STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056407	A. Building B. Wing	11/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
All Saints Healthcare Subacute	11810 Saticoy Street North Hollywood, CA 91605

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1), a two-year old, with severely impaired cognition (mental action or process of acquiring knowledge and understanding) and dependent on staff for activities of daily living (ADL-activities such as bathing, dressing and toileting a person performs daily), remained free from accident. The facility failed to: 1. Ensure Certified Nursing Assistant (CNA) 1 did not turn her back on Resident 1, leaving Resident 1 unattended on a shower bed which had two gaps (open space) on each side of the side rails measuring eight inches (unit of measurement) in height and 22.5 inches in width, after CNA 1 transferred Resident 1 from his crib (a small bed for a baby or young child, with high bars to prevent the child from falling) to the shower bed. 2.Complete an assessment to determine the safety of using an adult-sized shower bed for Resident 1, who was a pediatric resident. 3. Use a pediatric-sized shower bed for Resident 1, instead of an adult-sized shower bed. 4. Ensure Resident 1's Fall Risk Assessment was updated following Resident 1's fall on 10/24/2025, to reflect changes needed in Resident 1's care. 5. Include the use of size-appropriate shower beds for pediatric residents to ensure safety and prevent accidents in the facility-provided document titled, Facility Assessment 2025, reviewed on 4/17/2025, which only indicated the use of Shower chairs. 6. Follow its policy and procedure (P&P) titled, Facility Assessment Patient Population, which indicated, A facility assessment is conducted annually to determine and update our capacity to meet the needs of and competently care for our residents during day-to-day operations. The facility assessment also includes a detailed review of the resources available to meet the needs of the residents' population. This part of the assessment includes: . b. Equipment and supplies (medical and non-medical). 7. Follow its P&P titled, Accident Prevention, which indicated, Our facility strives to make the environment as free from accident hazards (a source of danger or an unsafe condition that has the potential to cause an accident, injury, or damage) as possible. Resident safety, supervision and assistance to prevent accidents are facility-wide priorities. 8. Follow its P&P titled, Resident Transfers, which indicated, Clinical staff may use additional clinical staff members for assistance as needed. 9. Follow the facility-provided manual titled, Healthcare Equipment Owner's Manual, which indicated, Caregiver should be present and alert at all times while the equipment is in use. Equipment may not be appropriate for all individuals. Assessment should be conducted by a skilled caregiver for proper suitability for the individual using the equipment. As a result, on 10/24/2025 at 8:15 a.m., Resident 1 fell from the shower bed to the floor (28 inches high), on his right side and sustained a one-centimeter (cm-unit of measurement) discoloration (a change in the natural color of something) on his right cheek. Resident 1 was transferred to the General Acute Care Hospital (GACH) for further evaluation and care. On 11/6/2025, at 12 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ) situation (a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) in the presence of the Administrator (ADM) and Director of Nursing (DON) due to the facility's failure under S483.25(d) Accidents by not providing sufficient supervision to ensure Resident 1 remained free from accident when Resident 1 slipped through a gap in the bed rail and fell to the floor on 10/24/2025 at 8:15 a.m. On 11/8/2025, at 3:33 p. m., the ADM submitted an acceptable IJ Removal Plan (a detailed plan that identifies all actions the facility will take to immediately address the noncompliance that has resulted in the IJ situation). On 11/8/2025, at 4:30 p.m., the IJ situation was removed, after verifying its implementation through observations, interviews and record reviews, in the presence of the ADM, the DON, the Medical Records Manager (MRM), the Pediatric Nurse Manager (PNM), the Staff Development Coordinator (SDC), the Respiratory Therapist Director (RTD), the Dietary Manager (DM), and Registered Nurse 2 (RN 2). The IJ Removal Plan included the following immediate actions: 1. On 10/24/2025, at 8:15 a.m., RN 3 assessed Resident 1 for any injuries and transferred to the GACH for further evaluation at 9:35 a.m. (10/24/2025) and was readmitted back at the facility at 1 p.m. (10/24/2025). 2. On 10/24/2025, the PNM and RN 2 provided an in-service (refers to staff training) to CNA 1 regarding Patient Safety Prevention of Falls During Shower and Bathing Procedures. 3. On 10/26/2025, the IP revised the P&P titled, Status Post Falls/ Accident, reviewed on 3/2025, to require an immediate post-fall IDT meeting and a care plan/risk assessment revision within 24 hours of any fall. 3a. On 10/30/2025, at 7 a.m., the PNM and SDC started an in-service regarding Shower Beds/ Flexi Bath (foldable baby bathtubs)/ Bed Baths/ Grooming/ Falls/ Infection Control Reminders to all pediatric clinical staff

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately update Facility Assessment (an evaluation of the physical environment necessary to meet the needs of the residents) 2025 by:1. Failing to ensure Facility Assessment 2025 indicated the use of shower bed in pediatric (medical specialty dealing with the development and care of children and with the diagnosis and treatment of childhood disease) and adult subacute (a transitional care setting that provides more intensive skilled nursing care than a standard nursing home, but less than an acute hospital stay, for patients recovering from surgery, injury, or illness) residents. 2. Failing to ensure Facility Assessment 2025 indicated the use of the updated health information technology. These deficient practices had the potential to delay necessary care and services.Findings: 1. During a review of Facility Assessment 2025, reviewed on 4/17/2025, Facility Assessment 2025 indicated, Supplies and equipment is maintained to protect and promote the health and safety of residents. Physical equipment: - shower chairs.During a review of Facility Assessment Tool, updated on 11/3/2025, the Facility Assessment Tool indicated, Physical equipment: 11/3/2025 added new pediatric gurney showers.During a review of Facility Assessment 2025, updated on 11/4/2025, Facility Assessment 2025 indicated, Physical equipment: 11/3/2025 added two pediatric shower gurneys. 11/4/2025 added pediatric bathing bassinets.During a concurrent interview and record review on 11/4/2025 at 2:02 p.m. with the Administrator (ADM), Facility Assessment 2025, reviewed on 4/17/2025, was reviewed and indicated, Nursing facilities will conduct, document and annually review a facility-wide assessment which includes both their resident population and the resources the facility needs to care for their residents. The intent of the facility assessment is for the facility to evaluate its resident's population and identify the resources needed to provide the necessary person-centered care and services the residents require. Supplies and equipment are maintained to protect and promote the health and safety of the residents. The ADM stated Facility Assessment 2025 only indicated shower chairs. The ADM stated the purpose of facility assessment was to review all aspects of care related to facility's population annually and full verification of equipment needed. The ADM stated the facility had 33 pediatric residents inside the facility. The ADM stated the pediatric shower bed was not in Facility Assessment 2025. The ADM stated Facility Assessment 2025 was updated on 11/3/2025, to include the pediatric gurney (a kind of portable bed or stretcher with wheels) shower. The ADM stated Facility Assessment 2025 was again updated on 11/4/2025, to include pediatric bathing bassinets (a small bed for a newborn that resembles a basket and is easy to move). The ADM stated he (ADM) did not receive a request for a pediatric shower bed before Resident 1's fall on 10/24/2025. The ADM stated on 11/3/2025, the pediatric staff requested a small shower bed, so we (facility) had decided to place an order.During an interview on 11/4/2025 at 2:48 p.m. with the ADM, the ADM stated Facility Assessment 2025 indicated shower chair. The ADM stated the shower chair was also the shower bed.During an interview on 11/4/2025 at 2:53 p.m. with the Director of Nursing (DON), the DON stated the facility only has shower beds. The DON stated the facility does not use shower chairs.During a concurrent interview and record review on 11/5/2025, at 9:48 a.m., with the DON, Facility Assessment 2025, dated 4/17/2025, was reviewed. The DON stated Facility Assessment 2025 only indicated shower chair.During a concurrent interview and record review on 11/5/2025 at 12:50 p.m. with the DON, the facility's policy and procedure (P&P) titled, Facility Assessment Patient Population, reviewed on 3/2025, the P&P indicated, Once a year, and as needed, a designated team conducts a facility-wide assessment to ensure that the resources are available to meet the specific needs of our residents. The facility assessment also includes a detailed review of the resources available to meet the needs of the residents' population. This part of the assessment includes. b. Equipment and supplies (medical and non-medical) . The facility assessment is intended to help our facility plan for and respond to changes in the needs of our resident population and helps to determine budget, staffing, training, equipment and supplies needed. It is separate from the Quality Assurance and Performance Improvement (QAPI - a data driven proactive approach to improvement used to ensure services are meeting quality standards) evaluation. The DON stated the Facility Assessment was not complete. The DON stated the Facility Assessment had missing shower bed. The DON stated the Facility Assessment should include pediatric size shower bed since the facility had pediatric residents.2. During a review of Facility Assessment 2025, reviewed on 4/17/2025, Facility Assessment 2025 indicated, Health information technology resources, such as systems for electronically managing patient [NAME] and trust services. Medical records are paper

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an accurate and complete medical record for one of three sampled residents (Resident 1) by:1. Failing to ensure Registered Nurse (RN) 6 documented administration of Resident 1's tacrolimus (medication used to prevent organ rejection after a transplant [the surgical removal of a healthy organ or tissue from one person and its transfer into another person, or from one part of the body to another]) on 10/7/2025.2. Failing to ensure Resident 1's Baseline Care Plan, dated 9/12/2025, was accurately documented.These failures had the potential to cause confusion in care and the medical records containing inaccurate documentation.Findings: 1. During a review of Resident 1‘s admission Record, the admission Record indicated the facility admitted Resident 1 on 9/11/2025, with diagnoses that included unspecified (unconfirmed) chronic respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide over an extended period, leading to low oxygen levels and or high carbon dioxide levels in the blood) with tracheostomy (a surgical procedure that creates an opening in the trachea [windpipe] to provide an airway and facilitate breathing) and dependent on ventilator (a machine or device used medically to support or replace the breathing of a person who is ill or injured), liver transplant status (a life-saving surgery is performed when a person's liver fails) with gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Resident 1's History and Physical (H&P - a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 9/11/2025, the H&P indicated Resident 1 was a two-year-old with history of extreme prematurity (the birth of a baby before 28 weeks, which is less than 7 months of pregnancy) and had liver transplant on 1/2024.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 9/22/2025, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 was dependent on staff for activities of daily living (ADL-activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Order Summary Report, dated 10/20/2025, the Order Summary Report indicated tacrolimus oral suspension (a liquid medication that contains tiny solid particles of the active drug mixed into a liquid base) 0.5 milligrams (mg - metric unit of measurement, used for medication dosage and/or amount) per milliliter (ml - unit of volume) every 12 hours for immunosuppression (weakened immune system, is the body's natural defense against infections and diseases) post (after) liver transplant, give 1.5 mg every 12 hours. Time critical. Must give at scheduled time. During a review of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), dated 10/2025, the MAR indicated on 10/7/2025, at 9 a.m., tacrolimus was left blank.During a review of Resident 1's Progress Notes, dated 10/7/2025, timed at 6:27 a.m., the Progress Notes indicated Resident 1 left the facility for transfer to General Acute Care Hospital (GACH).During a concurrent interview and record review on 10/31/2025 at 10:07 a.m. with the Pediatric Nurse Manager (PNM), Resident 1's MAR dated 10/2025, was reviewed. The PNM stated, on 10/7/2025, at 9 a.m., tacrolimus was left blank. The PNM stated RN 6 should have documented that medication was given. The PNM stated the facility did not have documented evidence of what time medication was given and if it was given. The PNM stated if it was not documented it was not given. The PNM stated tacrolimus was an antirejection (the use of medications that stop a transplant recipient's immune system from attacking their new organ) medication. The PNM stated possible effect on Resident 1 would be weight loss.During an interview on 10/31/2025 at 10:56 a.m. with the Staff Development Coordinator (SDC), the SDC stated if medication was not documented it was not given. The SDC stated if tacrolimus was not given Resident 1 could experience organ rejection.During a concurrent interview and record review on 11/4/2025 at 11:50 a.m. with RN 1, Resident 1's Progress Notes, dated 11/4/2025, timed at 10:15 p.m., were reviewed and indicated Licensed Vocational Nurse (LVN) 3 documented a late entry that on 10/7/2025, that she (LVN 3) had witnessed RN 6 administered the tacrolimus to Resident 1. RN 1 stated LVN 3 made a late entry documentation in Resident 1's Progress Notes almost one month after the medication was administered.During an interview on 11/4/2025 at 12:15 p.m. with LVN 3, LVN 3 stated she (LVN 3) had left the faciity on [DATE], at 6:30 a.m., with Resident 1 and RN 6 followed the resident to GACH to administer the medication on 10/7/2025 at 9 a.m. LVN 3 stated RN 6 should have documented that

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. (continued on next page)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Business Office Staff (BOS) was aware that residents and their Resident Representative (RR) can rescind (officially cancel or take back something like a contract, law, or offer) the facility's arbitration (a private process where disputing [disagreement] parties agree that one or several other individuals can make a decision about the dispute after receiving evidence and hearing arguments) agreement (a written contract in which two or more parties agree to settle a dispute out of court) within 30 days after obtaining the signature for three of three sampled residents (Residents 1, 2, and 3).These failures could potentially result in the residents and RR not knowing or understanding what an arbitration agreement is and violated residents and RRs rights to rescind from an arbitration agreement. Findings:During a review of Resident 1‘s admission Record, the admission Record indicated the facility admitted Resident 1 on 9/11/2025, with diagnoses that included unspecified (unconfirmed) chronic respiratory failure (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide over an extended period, leading to low oxygen levels and or high carbon dioxide levels in the blood) with tracheostomy (a surgical procedure that creates an opening in the trachea [windpipe] to provide an airway and facilitate breathing) and dependent on ventilator (a machine or device used medically to support or replace the breathing of a person who is ill or injured).During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 9/22/2025, the MDS indicated Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decisions were severely impaired.During a review of Resident 1's Arbitration Agreement, dated 10/10/2025, the Arbitration Agreement indicated RR 1 signed the Arbitration Agreement on 10/10/2025, and BOS signed the same Arbitration Agreement on 10/13/2025.During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 8/29/2024, with diagnoses that included chronic respiratory failure with tracheostomy and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were severely impaired.During a review of Resident 2's Arbitration Agreement, dated 9/27/2024, the Arbitration Agreement indicated RR 2 and BOS signed the Arbitration Agreement on 9/27/2024.During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 6/3/2025, with diagnoses that included chronic respiratory failure with tracheostomy and gastrostomy.During a review of Resident 3's Arbitration Agreement, dated 6/22/2025, the Arbitration Agreement indicated RR 3 signed on 6/22/2025, and BOS signed the same Arbitration Agreement on 6/23/2025.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 cognitive skills for daily decisions were severely impaired.During a concurrent interview and record review on 11/6/2025 at 1:25 p.m. with BOS, Residents 1, 2 and 3's Arbitration Agreement were reviewed. BOS stated there was no time frame and she (BOS) did not know how many days RRs can rescind their signatures. BOS stated she (BOS) did not read the Arbitration Agreement. BOS stated if she (BOS) had read the Arbitration Agreement she (BOS) would have known that RR can rescind their signatures within 30 days as indicated in the facility's Arbitration Agreement. BOS stated she (BOS) did not inform RR 1, RR 2, and RR 3 that they could rescind their signatures. BOS stated she (BOS) should have read the Arbitration Agreement so she (BOS) can explain it completely to RRs.During the concurrent interview and record review on 11/6/2025 at 2:14 p.m. with BOS, the facility's policy and procedure (P&P) titled, Arbitration Policy and Procedure, dated 3/2025 was reviewed. The P&P indicated, A skilled nursing facility's arbitration policy and procedure requires residents to resolve disputes through a binding arbitration process instead of a lawsuit, with specific requirements like a separate agreement, no mandatory signing, a 30-day right to rescind, a neutral arbitrator, and a convenient venue. The arbitration agreement is presented to the resident and or responsible party during the admission agreement review and processing. Residents or their representatives have 30 days after signing to cancel or rescind the agreement. BOS stated according to the facility's P&P, RRs can rescind their signatures within 30 days.During a concurrent interview and record review on 11/7/2025 at 2:37 p.m. with the Director of Nursing (DON), the facility's P&P titled, Arbitration Policy and Procedure, dated 3/2025 was reviewed. The DON stated she (DON) was not very familiar with the arbitration process. The DON stated the Administrator (ADM) may know more about the arbitration. The DON stated according to the facility's P&P, the RRs can

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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. (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review, the facility failed to implement its infection control measures for three of five sampled staff (Licensed Vocational Nurse [LVN] 4, Registered Nurse [RN] 4 and RN 5), during a respiratory virus season (a specific period, typically during the fall and winter months, when common respiratory illnesses like influenza [flu - a contagious {spread from one person to another by direct or indirect contact} respiratory illness caused by influenza viruses], Coronavirus Disease 2019 [COVID-19 - a highly contagious respiratory disease thought to spread from person to person through droplets], and Respiratory Syncytial Virus [RSV - common respiratory virus that primarily affects infants and young children, but can also cause illness in older adults and people with underlying health conditions] become more prevalent [widespread] and circulate widely in the population) by failing to wear a mask while in the facility. These failures had the potential to spread and expose respiratory diseases (flu, COVID-19 and RSV) to other residents, staff, and visitors.Findings: During an observation on 11/4/2025 at 7:49 a.m. in the facility main entrance, observed a signage that indicated beginning 11/1/2025, to wear a mask inside the facility.During an observation on 11/4/2025 at 7:59 a.m., observed LVN 4 standing in the hallway in front of the medication cart not wearing a mask.During an observation on 11/4/2025 at 8 a.m., observed RN 4 walking in the hallway and walked inside room A not wearing a mask.During an observation on 11/4/2025 at 8:02 a.m., observed RN 5 walking in the hallway not wearing a mask, met the Surveyor in front of Room A, and assisted the Surveyor to the Administrator's (ADM).During a concurrent observation and interview on 11/4/2025 at 8:05 a.m. with the Staff Development Coordinator (SDC), observed RN 5 assisted the Surveyor to ADM's office not wearing a mask. The SDC stated all staff should be wearing a mask. The SDC stated she (SDC) was aware that staff were not following the masking policy. The SDC stated RN 5 should also wear a mask.During an interview on 11/4/2025 at 8:20 a.m. with LVN 4, LVN 4 stated last week (from 10/27/2025 to 10/31/2025) the facility's masking policy was only in resident care areas. LVN 4 stated she (LVN4) was not informed that masking was at all times. LVN 4 stated she (LVN 4) was not informed that masking policy was effective today (11/4/2025). LVN 4 stated she (LVN 4) did not see the signage posted in the main entrance door because she (LVN 4) used the side entrance. LVN 4 stated masks are important during influenza seasons to prevent the spread of flu and COVID-19 infection. LVN 4 stated the facility should have informed her (LVN 4) that masking was effective today (11/4/2025). During an interview on 11/4/2025, at 8:29 a.m. with RN 5, RN 5 stated she (RN 5) was informed on 10/2025 that masking is mandatory effective 11/1/2025. RN 5 stated she (RN 5) forgot to wear a mask. RN 5 stated beginning 11/1/2025, staff had to wear masks at all timers even in hallways to prevent spread of influenza virus.During an interview on 11/4/2025 at 8:32 a.m. with RN 4, RN 4 stated she (RN 4) forgot to wear a mask today (11/4/2025). RN 4 stated the Infection Preventionist (IP) and the SDC informed her (RN 4) that effective 11/1/2025 masking was required inside the facility at all times because of the influenza season. RN 4 stated masking was required regardless of vaccination status to prevent spread of infection.During a concurrent interview and record review on 11/5/2025 at 12:09 p.m. with the IP, the facility's policy and procedure (P&P) titled, 2025-2026 Health Officer Order Masking and Vaccination, dated 11/1/2025 was reviewed. The P&P indicated, The purpose of this policy is to provide a guideline for seasonal vaccination and masking for 2025-2026 influenza season. All staff will wear a mask in resident care areas during the 2025-2026 influenza season. Masks are not required in non-resident care areas. Staff working in Skilled Nursing Facility (SNF) must wear a Respiratory Mask while in contact with residents or working in Resident-Care Areas throughout the Respiratory Virus Season regardless of vaccination status. The IP stated hallways are part of resident care area. The IP stated staff need to wear a mask to prevent the spread of respiratory illnesses.During a concurrent interview and record review on 11/5/2025 at 12:59 p.m. with the Director of Nursing (DON), the facility's P&P titled, 2025-2026 Health Officer Order Masking and Vaccination, dated 11/1/2025 was reviewed. The DON stated resident care areas include the facility hallways. The DON stated staff need to wear a mask at all times from 11/1/2025. The DON stated staff not following the facility masking policy can spread respiratory illness to residents, other staff and visitors.