STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106149	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge Health and Rehabilitation Center	6517 NW 39th Avenue Gainesville, FL 32606

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to promote and maintain an environment that enhanced resident dignity and respected resident privacy for residents in 3 of 9 hallways (300's, 400's and 700's hallways) reviewed for resident rights. Findings include: 1) During an interview on 05/04/2026 at 11:12 AM, Resident #13 stated, The staff came into my room last night around 4:00 AM, and [Staff H, Registered Nurse (RN)'s name] and another staff member took some items out of my drawer. They told me they were getting medications out of the room because state was coming in the morning. I am not sure what all they took. During an interview on 05/05/2026 at 8:00 AM, Resident #89 stated, The staff came into my room and went through all of my belongings and took some of my personal items, snacks and my brush. They told me that state was coming in the morning, so they had to go through all of my belongings. I felt like it was a major violation of my privacy. During an interview on 05/04/2026 at 9:50 AM, Resident #105 stated, I caught one of the CNA's (Certified Nursing Assistant) going through my belongings last night. She said she was taking an inventory. I am not sure what her name was. It is upsetting because I have had some items stolen in the past here, and I was worried they could be stealing from me again. During an interview on 05/05/2026 at 4:00 PM, the Administrator stated, We do routine room checks periodically on 11-7 shifts to pull excessive linen. Were residents upset? Sure, maybe. Every day is survey readiness. The fact that residents are saying because of state we are always getting ready for state, so that could have been said at any time. I think there is opportunity here to reapproach that practice, and if that will be our practice moving forward, we will need to do some education with the residents and staff. It would be appropriate to go through resident's belongings if they are notified first. I do not know how it was presented or if the residents were notified first. During an interview on 05/05/2026 at 4:05 PM, the DON (Director of Nursing) stated, We were doing audits on the rooms. The staff only took out supplies such as towels. I spoke to [Resident #13's name's] family and explained it was just towels, wash cloths, and linens that were taken. It was [Staff H, RN's name] and [Staff B, LPN's (Licensed Practical Nurse) name] that went through the rooms. During an interview on 05/07/2026 at 8:00 AM, Staff H, RN stated, We went into resident's rooms Sunday night because we were getting state-ready and taking out excess linens and straightening up. We put hairbrushes and sprays in the bathroom, and we were bagging up medications and putting their names on them. A lot of the residents were okay with it, and some were not okay with it. When they (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	woke up and asked what we were doing, we explained to them what we were doing. We do that every so often, but it is not a weekly thing. For the past 2 to 3 weeks, I have been explaining to the CNA's that we need to declutter. We did not give any of the residents advanced notice that we were going to go through their rooms. Some woke up, some didn't. During an interview on 05/07/2026 at 9:45 AM, the Administrator stated, We don't have policies for personal property or resident rights. Review of admission packet provided by Administrator, not dated, read, Addendum 10 Resident's [NAME] of Rights. Every resident of the Facility shall have the following rights: m. The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. 2) During an interview on 05/04/2026 at 2:20 PM, Resident #136 stated, I have had a rough day. I was woken up at 3 AM in the morning. Two nurses came into my room and started searching through my things. They were saying state was coming into the building. They were waiting for you. Review of Resident #136's Minimum Data Set annual assessment dated [DATE] documented in Section C, cognitive patterns: BIMS [Brief Interview for Mental Status] 15 [cognitively intact]. During an observation on 5/4/2026 at approximately 3:10 PM, there was a family member standing at the nursing station talking loudly and upset stating they went into the room in the middle of the night, and they were going through her stuff. Later the family member was identified as [Resident #13's representative]. During an interview on 5/7/2026 at 7:45 AM, Staff B, Licensed Practical Nurse (LPN), stated, We went into resident rooms to look for linen, extra towels, and tidy up the rooms if they had combs and things like that we put them in their bins. We also look for creams and lotions. This happened throughout the night. We will knock and if the resident is sleeping, we try to go in quietly. During an interview on 5/7/2026 at 7:53 AM, Staff J, LPN, stated, I worked Sunday [5/3/2026] night. Staff were going into resident rooms to search for items such as extra linen. Normally they will do this every couple of weeks. They will have a big clean out and they will go through the cabinets, and it happened to be that Sunday. They did not give us warning that they would be doing that Sunday night so we could not give the resident warning that they would be rummaging through their things. 3) During observations conducted on 05/04/2026 at 10:13 AM, Resident #38's urinal containing urine was observed on the resident's bedside table. During an interview on 05/04/2026 at 12:18 PM, Resident #38 stated, My room smells like urine the CNA does not change my urinal in between uses, it is embarrassing to me. During observations conducted on 05/05/2026 at 9:23 AM, Resident #38's urinal containing urine was observed on the resident's bedside table. During an interview on 05/05/2026 at 9:23 AM, Resident #38 stated, I feel embarrassed having the urinal on my bedside table. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observations conducted on 05/05/2026 at 11:40 AM, Resident #38's urinal was observed on the bedside table full with urine. [see photographic evidence]

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify resident representatives of a change in condition for weight loss for 1, Resident #7, of 7 residents reviewed for nutrition and for 1, Resident #161, of 3 residents reviewed for pressure ulcers.Findings include: Review of Resident #7's admission record documented diagnosis that include displaced intertrochanteric fracture of right femur subsequent encounter for closed fracture with routine healing, muscle weakness generalized, cognitive communication deficit, dysphasia oropharyngeal phase, encounter for other specified surgical aftercare, unspecified protein calorie malnutrition, acute respiratory failure with hypoxia, hypokalemia, chronic obstructive pulmonary disease unspecified, type 2 diabetes mellitus without complications, gastroesophageal reflux disease without esophagitis. Review of Resident #7's physician orders dated 4/9/2026, read, Weekly Weights every day shift every Thur [Thursday] for monitoring for 4 weeks. Review of Resident #7's weights documented on 4/9/2026 a weight of 180.2 pounds (lbs), on 4/10/2026, a weight of 180.0 pounds, and on 4/21/2026, a weight of 163.5 pounds. Review of the dietary assessment dated [DATE] read, RD Progress Note - Significant Weight Loss CBW [current body weight]: 163.8 lbs (BMI - 24.9) Wt [weight] hx [history]: -9.1% (-16.4 lbs) x 1 month. During a telephone interview on 5/05/2026 at 6:12 PM, Resident #7's representative stated, I was not notified or called about my father's weight loss after being hospitalized or any measures they have put into place for making sure he doesn't have any additional weight loss. I do want to know these things. I do think I should be told about his care and what they are doing and how they are addressing this weight loss. During an interview on 5/06/2026 at 11:44 AM, the Registered Dietician stated, I did order weekly weights for him [Resident #7]. They have not been done. I will only notify a family member if they are present at the bedside if they have a significant weight loss. The nurses will also do this. I did not notify his son about the weight loss or about any dietary changes we have made. I would expect that the residents get weighed as its ordered and it would be documented when they refuse a weight. During an interview on 05/07/2026 at 6:15 AM, the Director of Nursing stated, We should be completing the weights weekly, we should be telling his son about his weight loss and what new measures were put in place. Review of the policy and procedure titled, Weight Management, last approval date of 01/2026 read, Guidelines: Residents are weighed on admission, readmission, and then weekly for four weeks after admission or readmission, unless otherwise indicated to monitor the resident's clinical condition. Purpose: To monitor for weight changes. To evaluate and monitor nutritional status of resident. Procedure: 7. If weight varies more than 5 lbs reweigh. Documentation: 2. Notify the charge nurse or physician of all weight changes of 5 lbs. 3. Record weight on all appropriate forms and initial. Review of the policy and procedure titled, Notification of Change in Condition, last approval date of (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	01/2026 read, Purpose: When a resident is determined to have a change in condition, the licensed nurse will evaluate the resident and notify the representative/resident and the health care provider. Procedure: 3. The licensed nurse is to notify the family/legal representative/resident regarding the resident's change in condition and any new plan of care. 5. The licensed nurse is to document the notification of change to the family/legal representative/resident and Health Care Provider in the medical record. 2) During an interview on 05/06/2026 at 5:57 PM, resident representative for Resident #161 stated, They told me at the meeting that [Staff G, LPN's name] had found the chin wound on Friday 4/24. That day I said ok, if he saw the wound at that time, why was it not properly evaluated and the family notified? Review of Resident #161's skin check note dated 04/24/2026 read, Resident's skin check was completed prior areas of skin impairment were indicated as follows: ulcer (diabetic, venous, arterial, DTI [deep tissue injury]. Patient has a wound in her chin due the pressure of collar. Upon completion of skin check new areas of skin impairment were noted. Review of Resident #161's physician order dated 04/24/2026 read, Wound care consult with [name of third party wound care provider] as needed. Patient has a wound on her chin due the pressure of her collar. Review of Resident #161's progress notes showed no documentation the resident representative was notified about the new wound to Resident #161's chin on 04/24/2026. During an interview on 05/07/2026 at 8:12 AM, Staff G, LPN [Licensed Practical Nurse] stated, We do weekly skin checks. I checked [Resident #161's name] and saw a wound on her chin. I made a wound care consult, and put wound care orders in. I do not remember if I called the family. During an interview on 05/07/2026 at 8:15 AM, the Director of Nursing stated, When a resident has a new wound I expect the nurse to do a change of condition, notify the doctor, get orders, and notify the family.

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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 observation, interview and record review the facility failed to ensure resident assessments were completed accurately to reflect the resident's status for 4 out of 12 residents reviewed. Findings Include: 1) Review of Resident #17's Minimum Data Set [MDS] admission assessment dated [DATE], Section I, active diagnoses did not include glaucoma, atrial fibrillation [A-fib] and protein malnutrition. Review of Resident #17's admission record documented resident was admitted on [DATE] with diagnosis that included unspecified glaucoma [onset date 04/15/2026] unspecified atrial fibrillation [onset date 04/15/2026] and unspecified protein-calorie malnutrition [onset date 04/15/2026]. During an interview on 05/06/2026 at 12:41 PM, Staff C, RN [Registered Nurse] MDS Lead, stated, Section I of the MDS should have had protein malnutrition, glaucoma and A-fib for [Resident #17's Name]. 2) Review of Resident #34's MDS admission/medicare 5 day assessment dated [DATE], Section K documented weight loss of 5% in one month or 10% in six months. Review of Resident #34's weights dated 4/14/2026 documented 138 LBS [pounds] [No other weights were documented for the current admission. During an interview on 5/6/2026 at 12:19 PM, the Registered Dietitian stated, Looks like for some reason that was filled out by our MDS coordinator. I cannot speak to that, I think I would have coded no, because it doesn't look that he [Resident #34] is triggering weight loss for the parameters the assessment is asking. Review of Resident #34's MDS admission/medicare 5 day assessment dated [DATE], Section N Medications documented a total of 4 insulin injections. Review of Resident #34's physician order dated 4/14/2026 read, Insulin Glargine Subcutaneous Solution Pen-Injector 100 Unit /ML [milliliters] (Insulin Glargine) Inject 20 unit subcutaneously at bedtime for type 2 diabetes. Review of Resident #34 medication administration record for the month of April 2026 for Insulin Glargine documented administration on 4/14/2026 through 4/19/2026. A total of 6 injections. Review of Resident #34's MDS admission/medicare 5 day assessment dated [DATE], Section I Active Diagnoses did not document Benign Prostatic Hyperplasia [BPH] as diagnosis. During an interview on 5/6/2026 at 12:27 PM, Staff C, MDS Lead RN, stated, It looks like the person who fills out that portion [Section K] is the registered dietitian I don't see a weight loss and maybe it was falsely triggering for a weight loss. Looking at the weight loss, no, it is not correct. Typically to capture certain diagnosis, we have to move the assessment day and move back the signature and then we will go ahead and sign for it we shouldn't because we should make sure it is correct. The BPH was not on the diagnosis, but we should be looking at everything, even the doctors notes. The (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diagnosis should have been included in the active diagnosis list. He received more than 4 injection that would need to be modified. 3) Review of Resident #143's MDS quarterly assessment dated [DATE], Section I Active Diagnosis did not include depression as an active diagnosis. Review of Resident #143's physician order dated 1/24/2026, read ,Sertraline HCl Tablet 100mg (milligrams) give 2 tablets by mouth at bedtime for depression. Review of Resident #143's physician order dated 1/24/2026, read, Trazadone HCl Oral Tablet 100mg give 1 tablet by mouth at bedtime for insomnia r/t [related to] depression. During an interview on 5/6/2026 at 12:44 PM, Staff C, MDS Lead RN, stated, We should have included depression in the active diagnosis list. 4) Review of Resident #136's MDS annual assessment dated [DATE], Section I Active Diagnoses did not document depression as an active diagnosis. Review of Resident #136's admission record documented the resident was admitted on [DATE] with diagnosis that included depression [onset date 11/25/2025]. During an interview on 5/6/2026 at 12:41 PM, Staff C, MDS Lead RN, stated, The diagnosis should have been included in the assessment, the resident was being administered Trazodone. During an interview on 5/7/2026 at 11:00 AM, the Director of Nursing stated, We do not have an MDS policy we follow the RAI [Resident Assessment Instrument].

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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 obtain physician orders to provide wound care for 2, Residents #38 and #199, of 2 residents, reviewed for skin conditions. Findings include: During an observation on 5/4/26 at 9:51 AM, Resident #38 was sitting at bedside. Resident #38 lower leg right extremity had a 2x2 had a dressing that was not dated, and the gauze around the wound was loose. [see photographic evidence] During an interview conducted on 05/05/2026 at 9:49 AM, Resident #38 stated, My dressing does not get changed as often as it should. The last time the dressing was changed was approximately one week ago. Review of Resident #38's physician orders did not document wound care dressing change orders in place. Record review of Resident #38's wound care progress notes for dated 4/16/26 read Primary Dressing 1: Calcium Alginate and Dressing Frequency: Daily for the left foot digit 2 and left foot digit 3 wounds. Record review of Resident #38's wound care progress notes dated 4/23/26 read Primary Dressing 1: Calcium Alginate and Dressing Frequency: Daily for the left foot digit 2 and left foot digit 3 wounds. Record review of Resident #38's wound care progress notes dated 4/30/26 read Primary Dressing 1: Calcium Alginate and Dressing Frequency: Daily for the left foot digit 2, left foot digit 3, left lower posterior leg, and right lower lateral leg wounds. Record review of Resident #38's wound care progress notes dated 4/30/26 further read, Plan for both lower legs: Cleanse with normal saline or wound cleanser. Protect peri-wound with skin protectant. Apply calcium alginate to open areas and cover with rolled gauze/tape daily and PRN if soiled. Record review of Resident #38's wound care progress notes dated 4/30/26 read No dressing in place prior to examination for the left foot digit 2 and left foot digit 3 wounds. Record review of Resident #38's treatment administration record (TAR) failed to show active completed documentation for Calcium Alginate dressing treatments after 04/17/2026, despite continued wound care documentation dated 04/23/2026 and 04/30/2026 referencing daily Calcium Alginate dressing treatments. During an interview on 5/6/26 at 9:36 AM, the Director of Nursing (DON), stated, The order for Calcium Alginate Dressing should have been documented and corrected. 2) During an observation on 5/4/2026 at 9:48 AM, Resident #199 was lying in bed. Resident #199 left arm had a 2 x 2 dressing that was not dated, slightly lifted on the lower left-hand corner and had light golden stain. [photographic evidence obtained] During an interview on 5/4/2026 at 9:48 AM, Resident #199 stated, I got cut with something, I cannot (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	remember with what. It happened here. When asked if changed daily Resident #199 stated, Not that I am aware of. During an observation on 5/5/2026 at 8:01 AM, Resident #199 was lying in bed. Resident #199's left arm had a 2 x 2 dressing that was not dated, slightly lifted on the lower left-hand corner and had light golden stain. [photographic evidence obtained] Review of Resident #199's physician orders did not document wound care dressing change orders in place. Review of Resident #199's progress note dated 5/4/2026, read, Resident's skin check was completed prior areas of skin impairment were indicated as follows: no prior areas noted. No new areas of skin impairment noted on completion of skin check. During an observation on 5/5/2026 at 12:00 PM, Staff A, Licensed Practical Nurse (LPN) confirmed Resident #199 had a dressing on his left arm. Staff A, LPN removed dressing which had dried dark brown dried drainage stain. During an interview on 5/5/2026 at 12:00 PM, Staff A, LPN, stated, We are supposed to do a change in condition when there is a skin concern, notify the md [medical doctor], take picture with our tablet of the area. If we are putting on a dressing, we need an order and the dressing should be dated and initialed. I don't know what it was looking at it. But looking at the dressing and the drainage it looks like the dressing is old, old. I do not see an order for dressing changes for [Resident #199's name]. During an interview on 5/6/2026 at 4:38 PM, the Director of Nursing stated, When staff identify skin issues, they must do a change of condition unless it comes from the hospital. Dressing changes should be done depending on doctor orders or prn [as needed] if soiled. Dressing should have orders in place. When doing a skin sweep the nurse should look under the dressing in place and see what is under the dressing. The staff should see if it has healed or if there is infection. During an interview on 5/7/2026 at 7:45 AM, Staff B, LPN, stated, I do not recall seeing a dressing when I did the skin sweep. [skin sweep was dated 5/4/2026] Review of the facility policy and procedure titled Wound Care, with a last review date of 1/2/2026 read, Purpose: To provide consistent assessment, monitoring, documentation, and implementation of therapeutic interventions for a resident receiving wound care. Equipment: treatment supplies as per physician orders.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on observation, interview and record review the facility failed to provide pain medications and follow physician orders for pain medication for 1, Resident #6, of 3 residents reviewed for pain management. Findings include:Review of Resident #6's admission record documents diagnosis that include aftercare following joint replacement surgery, klebsiella pneumonia as the cause of diseases classified elsewhere, urinary tract infection, presence of right artificial knee joint, unilateral primary osteoarthritis left knee, rheumatoid arthritis unspecified. Review of Resident #6's nursing progress note dated 5/4/2026 at 1940 (7:40 PM) read, admitted from hospital. Physician notified of admission, orders reviewed and verified. Resident representative notified of admission. The resident is currently taking opioids. Review of Resident #6's physician orders dated 5/5/2026 read, Oxycodone HCL[Hydrochloride] Oral Tablet 15 MG (milligrams) (Oxycodone HCl) Give 1 tablet by mouth every 6 hours as needed for pain scale 6-10. Review of Resident #6's physician orders dated 5/5/2026 read, Oxycodone HCL Oral Tablet 15 MG (Oxycodone HCL) Give 1 tablet by mouth four times a day for nonacute pain. During an observation on 5/5/2026 at 7:18 AM, Resident #6 was observed in bed with facial grimacing, wincing and moaning when attempting to move their legs. During an interview on 5/5/26 at 7:18 AM, Resident #6 stated, My pain is 10 out of 10, they don't have my medication yet, it's on order. During an observation on 5/5/2026 at 8:42 AM, Resident #6 had facial grimacing, wincing and moaning when attempting to move. During an interview on 5/5/2026 at 8:42 AM, Resident #6 stated, My pain is a 10 out of 10. I haven't had any pain medicine since I got back (from the hospital) last night. They know, they said it hasn't been delivered yet. Review of the [Name of the automated medication dispensing system] inventory Oxycodone 15 mg has an inventory of 6 tablets. There were no medications accessed from the machine on 5/4/2026 or 5/5/2026 prior to 9:00 AM. Review of the medication administration record for May 2026 documented no oxycodone 15 mg administered from 5/4/2026 through 5/5/2026 at 9:00 AM. During an interview on 5/5/2026 at 12:07 PM, Resident #6 stated, I can't understand why it took so long and why I had to wait so long (for the pain medication). I asked the night nurse for the medicine too. During an interview on 5/5/2026 at 12:45 PM, Staff K, Licensed Practical Nurse (LPN) stated, I know [Resident #6's name] very well. I realized that she was in pain and I called pharmacy to see when she would get medicine. I think there was some problem with the script (prescription). She has not had any medication since admission prior to getting the new prescription. She was in pain. She has chronic pain. During an interview on 5/7/2026 at 6:25 AM, the Director of Nursing stated, We did not give her oxycodone. I'm not sure why. We do have it in the [Name of the Automated medication dispensing machine]. It could have been taken from there. The nurse should have called pharmacy and gotten medication for her (Resident #6).

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Magnolia Ridge Health and Rehabilitation Center	6517 NW 39th Avenue Gainesville, FL 32606

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure staff used appropriate personal protective equipment (PPE) and performed hand hygiene upon entering and exiting residents rooms while providing care to residents on contact precautions to prevent the possible spread of infection and communicable diseases for 2 residents, Resident #6 and #78, of 3 residents reviewed for transmission based precautions, for transporting soiled linens, and for urinary catheter care and maintenance for 1, Resident #99, of 3 residents reviewed for urinary catheter care. Findings include: 1) During observation on 5/5/2026 in the memory care unit at 2:02 PM, Staff D, Floor Technician/Housekeeping picked up the soiled trash behind the nurses station and held it to his body to remove the excess air out of the soiled trash bag and twisted it around 5 times then put it in a large gray bin that read soiled linen only that had the lid open, then he went into the soiled utility room and took out the soiled linen bags and held it to his body to remove the excess air out of the soiled linen bags and added it to the soiled linen only gray bin with the soiled trash bags. Hand hygiene was not observed before or after completion of task, as he left the memory care unit, Staff D touched the access code buttons and the doors to exit the memory care unit. During interview on 5/6/2026 at 9:51 AM, Staff D, Floor Technician/Housekeeping stated that he was assigned to the unit to pick up soiled utility linen and trash and put it in a gray large bin designated for soiled linen only which he kept the lid open, he stated he picked up the soiled trash behind the memory care unit nurses station and the soiled utility room and held the trash to his body to take the excess air out of the trash bags and twisted the bags five times without using gloves or PPE or without completing hand hygiene prior to exiting the memory care unit. Staff D stated that he did touch the access code buttons and the doors of the memory care unit after handling soiled linen and trash. During an interview on 5/06/2026 at 9:33 AM, Staff E, Housekeeping Director, stated that her expectations when taking out the soiled utility linens and soiled trash that the staff do not touch the trash to their body, they should use proper hand wash handing or disinfecting of hands. I am not happy with the floor tech because I saw him doing this before and have verbally educated him not to do so. During an interview on 5/06/2026 at 9:34 AM, Staff F, Assistant Housekeeping Director, stated that her expectations was that infection control practices should be followed and using hand hygiene frequently is important to prevent infections. Review of the policy and procedure for infection control read, to establish and maintain an effective Infection Control Prevention and Control Program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections among residents, staff, visitors, volunteers and contracted personnel. 2) Review of Resident #6's admission record documents diagnosis that included aftercare following joint replacement surgery, klebsiella pneumonia as the cause of diseases classified elsewhere, and urinary tract infection. Review of Resident #6's physician orders dated 5/5/2026 read, Contact precautions for DX [diagnosis] ESBL [Extended-Spectrum Beta-Lactamase] in urine every shift for 28 days. Nurse to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	verify correct door signage and equipment present. During an observation on 5/05/2026 at 7:18 AM, Resident #6's room door was observed without isolation signage or personal protective equipment [PPE] near the door or in the hallway indicating contact isolation. During an observation on 5/05/2026 at 8:42 AM, Resident #6 had no contact isolation signage at the door or available personal protective equipment on or near the doorway. Staff K, Licensed Practical Nurse (LPN) and Staff N, Certified Nursing Assistant (CNA) were observed entering Resident #6's room without gown or gloves and assisting the resident. During an interview on 5/05/2026 at 12:45 PM, Staff K, LPN stated, There should have been isolation signs up this morning. I did not know that she was on precautions until just a little while ago. We should have had the signs on the door and donned PPE of a gown and gloves every time we enter to do anything. I did not use PPE until I found this out. I did not get in report that she was on isolation. During an interview on 5/05/2026 at 12:53 PM, Staff N, CNA, stated, I did go in her [Resident #6's] room without PPE before the sign was on the door. I wasn't told she was on isolation. I should have had on a gown and gloves. 3) Review of Resident #78's physician order dated 5/1/2026, read, Contact precautions for DX ESBL in urine every shift until 05/09/2026. Nurse to verify correct door signage and equipment present. During an observation on 5/4/2026 at 1:13 PM, there was signage indicating enhanced barrier precautions for Resident #78 on the doorway of Resident #78's room. During an observation on 5/5/2026 at 7:33 AM, there was enhanced barrier precautions signage on the doorway of Resident #78, Staff L, Certified Nursing Assistant (CNA) entered Resident #78's room without a gown and gloves to deliver the residents breakfast tray. During an observation on 5/5/2026 at 7:58 AM, Staff L, CNA entered Resident #78's room without donning gown and gloves and removed the breakfast tray. During an interview on 5/5/2026 at 8:35 AM, Resident #78 stated, The staff have not been using a gown or gloves when caring for me or changing the sheets. I know I have a UTI (urinary tract infection). During an interview on 5/5/2026 at 11:32 AM, Staff L, CNA, stated, I did not know that she was on isolation, contact isolation. I did not get that information, usually the staff will get notified and we will immediately put the sign up and get the PPE (personal protective equipment). I should have worn a gown and gloves every time I entered the room. During an interview on 5/5/2026 at 11:36 AM, Staff M, LPN, stated, I will look because I didn't think she is on contact isolation. After reviewing the physician orders. Staff M, LPN stated, We should be using a gown and gloves for contact isolation. I don't know why the sign is not there. It's the wrong sign and staff won't be able to know what to do unless the right sign is up. During an interview on 5/7/2026 at 6:45 AM, the Director of Nursing (DON) stated, All residents on isolation should have the right sign and staff should follow the transmission based precautions policy. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	They should have had on a gown and gloves. Review of the policy and procedure titled, Isolation - Isolation Precautions Overview, last approval date of 1/2026 read, Purpose: To provide a system of isolation precautions to prevent the transmission of infection. To prevent the transmission of infectious diseases. Function guideline . two tier transmission based precautions, either airborne, droplet, or contact precautions, will be used for residents with known or suspected infections. Isolation precautions will be used only to the extent necessary to prevent transmission of disease. Procedure 1. The guidelines contain 2 tiers of precautions, standard precautions and transmission based precautions (airborne, droplet and contact precautions): Transmission- based precautions – Consist of measures designed to be used in addition to standard precautions to further reduce the risk of disease transmission. There are three types of transmission based precautions. Contact precautions-designed to reduce the risk of epidemiologically important microorganisms by direct or indirect contact: i. Direct contact transmission involves skin to skin contact and physical transfer of microorganisms to a susceptible host. 4) During an observation on 5/4/2026 at 10:21 AM, Resident #99 was lying in bed. The resident's bed was at the lowest position, and the urinary catheter bag was resting on top of the floor mat. The urinary catheter did not have a privacy cover. Review of Resident #99's physician order dated 3/21/2026 read, Check the catheter and tubing for kinks and flow of urine. Secure tubing to prevent pulling out/trauma. Q [every] shift every shift for surveillance. Review of Resident #99's physician order dated 3/21/2026 read, Enhanced Barrier Precautions for supra pubic catheter every shift. Wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing, Bathing, Transferring, Changing Linens, Providing Hygiene, Changing Briefs or Assisting with Toileting. (EBP [enhanced barrier precautions] is required for residents with indwelling medical devices, wounds, or colonization with an MDRO [multidrug-resistant organism]) every shift for Prophylaxis. During an interview on 5/6/2026 at 10:59 AM, Staff I, Licensed Practical Nurse (LPN) stated, The urinary catheter bag should be where it is not touching the floor at all for infection control purposes. He [Resident #99] is a fall risk, his bed has to be all the way down, so it is tricking when hanging the foley bag not to get back flow and not to touch the fall mats. I do not know how to solve that issue where it is not touching the floor and not cause him issues. During an interview on 5/6/2026 at 4:30 PM, the Director of Nursing (DON) stated, Normally the bag will be hung to where is not touching the floor. Unless the patient moves it around. During an interview on 5/7/2026 at 8:39 AM, the DON stated, The catheter bag should not be touching the ground, or it should be in a position that is not touching. We are talking about another type of bag to serve as a barrier for the resident. During an interview on 5/7/2026 at 9:37 AM. the Infection Preventionist stated, The catheter bag should not be touching the floor because there is bacteria and germs that can get into the line and travel to the bladder and we don't want that. For [Resident #99' name] we can place the bag maybe on a non-movable item or provide an extra barrier in order for the bag not to be in contact with the floor. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy and procedure titled Indwelling Catheter, with a last review date 1/2/2026 read, Purpose: To ensure indwelling catheter use in residents in clinically indicated, managed to promote optimal resident outcomes, and discontinued as determined appropriate.