STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106115	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewater Park Health & Rehabilitation Center	9280 South West 81st CT Ocala, FL 34481

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility failed to ensure staff hired in the position of Dietary Manager had obtained the required qualifications to serve as Dietary Manager of the facility.Findings include: During an interview on 3/2/2026 beginning at 9:22 AM, Staff A, Dietary Manager, stated he was employed by the facility as the Dietary Manager. Review of personnel records for Staff A, Dietary Manager, revealed the Dietary Manager had high school education and had worked as the facility Dietary Manager since September 2025. Staff A's records did not show documentation indicating Staff A had completed a course of study in food safety and management by no later than October 1, 2023.During interview on 3/3/2026 beginning at 12:13 PM, Staff A, Dietary Manager, stated that he was not qualified as a Certified Dietary Manager. He stated that he had no other certifications or credentials related to kitchen management. He confirmed that he had obtained a high school diploma and had worked as a Dietary Manager in another state.During an interview on 3/3/2026 at 1:50 PM, the Administrator confirmed Staff A had not yet completed a course of study in food safety and management.Review of the job description titled Director of Dining and Nutrition Services with review/revision date of 8/10/2020, and signed by Staff A, Dietary Manager, on 9/15/2025 read, Minimum Qualifications/Requirements: Must meet one of the following criteria, as defined by federal regulation, or be willing to complete these requirements within a defined timeframe: A certified dietary manager; or A certified food service manager; or Has similar national certification for food service management and safety from a national certifying body; or Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning. Food and Nutrition Directors hired prior to November 28, 2016 will meet the above requirements no later than 5 years after November 28, 2016. Food and Nutrition Directors hired after November 28, 2016 will meet the above requirements no later than 1 year after November 28, 2016.

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents Minimum Data Set (MDS) assessments were accurate for 1 of 3 residents reviewed for behavioral health (Resident #131).Findings include:Review of Resident #131's admission record showed the resident was admitted on [DATE] with diagnoses to include major depressive disorder (onset date of 2/20/2026).Review of Resident #131's admission MDS dated [DATE] did not show depression documented as a diagnosis under Section I. Active Diagnoses.Review of Resident #131's physician order dated 2/20/2026 read, Bupropion HCl [Hydrochloride] ER [Extended Release] Tablet Extended Release 24-hour 300 mg [milligram], Give 1 tablet by mouth one time a day for depression.Review of Resident #131's physician order dated 2/21/2026 read, Sertraline HCl 100 mg Tablet, Give 2 tablet by mouth one time a day for depression.Review of Resident #131's Medication Administration Record (MAR) for February 2026 for administration of Bupropion showed the medication was administered from 2/21/2026 through 2/28/2026.Review of Resident #131's MAR for February 2026 for administration of Sertraline showed the medication was administered from 2/21/2026 through 2/28/2026.Review of Resident #131's Psychiatry admission Note dated 2/23/2026 read, Chief Complaint: Depression. History of Present Illness: The patient is a [age of Resident #131] female with a past neuropsychiatric hx [history] of dementia and depression.During an interview on 3/4/2026 at 9:20 AM, Staff W, MDS Coordinator Licensed Practical Nurse, stated, [Resident #131's name] had a diagnosis of depression in the system as of 2/20 [2/20/2026] and the MDS will need to be corrected.During an interview on 3/5/2026 at 10:05 AM, the Director of Nursing stated, The facility does not have a policy for MDS. The facility follows the RAI [Resident Assessment Instrument].

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to coordinate Preadmission Screening and Resident Review (PASRR) for the residents with newly evident or possible serious mental disorder for 3 of 7 residents reviewed for PASRR (Residents #7, #10, and #131).Findings include: 1) Review of Resident #7's admission record showed the resident was admitted on [DATE] with diagnoses to include delusional disorders (onset date of 7/24/2025); unspecified dementia, unspecified severity, with other behavioral disturbance (onset date of 5/16/2025); and mild cognitive impairment of uncertain or unknown etiology (onset date of 5/16/2025). Review of Resident #7's Level I PASRR dated 5/16/2025 showed no diagnosis of mental illness or suspected mental illness documented under section I. PASRR Screen Decision-Making. Further review of the PASRR read, Section IV: PASRR Screen Completion. Individual may be admitted to a Nursing Facility (check one of the following: [checked box] No diagnosis or suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASR evaluation not required. Review of Resident #7's progress notes dated 7/24/2025 read, Chief Complaint/ Nature of Presenting Problem: Increased agitation/delusions. Review of Resident #7's progress notes dated 2/16/2026 read, Medications: Quetiapine Fumarate Oral Tablet 24 mg [milligram], 2 tablets by mouth two times a day, Give 2 tablets by mouth two times a day for delusional disorder. Active. Start Date: 02/05/2026. During an interview on 3/4/2026 at 3:00 PM, the Social Services Director stated, The initial PASRR was completed by the hospital nurse and after the resident had a change in behavior as delusional that warranted a psychotropic medication, the PASRR should have been updated. During an interview on 3/5/2026 at 8:58 AM, the Advanced Practice Registered Nurse (APRN) #3 stated, The caregiver did cite that [Resident #7's name] was seeing things that were not there while outside in the courtyard and the [Resident #7's name] was prescribed with Quetiapine, which she had taken at home. I did receive a call from the Director of Nursing asking what the supporting diagnosis for the medication is and I told her delusional. 2) Review of Resident #10's admission record showed the resident was admitted originally admitted on [DATE] and readmitted on [DATE] with diagnoses to include generalized anxiety disorder (onset date of 1/16/2026) and major depressive disorder (onset date of 11/23/2023). Review of Resident #10's Level I PASRR dated 1/7/2026 showed no diagnosis of mental illness or suspected mental illness documented under section I. PASRR Screen Decision-Making. Further review of the PASRR read, Section IV: PASRR Screen Completion. Individual may be admitted to a Nursing Facility (check one of the following: [checked box] No diagnosis or suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASR evaluation not required. During an interview on 3/3/2026 at 1:07 PM, the Director of Nursing (DON) stated that the PASRR should have been updated to reflect the resident's diagnoses of generalized anxiety disorder and major depressive disorder. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3) Review of Resident #131's admission record showed the resident was admitted on [DATE] with diagnoses to include cognitive communication deficit (onset date of 2/20/2026), dementia (onset date of 2/20/2026), and major depressive disorder (onset date of 2/20/2026), and Alzheimer's Disease (onset date of 2/20/2026). Review of Resident #131's PASRR dated 2/16/2026 showed no diagnosis of mental illness or suspected mental illness documented under section I. PASRR Screen Decision-Making. Further review of the PASRR read, Section IV: PASRR Screen Completion. Individual may be admitted to a Nursing Facility (check one of the following: [checked box] No diagnosis or suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASR evaluation not required. During an interview on 3/4/2026 at 11:59 AM, the Social Services Director stated, [Resident #131's name] PASSR needs to be corrected. I am a bit confused. I was correcting them, but I was not sure if I would get in trouble if I did since it is a preadmission assessment. I typically will review the PASSR and if it needs to be corrected, I will go to our case manager, and she will correct them and I will follow up with any paper worker that is needed.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review, the facility failed to ensure staff dated the wound dressing for 1 of 2 residents reviewed for skin integrity (Resident #15), failed to ensure physician-ordered weights were obtained for 1 of 6 residents reviewed for medication management (Resident #15), and failed to ensure staff followed physician-ordered parameters for administering blood glucose medications for 1 of 6 residents reviewed for medication management (Resident #66).Findings include:1) During an observation on 3/2/2026 at 9:14 AM, Resident #15's left shin wound was covered with a bandage. There was no date on the dressing.Review of Resident #15's physician order dated 2/3/2026 read, Cleanse left lower shin skin tear with NS [normal saline], place one single layer xeroform, cover with dry dressing one time a day for skin tear.During an observation on 3/4/2026 at 11:12 AM, Resident #15's left shin wound was covered with a bandage. There was no date on the dressing.During an interview on 3/4/2026 at 12:15 PM, the Assistant Director of Nursing (ADON) confirmed that the dressing had no date. The ADON followed up with Staff O, Licensed Practical Nurse (LPN), who reported that the dressing had been changed that day, but was not dated. The ADON stated that wound dressings should always be dated.During an interview on 3/4/2026 at 2:14 PM, Staff O, LPN, stated that she had changed the dressing as ordered, but must have overlooked placing the date on the dressing and acknowledged that the dressing should have been dated.During an interview on 3/4/2026 at 3:29 PM, Staff P, LPN, stated that Staff E, Registered Nurse (RN), had completed the dressing change on that date [3/2/2026], and had not documented a date on the dressing.Review of the facility policy and procedure titled Clean Dressing Change Policy with the last review date of 12/23/2025 read, Policy Explanation and Compliance Guidelines: 16. Secure dressing. [NAME] with initials and date. (Add time of dressing is more than once daily.)2) Review of Resident #15's physician order dated 2/3/2026 read, Obtain weight daily for CHF [Congestive Heart Failure] in the morning. Notify physician of gain of more than 5 lbs [pounds] or loss of 3 lbs.Review of Resident #15's Weights and Vitals Summary showed no weights were documented on 2/5/2026, 2/6/2026, 2/8/2026, 2/11/2026, 2/16/2026, 2/18/2026, 2/20/2026, 2/21/2026, 2/27/2026, and 2/28/2026.During an interview on 3/4/2026 at 12:45 PM, the Director of Nursing (DON) stated, There are multiple dates when weights are not obtained or documented. My expectation is that staff follow physician orders and obtain daily weights as ordered.3) Review of Resident #66's physician orders dated 2/1/2026, 2/11/2026, and 2/24/2026 read, Humalog Solution 100 unit/ml [milliliter] (Insulin Lispro (human)), Inject as per sliding scale: if 0-69, Give Carb Replacement and call the on call MD/NP [Medical Doctor/Nurse Practitioner]. Recheck in 30 minutes; 70-149, No insulin coverage required; 150-200= 2 units, inject 2 units subcutaneous; 201-250= 4 units, inject 4 units subcutaneous; 251-300= 6 units, inject 6 units subcutaneous; 301-350= 8 units, inject 8 units subcutaneous; Recheck in 30 minutes; 351-399= 10 units, inject 10 units subcutaneous; Recheck in 30 minutes; 400+ Call the MD/NP, subcutaneously before meals for diabetes.Review of Resident #66's MAR for February 2016 for administration of Humalog Solution 100 unit/ml with the Start Date of 2/2/2026 at 6:30 AM and discontinuation date of 2/5/2026 at 3:41 PM showed the blood sugar level documented as 323 mg/dL [milligram/deciliter] on 2/3/2026 at 11:28 AM, and 353 mg/dL on 2/5/2026 at 1:56 PM.Review of Resident #66's MAR for February 2016 for administration of Humalog Solution 100 unit/ml with the Start Date of 2/5/2026 at 5:00 PM and discontinuation date of 2/20/2026 at 12:23 AM showed the blood sugar level documented as 373 mg/dL on 2/7/2026 at 4:14 PM; 479 mg/dL on 2/7/2026 at 8:11 PM; 368 mg/dL on 2/9/2026 at 6:08 PM; 308 mg/dL on 2/9/2026 at 11:54 PM; 363 mg/dL on 2/10/2026 at 5:40 PM; 313 mg/dL on 2/11/2026 at 5:44 PM; 367 mg/dL on 2/12/2026 at 4:01 PM; 322 mg/dL on 2/12/2026 at 9:16 PM; and 308 mg/dL on 2/16/2026 at 9:08 PM.Review of Resident #66's MAR for February 2016 for administration of Humalog Solution 100 unit/ml with the Start Date of 2/20/2026 at 7:30 AM and discontinuation date of 3/4/2026 at 4:04 PM showed the blood sugar level documented as 351 mg/dL on 2/20/2026 at 10:44 PM; 350 mg/dL on (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/21/2026 at 11:18 AM; 66 mg/dL on 2/21/2026 at 4:04 PM; 332 mg/dL on 2/22/2026 at 11:22 AM; 320 mg/dL on 2/23/2026 at 12:10 PM; 365 mg/dL on 2/25/2026 at 12:27 PM; 343 mg/dL on 2/26/2026 at 12:15 PM; 370 mg/dL on 2/26/2026 at 4:11 PM; 321 mg/dL on 2/27/2026 at 10:58 AM; and 378 mg/dL on 2/27/2026 at 6:02 PM.Review of Resident #66's medical record showed no documentation for rechecking the blood glucose levels within 30 minutes as ordered by the physician or no documentation indicating notification of the physician on 2/3/2026, 2/5/2026, 2/7/2026, 2/9/2026, 2/10/2026, 2/11/2026, 2/12/2026, 2/16/2026, 2/20/2026, 2/21/2026, 2/22/2026, 2/23/2026, 2/25/2026, 2/26/2026, and 2/27/2026.Review of Resident #66's MAR for February 2016 for administration of Humalog Solution 100 unit/ml with the Start Date of 2/20/2026 at 7:30 AM and discontinuation date of 3/4/2026 at 4:04 PM showed the blood sugar level documented as 316 mg/dL on 3/1/2026 at 12:19 PM.During an interview on 3/5/2026 at 8:28 AM, Staff T, LPN, stated, The parameters in the physician order are not the typical parameters utilized by the facility. I was not aware that the order directed staff to recheck the resident's blood glucose and therefore did not perform the rechecks.During an interview on 3/5/2026 at 9:03 AM, Staff U, LPN, stated, I do not recall the resident. I work at the facility approximately once per month. If I did not document blood glucose recheck, it is likely that I was not aware that the physician order required the blood glucose to be rechecked.During an interview on 3/4/2026 at 1:33 PM, the DON stated, I am unable to locate documentation indicating that blood glucose levels were rechecked following the out-of-range results. I was unable to find documentation showing that the physician or provider had been notified as directed by the physician order. My expectation is that staff follow physician orders, including rechecking the resident's blood glucose and notifying the physician when blood glucose results fall outside of the ordered parameters.Review of the facility policy and procedure titled Following Physician Orders/Parameters with the last review date of 12/23/2025 read, Policy. 2) Licensed healthcare personnel will consult and follow the physician/clinician order when performing any resident procedures.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to monitor weights for residents who were at nutritional risk for 2 of 4 residents reviewed for weight loss (Residents #63 and #88).Findings include:1) Review of Resident #63's physician order dated 2/16/2026 read, Obtain Weight Daily x [times] 3 Days every day shift for 3 Days.Review of Resident #63's physician order dated 2/19/2026 read, Obtain weight daily x 3 days every day shift for 3 Days.Review of Resident #63's physician order dated 2/25/2026 read, Daily weights x 7 days in the morning for weight monitoring for 7 days.Review of Resident #63's Treatment Administration Record for February 2026 for obtaining weights showed no entry on 2/15/2026, code 12 (not applicable) on 2/16/2026, NA (not applicable) on 2/17/2026, and code 12 on 2/19/2026, and 2/20/2026. Review of Resident #63's Weight Summary showed weights documented as 111.4 pounds on 2/14/2026, 104.4 pounds on 2/24/2026, and 105.4 pounds on 3/3/2025. There were no other weights documented for February and March 2026. Review of Resident #63's nutrition assessment dated [DATE] read, 10. Comments: discussed at NAR [Nutritionally at Risk] meeting 2/25 [Sic.], added to daily weights. 2) Review of Resident #88's physician order dated 2/18/2026 read, Obtain Weight Daily x 3 days every day shift for 3 Days.Review of Resident #88's TAR for February 2026 for obtaining weights with the start date of 2/18/2026 showed N/A on 2/19/2026 and code 12 on 2/20/2026.Review of Resident #88's physician order dated 2/25/2026 read, Obtain weight daily x 3 days one time a day, Notify physician of gain of more than 3 lbs [pounds] in one day.Review of Resident #88's TAR for February 2026 for obtaining weights with the start date of 2/26/2026 and discontinuation date of 3/4/2026 showed no entries documented on 2/26/2026, 2/27/2026, and 2/28/2026. Review of Resident #88s Weight Summary showed weights documented as 119.8 pounds on 2/17/2026, 113.8 pounds on 2/24/2026, 114.2 pounds on 3/3/2026, and 113.4 pounds on 3/4/2026. There were no other weights documented for February and March 2026. Review of Resident #88's nutrition assessment dated [DATE] read, M. Recommendations. will monitor for wt [weight] loss and s/s [signs and symptoms] malnutrition.During an interview on 3/3/2026 at 3:15 PM, Staff D, Licensed Practical Nurse (LPN), stated, Sometimes the person who has to do the weights is not available to do them; that is why I put not applicable.During an interview on 3/4/2026 at 11:39 AM, the Director of Nursing stated, One hundred percent the weights for [names of Resident #63 and Resident #88] were not done. The floor staff did not pick up on doing the weights.Review of the facility policy and procedure titled Weight Monitoring with the last review date of 12/23/2025 read, Policy: Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interview, the facility failed to ensure residents received oxygen as ordered by physician for 1 of 4 residents reviewed for oxygen therapy (Resident #106).Findings include:During an observation on 3/2/2026 at 9:34 AM, Resident #106 was sitting in her wheelchair in her room. No oxygen was being administered. There was a portable oxygen concentrator in the room against the wall near the door.During an interview on 3/2/2026 at 9:34 AM, Resident #106 stated, The concentrator is not mine. It was in the room when I first arrived.During an observation on 3/2/2026 at 2:37 PM, Resident #106 was participating in therapy, with no oxygen being administered at the time of observation.During an observation on 3/3/2026 at 8:24 AM, Resident #106 was sitting up in bed. No oxygen was being administered and there was no portable oxygen concentrator in the resident's room.During an observation on 3/3/2026 at 2:13 PM, Resident #106 was in bed. There was no oxygen being administered and no oxygen concentrator in the resident's room.During an interview on 3/3/2026 at 2:13 PM, Resident #106 stated, They took the oxygen machine this morning. They cannot make up their mind if I need oxygen or not. I have COPD [Chronic Obstructive Pulmonary Disease], asthma and shortness of breath. The staff will come measure my oxygen on my finger and if I need the oxygen, they will go ahead and put it on.Review of Resident #106's physician order dated 2/24/2026 read, Oxygen order 2L [liter].During an interview on 3/3/2026 at 2:15 PM, Staff F, Licensed Practical Nurse (LPN), stated, [Resident #106's name] has an order for oxygen at 2 liters. When asked if this is for continuous or as needed administration, Staff F stated, I do not know. I would have to find out.During an observation on 3/3/2026 at 2:15 PM, Staff F, LPN, confirmed Resident #106 was not being administered oxygen at this time and did not have a portable oxygen concentrator in her room.During an interview on 3/4/2026 at approximately 9:10 AM, Staff E, Registered Nurse (RN), (staff member who wrote the order in the system] stated, To me, the order means oxygen to be continuously administered. If it was prn [as needed] it would be included in the order.During an interview on 3/4/2026 at 9:19 AM, the Director of Nursing (DON) stated, The order would need to specify if the oxygen is continuous or prn. If this is not part of the order, the nurse should clarify the order. The nurses are expected to follow MD [Medical Doctor] orders.Review of the facility policy and procedure titled Oxygen Administration with the last review date of 12/23/2025 read, Policy: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered plans, and the resident's goals and preferences. Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician, except in the case of an emergency.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a PRN (as needed) psychotropic medication order had limit in duration and was clinically appropriate for 1 of 5 residents reviewed for unnecessary medications (Resident #10).Findings include:Review of Resident #10's admission record showed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses to include generalized anxiety disorder, and mild single episode major depressive disorder.Review of Resident #10's physician order dated 2/23/2026 read, Alprazolam Oral Tablet 0.25 mg [milligram] (Alprazolam), Give 1 tablet by mouth every 24 hours as needed for anxiety. The order reflected a start date of 2/23/2026 with an indefinite end date.Review of Resident #10's Medication Administration Record for February 2026 and March 2026 for administration of Alprazolam showed the resident was administered the medication on 2/23/2026 at 1:41 PM, 2/28/2026 at 12:53 PM, and 3/3/2026 at 2:11 AM.During an interview on 3/3/2026 at 1:07 PM, the Director of Nursing (DON) stated that the medication order for Alprazolam should have included an end date of 14 days from the start date and that an indefinite end date was not acceptable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106115	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgewater Park Health & Rehabilitation Center	9280 South West 81st CT Ocala, FL 34481

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals used in the facility were stored and labeled in accordance with accepted professional principles in 2 of 4 units.Findings include: 1) During an observation on 3/2/2026 at 10:14 AM, Resident #134 was not in his room. There was an intravenous infusion pole in the room with an infusion bag of Daptomycin connected to the intravenous tubing that was not labeled with time and date (Photographic evidence obtained). During an observation on 3/2/2026 at 10:45 AM, Staff D, Licensed Practical Nurse (LPN), confirmed the intravenous infusion bag nor the intravenous tubing were labeled with time and date. Review of Resident #134's physician order dated 2/26/2026 read, Daptomycin Intravenous Solution Reconstituted 500 MG [milligram] (Daptomycin), Use 1000 mg intravenously one time a day for MRSA [Methicillin-resistant Staphylococcus aureus] (wound in back) until 3/16/2026 23:59 [11:59 PM]. During an interview on 3/2/2026 at 10:45 AM, Staff D, LPN, stated, The tubing needs to be dated. I do not see a date on this tubing. It had to be hung yesterday. During an interview on 3/4/2026 at 11:25 AM, the Director of Nursing stated, Intravenous tubing should be dated and changed every 24 hours. Review of the facility policy and procedure titled Intravenous Therapy with the last review date of 12/23/2025 read, Policy: The facility will adhere to accepted standards of practice regarding infusion practices. Compliance Guidelines: 5. All IV tubing is to be labeled with date, time and initials. 2) During an observation on 3/2/2026 at 10:48 AM, there was one plastic bottle of Nystatin 100,000 units powder on the dresser in Resident #78's room. The bottle was labeled with the name of Resident #112 (Photographic evidence obtained). During an interview on 3/2/2026 at 11:06 AM, Resident #78 stated, I sweat under my breasts and I put the powder there. When asked if she puts the powder under her breasts, Resident #78 stated, No aides put the powder in places where I sweat During an interview on 3/4/2025 at 1:20 PM, the Director of Nursing (DON) confirmed Nystatin powder in Resident 78's room with Resident 112's name on it. The DON confirmed Nystatin should not have been in Resident #78's room and used on Resident #78 and stated, I will be looking into this. During an interview on 3/5/2026 at 11:13 AM, Staff J, LPN stated, [Resident #78's name] does not have any current order for Nystatin. During an interview on 3/5/2025 at 11:15 AM, Staff S, Certified Nurse Assistant (CNA), stated If the resident has a complaint about sweating and wants to use something for a rash or sweating, I notify the nurse and follow her instructions. During an interview on 3/5/2026 at 11:20 AM, Staff R, CNA, stated, I only use baby powder for (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Resident #78's name) when she complains of sweating under breasts and abdominal area. Review of the facility policy and procedure titled Medication Storage with the last review date of 12/23/2025 read, Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Policy Explanation and Compliance Guidelines: 1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts. cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. b. Only authorized personnel will have access to the keys to locked compartments.