STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and review of policies titled, Preadmission Screening PASARR/PASSR, the facility failed to refer one of 10 residents (R)(R7) for level two pre-admission screening and resident review (PASARR) out of 10 residents identified with level two PASARR. The deficient practice had the potential to place the resident at risk for medical complications, unmet needs, and a diminished quality of life. Findings include:Review of the policy titled Preadmission Screening (PASSAR/PASSR) dated June 2025 revealed the policy of the facility was to follow the Federal and State regulations with regards to prescreening residents with a mental disorder and individuals with intellectual disability for individuals requiring more than 30 days in the Center, with the Procedure: 1. A level II PASSR must be completed if the individual has a primary or secondary diagnosis of dementia or related neurocognitive disorder, or a suspicion or diagnosis of serious mental illness, intellectual disability, or both. A PASRR level II may only be terminated by a PASSR Level II Evaluator.Review of the electronic medical record (EMR) revealed R7 was admitted to the facility on [DATE], and pertinent diagnoses included, but were not limited to, anxiety disorder, major depressive disorder, recurrent moderate mixed obsessional thoughts and acts, bipolar, and schizoaffective disorder. Review of R7's quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 01/22/2026 revealed a Brief Interview for Mental Status (BIMS)score of 13, which indicates R7's cognition is intact. Section E (behavior) revealed no potential indicators of psychosis. Section N (medications) revealed high-risk medications taken with an indication noted as antidepressant and antipsychotic. Review of R7's care plan indicated a focus on mood problems related to diagnoses of depression, schizoaffective disorder, suicidal ideations, and anxiety. Goals included, but were not limited to, improved mood state. Interventions included, but were not limited to, administering medications as ordered, behavioral health consults as needed, monitoring/recording/reporting to the MD as needed, mood patterns, signs and symptoms of depression, anxiety, change in suicide attempt, or sad mood. An interview with the admission Coordinator (AC) on 05/14/2026 at 9:45 AM revealed that she was responsible for verifying if a new admission had a PASARR level one. The Social Services Director (SSD) was responsible for reviewing PASARR level one and determining whether a resident needed a PASARR level 2, if not already done, and uploading it into GAMMIS (Georgia Medicaid Management Information System) and the EMR upon completion. She verified that R7 did not have a PASARR level two screening. An interview with the Social Services Director (SSD) on 05/14/2026 at 10:00 AM revealed that she was responsible for verifying that a resident had a psychiatric disorder diagnoses, after reviewing PASARR level one to determined whether it triggers and determining whether the resident needed a PASARR level two screening. She also verified that R7 did not have PASARR level two in his chart and did have the diagnoses that met the criteria for a PASARR level two assessment. The SSD stated that a negative outcome of R7 not having a PASARR level two assessment done could result in him missing out on treatments.Interview with the Director of Nursing (DON) on 05/14/2026 at 2:08 PM .The DON verified that R7 had qualifying diagnoses for a PASARR level two, that an assessment should have been (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted, and that no PASARR level two assessment was conducted for R7. She stated that the negative outcomes could be R7 not receiving proper care, medication, or benefits.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 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, interviews with staff, record review and review of the facility policies titled, Activities of Daily Living and Prevention of Pressure Injuries, the facility failed to ensure one of six sampled residents (R13), who required assistance with repositioning, was repositioned in accordance with the resident's turning schedule and interventions. This deficient practice placed the resident at risk for poor hygiene, decreased quality of life, and worsening pressure ulcers.Review of the facility's policy titled, Activities of Daily Living revised December, 2025 revealed the following: 1. Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility will provide the necessary care and services to ensure that the resident's abilities in activities of daily living do not diminish unless circumstances of the individual's condition demonstrate that such diminution was unavoidable. 2. The facility will ensure a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living. 3. The facility will provide care and services for the following activities of daily living: a. Hygiene. b. Mobility.c. Elimination.d. Dining.4. 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.Review of the facility's policy titled. Prevention of Pressure Injuries revised April 2020 revealed a section: 3. e. Reposition resident as indicated on the care plan.Mobility/Repositioning. 1. Reposition all residents with or at risk of pressure injuries on an individualized schedule, as determined by the interdisciplinary care team. 2. Choose a frequency for repositioning based on the resident's risk factors and current clinical practice guidelines. 3.Provide support devices and assistance as needed .Review of the electronic medical records (EMR) revealed R13 resident admitted to the facility on [DATE] with diagnoses including traumatic cerebral hemorrhage, obstructive hydrocephalus, epilepsy, dysphagia following cerebral infarction, dysphagia, rheumatoid arthritis, osteoarthritis, esophageal dyskinesia, cognitive communication deficit, generalized muscle weakness, muscle wasting/atrophy, lack of coordination, sarcopenia, and pressure ulcers including sacral pressure ulcers stage 4.Review of the Brief Interview for Mental Status (BIMS) revealed a score of 2, indicating severe cognitive impairment. Section GG (Functional Abilities and Goals) revealed functional limitations with bilateral impairment of both upper and lower extremities. The resident was dependent on staff for oral hygiene, toileting, showering/bathing, upper body dressing, and personal hygiene. Section M (Skin Conditions) revealed R13 had a pressure ulcer and was assessed as being at risk for developing pressure ulcers. The assessment further revealed the use of pressure-reducing devices for bed and chair, nutritional and hydration interventions to manage skin problems, and pressure ulcer/injury care.Review of the care plan for R13 revealed interventions related to activities of daily living (ADL) care, repositioning every two hours and as needed, keeping body in good alignment and maintaining clean and dry skin and linens.On 05/12/2026 at 9:20 AM, an observation and interview of R13 revealed the resident resided in a semi-private room, with her bed positioned near the window. A Turning Schedule sign was posted above the resident's bed with instructions for repositioning every two hours as follows: back (left) from 12 to 2, left side from 2 to 4, right side from 4 to 6, back (right) from 6 to 8, left side from 8 to 10, and right side from 10 to 12. The sign further instructed staff not to position the resident flat on their back and to slightly elevate either side of the buttocks using a pillow or wedge.On 05/12/2026 at 10:05 AM, wound care was observed being performed by Licensed Practica Nurse (LPN) AA. In an interview following the dressing change observation, Wound Nurse LPN AA stated residents were care planned for wound and ADL care, and interventions were implemented based on individual needs, including low air loss mattresses, wedges, protein supplements, vitamins, and repositioning interventions. She stated nurses and CNAs were responsible for implementing interventions and reporting changes in skin condition.On 5/12/2026 from 11:18 AM through 2:22 PM, a continuous three-hour observation was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	conducted from the hallway across from the resident's room. The room door remained open and the privacy curtain was partially closed, allowing observation of the resident from the hallway. At 11:18 AM, R13 observed lying on her back with the head of the bed elevated and covered with multiple blankets.In an interview conducted with CNA DD on 05/12/2026 at 2:07 PM in the hallway, she stated she reviewed the care plans and received report from other staff to determine the resident's care needs. She stated R13 was a total care resident and she provided the resident's care, the CNA stated, Yes, I turn her every two hours. When asked when the resident was last repositioned, the CNA stated, Two hours ago. CNA DD then went into the room and located two wedges in R13's closet. CNA DD confirmed she had not repositioned R13 that day and stated she thought the wound nurse would reposition the resident earlier during wound care. On 05/13/2026 at 8:48 AM, observation of R13 in her room revealed the resident lying on her back (not on her left side, as per Turning Schedule) with the head of the bed elevated and tube feeding was in progress.In an interview conducted with LPN FF, assigned to R13, on 05/13/2026 at 8:50 AM, she confirmed R13 was lying on her back and not positioned on her left side as indicated on the resident's turning schedule. When asked why the turning schedule was not being followed, the LPN stated she had just started the resident's tube feeding and wanted the resident to remain propped up.In an interview conducted with the Wound Nurse LPN AA on 05/13/2026 at 9:00 AM, she stated any nursing staff member could reposition the R13 and that residents were repositioned during wound care. She stated R13 prefered to remain on her back and staff assisted with side positioning by using the resident's other leg to help maintain the position. The Wound Nurse stated she asked nursing staff if the resident had been repositioned prior to the dressing change on 05/12/2026. In an interview conducted with MDS Coordinator LPN GG , on 05/13/2026 at 11:15 AM, she stated the facility does not document resident turning and repositioning in the Electronic Medical Records (EMR). She stated it is the facility's policy that all residents unable to reposition themselves are to be turned and repositioned every two hours. She further stated the facility uses a Turning Schedule to assist staff in identifying the side to which the resident should be repositioned.In an interview conducted with the Director of Nursing (DON) on 05/13/2026 at 11:46 AM, she stated she expected nursing staff to assist dependent residents with turning and repositioning every two hours. The DON was unable to find documentation indicating R13 had refused care prior to 05/13/2026.In an interview conducted with Unit Manager LPN CC on 05/13/2026 at 4:10 PM, she stated she expected CNAs to round on residents and reposition them every two hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with staff, record review and review of the facility policy titled, Activities of Daily Living, the facility failed to follow physician orders related to diet by failing to provide a meal tray to one of 150 residents on an oral diet (R13). This deficient practice placed the resident at risk for decreased quality of life.Findings include:Review of the facility's policy titled, Activities of Daily Living revised December 2025 revealed the following: 3. The facility will provide care and services for the following activities of daily living: d. Dining-eating, including meals and snacks.4. 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.Review of the Electronic Medical Records (EMR) revealed R13 iresident admitted to the facility on [DATE] with diagnoses including traumatic cerebral hemorrhage, obstructive hydrocephalus, epilepsy, dysphagia following cerebral infarction, dysphagia, rheumatoid arthritis, osteoarthritis, esophageal dyskinesia, cognitive communication deficit, generalized muscle weakness, muscle wasting/atrophy, lack of coordination, sarcopenia, and pressure ulcers including sacral pressure ulcers stage 4.Review of the Brief Interview for Mental Status (BIMS) assessment dated [DATE] revealed a BIMS score of 2, indicating severed cognitive impairment. Section GG (FunctioGoals) revealed functional limitations with bilateral impairment of both upper an lower extremities. The resident was dependent on staff for oral hygiene, toileting, showering/bathing, upper body dressing, and personal hygiene. Section K (Swallowing/ Nutritional Status) revealed the resident received nutrition through a feeding tube and a mechanically altered therapeutic diet. The assessment further revealed the resident was not observed holding food in the mouth or coughing or choking when swallowing medications.Review of the care plan for R13 revealed interventions related to nutrition, including tube feeding via PEG (percutaneous esophageal gastrostomy) tube, providing diet as prescribed and offering pleasure tray, staff assisting with all meals.Review of the physician orders related to nutrition for R13 revealed orders for a controlled carbohydrate no added salt (CCD NAS) diet with puree texture and thin liquids consistency; Jevity 1.5 via Percutaneous Endoscopic Gastrostomy (PEG) tube at 60 cc/hr for 20 hours daily; 150 cc water flushes every 4 hours; 30 cc water flushes before and after medication administration; checking gastric residuals and tube placement prior to feeding; elevating the head of bed 30-45 degrees during and after feeding; monitoring for PEG tube complications; and daily PEG site care with cleansing and dressing changes.An observation and interview of R13 on 05/12/2026 at 9:20 AM revealed R13 was observed lying on her back in bed with the head of the bed elevated. Tube feeding was observed infusing at 60 milliliters per hour (mL/hr). On 05/12/2026 at 12:48 PM, Certified Nursing Assistant (CNA) HH was observed passing meal trays on the 400 Hall but did not provide a tray to R13. At that time, R13 continued to receive tube feeding.On 05/12/2026 at 1:03 PM, CNA DD, who was assigned to R13, was observed conducting rounds from room to room. When asked why R13 had not received a meal tray, CNA DD stated the resident did not receive meal trays because she was tube-fed.On 05/13/2026 at 8:48 AM, observation of R13 in her room revealed the resident lying on her back with the head of the bed elevated and tube feeding was in progress. In an interview conducted with Licensed Practical Nurse (LPN) FF, assigned to the 400 Hall and caring for R13, on 05/13/2026 at 8:50 AM, when asked why the resident had not received a meal tray, the LPN stated R13 did not take anything by mouth because she received continuous tube feeding. In an interview conducted with the Director of Nursing (DON) on 05/13/2026 at 11:46 AM, she stated R13 received a pleasure tray and staff assisted her with all meals and did not know why the resident had not been offered one. She stated she expected the physician's orders to be followed. The DON was unable to provide documentation indicating R13 had refused the meal trays prior to 05/13/2026.In an interview conducted with the Dietary Manager on 05/13/2026 at 3:50 PM, she stated R13 had an active order to receive meal trays and that trays were always sent as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, staff interviews, record review, and review of the facility policy titled, Respiratory Therapy Equipment, the facility failed to ensure proper maintenance and monitoring of oxygen equipment in accordance with professional standards of practice for two of 28 sampled residents (R) (R109 and R1) reviewed for respiratory care related to maintaining a clean oxygen concentrator and filter. This deficient practice had the potential to result in decreased oxygen delivery, increased risk of respiratory compromise, and exposure to contaminants, which could adversely affect the residents' health and safety.Findings include:Record review of the facility policy titled Respiratory Therapy Equipment, which was undated, revealed procedure guidelines for oxygen administration directing staff to wash oxygen concentrator filters weekly, rinse the filters, and squeeze dry prior to reuse.1. Review of the EMR revealed R109 had diagnoses including, but not limited to, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, congestive heart failure (CHF), shortness of breath (SOB), and pneumonia, and had active physician orders for oxygen therapy.Observation conducted on 05/11/2026 at 12:15 PM, revealed R109 receiving oxygen therapy via oxygen concentrator with visible dust and debris accumulation present on the concentrator exterior and filter while the equipment remained in use.Follow-up observations conducted on 05/11/2026 at 3:26 PM, revealed that the oxygen concentrator filter remained visibly soiled, with continued dust and debris accumulation, while oxygen therapy remained in progress.Follow-up observations conducted on 05/12/2026 at 12:25 PM, revealed that the oxygen concentrator filter remained visibly soiled, with continued dust and debris accumulation, while oxygen therapy remained in progress.During an interview on 05/12/2026 at 1:00 PM, Certified Medication Aide (CMA) (CMA) KK, stated that staff monitored oxygen cannula placement, verified oxygen flow rates, and assessed concentrators for equipment issues when alarms occurred. She stated oxygen tubing was routinely changed by night shift staff and concentrators were generally serviced by central supply personnel.During an interview on 05/12/2026 at 1:10 PM, Licensed Practical Nurse (LPN) JJ, stated that residents receiving oxygen therapy were routinely monitored to ensure oxygen was administered as ordered and oxygen equipment was functioning properly. She stated staff monitored oxygen saturation levels, verified oxygen flow rates, and routinely changed oxygen supplies in accordance with facility practice.During an interview on 05/12/2026 at 1:15 PM, Unit Manager Licensed Practical Nurse (LPN) II, stated staff monitored residents receiving oxygen therapy, including oxygen saturation levels, tubing changes, and concentrator functioning. She stated an outside company was reportedly responsible for concentrator filter maintenance; however, when shown the concentrator in use, she confirmed the filter was visibly soiled with dust and debris.During an interview on 05/12/2026 at 1:20 PM, the Director of Nursing (DON) confirmed that the oxygen concentrator filters in use were visibly dirty and did not meet facility cleanliness and maintenance standards. She stated that her expectation was that the concentrators should be routinely monitored to ensure proper functioning to ensure resident health and safety and noted that the facility used an outside company for concentrator maintenance.2. Review of the EMR for R1 revealed admission to the facility with diagnoses of Alzheimer's Disease, cerebral infarction, congestive heart failure, chronic respiratory disease with hypoxia.Review of the physician orders revealed that oxygen was to be administered at 2 liters per minute via nasal cannula continuous, change and date all respiratory supplies and tubing weekly *if oxygen concentrator is present, clean filter*.Review of the care plan revealed the following interventions and goal: RI is on oxygen therapy related to hypoxic-respiratory failure, R1 will have no signs and symptoms of poor oxygen absorption.Observation conducted on 05/11/2026 at 10.20 AM, revealed R1 receiving oxygen therapy via oxygen concentrator with visible dust and debris accumulation present on the concentrator exterior and filter while the equipment remained in use.Follow-up observations conducted on 05/11/2026 at 3:24 PM of R1, revealed that the oxygen concentrator filter remained visibly soiled, with continued dust and debris accumulation, while (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen therapy remained in progress.Follow-up observations conducted on 05/12/2026 at 12:25 PM of R1, revealed that the oxygen concentrator filter remained visibly soiled, with continued dust and debris accumulation, while oxygen therapy remained in progress.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115375	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Care Center	5100 West St NW Covington, GA 30014

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 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 observations, staff interviews, and review of the facility policy titled, Hand Hygiene, the facility failed to perform appropriate hand hygiene while passing lunch meal trays between each resident on one of three units. The deficient practice had the potential to place residents at risk of cross-contamination and the transmission of infectionsFindings include:Review of the facility policy titled, Hand Hygiene, dated February, 2026, revealed that handwashing /hand hygiene shall be regarded by this Center as a means of preventing the spread of infections. The subsection titled, Policy Interpretation and Implementation revealed under number 2. e. stated, Associates must perform appropriate handwashing procedures under the following conditions, between passing out meal trays at lunch.Observations made on 05/11/2026 at 12:33 AM in the Unit 2 dining hall revealed two employees, Certified Nursing Assistants (CNAs) PP and QQ, not performing proper hand hygiene between passing out lunch meal trays.In an interview on 05/11/2026 at 12:33 PM with Licensed Practical Nurse (LPN) FF, the employee stated that employees who passed out lunch trays were supposed to sanitize their hands before grabbing a new tray and confirmed CNAs PP and QQ were not performing appropriate hand hygiene between tray passes.In an interview on 05/11/2026 at 12:35 PM, CNA QQ stated that she knew to hand-sanitize after each tray pass and acknowledged that she sanitized her hands only before the first tray she passed out.During an interview with the Assistant Director of Nursing (ADON) on 05/11/2026 at 12:41 PM, she stated she expected handwashing/hand sanitizing to be done between tray passes, that residents were kept safe, and that residents had proper assistance with feeding.