicated there were no updates or revisions made to the original care plans to incorporate the plans or interventions in the recent IDT discussions. A review of IDT's notes dated 5/28/26 and 6/1/26 in Resident 5's electronic medical record (EMR), indicated the IDT met to discuss Resident 5's behavior management related to his increased need for assistance and rehabilitation placement causing marked distress that is out of proportion to the severity and intensity of the stressors and causing significant difficulties with social relationship and social isolation. The IDT's plan was for Resident 5 to receive psychotherapy (often called talk therapy, a process where a patient talk about their thoughts and feelings with a trained mental health professional to help the resident feel better, handle stress, and change habits that make life hard) to decrease depressive and anxious symptoms. During a concurrent interview with the Minimum Data Set (MDS) Nurse and review of Resident 5's care plans on 6/25/26 at 9:26 a.m., the MDS Nurse acknowledged she could not find an updated care plan that reflected the IDT's intervention of obtaining psychotherapy for Resident 5. The MDS Nurse also could not find documented evidence that a referral for psychotherapy was initiated. The MDS Nurse stated care plans were expected to be updated after weekly IDT meetings as appropriate. During a concurrent interview with the Social Services Director (SSD) and review of Resident 5's recent IDT notes and care plans on 6/25/26 at 9:41 a.m., the SSD confirmed she did not update Resident 5's care plan after the IDT meetings. The SSD acknowledged outdated care plans did not ensure residents' care needs were implemented. A review of the facility's policy titled Person-Centered Care Planning effective 5/22/25, indicated, Comprehensive care plans must be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessment.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the licensed nurses failed to ensure three residents (Resident 11, Resident 9, Resident 30) of seven residents were fully informed in advance of the risks and benefits of their proposed psychotropic medication (any prescription drug that changes how the brain works and alters the mood, thoughts, behavior, or feelings) when: Resident 11's informed consent was not signed by the resident who was his own Responsible Party (a person appointed to make decisions when a person is no longer able to make them for themselves); Resident 9's informed consent (a conversation between patient and physician where treatment, its risks and benefits and options are explained before the patient agrees to the treatment) was not obtained for the resident's psychotropic medication to treat anxiety disorder and insomnia (trouble falling asleep or staying asleep); and, Resident 30's informed consents were not obtained before the resident's psychotropic medications were administered to treat depression and anxiety disorder. These failures deprived the residents of their right to be informed of the risks and benefits of their treatment and their right to decline and choose an alternative treatment. Findings: A review of Resident 11's face sheet indicated admission in April 2019 with a diagnosis of bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression [a mood disorder that causes persistent feelings of sadness and emptiness] to elevated periods of emotional highs), other psychotic disorder not due to a substance or known physiological condition, adjustment disorder with mixed anxiety (a mental health condition characterized by persistent, excessive, and uncontrollable fear or worry) and depressed mood, depression, and schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) type. This document also indicated Resident 11 was his own responsible party. A review of Resident 11's Minimum Data Sets (MDS- a federally mandated resident assessment tool), dated 6/24/26, indicated Resident 28 had no memory impairment. A review of Resident 11's Psychotherapeutic Drug Informed Consent forms for trazodone (a prescribed medication used to treat major depressive disorder), escitalopram (a prescribed medication used to treat major depressive disorder and anxiety), and divalproex sodium (a prescribed medication used to treat bipolar disorder), dated 4/1/26, indicated Resident 11's RP signed the consent form. Further review of Resident 11's five informed consent forms indicated two of them did not indicate the drug name for which consent was supposedly obtained. In a concurrent interview and record review on 6/26/26 at 12:31 p.m. with the DON, the DON stated Resident 11 did not have capacity. The DON then reviewed Resident 11's chart and stated Resident 11 did have capacity to make his own decisions. The DON then reviewed Resident 11's informed consents for trazodone, escitalopram, and divalproex sodium and stated, These consents are not valid. Further, the DON confirmed Resident 11 was not informed of his own care. (continued on next page)		

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/26/26 at 3:13 p.m. with Resident 11's RP who signed Resident 11's informed consent form on 4/1/26, the RP stated she was hired by Resident 11 to be an advocate but he can answer for himself. A review of Resident 9's face sheet indicated she was admitted to the facility on [DATE] with a diagnosis of depression. A review of Resident 9's order summary indicated she was prescribed lorazepam (a prescription medication used to relieve anxiety, panic attack or trouble sleeping) on 5/8/26. A review of Resident 9's chart showed no documented evidence that informed consent was obtained before Resident 9 was started on lorazepam. A review of Resident 30's face sheet indicated admission to the facility on 2/21/25 with a diagnosis of depression. A review of Resident 30's order summary indicated Resident 30 had orders for licensed nurses to administer mirtazapine (a prescribed medication used to treat major depressive disorder) and lorazepam on 4/29/26. A review of Resident 30's Medication Administration Record (MAR) dated May 2026 indicated Resident 30 received mirtazapine 15 milligrams (mg- metric unit of measurement) at bedtime from 5/1/26 to 5/31/26 and Lorazepam 0.5 mg at least once. A review of Resident 30's chart indicated the informed consents for both Mirtazapine and Lorazepam were obtained on 5/28/26. During an interview with the Director of Nursing (DON) on 6/26/26 at 2:35p.m., the DON stated Resident 9's informed consent for lorazepam could not be found and acknowledged Resident 30's informed consents for mirtazapine and lorazepam were obtained after the medications were first administered. The DON stated informed consents should have been obtained before the medication was started to ensure residents were properly informed about their medications' purpose, possible side effects, and options. A review of the facility's policy titled Informed Consent effective 1/30/26, indicated, the licensed nurse will confirm that the Healthcare Practitioner obtained informed consent. before the first dose.of psychoactive medication. informed consent will be placed in the resident's medical record. A review of the facility's policy titled, Behavioral/Psychoactive Medication Management, dated 1/30/26, indicated, .facility must obtain a resident's written informed consent for treatment using psychoactive drugs.		

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the licensed nurses failed to ensure the admission Minimum Data Set (MDS - an assessment tool) was accurately documented for two residents (Resident 6 and Resident 51) of four sampled residents when residents' use of hearing aids and glasses were incorrectly documented. This failure placed Residents 6 and Resident 51 at potential risk for not receiving appropriate care and services for hearing and vision impairments. Findings: A review of Resident 6's face sheet indicated Resident 6 was admitted to the facility on [DATE] with a diagnosis that included Chronic Obstructive Pulmonary Disease (COPD, a progressive, incurable lung disease that blocks airflow and makes breathing difficult), Parkinsonism (an umbrella term for a group of neurological disorders that cause movement problems), and Schizoaffective Disorder, Bipolar type (a chronic mental health condition combining schizophrenia symptoms-like hallucinations or delusions-with severe mood swings, specifically featuring episodes of mania and sometimes major depression). A review of Resident 6's MDS dated [DATE], indicated Resident 6 had minimal difficulty with hearing. The MDS did not indicate Resident 6 wore a hearing aid. This MDS also indicated Resident 6 had a Brief Interview for Mental Status (BIMS, an assessment tool that helps determine an individual's memory and orientation) score of 13, which meant Resident 6 was cognitively intact. During an observation and concurrent interview on 6/23/26 at 9:30 a.m., Resident 6 was sitting up in bed and stated the surveyor must speak louder because he did not hear well. Resident 6 further stated he wore his hearing aids during the day. A review of Resident 6's care plan initiated 4/10/24 did not indicate Resident 6 wore a hearing aid. During an interview on 6/25/24 at 2p.m., the MDS Nurse stated she conducted the initial assessments along with the other licensed nurses and initiated care plans for newly admitted residents. The MDS Nurse reviewed the hearing impairment section of Resident 6's MDS and acknowledged there was an error in the use of hearing aids because Resident 6 did use them. The MDS Nurse stated if correct information is not assessed or obtained, the staff would not be able to provide the residents with their proper care needs. A review of Resident 51's admission record indicated Resident 51 was admitted to the facility on [DATE] with a diagnosis that included Chronic Diastolic Congestive Heart Failure (CHF, occurs when the heart muscle stiffens and cannot relax adequately to fill with blood between beats, leading to fluid backup and congestion), Chronic Obstructive Pulmonary Disease (COPD, a progressive, incurable lung disease that blocks airflow and makes breathing difficult), and Pneumonia (an infection that inflames the air sacs in one or both lungs, which can fill with fluid or pus). A review of Resident 51's admission inventory list dated 5/20/26, indicated Resident 51 had a hearing aid in and over back of ear. A review of Resident 51's MDS dated [DATE], indicated Resident 51 had minimal difficulty hearing and vision impairment. The MDS did not indicate he wore a hearing aid and corrective lens for vision impairment. This MDS also indicated a score of , which meant Resident 51 was cognitively intact. A review of Resident 51's care plan dated 5/29/26, did not indicate Resident 51 wore a hearing aid or corrective lenses. During an observation and concurrent interview on 6/23/26 at 10 a.m., Resident 51 was lying in bed wearing glasses and stated, I cannot hear you. Resident 51 stated he wore a hearing aid, but it did not currently work because it needed the batteries to be replaced. This surveyor observed Resident 51's hearing aid lying in a case on the resident's bedside table. During an interview and concurrent record review on 6/25/26 at 9a.m., Licensed Nurse 6 (LN 6) acknowledged she was taking care of Resident 51 today. LN 6 stated she was not familiar with taking care of Resident 51 and would have to look at (continued on next page)		

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 51's care plan to determine if he wore a hearing aid. LN 6 reviewed Resident 51's care plan and verified it did not indicate he wore a hearing aid. During an interview on 6/25/26 at 10:30 a.m., LN 7 stated she was not aware that Resident 51 wore a hearing aid. LN 7 confirmed that Resident 51's belongings list did indicate Resident 51 had a hearing aid. During an interview on 6/26/26 at 9:45 a.m., the MDS Nurse acknowledged there was an error in Resident 51's MDS as it indicated he did not use a hearing aid or used glasses, but he did. A review of the facility's policy and procedure titled, Resident Initial admission Assessment, revised date 3/23/23, indicated, Upon admission to the facility, licensed nursing staff will complete an initial admission assessment, to identify the Resident's needs and develop plans of care. The assessment will be documented in the medical record.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the Director of Nursing (DON) and Consultant Pharmacist failed to ensure controlled drugs (drugs or other substances that are tightly controlled by the government because it may be abused or cause addiction) that were ready to be disposed of, were securely stored inside the facility, when 30 tablets of hydrocodone (a semi-synthetic opioid prescribed to manage severe chronic pain) and 19 tablets of hydromorphone hydrochloride (a potent opioid used to treat moderate-to-severe pain) were discovered missing from the facility's locked box of controlled medications. This failure decreased the facility's potential to prevent drug diversion (the unlawful channeling of regulated pharmaceuticals from legal medical sources to the illicit marketplace or for personal, unauthorized use) of controlled drugs. Findings: A review of a facility document titled, Controlled Substance Disposition Log, dated May 2026, indicated the DON received hydrocodone and hydromorphone from a licensed nurse on 5/5/26. This document also indicated that the DON and the Consultant Pharmacist destroyed other controlled drugs on 5/21/26, except for two missing controlled drugs. During an interview on 6/23/26 at 7:30 a.m., the DON stated she was the only person who had the keys to the lock boxes that stored controlled medication that needed to be destroyed. During a concurrent observation and interview with the DON on 6/26/26 at 9:02 a.m. the DON stated on 5/21/26 the Consultant Pharmacist arrived to assist her to destroy the narcotics and other medications. The DON stated that it was at that time that she observed the bar lock on the file cabinet was broken at the bottom. After opening the top drawer, the DON found that the internal lockbox was not fully closed. Inside the lockbox, multiple bubble pack (also known as blister packs used to organize medications into individual, sealed compartments according to the exact day and time they need to be taken) cards were still present; however, the partially closed lid raised concern. The DON noted that the internal lockbox in the file cabinet drawer had been loose and needed to be pushed down to fully engage the lock prior to the discovery. The DON stated as she and the Consultant Pharmacist reviewed the narcotic count sheets and cards to begin the narcotic destruction, they identified 30 tablets of hydrocodone and 19 tablets of hydromorphone were missing. The DON stated that during the facility's internal investigation, she reported that the office door did not meet double lock requirements and could be opened using a credit card. In a video recorded observation with the DON, the DON demonstrated that the internal lock box could be opened by a spoon if the lid was not firmly pushed down to engage the lock. A review of a facility's policy and procedure (P&P) titled, Medication Storage in the Facility, dated May 2022 indicated, Medication in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, disposal, and record keeping in the facility. Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are retained in the facility in a securely locked area with restricted access until destroyed.		

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on interview, and record review, the licensed nurses failed to ensure communication care needs between facility staff and the hospice provider for one resident (Resident 98) of two sampled residents when the facility did not have a care plan for hospice care. This failure placed Resident 98 at a potential risk of not having her care needs met. Findings: A review of Resident 98's face sheet indicated she was admitted to the facility in June 2026 on hospice care (care for the terminally ill) with a diagnosis of adult failure to thrive and dementia (a progressive state of decline in mental abilities). A record review of the hospice binder at the nurse's station on 6/25/26 indicated there was no hospice care plan for Resident 98. In an interview on 6/25/26 at 11:38 a.m. with the Hospice Admitting Nurse (HAN), the HAN stated when a resident is placed on hospice, she does an assessment, develops a care plan, and evaluates and orders medications. The HAN then sends all the documents to her office where the medications are ordered and the medication list and care plan are faxed to the facility. The HAN stated, Every hospice patient has a care plan. In an interview on 6/25/26 at 3:40 p.m. with the Director of Nursing (DON), the DON stated, The ball was dropped by both parties. Her [Resident 98's] care plan was not sent to us, but I did not monitor to follow up. In an interview on 7/1/26 at 10:21 a.m. with the Hospice Agency (HH), the HH stated, Per our notes, on 6/11/26, the medical records coordinator faxed the face sheet, plan of care, medication list, initial admin note, initial orders and the CTI [Certification of Terminal Illness] to the facility. A review of the facility's Hospice and Nursing Facility Services Agreement, indicated, the Director of Nursing at the Facility shall be responsible for working with the Hospice representative to coordinate care for each Hospice Patient. A review of the facility's policy and procedure, titled, Hospice Care of Residents, indicated, The Hospice and Facility will collaborate on a Care Plan for the resident.		