STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115106	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Effingham Care & Rehabilitation Center	459 Highway 119 South Springfield, GA 31329

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, document review and policy review, the facility failed to ensure food items were labeled and dated. In addition, the facility failed to maintain sanitary conditions when serving food and washing dishes. These deficient practices had the potential to increase the risk of cross contamination and foodborne illness for 84 residents in the facility who received food from dietary. Findings include:Observation on 02/09/2026 at 9:12AM revealed that inside the refrigerator in the kitchen on a shelf was a plastic container with no label and covered with plastic wrap. The Dietary Manager (DM) stated there was tuna salad in the container and confirmed no label was present. Observation of the freezer outside of the kitchen revealed there was no thermometer inside the freezer. The DM stated on 02/09/2026 at 9:21AM, we don't put thermometers in the freezers just the refrigerators. Interview on 02/09/2026 at 9:40AM, the DM stated that the facility's policy does indicate having a thermometer in the freezer.Observation on 02/10/2026 at 11:06 AM, revealed Dining Associate (DA) (DA1) placed a tray of three chef salads on a wire rack, near the tray line. The tray was not placed on ice or any other method to maintain the cold temperature of the chef salads. In addition, observed on the same rack was a tray that contained two bowls of hard-boiled eggs, one bowl of tuna salad and prepared chicken salad sandwiches without ice underneath the tray or other method to keep these food items cold. Observation on 02/10/2026 at 11:08AM, revealed the dishwasher (DW) was wearing gloves and in the process of loading soiled dishes on a rack. DW then pulled a rack of clean dishes from the dishwasher, without removing his gloves or performing hand hygiene. Observation of the steam table on 02/10/2026 at 11:34AM, revealed that Cook2 tested the temperature of each food item. Cook2 was observed to have a white paper towel in her left hand and after she tested a food item on the steam table, she placed the thermometer into the paper towel which removed food residue but did not sanitize the thermometer before Cook2 placed the thermometer into another food item on the steam table.Interview on 02/10/2026 at 11:34AM with DM revealed that hot foods on the steam table should be 160 degrees Fahrenheit (F) or higher and cold foods that go on the tray should be 41 degrees F. or lowerObservation on 02/10/2026 at 11:46AM, revealed that DA1 placed a chef salad on R26's tray. The DM tested the temperature of one of the remaining chef salads on the tray and the chef salad's temperature was 64 degrees F. The DM also tested the tuna salad that was on the tray, and it was 50 degrees F. Review of the chicken and tuna salad recipes dated 02/2025 provided by the Registered Dietician (RD) revealed that both recipes included the use of the ingredient mayonnaise. The RD confirmed that mayonnaise is a potentially hazardous ingredient.Interview with the RD on 2/10/2026 at 3:48PM confirmed it was her expectation that food items in the refrigerator should be labeled and dated, the dishwasher should wash hands between soiled and clean sides of the dishwasher, the cook should sanitize the thermometer between food items, cold food items that are to be served on the tray line should be maintained at 41 degrees or colder, and the blender and bowls that are clean should be allowed to air dry and be stored dry ready for use.Observation of the kitchen during the sanitation tour on 02/11/2026 at 2:38PM with the RD revealed that the blender that the RD indicated was stored clean and air dried was wet inside the blender with water dripping from the lid. In addition, three racks of bowls that the RD identified were (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	clean and dry were stacked one on top of each other and were wet inside.Observation of the residents' refrigerator in the Activity room on 02/11/2026 at 3:21PM, revealed in the refrigerator a bottle of Hawaiian punch opened and not dated; bag of half used mozzarella shredded cheese unlabeled as to when opened; and bottle of green goddess salad dressing with no label or date it was opened. In the freezer, there were two bags of pizza rolls opened, without a label as to when opened; one box of vanilla ice cream and one tub of rainbow sherbert with no label with a date when opened. Interview with Registered Nurse (RN) (RN1) at the time of the observation revealed there was no explanation why the items were not labeled and dated when opened.Review of the facility's policy titled, Food and Supply Storage dated 01/2026 documented, Policies: All food.used in food preparation shall be stored in such a manner to prevent contamination to maintain the safety . of the food item for human consumption.Procedures: Cover, label and date unused portion and open package.Review of the facility's policy titled, Hand hygiene dated 01/2025 documented, All associates associated with the handling of food shall wash hand. at the following times: before handling food or clean utensils/dishes/equipment.Review of the facility's policy titled, Food Handling Guidelines dated 01/2026 documented, .Hot Holding Temperatures, food should be held hot for service at a temperature of 135-degree F or higher.Cold Holding Temperatures. Foods should be held cold for service at a temperature of 41 degrees F.Review of the facility's policy titled, Food Handling Guidelines dated 01/2026 documented, .Cold food preparation.Remove from refrigeration only quantities of foods that are immediately needed and can be processed in 30 minutes. Return unused prepared food to refrigeration storage.to ensure hazardous food does not exceed 45 degrees F.Review of the facility's Lesson 11 dated 11/2017 documented Keeping food thermometers clean and sanitary. These steps prevent contamination of food being checked. Clean and sanitize thermometer stems before using or storing. Sanitize between items by wiping the thermometer stem with clean sanitizer solution.Review of the facility's policy titled, Cold Storage Temperatures dated 01/2024 documented that each refrigerated storage unit shall have an independent thermometer in addition to the built-in thermometer.

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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, interviews, and policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the condition and needs for three residents (R) (R9, R20 and R69) from a sample of 26 residents reviewed for MDS accuracy. The deficient practice created the potential for inaccurate and/or omitted care planning. Findings include: 1.Review of R9's electronic medical record (EMR) Face Sheet tab revealed admission date of 07/07/2022 with diagnoses including but not limited to Paranoid schizophrenia dated 09/20/2023. Review of R9's PASARR II document in the EMR under the Documents tab revealed that a PASARR II had been completed on 10/26/2023. Review of R9's annual MDS with an assessment reference date (ARD) of 06/12/2025 documented in Section A that a PASARR II was marked as no PASARR II had been completed. Interview on 02/11/2026 at 9:34AM, the MDS coordinator (MDSC) confirmed that R9's annual MDS dated [DATE] was coded incorrectly for PASARR II. 2.Review of R20's Face Sheet located under the Face Sheet tab of the EMR indicated the resident was admitted to the facility on [DATE] with diagnoses of but not limited to vascular dementia, bipolar disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD). Review of R20's Treatment Service: PASRR Level II located under the Documents tab of the EMR was dated 06/10/2021 and revealed R20 had major depressive disorder, PTSD, and anxiety disorder. Review of R20's annual MDS located under the MDS tab of the EMR with an ARD of 02/24/2025 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 that indicated R20 had little to no cognitive impairment. The assessment documented in Section A: Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? was marked No. During an interview on 02/10/2026 at 11:51 AM, the MDSC reviewed R20's EMR and stated R20 did have a PASRR II. The MDSC reviewed R20's annual MDS dated [DATE] and confirmed she had completed Section A which included PASRR Level II status. The MDSC stated [R20] is not on the list of residents with PASRR Level II. Social Services normally gives me a list of all PASRR Level II residents. [R20's] MDS was marked NO in error. I missed it. I review records for new residents to check for Level II PASRR status. 3.Review of R69's Face Sheet located under the Face Sheet tab of the EMR indicated the resident was admitted to the facility on [DATE] with diagnoses of but not limited to diabetes mellitus, and generalized anxiety disorder. Review of R69's Weights located under the Vitals tab of the EMR, revealed on 07/23/2025, R69 weighed 122 pounds (lbs.) and on 12/05/2025, R69 weighed 117 lbs. which was a -4.1% loss from 07/23/2025. Review of R69's quarterly MDS located under the MDS tab of the EMR with an ARD of 01/15/2026 (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated the resident had a BIMS score of 13 out of 15 that indicated R20 had little to no cognitive impairment. The assessment documented the response to: Loss of 5% or more in the last month or loss of 10% or more in last 6 months was marked Yes, not on physician-prescribed weight-loss regimen. Review of R69's Progress Notes located under the Progress Notes tab of the EMR, revealed a progress note, dated 01/15/2026, by the Registered Dietician (RD), that stated . Weight History: 30 days: (12/5/25) 117 lbs; 180 days: (07/28/25) 137 lbs/-14.6%; [Body Mass Index] BMI: 18.39. [Ideal Body Weight] IBW / % IBW: Resident's ideal body weight range is 122-148#, at 87% IBW, mid range. Weight Trend: The resident has lost a significant amount of weight over the past 180 days. The 07/28/2025 weights documented by the RD did not match the weights documented under the Vital tab. During an interview on 02/11/2026 at 3:26 PM, the DON reviewed R69's EMR and confirmed a weight of 137 lbs. on 07/28/2025 was not found. The DON verified the weight on 07/23/2025 was 122 lbs. During an interview on 02/12/2026 at 1:10 PM, the RD reviewed R69's EMR and found that the weight of 137 for 07/28/2025 was an error and was taken from 07/28/2024. The RD stated, I made a mistake and took [the weight] from the previous year. RD confirmed the MDS was coded in error because of using the wrong date for the weight calculation. Review of the facility's policy titled, Preadmission Screening and Resident Review (PASRR) I & II, dated 03/18/2025, indicated Level II Process . Recommendations must be incorporated into: . MDS Assessment. Review of the Center for Medicare Services (CMS) Resident Assessment Instrument Manual, dated 10/2025 documented, . It is important to note here that information obtained should cover the same observation period as specified by the MDS items on the assessment, and should be validated for accuracy [what the resident's actual status was during that observation period] by the IDT [Interdisciplinary Team] completing the assessment .

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review, and policy review, the facility failed to provide an ongoing activity program to meet the individual interests and needs to enhance the quality of life for one of six residents (R) (R8) reviewed for activities. The deficient practice had the potential to affect resident physical, mental, and psychosocial well-being.Findings include: Review of R8's Face Sheet, located in the electronic medical record (EMR) under the Face Sheet tab, indicated the resident was admitted to the facility on [DATE]. The document indicated the resident's diagnoses included but were not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, major depressive disorder recurrent, anxiety disorder, and vascular dementia. Review of R8's annual Minimum Data Set (MDS) Assessment, with an assessment reference date (ARD) of 01/22/2026 and located in the EMR under the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of eight which indicated moderate cognitive impairment. Section E: Behavior Symptoms documented there were no refusals of care. Section F: Preference for Customary Routine and Activities documented that R8 found listening to music they like very important; that it was somewhat important to be around animals such as pets, to keep up with the news, to go outside to get fresh air when the weather is good, and to do their favorite activities; and that is was not very important to have books, newspapers, and magazines to read, to participate in religious services, or to do things with groups of people. Review of R8's Comprehensive Care Plan, dated 05/18/2019 and located in the EMR under the Care Plan tab, revealed R8 had some cognitive/communication deficits as evidenced by long-term and short-term memory loss, and usually understood.need to be reminded and assisted to activities. It was documented as an intervention that staff needed to encourage R8 to participate in group activities of interest. Review of R8's Quarterly Activity Progress Note, dated 11/06/2025, located in the EMR under the Progress Note tab, revealed R8 spent time in their room due to personal choice, and that staff encourages R8 to come to the lobby area and participate.enjoys self-directed activities. Review of R8's Activities Charting Report provided by the Social Service Director/Activity Director (SSD/AD) documented R8 attended 4 group, 1 refusal, 6 self-directed activities in December 2025 and 1 group, 0 refusals,14 self-directed activities in January 2026. Review of the January 2026 Activity Calendar revealed eight Bingo events, numerous musical events and puzzle/game activities. None of these events were attended by R8, nor refused. Review of the February 2026 Activity Calendar revealed to current, four Bingo events, and numerous puzzle/game activities. None of these events were attended by R8, nor refused. During an interview with room observation on 02/09/2026 at 2:55 PM, R8 stated that she watched TV for activity and that she liked to read books, do puzzles, and listen to music. R8 stated that staff did not come around or offer them any activities. Observation of R8's room revealed the TV was on, but no radio, books, audiobooks, or puzzle books were visible or within reach of the resident. During an observation on 02/09/2026 at 3:45 PM, an activity was observed in the facility common (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	room. Piano and church music was playing, with approximately 15 residents observed in attendance. No additional residents were observed being offered encouragement or assistance to attend the event, including R8. During additional observations on 02/10/2026 at 11:30 AM and 12:13 PM, R8 was observed resting in bed, with the TV playing. Again, there was no visible sign of a radio, books, or puzzles in sight or within reach of the resident. During an observation on 02/10/2026 beginning at 2:07 PM and again at 2:40 PM in the common room of the facility, staff and residents were interacting in small groups and at 2:49 PM the SSD/AD entered the room and shared individually with each resident the next activity to take place was making pizza. During the observation at 2:53 PM, R8 was observed in her room awake in bed with the TV playing but not being watched. During this observation on 02/10/2026 at 3:00 PM, staff began to encourage participation and offer assistance to the residents already seated at the dining room tables in the common room to participate in the pizza making activity. Observation of the two Unit Hallways revealed no other residents who remained on the hallways were notified or encouraged to attend the activity. During an observation on 02/11/2026 at 9:20 AM, R8 was again observed in bed watching TV. During an observation of the two Unit Hallways on 02/11/2026 from 9:22 AM until 9:35 AM, revealed no residents who were on the hallways were notified or encouraged to attend the activity in the facility common room. At 9:41 AM, two residents were observed on the far side of the common room participating in an activity with an Activity Assistant (AA.) During an observation on 02/11/2026 at 2:17 PM, residents were observed going to the facility common room for bingo. No staff were observed going down either of the two Unit Hallways to invite anyone to the activity. At 2:35 PM, there were thirteen residents and three staff members playing bingo. During an interview on 02/11/2026 at 2:39 PM, R8 stated that no one invited her to any activities, including BINGO. R8 stated that no one allowed them to decide for themselves if they wanted to attend an activity or not. R8 again confirmed that they enjoyed reading books and stated that no one had offered books. A concurrent interview was conducted on 02/12/2026 at 11:22 AM with SSD/AD, AA1, and AA2. AA1 stated they go down the facility hallways to let the residents know about the activities of the day about 30 minutes before the activity is scheduled. AA1 stated they see who wanted to participate and assist with transporting those who do desire to attend. AA2 stated they do one-on-one visits for residents that do not come out of their rooms. SSD/AD added that the activity department had word searches, adult coloring, i-pods with music, and library books that residents can keep in the activity room or their personal room. SSD/AD stated she was unaware R8 liked books. During an interview on 02/12/2025 at 3:12 PM, the Director of Nursing stated that care plans were a big focus. She said that activities help create a quality of life that can help make it the best it can be. The Director of Nursing stated that she wanted activities to be improved across the facility. Review of the facility's policy titled, Activities, last reviewed 02/07/2026, indicated 1. The facility's activity program is designed to meet the interests and address the physical, mental, and psychosocial needs of each resident.4. Activities will include both individualized and group activities.Activities should represent a wide range of interests and abilities and include opportunities for socialization, exercise and physical activity, games, crafts, music, cooking, intellectual activities, religious (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	activities, and pursuit of individual interests.(a) Residents may choose from the variety of activities offered at the facility and are encouraged to recommend activities individually.The Activity Coordinator is responsible for working with residents to determine which activities each resident prefers and to include each resident in planned, individual, and/or small group activities as preferred or as appropriate for the resident. (b) Residents who are unable or uninterested in group activities should be provided activities that meet their interests and ability levels and provide time for personal interchange between the Activity Coordinator or designee and the resident. (c) Reading materials, books on tape, music, and videos/DVDs, art supplies, and current events materials should be accessible to residents who prefer independent activities.5. (c) The resident's activity plans should be based on the resident's interests and abilities and should be updated as necessary. (d) Group activities should be announced over the intercom, and the nursing staff should help remind residents of opportunities for activities.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure a resident received assistance with toenail care by podiatry (a medical specialty that focuses on feet, ankles and legs) as ordered by the physician for one of four residents (R) (R4) reviewed for Activities of Daily Living (ADL) care. The deficient practice increased the risk of clinical complications of the feet.Findings include:Review of R84's Face Sheet located under the Face Sheet tab of the electronic medical record (EMR) indicated the resident was admitted to the facility on [DATE] with diagnoses of but not limited to diabetes mellitus with diabetic neuropathy and primary osteoarthritis of both ankles and feet. Review of R84's annual Minimum Data Set (MDS) located under the RAI tab of the EMR with an Assessment Reference Date (ARD) of 12/18/2025 documented the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 that indicated moderate cognitive impairment.Review of R84's Care plan located under the Care Plan tab of the EMR, dated 10/21/2024, revealed R84 was at risk of diabetic foot ulcer/injury with a goal that she would be free of diabetic foot complications and there was no specific intervention for toenail care or a podiatry consult. During an interview and observation on 02/09/2026 at 12:00 PM, R84 stated she has diabetes and that the podiatrist doesn't see her when he comes. R84's toenails were observed to be long, thick, and discolored and caused her discomfort. During an observation on 02/11/2026 at 4:49 PM, Licensed Practical Nurse (LPN) (LPN3) confirmed R84's toenails were long, thick, and discolored.Review of R84's Progress Notes located under the Progress Notes tab of the EMR, from 07/01/2024 to present, failed to reveal any documentation regarding podiatry care. Review of a Consult note located under the Documents tab of the EMR, dated 06/19/2024 from a podiatrist, documented Manually debrided nails bilaterally in length and thickness with manual nail clipper and electric file. Patient noted pain relief upon completion of nail debridements. No bloody exposure was noted upon the completion of the procedure. Follow up: 3 months (reason: routine food care) Review of a Attending Physician Request for Services and/or Consultation located under the Documents tab of the EMR revealed a podiatry referral dated 01/14/2026, documented, Please have the [podiatrist] evaluate and treat thick nails and perform general foot care evaluation to prevent pain, ulcers, infection, and circulatory problems. During an interview on 02/11/2026 at 4:07 PM, Certified Nursing Assistant/Unit Clerk (CNA/UC) (CNA/UC2) stated a follow-up appointment from 06/19/2024 should have been scheduled for three (3) months per the visit follow-up instructions. We do not need to wait for new referral from the physician. During an interview on 02/11/2026 at 4:47 PM, CNA2/UC stated she was unable to locate documentation that R84 had a follow-up appointment. A new referral for the in-house podiatrist was submitted on 01/14/2026 but not yet scheduled. I don't know when that doctor will start seeing residents. During an interview on 02/11/2026 at 5:02 PM, the Director of Nursing (DON) stated [R84]should have been seen by the podiatrist. [R84] was not seen by the podiatrist as ordered. Diabetic residents should be seen for diabetic footcare every 91 days. During an interview on 02/12/2026 at 12:49 PM, the Medical Director stated Diabetic residents should be examined by a physician for diabetic foot care at least annually but no specific frequency. Any physician can perform nail care.Review of the facility's policy titled, Personal Care- Foot Care dated 02/07/2026, documented Residents with diabetes and peripheral vascular disease will not have their toenails trimmed by a CNA. The attending physician will determine the need for referral to a podiatrist.

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to arrange dental services regarding poorly fitted dentures for one resident (R) (R20) reviewed for dental services from a sample of 20 residents. This deficient practice had the potential for adverse oral health and diminished nutrition.Findings include:Review of R20's Face Sheet located under the Face Sheet tab of the Electronic Medical Record (EMR) indicated the resident was admitted to the facility on [DATE] with diagnoses of but not limited to vascular dementia, bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder (PTSD), Iron deficiency anemia, peripheral vascular disease, and diabetes mellitus.Review of R20's Care Plan located under the Care Plan tab of the EMR, dated 03/06/2025, revealed R20 was dependent on staff for activities of daily living (ADL) due to impaired mobility and for oral care and had full upper dentures and bottom partial with two natural teeth on bottom. Review of R20's Progress Notes located under the Progress Notes tab of the EMR, dated 08/21/2025 at 1:10 PM, by the Registered Dietician (RD) documented Resident can feed self with set up, has teeth missing and partials, teeth on bottom are in poor condition, no teeth on top. Resident reports that her dentures do not fit well and she would like a dentist to see her.Further review of R20's Progress Notes located under the Progress Notes tab of the EMR, dated 11/20/2025 at 12:42 PM, by the RD stated . Resident can feed self with set up, has teeth missing and partials, teeth on bottom are in poor condition, no teeth on top. Dental consult pending. Review of a Dietician/Nursing/Physician Communication Form, located under the Documents tab of the EMR, dated 08/27/2025, revealed Resident requesting to see dentist due to trouble with dentures. Recommend: Dental consult if medically appropriate. Please schedule dental eval.During an interview on 02/09/2026 at 4:09 PM, R20 stated her dentures hurt her gums due to being flat from sitting in the cup. R20 stated she had been put on the list to see the dentist for dentures and hadn't seen the dentist since she was admitted to the facility.During an interview on 02/10/2026 at 1:28 PM, the Social Services Director/Activity Director (SSD/AD) stated, I schedule dental consults for resident requests. R20 came from another facility with mobile services. Mobile dental was seeing her at the other facility and thought she was still over there. Mobile dental come monthly and provides facility with list of residents that they will see during that visit. The SSD/AD reviewed EMR and stated I reached out to mobile dental on 09/02/2025. Mobile dental responded on 09/03/2025 that they would need to re-enroll her. They have not indicated when they plan to see her. Review of the Mobile Dental Enrollment Paperwork provided by the SSD/AD, revealed R20 was not re-enrolled until 02/10/2026.During an interview on 02/10/2026 at 1:42 PM, the Director of Nursing (DON) stated the expectation was that residents should be seen on the next visit after a dental referral. If the resident was not seen, there should be documentation in the EMR with the reason why.Review of the facility's policy titled, Dental Services, dated 03/26/2025, documented It shall be the policy of [facility name] to assist in making arrangements for dental services for the residents. Dental services will be arranged for emergency/requested services for the dentist designated by the resident, or if the resident has no personal dentist, arrangements will be assisted through the Social Service Coordinator.