STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115273	A. Building B. Wing	06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Douglasville Center for Nursing and Healing LLC	4028 Hwy 5 Douglasville, GA 30135

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to respect the right to personal privacy for two of three residents (R) (R34 and R235) reviewed for privacy. Specifically, respiratory treatments were conducted in public view without any privacy measures in place, which could have negatively affected the quality of life of affected residents. The facility also failed to ensure unauthorized family members did not have access to one of one sampled (R) (R132) current status, resulting in a breach of the resident's right to privacy and confidentiality. Findings include: 1. Review of R34's admission Record in the Electronic Medical Record (EMR) under the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses of paraplegia, acute and chronic respiratory failure, and tracheostomy status. Review of R34's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/21/2026 in the EMR under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated the resident was cognitively intact. The MDS indicated the resident received tracheostomy care. 2. Review of R235's admission Record in the EMR under the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses of chronic respiratory failure and tracheostomy. Review of R235's quarterly MDS with an ARD of 05/28/2026 in the EMR under the MDS tab revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. The MDS indicated the resident received tracheostomy care. During an observation on 06/16/2026 at 9:36AM, Respiratory Therapist (RT) 1, provided tracheostomy care to R235 with the room door open visible to anyone passing the door, the curtain between R235 and roommate, R34 was not drawn. After completing respiratory care to R235, RT1 moved to R34 and without closing the privacy curtain between R34 and R235, and without closing the room door, performed tracheostomy care to R34. During an interview on 06/18/2026 at 10:42 AM, with Administrator and Director of Nursing (DON), they confirmed privacy is expected during tracheostomy care. Review of the facility's policy titled, Tracheostomy Care, updated June 2023, provided by the Administrator, noted the following: .screen for privacy. 3. Review of R132's undated admission Record, located in the resident's EMR under the Profile tab, (continued on next page)

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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed the resident was admitted to the facility on [DATE] with diagnoses which included chronic respiratory failure, gastrointestinal hemorrhage, and functional quadriplegia. Family member (F)1 was listed as R132's Responsible Party (RP) and emergency contact 1. Review of R132's quarterly MDS, with an ARD of 06/01/2026 and located in the resident's EMR under the MDS tab, revealed the resident was assessed as being in a persistent vegetative state and a BIMS interview was not conducted. During a phone interview on 06/19/2026 at 1:00 PM, F1 expressed concern that R132's name appeared in a letter the facility sent to another resident's family member. F1 specified that it was a 15-day room change notice letter, dated 03/06/26, that contained R132's name and was mailed by the facility to the other resident's family member. F1 stated that sending this information to another resident's family member violated R132's privacy. During an interview on 06/19/2026 at 2:55 PM, the Administrator confirmed that the facility had mistakenly sent a 15-day notice of room change, which included R132's name, to another resident's family member.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and facility policy titled Abuse, Neglect, and Exploitation, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime and reporting of all alleged abuse violations to the State Agency (SA) for one of 11 residents (R) (R53) reviewed for abuse. The deficient practice had the potential for continued episodes of unreported abuse, which posed the potential for physical harm and/or mental anguish. Findings included:A review of R53's admission Record, located under the Profile tab of the EMR, indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of depression, altered mental status-unspecified, and cognitive communication deficit. A review of R53's quarterly Minimum Data Set (MDS) with a date of 03/10/2026, documented that the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating R53 was moderately cognitively impaired. A review of R30's admission Record, located under the Profile tab of the EMR, indicated the resident was initially admitted to the facility on [DATE] with diagnoses of dementia and other signs and symptoms involving cognitive function and awareness. A review of R30's quarterly MDS with a date of 03/01/2026, documented that the resident had a BIMS score of nine, which indicates R30 was moderately cognitively impaired. A review of an Incident Report dated 03/07/2026 at 8:34 PM, provided by the facility, indicated, [R53] stated while she was sitting in the admission lobby area off of the [NAME] Unit [R30] approached her and made an inappropriate comment of a sexual nature - I'll take your [private area]. When asked if she was touched by the resident or if any physical sexual act occurred, she stated no. [R30] denied making inappropriate comments to [R53]. A review of a Progress Note dated 03/08/2026 at 4:19 PM, documented On 03/08/26 at approximately 11:30 AM, police arrived at the facility after being contacted by [R53]. [R53] reported that [R30] made inappropriate sexual comments toward her last night. [R53] stated that she reported the incident to a staff member on the [NAME] Unit, and the staff member told her she would speak with the resident. Further review of R53's Progress notes dated 03/08/2026 at 5:17 PM stated, Responsible party notified via telephone regarding resident report of an inappropriate verbal comment made by another resident on the evening of 03/07/26. A review of the intake form, provided by the facility and submitted to the SA, revealed that the facility submitted the allegation of resident-to-resident abuse to the SA on 03/08/2026 at 5:05 PM. A review of the facility's investigative documentation, provided by the facility, dated 03/13/2026, and submitted to the SA, stated R30 was placed on one-to-one supervision, redirected as indicated from R53's unit, and the resident representative was notified of the allegation. During an interview on 06/19/2026 at 12:29 PM, the Administrator indicated she was not employed at the time of the allegation. The Administrator confirmed that allegations of abuse must be reported (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	within two hours. A review of the facility's policy titled, Abuse, Neglect, and Exploitation, dated October 2025, indicated, Reporting of all alleged violations io the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes as required by regulation, including the Elder Justice Act: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of the facility's policy, the facility failed to complete a thorough investigation of an allegation of sexual abuse for one of 11 residents (R) (R53) reviewed for abuse. The facility's failure to complete a thorough investigation placed residents at risk of being unprotected from abuse.Findings included:A review of R53's admission Record, located under the Profile tab of the Electronic Medical Record (EMR), indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of depression, altered mental status-unspecified, and cognitive communication deficit. A review of an Incident Report, dated 03/07/26 at 8:34 PM, provided by the facility, indicated, [R53] stated while she was sitting in the admission lobby area off of the [NAME] Unit[R30] approached her and made an inappropriate comment of a sexual nature. When asked if she was touched by the resident or if any physical sexual act occurred, R53 stated no. [R30] denied making inappropriate comments to [R53]. A review of a Progress Note, dated 03/8/26 at 4:19 PM, located under the Prog Notes tab of the EMR stated, On 03/08/26 at approximately 11:30 AM, police arrived at the facility after being contacted by [R53]. [R53] reported that [R30] made inappropriate sexual comments toward her last night. [R53] stated that she reported the incident to a staff member on the [NAME] Unit, and the staff member told her she would speak with the resident. A review of R53's Minimum Data Set (MDS) dated [DATE], revealed R53 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated R53 was moderately cognitively impaired. A review of a document provided by the facility titled Facility Reported Incident Follow Up, referred to as the five-day summary to the State Survey Agency (SSA), dated 03/13/26, indicated that on 03/08/26, facility staff became aware of an allegation involving R30 and R53 after local law enforcement arrived at the facility regarding a complaint initiated by [R53]. The investigation did not include interviews of staff who worked on 03/07/26, an interview of R53 regarding details of what R30 allegedly said, additional resident interviews regarding witnesses, or whether other female residents had sexual comments said to them. During an interview on 06/15/26 2:58 PM, R53 stated, [R30] said he was going to get my [private area], about two months ago. I've seen him a couple of times since then, but he was with a manager. R53 resided in an unsecured unit. During an interview on 06/19/26 12:29 PM, the Administrator indicated she was not employed at the time of the allegation. The Administrator reviewed the investigation and stated, I would also interview staff to find out who the incident was reported to, along with the CNAs [certified nurse aides], and the housekeeper who worked that night. I don't see any details regarding the details of what [R30] was alleged to have said. I would interview interviewable residents regarding other resident potential abuse in the unit where [R30] resided. The investigation does not say what time the incident was reported to the facility. I would have included documentation of the psychiatric note. I do not feel it was a thorough investigation. It's vague. A review of the facility's policy titled, Abuse, Neglect, and Exploitation, dated 10/2025, indicated, .Written procedures for investigations include: . identifying and interviewing all involved persons, (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	including the alleged victim alleged perpetrator, witnesses, and others who might have knowledge of the allegations; . Providing complete and thorough documentation of the investigation.

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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 staff interviews, record review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure one of one resident, (R) (R233), had an accurately coded Minimum Data Set (MDS) assessment. Failure to accurately code the MDS has the potential to result in inaccurate federal reimbursement and inaccurate resident assessment and care planning.Findings include: Review of R233's admission Record, located under the Profile tab of the electronic medical record (EMR), documented R233 was admitted to the facility on [DATE] with a diagnosis of dementia with behavioral disturbances. Review of a facility-provided document for R233 titled, Full QA (Quality Assurance) Report, dated 01/02/2026, documented the resident sustained an unwitnessed fall. The resident sustained bruising of her upper left arm and a laceration of her left eye. Review of R33's quarterly MDS) with an Assessment Reference Date (ARD) of 02/10/2026 and located under the MDS tab of the EMR, indicated staff were unable to determine a Brief Interview for Mental Status (BIMS) score. The MDS contained no documentation indicating the resident sustained a fall during the assessment period. During an interview on 06/18/2026 at 11:37 AM, the MDS Coordinator (MDSC) stated she typically collects resident specific data through visual assessment and review of clinical documentation and reports. The MDSC confirmed that R233's fall on 01/02/2026 was not included in the 02/10/2026 quarterly MDS and stated that it should have been included. During an interview on 06/18/2026 11:58 AM, the Director of Nursing (DON) stated that the MDS was to be accurate. Review of the RAI manual, dated October 2025 and located at https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual, revealed, . 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. As such, nursing homes are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and review of the facility policy titled Activities of Daily Living (ADLs), the facility failed to ensure Activities of Daily Living (ADLs) were conducted for five of 61 sampled residents (R) (R47, R247, R200, R10, and R151). The facility failed to ensure timely incontinence care was provided for one resident (R47); ensure showers and/or baths were conducted for three residents (R247, R200, and R151); and ensure facial hair was trimmed and nails clipped for one resident (R10). This failure had the potential to compromise residents' hygiene and quality of life. Findings include: 1. Review of R47's admission Record located under the Profile tab of the electronic medical record (EMR) revealed R47 was admitted on [DATE] with diagnoses which included age related physical disability and bilateral primary osteoarthritis of the knee. Review of R47's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/23/2026 and located under the MDS tab of the EMR revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated R47 was cognitively intact. The resident was identified as dependent for toileting. During an observation and interview on 06/15/2026 at 10:14 AM, R47 stated she had been wet since night shift, from night shift. She states she was unable to walk and had incontinence briefs. She stated her call light did not work, so she had a bell at her bedside. She stated the staff ignored her bell and it was ridiculous. R47 stated the staff told her they would clean her up after breakfast. By 10:23 AM, she was observed to have rung the bell several times with no response. During an interview on 06/15/2026 at 10:33 AM, the housekeeper (HSK) stated the residents were ignored by staff. At 10:42 AM, she stated there was only so much they could do with the smell, and that the staff needed to change the residents. During further observation on 06/15/2026 at 10:50 AM, a Certified Nursing Assistant (CNA) 7 went into the resident's room to assist. By 11:23 AM, CNA7 was observed to have completed the incontinence care. The brief had feces and excess, dripping urine. CNA7 stated it would not have been this wet if she had been changed the previous shift. She stated this was her first time changing her this shift. CNA7 confirmed the excess urine-soaked brief. Review of the June 2026 Documentation Survey Report for toilet use, provided by the facility, revealed 06/14/2026 was blank for incontinence care and 06/15/2026 was documented at 3:28 PM. During an interview on 06/16/2026 at 2:43 PM, the Director of Nursing (DON) confirmed the blank incontinence documentation for the previous night on 06/14/2026. The DON stated the expectation was that the residents were changed in a timely manner, at least within 30 minutes. She stated nobody should be waiting a long time and the staff should have been rounding every two hours. During an interview on 06/18/2026 at 9:34 AM, the Administrator and DON stated they were unaware of any current resident with incontinence care concerns. They stated in-services had been completed but not regarding incontinence care. 2. Review of R247's admission Record located under the Profile tab of the EMR revealed R247 was (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted on [DATE] and initial admission on [DATE] with diagnoses which included dementia and major depression. The resident was discharged on 02/27/2026. Review of R247's five-day MDS with an ARD of 12/28/2025 and located under the MDS tab of the EMR, revealed a BIMS score of 13 out of 15 which indicated R247 was cognitively intact. The resident was identified as dependent for showers/bathing. Review of the facility-provided February 2026 Documentation Survey Report for bathing revealed that the resident received a bath or shower on 02/13/2026, 02/18/2026, and 02/21/2026. There was no documentation for November 2025, December 2025, or January 2026. During an interview on 06/17/2026 at 8:22 AM, the Administration and DON stated they had a binder with shower sheets completed for the residents. They stated the bathing/showers were not documented in the EMR. They stated they did not have bath aides. They stated the CNAs had assigned residents, and restorative staff were there to assist. At 3:51 PM, the Administrator stated they did not have any bathing documentation for this resident and that they did not have that information for discharged residents. 3. Review of R200's EMR titled admission Record located under the Profile tab indicated that the facility admitted the resident on 05/15/2026 with diagnoses that included spinal stenosis and muscle weakness. Review of R200's admission MDS located under the MDS tab of the EMR with an ARD of 05/21/2026 indicated the resident had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. The assessment indicated that the resident was dependent on staff for all activities of daily living. Review of R200's EMR titled Care Plan located under the Care Plan tab dated 05/15/2026 indicated that the resident had an ADL self-care deficit related to musculoskeletal status. Under the Interventions column, for bathing/showering preferences failed to identify her bathing/showers preferences. Review of untitled documents provided by the facility but referred to as Bed Bathes indicated R200 had a bed bath on the following days: 05/18/2026, 05/26/2026, and 06/09/2026. During an interview on 06/16/2026 at 8:52 AM, R200 stated her bed baths were not routine. During an interview on 06/18/2026 at 8:18 AM, the Administrator confirmed there were no more bed/shower records for R200. At 12:26 PM, the Administrator stated a resident should have a shower/bath at least twice a week, and then as requested by the resident. 4. Review of R151's admission Record in the Profile tab of the EMR revealed R151 was admitted to the facility on [DATE] with a diagnosis of myocardial infarction (heart attack) Review of the Quarterly MDS with an ARD of 05/06/2026, revealed R151 had a BIMS score of 15 out of 15, indicating she was cognitively intact. The assessment indicated R151 ambulated with a walker and required partial/moderate assistance to shower/bathe. Review of the Care Plan Report under the Care Plan tab in the EMR revealed, The resident has an ADL (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	self-care performance deficit . Bathing/Showering: The resident requires (partial assistance) by staff for (bathing/showering) as necessary . Review of the untitled documents provided by the facility as documentation of R151's showers/bathing for May and June of 2026 revealed notes for the following dates: 05/09/2026, 05/16/2026, 05/25/2026, and 06/02/2026. In an interview with R151 on 06/15/2026 at 10:00 AM, she stated she didn't get showers the way she was supposed to. She stated she used to get showers three times a week but that was changed to two times a week but sometimes she would go for days without a shower. She said she had asked staff but it had not changed. In an interview with DON on 06/19/2026 at 5:08 PM, she stated the facility changed its shower schedule from three times a week to two times a week but residents could ask for a third shower any time and they would receive one. She stated the untitled notes were the shower sheets for R151. She stated the facility's week was from Sunday to Saturday. She confirmed R151 received one shower during the weeks of 05/10/2026 and 05/24/2026, and she should have received two. 5. Review of R10's admission Record, dated 05/18/2026 in the EMR under the Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses of a history of stroke and seizures. Review of R10's quarterly MDS with an ARD of 05/23/2026 in the EMR under the MDS tab revealed a BIMS score of 00 out of 15, which indicated the resident was severely cognitively impaired. The MDS indicated the resident was totally dependent upon staff to complete personal hygiene. Review of R10's ADL Care Plan, dated 02/05/2026, in the EMR under the Care Plan tab indicated, .resident is dependent on staff for ADL care . On 06/15/2026 at 3:36 PM, R10 was observed lying in bed, unshaven, with left-hand fingernails visibly uneven and varying in length, with several 1/2-inch past the tips of his fingers. On 06/17/2026 at 10:05 AM R10 was observed lying in bed, unshaven, fingernails visibly uneven and varied in length, with several 1/2 inch past the tips of his fingers. During an interview on 06/17/2026 at 11:10 AM CNA16 confirmed R10 was totally dependent on staff for ADL hygiene, and he was unshaven with fingernails uneven and varied in length, with several 1/2 inch past the tips of his fingers, and confirmed he needed to be shaved and his fingernails trimmed. CNA 16 stated R10 usually receives a bed bath, and the resident was wiped down this morning. Also stated the last time she shaved him was two weeks ago. During an interview on 06/17/2026 at 11:13 AM Licensed Practical Nurse (LPN) 10 confirmed R10 was totally dependent on staff for ADL hygiene, and he was unshaven with fingernails uneven and varied in length, with several 1/2 inch past the tips of his fingers, and confirmed he needed to be shaved and his fingernails trimmed. LPN 10 stated residents receive bed baths two to three times per week and should be shaved at least weekly; nail care should be done by CNAs when the resident gets a shower. During an interview on 06/18/2026 at 10:42 AM, Administrator and Director of Nursing (DON) (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confirmed that personal hygiene, including shaving and nail care, should be provided every day, and a dependent resident should not be left unshaven or with fingernails in varied length, or 1/2 inch past the tips of the fingernails. Review of the facility policy titled Activities of Daily Living (ADLs), revised October 2025, revealed, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care . A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

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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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the documented Dietary Meal Start Times, the facility failed to serve meals on time for ten residents (R) (R59, R117, R50, R183, R208, R29, R203, R56, R122, and R200) out of a total sample of 61. This failure had the potential to negatively affect 183 residents who were served meals that were prepared from the facility's kitchen. Findings include: 1. Review of the Monthly Resident Council Meeting Minutes, provided by the facility, revealed that during the 01/05/2026 meeting, residents voiced a concern that meals were being served late. During the Resident Group interview conducted on 06/17/2026 from 3:10 PM to 4:00 PM, a total of six residents participated, who were identified by the facility as reliable historians and alert and oriented. The six residents who participated included the following: Review of R59's quarterly Minimum Data Set (MDS), located under the MDS tab in the Electronic Medical Record (EMR) and with an Assessment Reference Date (ARD) of 06/08/2026, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R59 was cognitively intact. Review of R117's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 04/08/26, revealed a BIMS score of 12 out of 15, which indicated R117 was moderately cognitively impaired. Review of R50's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 03/23/2026, revealed a BIMS score of 11 out of 15, which indicated R50 was moderately cognitively impaired. Review of R183's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 04/01/2026, revealed a BIMS score of 15 out of 15, which indicated R183 was cognitively intact. Review of R208's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 03/20/2026, revealed a BIMS score of 14 out of 15, which indicated R208 was cognitively intact. Review of R29's quarterly MDS, located under the MDS tab in the EMR and with an ARD of 05/03/2026, revealed a BIMS score of 15 out of 15, which indicated R75 was cognitively intact. During the interview on 06/17/2026 between 3:10 PM and 4:00 PM, all six residents voiced concerns that their meals were frequently served 30 minutes or more late, and that this could happen to any meal. During the interview on 06/17/2026 between 3:10 PM and 4:00 PM, R59 stated that meals were sometimes served late because nursing assistants did not deliver them in a timely manner, and sometimes late because the kitchen did not have enough staff to serve them on time. R59 specified that the kitchen was shorthanded especially on weekends. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During observation on 06/15/2026 from 2:22 PM to 2:25 PM of the lunch meal service on the facility's secured unit revealed, staff served five residents their lunch meals in their rooms. Observation on 06/15/2026 at 2:26 PM revealed that R203 was served his lunch in his room, which was the last resident lunch meal to be served in the secured unit. During an interview on 06/15/2026 at 2:28 PM, Certified Nurse Aide (CNA) 11, who was delivering resident lunch meals on the secured unit, confirmed that R203 received his lunch on 06/15/2026 at 2:26 PM and that he was the last resident on the unit to be served a meal. During an interview on 06/15/2026 at 2:32 PM, the facility's Registered Dietitian (RD) confirmed that residents' lunch meals in the secured unit were served late. The RD stated she did not know why the meals were served later than scheduled. During an interview on 06/17/2026 at 8:38 AM, the Dietary Manager (DM) stated, We [the dietary department] have been a little short, short three dietary aides since January . They try to stick to the schedule. If breakfast is late, then lunch is late. The DM further stated, Us [the dietary department] being short is the reason the trays are late. 3. Review of R56's admission Record, located under the Profile tab of the EMR, revealed R56 was admitted to the facility on [DATE] with a diagnosis of Devic (a rare autoimmune disease that weakens optic nerves and the spinal cord). Review of R56's quarterly MDS, with an ARD of 04/13/26 and located under the MDS tab of the EMR, revealed R56 had a BIMS score of 14 out of 15, which revealed the resident was cognitively intact. The assessment indicated that the resident had both upper and lower bilateral extremity impairments and staff were required to feed her. The assessment revealed that the resident was dependent on staff for all activities of daily living. During an observation on 06/15/2026 at 2:35 PM, an unknown staff member began to feed R56 the noon meal. The observation ended at 2:55 PM when the resident completed her meal. During an interview on 06/19/2026 at 9:25 AM, R56 stated that the lunch and dinner meals were served after their scheduled times. 4. Review of R122's admission Record, located under the Profile tab of the EMR, revealed R122 was admitted to the facility on [DATE] with a diagnosis of cerebral infarction (death of brain tissue). Review of R56's quarterly MDS, with an ARD of 04/22/2026 and located under the MDS tab of the EMR, indicated that staff could not determine the resident's BIMS score. The assessment indicated that the resident had both upper and lower bilateral extremity impairments and staff were providing maximum assistance to the resident with eating. The assessment revealed that the resident was dependent on staff for all activities of daily living. During an observation on 06/15/26 at 2:19 PM, Certified Nurse Aide (CNA) 9 assisted R122 with his lunch meal. CNA9 could not confirm a meal delivery time. 5. Review of R200's admission Record, located under the Profile tab of the EMR, revealed R200 was admitted to the facility on [DATE] with diagnoses that included spinal stenosis and muscle (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	weakness. Review of R200's admission MDS, with an ARD of 05/21/26 and located under the MDS tab of the EMR, revealed R200 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. During an interview on 06/16/2026 at 9:08 AM, R200 stated her lunch meal was served after 2:00 PM on 06/15/2026. R200 stated that on some days her lunch was served by 12:30 PM, and on other days it was served around 2:00 PM. Review of the facility's undated documented Dietary Meal Start Times documented that breakfast was scheduled from 7:00 AM to 8:45 AM, Lunch was scheduled from 12:00 PM to 1:45 PM, and Dinner was scheduled from 5:00 PM to 6:45 PM.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to ensure Respiratory Therapist changed Personal Protective Equipment (PPE) between residents (R) for tracheostomy care for R34 and R235; failed to ensure staff donned PPE when providing care to R251; failed to ensure staff changed gloves and perform hand hygiene during perineal care between removing soiled brief and applying clean brief and adjusting bed linens for R188 and failed to ensure R40's urinary catheter collection bag remained off the floor. The facility's failure to ensure proper infection control during care created the potential for cross contamination and infection for the total survey sample of 61. Findings include: 1. Review of R34's admission Record in the electronic medical record (EMR) under the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses of Paraplegia, acute and chronic respiratory failure, and tracheostomy status. Review of R34's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 05/21/2026 in the EMR under the MDS tab revealed a brief interview for mental status (BIMS) score of 12 out of 15, which indicated the resident was cognitively intact. The MDS indicated the resident received tracheostomy care. Review of R34's physician orders under the orders tab, revealed and order dated 06/15/2026 for Enhanced Barrier Precautions (EBP) related to having history/Colonization of ESBL [extended-spectrum [NAME]-lactamase], VRE [vancomycin-resistant enterococci], MRSA [methicillin-resistant staphylococcus aureus-bacteria], C-Auris [candida auris], and having a medical device (tracheostomy/pressure ulcer/peg tube/wound/foley. Review of R34's care plan under care plan tab, dated 04/25/2025 Resident requires EBP related to colonization of ESBL, VRE, C.Auris 2. Review of R235's admission Record in the EMR under the Profile tab revealed the resident was admitted to the facility on [DATE] with diagnoses of chronic respiratory failure and tracheostomy. Review of R235's quarterly MDS with an ARD of 05/28/2026 in the EMR under the MDS tab revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. The MDS indicated the resident received tracheostomy care. Review of R235's care plan located under care plan tab dated 04/25/2025 revealed resident requires Enhanced Barrier Precautions related to colonization of MRSA as of 06/29/2022. During an observation on 06/16/2026 at 9:36AM, Respiratory Therapist (RT) 1, provided tracheostomy care to R235. After completing respiratory care to R235, RT1 removed her gloves, sanitized hands and donned clean gloves, then moved to R34 and without removing or changing gown or mask and performed tracheostomy care to R34. During an interview on 06/16/2026 at 9:55 AM, RT1 stated she did not need to remove or change gowns or face mask between the residents because they were in the same room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/18/2026 at 10:42 AM, with Administrator and Director of Nursing (DON), they confirmed all PPE should be changed between residents to prevent cross contamination. 3. Review of R251's admission Record located under the Profile tab of the EMR indicated that the facility admitted the resident on 09/11/2023 with a diagnosis of dementia. Review of R251' EMR titled Orders located under the Orders tab, dated 04/20/25, revealed that the resident was placed on EBP due to a history/colonization of Extended Spectrum Beta Lactamase (ESBL), an enzyme produced by certain bacteria that makes them resistant to many common antibiotics. During an observation on 06/16/2026 at 2:24 PM, Certified Nurse Aid (CNA) 6 and the Staffing Coordinator (SC) entered R251's room. Posted on the outside of the resident's room was an EBP sign and it instructed the staff to don (put on) a gown and gloves. CNA6 and SC came out of the room with gloves on and no gown. Both confirmed that they rolled R251 and checked her brief to see if she was wet. Both staff stated that they were unaware that they needed to don a gown prior to working with the resident. 4. Review of R188's admission Record located under the Profile tab of the EMR, revealed R188 was admitted to the facility on [DATE] with diagnosis of hemiplegia and hemiparesis following cerebral infarction. Review of R188's MDS located under the MDS tab of the EMR with an ARD of 04/08/2026, revealed R188 had a BIMS of 14 out of 15, which indicated R188 was cognitively intact. The assessment also indicated R188 required substantial assistance with toileting hygiene. Review of R188's Care plan, dated 05/14/2025, located under the Care plan tab of the EMR, revealed R188 was dependent on staff for toileting hygiene. During an observation on 06/15/2026 at 11:02 AM, CNA 13 entered R188's room to provide incontinent care. CNA13 donned gloves, obtained new brief, and wipes. CNA13 removed R188's old brief and cleaned R188's front perineal area using wipes with a new wipe for each area. Then turned R188 onto his side and cleaned his buttocks with clean wipes. Next, CNA13 placed a new brief on R188 and repositioned R188 in bed. CNA13 adjusted his bedding and covered him with a clean blanket. CNA13 did not change gloves before applying a clean brief, repositioning him in bed, and covering him with a clean blanket. During an interview on 06/15/2026 at 11:20 AM, CNA13 stated, I removed the gloves and hand sanitized after I was finished. I did not change gloves and hand sanitize after removing the soiled brief and applying the clean brief. During an interview on 06/19/2026 at 3:26 PM, the Director of Nursing (DON) stated, The expectation during perineal care was to wash hands before and after, change gloves when changing body parts, use clean wipes between areas, and to change gloves and wash hands before putting on a new brief. When changing gloves, staff also need to wash hands or use hand sanitizer. 5. Review of R40's admission Record under the Profile tab in the EMR revealed R40 was admitted to the facility on [DATE] with diagnoses of cerebral hemorrhage (stroke), respiratory failure and encephalopathy (brain damage.) (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 R40's Progress Notes under the Progress Notes tab in the EMR revealed, MD [Medical Doctor] admission H&P [history and physical], dated 05/04/2026, indicated. Hospital course was complicated by acute cystitis [inflammation of the bladder] in the setting of a chronic Foley [type of indwelling urinary catheter] catheter, acute kidney injury on CKD [chronic kidney disease] . The patient was managed with . culture-directed antibiotics for cystitis . Review of the Care Plan Report under the Care Plan tab in the EMR revealed R40's urinary catheter was not included in the plan of care. Review of the Order Summary Report under the Orders tab in the EMR revealed R40 did not have a physician's order for an indwelling urinary catheter. Review of the Nursing Comprehensive assessment dated [DATE] under the Assessments tab in the EMR revealed, . H. Genitourinary . 5. Foley catheter . On 06/15/2026 at 12:45 PM, R40 was observed in his room, unresponsive, lying in bed. A urinary catheter bag was observed on the resident's left side of the bed lying on the floor. On 06/17/2026 at 8:45 AM R40 was observed in his room, unresponsive, lying in bed. The urinary catheter bag was observed on the resident's right side of the bed, lying on the floor. During an observation and concurrent interview with Licensed Practical Nurse (LPN) 2 on 06/17/2026 at 8:45 AM, she confirmed R40's urinary catheter bag was lying on the floor, and it should not be. Review of the Center for Disease Control's (CDC's), Summary of Recommendations Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009) . FOR HEALTH PROVIDERS MARCH 2024, revealed, . III. Proper Techniques for Urinary Catheter Maintenance . III.B.2. Keep the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor. 6. During an observation on 06/18/2026 at 9:14 AM the Maintenance Director took a tour of the facility shower rooms. Prior to entering into the 300-shower room, the Maintenance Director entered room [ROOM NUMBER]. CNA2 and CNA4 had completed a transfer for a random resident into his bed. CNA4 pointed to the heavily cracked blue cushion on the shower bed. CNA4 stated that the cushion should be replaced since it was damaged. There were two plastic bags filled with soiled items in the 300-shower room. Also present was Housekeeper (HSK)2 and stated that it was the responsibility of the CNA staff to ensure that the bags were taken out of the shower room and placed in the soiled utility room. CNA1 entered the 30-shower room and confirmed that the two plastic bags contained soiled items and should not have been placed on the floor since it was an infection control issue. During an interview conducted on 06/18/2026 at 11:58 AM, the DON stated that the staff was to don a gown in addition to the gloves when providing any care to a resident under EBP. The DON stated that a cracked shower bed cushion was an infection control issue. The DON stated that soiled laundry bags should not be placed on the floor since it was an infection control issue. Review of a facility's policy titled Infection Prevention and Control Program dated 04/2025 indicated . This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Policy Explanation and Compliance Guidelines; 12. Linens: E. Soiled linen shall be (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom. Review of the facility's policy titled, Tracheostomy Care, updated 06/2023, provided by the Administrator, noted the following: .Policy: the facility will ensure that residents who need respiratory care, including tracheostomy care and tracheal suctioning, is provided such care consistent with professional standards of practice. Review of the facility's policy titled, Enhanced Barrier Precautions, date reviewed/revised 03/2024, noted the following: .infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.face protection may also be needed if performing activity with high risk of splash or spray (ie.tracheostomy care.). Review of a facility policy titled Enhanced Barrier Precautions dated 03/2024 indicated . Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug -resistant organisms. Policy Explanation and Compliance Guidelines: . 3. b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. Review of the facility's policy titled, Perineal Care dated 10/2023, indicated, after providing perineal care, 14. Apply skin protectants as needed and according to facility policy regarding skin care. Reposition as desired and cover resident. 16. Remove gloves and discard. Perform hand hygiene. 17. Ensue call light is within reach. The policy did not indicate to change gloves and perform hand hygiene after cleaning the resident and removing the soiled brief and prior to applying a clean brief and adjusting the resident's bedding. Review of the facility's undated policy titled, Handwashing/Hand Hygiene, undated, indicated, Policy Interpretation and Implementation: 7. Use an alcohol-based hand rub containing at least 62% (percent) alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . h. Before moving from a contaminated body site to a clean body site during resident care. Review of the facility policy titled, Catheter Care, revised October 2025 revealed, Policy: It is the policy of the facility to ensure that residents with indwelling catheters receive appropriate catheter care . 9. Ensure drainage bag is located below the level of the bladder to discourage backflow of urine . The policy did not include keeping the catheter bag off the floor.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and the review of the facility policies titled, Oxygen Safety and Safe and Homelike Environment, the facility failed to: (1) maintain the laundry services area in a clean, sanitary, and safe condition; (2) maintain the [NAME] Shower tile grout in a clean and sanitary condition; (3) secure empty oxygen tanks to prevent potential hazards; (4) maintain metal Intravenous (IV) stands in a clean and sanitary condition for two of three residents (R) (R22 and R13) reviewed for enteral feedings; and (5) repair leaking air conditioning units, resulting in basins being placed on the floor in two of two rooms observed (rooms [ROOM NUMBERS]) over multiple days. These deficient practices had the potential to increase the risk of infection transmission due to unsanitary environmental conditions and equipment, as well as increased risk of injury from environmental hazards, including slips, trips, and falls related to leaking units and unsecured oxygen tanks. Findings include: 1. During an observation on 06/15/2026 at 10:54 AM, the Environmental Services Director (EVSD), accompanied by the Regional Manager, was observed entering the clean side of the laundry room. The area contained three industrial washing machines. Behind the machines, a large cement drain used for wastewater discharge was observed. Several resident slippers, a gray plastic wash basin, dried soap residue, and one pressure reduction bootie were observed on the floor beneath the machines. Tiles were missing beneath the washing machine on the right side of the room. An uncovered drain containing rusty water was also observed. Directly across from the washing machines were two service/utility sinks. Both sinks had plastic containers placed under the pipes. The wall behind the sinks showed significant water damage, including staining and an open, deteriorated area. The service/utility sink on the left contained stagnant water that was not draining. Outside of the clean area, a stack of mechanical lift slings was observed on the floor. The EVSD stated that night shift staff were responsible for gathering these items and it was not being completed. The Housekeeping/Laundry Director stated that the area would occasionally flood if an item became caught in the drain behind the machine. During an interview on 06/18/2026 at 9:14 AM, the Maintenance Director stated that staff are required to enter all maintenance requests into TELS, a computerized maintenance and operations management system commonly used in long-term care facilities. He stated that once a request is entered, he receives a text notification and then addresses the repair with staff as needed. The Maintenance Director reported the only issue he was aware of in the clean laundry room was a ceiling tile. He further stated he was not aware of any leaks in the service/utility sinks or that one sink was clogged. During an observation on 06/18/2026 at 9:55 AM in the laundry room Laundry Aide (LA1) stated she used the service/utility sinks in the clean laundry area for handwashing. LA1 stated she had informed the Maintenance Director that the sinks did not drain properly and were leaking. The EVSD was present during the interview and confirmed LA1's statements. Housekeeping/Laundry staff stated (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	that all maintenance concerns were entered into TELS. 2. During a general tour of the shower room on 06/18/2026 at 9:14 AM, the Maintenance Director stated that staff were required to enter all broken or deficient areas to TELS. The [NAME] Shower room contained two shower stalls. A heavy black substance was observed on the grout lines on the left side of the first shower stall, and yellow/pinkish staining was observed on the grout lines on the right side. The Maintenance Director stated he was not aware that the grout required replacement and reported that this issue had not been entered into TELS. 3. During an observation on 06/15/2026 at 12:20 PM, Central Supply entered the outdoor area where the oxygen (Oˆ) tanks were stored. This storage area was located outside, beneath the walkway connecting the facility to the laundry room. There were two sets of Oˆ cages: one designated for full tanks and the other for empty tanks. The cage designated for empty Oˆ tanks was completely full. Additionally, 19 empty Oˆ tanks were found outside of the cage. These tanks were unsecured and not labeled to indicate that they were empty. Central Supply stated that the empty tanks were scheduled for pickup today. During an interview conducted on 06/16/2026 at 1:00 PM, the Corporate Director of Respiratory stated that empty Oˆ tanks were to be secured. She confirmed the tanks were not secured and were unsafe. 4. Observations of R22 on 06/15/2026 at 12:17 PM, 1:55 PM, and 4:20 PM; on 06/16/2026 at 9:52 AM and 3:16 PM; and on 06/17/2026 at 8:46 AM revealed the resident was in bed with a metal IV stand positioned next to his bed. During these observations, a bottle of enteral formula, which was a brown colored liquid, was hanging from the IV stand. Additionally, during these observations, the IV stand and its four wheeled base were unclean with accumulated dried substances, which were brown in color, and appeared to be spilled enteral formula. An observation on 06/17/2026 at 9:25 AM with the Director of Nursing (DON) present revealed R22 was in bed with the metal IV stand next to his bed. The IV stand and its base were again observed to be unclean with an accumulated dried brown substance. During an interview on 06/17/2026 at 9:25 AM, the DON confirmed R22's IV stand and base were unclean with accumulated dried substances. The DON stated the nursing staff should clean the IV stand and its' base when enteral formula is spilled to prevent the formula from drying. The DON stated that after the formula had dried on the IV stand, the housekeeping staff or maintenance staff would need to be contacted to clean off the dried substances. 5. During observations of R13 on 06/15/2026 at 9:21 AM, 11:36 AM, and 4:13 PM; on 06/16/2026 at 10:24 AM and 3:08 PM; and on 06/17/2026 at 8:45 AM, the resident was observed in bed with a metal IV stand positioned beside the bed. A container of brown-colored enteral formula was hanging from the IV stand during each observation. The base of the IV stand was observed to be unclean, with accumulated dried, brown-colored residue consistent in appearance with spilled enteral formula. During an observation on 06/17/2026 at 9:33 AM, conducted in the presence of the DON, R13 was observed in bed with the metal IV stand positioned beside the bed. The base of the IV stand was again observed to be unclean, with an accumulation of dried brown colored substance. During an interview on 06/17/2026 at 9:33 AM, the DON confirmed R13's IV stand's base was unclean (continued on next page)

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and had an accumulation of dried residue. The DON stated nursing staff are expected to clean the IV stand when enteral formula is spilled to prevent residue from drying on the equipment. The DON further stated that if the formula has dried, housekeeping or maintenance staff should be contacted to remove the dried substances. 6. During an observation of room [ROOM NUMBER] on 06/15/2026 at 11:40 AM, a basin containing clear liquid was observed beneath the air conditioning/heating unit under the window. During an observation of room [ROOM NUMBER] on 06/15/2026 at 2:45 PM, a basin containing clear liquid was observed beneath the air conditioning/heating unit located under the window. A blanket was also observed beneath the basin. During an observation of room [ROOM NUMBER] on 06/16/2026 at 10:23 AM, a basin containing clear liquid was observed beneath the air conditioning/heating unit located under the window. During an observation of room [ROOM NUMBER] on 06/16/2026 at 10:25 AM, a basin containing clear liquid was observed beneath the air conditioning/heating unit located under the window. During an interview on 06/18/2026 at 9:33 AM, the Maintenance Director confirmed the air conditioning/heating units located beneath the windows in rooms [ROOM NUMBERS] were leaking. Review of a facility policy titled Safe and Homelike Environment dated 04/2025, indicated, . In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Review of a facility policy titled Oxygen Safety, dated 09/2024, indicated, . It is the policy of this facility to provide a safe environment for residents, staff, and the public. This policy addresses the use and storage of oxygen and oxygen equipment. Oxygen storage locations shall be in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors or gates that can be secured against unauthorized entry. Cylinders will be properly chained or supported in racks or other fastenings (i.e. sturdy portable carts, approved stands) to secure all cylinders from falling, whether connected, unconnected, full, or empty.