STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106048	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Santa Rosa	5530 Northrop Road Milton, FL 32570

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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, interviews, and record and policy reviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment for 12 of 25 people reviewed. (Residents #66, #52, #33, #105, #102, #60, #93, #100, #128, #15, #21, and #101)The findings include:Resident #66 A review of medical recordS for Resident #66 revealed the resident was admitted on [DATE]. Resident #66's quarterly Minimum Data Set (MDS) (a standardized, mandatory assessment tool in long-term care (LTC) nursing homes, used to evaluate resident functional capabilities, health status, and care needs) dated 2/6/26 reveals resident's Brief Interview for Mental Status (BIMS) of 01, (a cognitive assessment tool) indicating severe cognitive impairment. Further review of the MDS indicated Resident #66 is frequently incontinent of urine and bowel and requires substantial/maximal assistance for toileting, showering and personal hygiene. Resident #66 had a urinary tract infection as per the laboratory results reported on 3/22/2026. The culture reported the organism was Extended-Spectrum Beta-Lactase (ESBL), a Multidrug-Resistant Organism (MDROs), necessitating the use of contact precautions. Further review of the orders reveals an order for contact isolation, dated 3/23/26. The following observations were made: On 3/24/2026 at approximately 2:30 PM, Resident #66 was observed sitting in the common area at a table with other residents watching TV. On 03/24/25 at approximately 3:40 PM, it was noted that Resident #66's roommate was moved to a different room. A Contact Isolation sign was observed on right upper corner of the door of the resident's room . Resident # 66 was not in her room, or in the common area. Staff E, a Licensed Practical Nurse (LPN) located resident in another resident's room, and stated, She was helping a resident back to her room, by pushing her wheelchair. On 03/25/2026 at 9:20 AM, Resident #66 was observed walking around and eventually sitting in a chair at table with other residents. The Contact Isolation sign was still present on her room door. On 03/25/2026 at approximately 1:20 PM, Resident #66 was observed sitting at a table in the common area with other residents who were putting together a puzzle. The Contact Isolation sign was still present. On 3/24/26 at approximately 2:20 PM, an interview was conducted with Staff I, a Certified Nursing Assistant (CNA). Staff I stated the resident can come out of her room because the contact isolation is for her urine. She stated she was not sure what the contact isolation sign directed her to do. 03/24/2026 at approximately 2:45 PM, an interview was conducted with Staff F, a CNA. Staff F confirmed Resident #66 is incontinent and stated the resident changes herself. She stated she is unsure if Resident #66 performs hand hygiene. Staff F stated roommates do not use the same bathroom, however she confirmed she shares the same shower with others, and stated they do not clean the shower between residents.On 3/24/26 at approximately 3:10 PM, an interview was (continued on next page)

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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	conducted with Staff Z, Unit Manager (UM), a Registered Nurse (RN). She explained when a patient is on contact with ESBL, and the resident has a roommate, they move them, but because Resident # 66's roommate does not use the bathroom for toileting or showering, they don't need to put Resident #66 in a separate room. Staff Z, UM was informed both residents are using the same shower based on interviews with staff. On 03/25/2026 at approximately 9:40 AM, an interview was conducted with Staff Z, the UM. Staff Z was informed based on interviews and review of CNA documentation, Resident # 66 is incontinent of urine and bowel. Staff Z stated, there is no way she can keep resident# 66 confined to her room without restraining her. Resident #52 On 3/25/2026 at approximately 8:20 AM, Resident # 52 was observed receiving oxygen therapy via nasal cannula O2 lines. The humidifiers were not dated A review of Resident #52's medical record revealed that the resident was admitted on [DATE] with diagnoses including end stage chronic pulmonary disease. Further review reveals a physician's order dated 04/12/23 for continuous oxygen therapy at 4 liters per minute (LPM). Additionally, there was a physician's order for oxygen equipment to be changed weekly. On 3/25/26 at approximately 3:40 PM an interview was conducted with Staff E, a Licensed Practical Nurse (LPN). She confirmed the oxygen tubing and humidifier should have the date they were changed. Resident #33 On 3/25/2026 at approximately 8:10 AM, an observation of resident #33's room revealed an O2 concentrator with Oxygen tubing contained in the bag. The humidifier was dated 3/25/26, however the bag containing the oxygen lines, and lines did not have a date. A review of resident #33's medical records revealed the resident was admitted on [DATE] with diagnoses including COPD, emphysema and congestive heart failure. Further review reveals a physician's order dated 10/15/25 for Oxygen at 2 LPM via nasal cannula continuous as tolerated. Additionally, there was physician's order to change respiratory circuit/supplies weekly.On 3/25/26 at approximately 1:00 PM, an interview and oobservation was conducted with Staff D, LPN. Staff D inspected the O2 lines and humidifier in resident #33's room. The humidifier had a date, but the O2 line was not dated. Staff D stated, the O2 lines should also be dated they day they are changed. WOUND CARE Resident #105 On 03/24/2026 at approximately 6:26 AM, Staff A, Registered Nurse (RN) Wound Care Nurse and Staff W, Licensed Practical Nurse (LPN), Skin Integrity and Treatment coordinator, and the Advanced Registered Nurse Practitioner (ARNP) were observed performing wound care on Resident #105. All staff were observed to apply appropriate personal protective equipment (PPE), perform hand hygiene, and don gloves prior to initiating care. Staff A, RN was then observed cleaning Resident #105's personal items on his bedside table to create space for wound care supplies. During this process, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/24/2026 at approximately 2:45 PM, an interview was conducted with Staff P, CNA. She explained that she has been caring for Resident #60 since admission. She stated that she was unaware of the type of infection the resident had and believed the resident was on precaution due to the presence of an intravenous (IV). She further indicated that she considers EBP and TBP to be essentially the same. On 03/24/2026 at approximately 2:50 PM, an interview was conducted with Staff N, Physical Therapy Assistant (PTA) stated that for residents on isolation, therapy will be performed in the resident's room, not in the gym. On 03/24/2026 at approximately 3:20 PM, an interview was conducted with Staff A, RN, wound care nurse. She explained that Resident #60 previously had daily dressing changes; however, the treatment orders were changed to a wound vacuum device as of the prior week. She stated that she has been providing wound care to the residents since admission and was not aware that the resident had a MRSA infection. She acknowledged that she discarded the soil dressing in a regular clear garbage bag and transported it to the main trash in the soiled utility. On 03/24/2026 at approximately 3:40 PM, an interview was conducted with Staff Q, housekeeping supervisor. She explained that she was just notified that Resident #60 was in isolation. She explained that she added dissolvable bags and yellow bags to the isolation card located in the hallway. She stated that all soiled linens are to be placed in a dissolvable (melt) bag to ensure the laundry is processed separately. She further explained that the yellow bag serves as the secondary barrier during transport to the laundry room and to alert staff to the presence of contaminated linens and ensures that staff handle, store, process and transport laundry to prevent the spread of infection. On 03/24/2026 at approximately 4:00 PM, an interview was conducted with the Medical Director. He explained that the facility follows the CDC standards regarding infection prevention; however, precautions are evaluated case by case. He explained that it is his expectation for the facility to be aware of cultural results to implement appropriate precautions to prevent cross contamination and ensure the safety of residents and staff. He acknowledged that the MRSA infection should have been identified by the facility. A review of Resident #60's medical record revealed the resident was initially admitted to the facility on [DATE] for acute infection after a left ankle fracture and readmitted with a revision on 03/11/2026 with IV Daptomycin therapy. EBT precautions were initiated on 02/24/2026 for wound. A revise order for TBP dated 03/24/2026, documented EBP Related to MRSA to wound-contained with wound vac. A review of the Infectious Disease provider dated 03/17/2026 documented Resident #60 with a MRSA infection. A review of the Infectious Disease provider dated 03/14/2026 documented Resident #60 with a MRSA infection that discharged from the hospital on Daptomycin IV. Provider noted that Staph transmission and prevention measures were discussed with the patient and nursing staff; they were instructed to practice good personal hygiene, avoid sharing personal items, and implement appropriate precautions when using shared equipment and common surfaces. The staff were further directed to focus cleaning efforts on high touch surfaces that come into frequent contact with bare skin including doorknobs and toilet seats. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review revealed that Resident #60 was sharing his room with Resident #27, who was admitted on [DATE] and had no documented infections. A review of the facility signage for EBT revealed that everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use of central line, urinary catheter, feeding tube, tracheostomy, wound care with any skin opening requiring a dressing. A review of the facility signage for TBP revealed that everyone must clean their hands, including before entering and when leaving the room. All healthcare personnel must wear gloves and a gown when entering room and remove before leaving the room, use patient dedicated or single use disposable equipment. If shared equipment is used, clean and disinfect between patients. A review of the CDC website reveals that MRSA is a type of staph that can be resistant to several antibiotics. MRSA spreads in the community through contact with infected people, wounds, or things that have touched infected skin and are carrying the bacteria. (https://www.cdc.gov/mrsa/about/index.html) A facility policy titled: Transmission-Based Precautions, dated 03/01/2029 and last reviewed 11/04/2025 stated that the facility Implement and adhere to transmission-based precautions to prevent and protect from exposure and transmission of suspected or confirmed infectious agents within the healthcare setting. Subsection B3 States to promptly initiate isolation precautions for resident who is infectious disease is detected by laboratory results (i.e. Positive culture for MRSA, positive Acid-Fast Bacillus (AFB), positive Clostridium defficile (C-Diff) or other MDROS). B8 to display appropriate signage on the resident's doorframe. B11 all residents on isolation are assessed during each shift to determine the need for continued precautions. C3 documentation of the indicated precaution should be reflected in the resident's medical record. This documentation ensures that all health care professionals and departments providing care or services with the patient are aware of those precautions. A2 place residents in the same room (cohort) who are infected or colonized with the same infectious agent. OXYGEN/NEBULIZER/CPAP Resident #93 On 03/23/2026 at approximately 11:38 AM, observation revealed that a nebulizer treatment tubing/mask was present on Resident #93's bedside table with visible secretion residual noted on the mask. Further observation revealed that the storage bag and respiratory tubing were not labeled with the date. (Photographic evidence obtained) On 03/23/2026 at approximately 11:38 AM, an interview was conducted with Resident #93. She stated that she is unaware of how often the facility changes the nebulizer tubing and mask. She reported that, to her knowledge, the tubing has not been changed since her admission approximately 3 weeks ago. A review of Resident #93's medical record revealed that the resident was admitted on [DATE] with a physician order dated 03/05/2026 for albuterol sulfate solution via nebulizer every 8 hours for Chronic (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Obstructive Pulmonary Disease (COPD). There is no order to change the respiratory items. Resident #100 On 03/25/2026 at approximately 8:20 AM, observation revealed a nebulizer treatment tubing/mask was present on Resident #100 room. Further observation revealed that the storage bag and respiratory tubing were not labeled with the date (Photographic evidence obtained). A review of Resident #100's record revealed a resident on continuous oxygen therapy that the was admitted on [DATE] with a physician order date 03/06/2026 for albuterol sulfate solution via nebulizer every 12 hours for pneumonia. Additionally, there was a physician's order directing that respiratory equipment be changed weekly on Thursdays. Resident #128 On 03/25/2026 at approximately 9:00 AM, observation revealed CPAP tubing on the floor and an oxygen concentrator was present. Further observation revealed that the storage bag and respiratory tubing were not labeled with the date. (Photographic evidence obtained). A review of Resident #128 revealed a resident on dialysis with central venous access (CVC) with wounds and on enhanced barrier precautions. The medical record revealed that the resident was admitted on [DATE] with a physician order dated 03/22/2026 for oxygen therapy at night via Astral NIV (Provides Bi-level Positive Airway Pressure (BPAP) to ease breathing). Additionally, there was a physician's order directing that respiratory equipment be changed weekly on Mondays. Resident #15 On 03/25/2026 at approximately 9:10 AM, observation revealed that a nebulizer and oxygen treatment tubing/mask was present in Resident #15's room. Further observation revealed that the storage bag and respiratory tubing were not labeled with the date. (Photographic evidence obtained) A review of Resident #15's medical record revealed that the resident was admitted on [DATE] with a physician's order dated 03/20/2026 for continuous oxygen therapy at 3 liters and albuterol sulfate solution via nebulizer every 6 hours for COPD. Additionally, there was a physician's order directing that respiratory equipment be changed weekly on Mondays. Resident #21 On 03/23/2026-03/25/2026, observation revealed that oxygen treatment was present in Resident #21's room, including a humidifier. Further observation revealed that the storage bag and respiratory tubing were not labeled with the date (Photographic evidence obtained). On 03/23/2026 at approximately 11:33 AM, an interview was conducted with Resident #21. She stated that she is unaware of how often the facility changes the oxygen tubing. She explained that the oxygen tubing is changed approximately once a month and typically only upon her request, when the nasal prongs become hard. A review of Resident #21, medical record revealed that the resident was admitted on [DATE] with a physician's order dated 02/09/2026 for continuous oxygen therapy for COPD. Additionally, there was (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a physician's order directing that respiratory equipment be changed weekly on Mondays. Resident #101 On 03/23/2026 at approximately 11:45 AM, observation revealed that nebulizer tubing was present in Resident #101's room. Further observation revealed that the storage bag and respiratory tubing/mask were not labeled with the date (Photographic evidence obtained). On 03/24/2026 at approximately 4:15 PM, an interview was conducted with Staff L, RN. She explained that both shifts are responsible for changing respiratory items on a weekly basis and indicated that all residents have physician orders for these changes. She further stated that the facility does not require respiratory equipment to be dated to reflect when items are changed. Additionally, she reported that the storage bag used for respiratory items, such as tubing/masks is not routinely replaced. On 03/25/2026 at approximately 8:35 AM, a follow up interview was conducted with Staff L, RN. Upon entering Resident #15's room to assess the oxygen tubing, she was unable to determine the last respiratory equipment change by visually inspecting the tubing and was unable to state when it had been changed, as the tubing was not dated. On 03/25/2026 at approximately 8:40 AM, an interview was conducted with Staff O, RN. Upon entering Resident #100's room to assess the oxygen tubing and nebulizer tubing/mask, she was unable to determine the last respiratory equipment change by visually inspecting the tubing and was unable to state when it had been changed, as the tubing was not dated. A facility policy titled Oxygen administration, dated 12/01/2008 and last reviewed 11/17/2025, stated that oxygen humidifier bottles are disposable bottles and are for single resident use only and changed weekly. All oxygen tubing should be changed when there is visible soiling with the respiratory secretions/mucus and weekly.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interviews and record review, the facility failed to ensure the resident's right to be fully informed and to participate in care decisions, including the provision of a properly executed consent for psychotropic medication for 3 out 3 consents reviewed. (Resident #13, # 60 and #128)The findings include:A review of Resident #13's medical record revealed a psychotropic medication consent form without a date of completion. The consent form contained only the resident's representative typed name in the designated signature line, with no handwritten or authenticated signature present. Additionally, the consent form lacked a witness signature to the facility representative. Furthermore, the consent form did not include documentation of the date and time the consent was obtained, or the relationship to the resident. (Photographic evidence obtained)A review of Resident #60's medical record revealed a psychotropic medication consent form without a date of completion. The consent form contained only the resident's typed name in the designated signature line, with no handwritten or authenticated signature present. (Photographic evidence obtained)A review of Resident #128's medical record revealed a psychotropic medication consent form without a date of completion. The consent form contained only the resident's typed name in the designated signature line, with no handwritten or authenticated signature present. (Photographic evidence obtained).On 03/25/2026 at approximately 12:30 PM, an interview was conducted with the Director of Nursing. She explained that the psychotropic consents are not printed and are directly completed on the computer. She added that the name of the resident/responsible party is typed in the designated signature line. She acknowledged that there are no signatures for authentication.On 03/25/2026 at approximately 12:35 PM, an interview was conducted with Staff R, Social Worker. She acknowledged that psychotropic medication consents were not validated with a handwritten signature. She explained that she called Resident #13's representative, listed as the primary contact, over the phone to obtain the consent. She explained that the consents are not printed and instead the name of the resident and/or representative is typed in lieu of a signature. She further stated that when consent is obtained via telephone, there is no witness to verify or validate the authorization. She acknowledged that this process lacks accountability and credibility, as there is no evidence to support that the consent was reviewed, that risks and benefits were explained, or that informed consent for the administration of psychotropic medications was obtained.On 03/25/2026 at approximately 12:40 PM, a phone interview was conducted with Resident #13's representative and primary contact. She stated that she is not aware of the type of medications the resident is receiving and is not involved in the resident's medication management. She further stated that she has never been contacted by the facility to provide consent for the administration of medications.On 03/26/2026 at approximately 12:35 PM, an interview was conducted with the Interim Administrator. She explained that, for authentication of the consent, she expects the consent form to be printed and signed. She added that, when consent is obtained over the phone, a witness signature should be present to validate it.The consent form for use of psychotropic was reviewed. Under the section Additional information it describes that the resident/responsible party have been informed of available alternatives, benefits of medication use, potential side effects of medication use, right to refuse treatment, the need for continued use will be reviewed quarterly, consent can be withdrawn at any time, questions about medications can be asked at any time. With the resident/family signature: My signature indicates my informed consent for use of the medications listed above and that I understand the reason for use and potential risks and benefits. Per the Senior Nurse Consultant, the facility does not have a policy for informed consents.

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	106048	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Santa Rosa	5530 Northrop Road Milton, FL 32570

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the accuracy and completeness of Preadmission Screening and Resident Review (PASRR) documentation for 3 of 4 residents reviewed for PASRR compliance. (Residents #3, #72 and #95) The findings include:Resident #95 Resident #95 was admitted to the facility on [DATE] with diagnoses which included a primary diagnosis of major depressive disorder, recurrent, severe with psychotic symptoms, and secondary diagnoses of anxiety disorder, bipolar disorder, and other disorders of psychological development. Further review of Resident #95's medical record reveals a Psychiatric Periodic Evaluation dated 1/15/26, which revealed the resident has a past history of involuntary inpatient psychiatric care and outpatient psychiatric care. On 3/25/26, a review of Resident #95's Level I PASRR indicates in Section I that this resident had Mental Illness related to diagnoses of depressive disorder and bipolar disorder. However, under Section IV: PASRR Screen Completion, No diagnosis of suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASRR evaluation not required is checked.On 3/26/26 at approximately 11:30 AM, an interview was conducted with Staff J, Social Worker (SW). He stated he answered the questions based on the information he had at the time of his screening. When the question If the Level I pre-screening of the resident, either prior to admission or within 30 days, in accordance with the state PASRR process, identified that the resident had or may have had an MD, ID or related condition, did the facility refer the resident to the appropriate state-designated authority for Level II PASARR evaluation and determination? was reviewed, he confirmed Resident #95 meets the criteria of a serious mental illness and should have received a PASRR II. Resident #3 A review of the record for Resident #3 showed the resident was admitted to the facility on [DATE] with a completed Level I Preadmission Screening and Resident Review (PASRR). admission diagnoses included catatonic disorder due to a known physiological condition, schizoaffective disorder, bipolar disorder, altered mental status, major depressive disorder, and postˆtraumatic stress disorder. No Level II PASRR evaluation was completed at or after admission. Resident #74 A review of the record for Resident #74 showed the resident was admitted to the facility on [DATE] with a completed Level I Preadmission Screening and Resident Review (PASRR). admission diagnoses included Major depressive disorder, Bipolar disorder No Level II PASRR evaluation was completed at or after admission. During an interview with the SW on 03/25/2026 at approximately 11:30 AM, the SW stated that screening questions are answered based on information received from admission materials and from the resident. When asked who ensures PASRR accuracy and appropriate followˆup services, the LCSW stated that the Social Services Director is responsible. After reviewing Resident #3 and #74's diagnoses during the interview, the LCSW agreed that the residents meets criteria for a Level II PASRR evaluation. (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident #3's and Resident #74's care plan revealed that problems and approaches for bipolar disorder and schizoaffective disorder were not added until 03/25/2026, after staff interviews regarding PASRR screening had occurred.

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure that a resident received necessary equipment and services to maintain mobility and quality of life. This deficient practice affected 1 of 1 residents reviewed. (Resident #7) The findings include:On 03/23/2026 at approximately 11:57 AM, Resident #7 was observed asleep in his room. Record review confirmed the resident is a quadriplegic with two ostomies, a feeding tube, a catheter, and is totally dependent for care.On 03/24/2026 at 9:57 AM, Resident #7 reported ongoing difficulty obtaining assistance to replace the battery for the motorized wheelchair, which has been nonfunctional since 2020. The resident stated there have been multiple emails to the corporate office, and that they informed the resident that it is the resident's responsibility to find help. The wheelchair was observed beside the bed with personal belongings stored on it. The resident stated not having been out of bed since an appointment a month ago and shared that the facility-provided highˆback manual wheelchair is not comfortable.At approximately 12:45 PM on 03/24/2026, a review of a binder containing the resident's printed emails showed repeated requests for assistance with wheelchair repair, leg pumps, and preferred ostomy supplies. An email dated 12/01/2025 showed the resident requested a reference letter from the corporate office for a foundation that donates wheelchairs or batteries; the corporate representative denied the request, stating they do not assist with donations for residents.At approximately 4:20 PM on 03/24/2026, the Social Services Director (SSD) stated awareness that the resident has been requesting help finding a new motorized wheelchair since before the SSD was hired one year ago. The SSD stated uncertainty about who is responsible for providing the resident with resources.On 03/25/2026 at approximately 3:58 PM, the Administrator stated that the Activities Director would be appointed to assist the resident with finding resources for wheelchair repair or replacement. The Activities Director acknowledged awareness that the resident has been seeking such assistance for years.Observations from 03/23/2026 through 03/25/2026 showed the resident did not leave the bed or his room.Review of Activities of Daily Living (ADL) documentation dated 03/23-03/25/2026 showed Activity did not occur for mobility off the unit on all shifts.A review of Progress notes documented longstanding wheelchair malfunction concerns: 11/10/2020 (Nursing): Motorized wheelchair not charging; administration notified. 03/05/2025 (NP): Resident assessed for power mobility device; current wheelchair nonfunctional. Resident physically and mentally able to use powered mobility and cannot selfˆpropel manual chair. 03/25/2025 (NP): Resident continued requesting updates on new powered wheelchair. 04/15/2025 (NP): Assessment reiterated need for powered wheelchair; manual wheelchair not feasible due to contracture and weakness.Review of the Minimum Data Set (MDS) dated [DATE] documented that going outside and having fresh air is very important to the resident.

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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 facility failed to ensure 3 of 20 residents reviewed for medication administration received the medications as ordered. (Resident #25, #100, and #128) The findings include: Resident #100 A review of records revealed Resident #100 was receiving respiratory services (e.g., inhaler, nebulizer) as of 03/23/2026. A review of Resident #100's record revealed that the resident received Albuterol Sulfate every 12 hours via inhalation. This was not documented as administered per physician's orders 03/20/2026 at 9:00 PM and no documentation to indicate a reason for omission. Resident #128 The facility matrix revealed Resident #128 receiving anticoagulant and insulin therapy as of 03/23/2026. A review of Resident #128's record revealed that Dextromethorphan-Guaifenesin (an over-the-counter medication used to treat cough) was not documented as administered every 12 hours per physician's orders for cough on 03/20/2026 at 9:00 PM; Eliquis 5 mg (milligram) (an anticoagulant) was not documented as administered every 12 hours per physician's orders on 03/20/2026 at 9:00 PM; insulin Glargine 5 units subcutaneous injection (a long acting insulin to treat diabetes) was not documented per physician's orders on 03/23/2026 at 6:00 AM; insulin Lispro (a rapid acting insulin to treat diabetes) per sliding scale, which required blood glucose monitoring prior to administration, had no documented evidence that the Resident #128's blood glucose was checked. There was no evidence in the Medication Administration Records (MARs) to confirm that the blood glucose was checked and medication was administered as prescribed on 03/20/26 at 11:30 AM and 9:00 PM, and on 03/23/2026 at 6:00 AM, and no documentation to indicate a reason for omission. On 03/27/2026 at approximately 11:20 AM, an interview was conducted with the Director of Nursing. After an independent review of the medical records for Resident #100 and #128, she acknowledged the omission of documentation and the absence of a signature on the MAR. She further indicated that when a medication is not administrated or is refused, documentation is still required, and leaving a blank entry on the MAR is not acceptable, as it leaves open possibility that a medication was not given. Resident #25 During an observation conducted on 03/23/2026 at approximately 09:45 AM, medications were found unsecured at Resident #25's bedside. The medications were accessible and not stored in a locked or supervised area as required. Resident #25 reported that she had requested the nurse to leave the medications on the table so she could take them at her own pace. During an interview with Resident #25's nurse, Employee V, on 03/23/2026 at approximately 10:00 AM, she stated that the medications were left at the bedside for the resident to take independently (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	one at a time. Employee V stated this was not standard practice to leave medications at the bedside. A review of Resident #25's medical record on the same date revealed there was no physician order permitting self^administration of medications, nor documentation showing the resident had been assessed and deemed safe and competent to self^administer medications. In an interview with Employee Y, Registered Nurse (RN), on 03/24/2026 at approximately 2:59 PM, she confirmed that medications may only be left at a resident's bedside if there is a physician's order and the resident has been evaluated and approved to take medications independently. On 03/25/2026, a review of the facility's policy, Self Administration, last reviewed on 12/11/2025, stated that a resident may self^administer medication only if the licensed nurse and physician determine the practice is safe for the resident and others in the facility. The policy also applies to family members who wish to administer medications. Bedside storage of medications is allowed only when it does not pose a risk to residents who may wander into rooms. Locked drawers or cabinets are required if unlocked storage is not effective. The attending physician must enter an order for bedside medication storage and self^administration.