STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115430	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Summerhill Elderliving Home & Care	500 Stanley Street Perry, GA 31069

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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, staff interview, record review, and policy review, the facility failed to ensure equipment, floors, walls and ceiling surfaces were clean and in good repair, beard guards were worn while serving food, and hands were washed between touching soiled and clean dishes when operating the dish machine. These failures had the potential to cause food-borne illnesses for 136 of 136 residents who received meals prepared in the facility's kitchen.Findings include: 1. On 01/20/26 at 8:45 AM and 01/21/26 at 2:00 PM the kitchen was toured with the Dietary Supervisor (DS) and sanitation issues found included:The floor in the walk-in refrigerator had dried spillage and trash debris along the walls behind shelves and a long crack across the concrete floor.The walk-in freezer was full of numerous stacks of boxes of food. Some boxes were crushed with the weight of other boxes, causing the food product to be exposed. The floor contained food debris throughout the freezer.The interiors of the two convection ovens were soiled with baked-on grease and charred food debris. The exterior contained a greasy residue and a thick coating of grease next to the fryer.The stove top and burners were soiled with baked on spillage. During an interview on 01/21/26 at 2:10 PM, the DS stated the ovens, fryers, and stove top were cleaned every other week.The two fryer wells contained food debris. Inside of the fryer cabinets there were heavy layers of grease along the tops of the doors and thick layers of grease spillage. A thick accumulation of grease residue was noted along the exterior oven against the fryers and dried spillage on the backs of the fryers.The walls in and around the dish machine contained numerous small holes, stains, and old glue. During an interview on 01/21/26 at 2:15 PM, the DS stated the holes were from the removal of old equipment. The walls and base boards behind the beverage station and the back wall where a large trash barrel was contained a collection of dried splatters.The ceiling throughout the kitchen contained dried splatters.Door frames were noted to have worn paint and scraped, exposing the wood.During an interview on 01/23/26 at 9:43 AM, the Certified Dietary Manager (CDM) was asked if the Registered Dietitian (RD) conducted kitchen inspection. CDM stated, Yes, but she doesn't leave a report but just talks about what she found. CDM stated she also conducted inspection and she writes a report. Review CDM's Kitchen/Food Service Observation, dated 12/04/25, provided by the facility revealed oven dirty and stove, Fryer, stove areas greasy, Fryer not clean, convection oven dirty, Floor bin dirty, walk-in in total disarray, Stove oven dirty, cracked floor, and Whether the facility has and follows, a cleaning schedule for the kitchen and food service equipment; - No.During an interview on 01/23/26 at 10:00 AM, the Administrator was asked if there were any plans for the kitchen walls as there were dried splatters, holes, and old glue. The Administrator stated he was not aware of any, but he would ask the corporate maintenance person. The Administrator stated the holes in the walls were due to the recent removal of old equipment. The Administrator was asked if he was aware of the kitchen sanitation issues in the kitchen, such as heavily soiled convection ovens, fryers, and floors in the walk-in coolers. The Administrator stated, No. The Administrator then toured the kitchen and observed the above conditions.Review of the daily cleaning assignments provided by the facility revealed the floors were cleaned on 01/21/26 and 01/22/26. No initials were documented for 01/18/26, 01/19/26, and 01/20/26 to indicate cleaning had been performed. The fryer and area, (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	stove, cooler were cleaned 01/18/26, 01/19/26, 01/20/26, and 01/21/26.Review of the five weeks of the weekly cleaning assignments, dated January 2026, provided by the facility revealed the convection ovens, baseboards, walls, fryers, and stove oven had no initials were documented to indicate cleaning had been performed.2. On 01/21/26 at 2:05 PM, Dietary Aide (DA)1 was observed touching clean dishes without washing his hands after touching dirty dishes while operating the dish machine. DS was asked if DA1 should have washed his hands before touching the clean hands, DS stated, Yes, and then spoke with DA1.3. On 01/22/26 at 12:30 pm, DA2 and Cook1 were serving lunch from the main kitchen tray line had beards and were not wearing beard guards.During an interview on 01/23/26 at 9:50 AM, DS was asked should the men in dietary with beards wear beard guards and DS stated, Yes. DS was asked why Cook1 and DA2 had beards and were not wearing beard guards 01/22/26 at lunch while serving on the tray line. DS stated he was out of beard guard but would be getting some on Monday, 01/26/26.Review of the facility policy titled Sanitation, dated 01/08/15, provided by the facility, revealed The food service area shall be maintained in a clean and sanitary manner. 1. All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. 2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion. open seams, cracks, and chipped areas.Review of the facility policy titled Handwashing/Hand Hygiene, revised 11/02/22, provided by the facility, revealed This facility considers hand hygiene the primary means to prevent the spread of infections. 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and document review, the facility failed to have an effective pest control program to prevent an infestation in the kitchen and in resident rooms. This failure could cause a decrease in quality of life, contamination of food, and transmission of disease for all residents in the facility.Findings include: Review of the facility's grievance log involving pests included: On 05/27/25, Resident rooms have Water Bugs and roachesOn 06/25/25, There are roaches and ants in [resident's] roomOn 07/29/25, having issues with roaches, silverfish, and fliesOn 08/26/25, found a roach in a resident's food, roaches in a resident's room, found a roach in a resident's bed.On 09/21/25, resident is still having issues with roaches.On 12/30/25, room has roachesReview of the facility's pest control receipts revealed:On 08/14/25, cockroach treatment was applied to the exterior area [of the building] and near entry- introduction point [of the building]On 09/09/25, cockroach treatment was applied to the exterior areaOn 10/10/25, cockroach treatment was applied to the exterior area and near entry- introduction [NAME] 10/30/25, cockroach treatment was applied to the patient/guest room- interior.On 11/04/25, cockroach treatment was applied to the exterior area and near entry- introduction [NAME] 12/04/25, cockroach treatment was applied to the kitchen area-interior, exterior area, near entry- introduction [NAME] 12/15/25, cockroach treatment was applied to the kitchenOn 01/12/26, cockroach treatment was applied to the exterior area, near entry-introduction [NAME] 01/22/26, cockroach treatment was applied to the kitchenReview of the Certified Dietary Manager (CDM)'s Kitchen/Food Service Observation, dated 12/04/25, provided by the facility, revealed Is there documentation of pest control services that have been provided? - No, Is the facility aware of the current problem? - Yes, If the facility is aware of the current problem, what steps have been taken to eradicate the problem? Contact [name of pest control company] to come out.On 01/20/26 at 8:45 AM and on 01/21/26 at 2:00 PM, the top of the column at the entrance door contained a collection of small dark specks resembling a pepper appearance as a sign of a roach infestation.On 01/20/26 at 9:05 AM, a large collection of small cockroaches scattered in all directions after the Dietary Supervisor (DS) moved a bucket on wheels of sanitizer located next to the three-compartment sink. DS stated they recently had the kitchen bombed with roach treatment.On 01/22/26 at 7:20 AM, the same chemical bucket from 01/20/26 was slightly moved and more small cockroaches scattered. The DS stated, the kitchen was treated again the other day. The DS stated the pest control company comes monthly and treats the kitchen.During an interview on 01/22/26 at 11:57 AM, the CDM stated the kitchen was treated with a roach bomb sometime in late December 2025.During an interview on 01/23/26 at 10:00 AM, the Administrator was asked if he was aware of the large number of roaches that scattered after the sanitizer container on wheels under the three-compartment sink was moved on 01/20/26 and 01/21/26. The Administrator stated he thought it was only one roach, not a large number. The Administrator then toured the kitchen and observed several dead roaches in and around the chemical bucket and the top of the column at the entrance door containing a collection of small dark specks resembling a pepper appearance. Review of the facility policy titled Pest Control, dated 01/11/09, provided by the facility, revealed, 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record review, and policy review, the facility failed to provide residents and their Resident Representatives (RR) with the required written transfer and bed-hold notices following emergent hospital transfers for four of four residents (Resident (R) 4, R3, R11, and R141) reviewed for hospitalization out of 32 sampled residents. The facility also failed to ensure the required information was communicated to the hospital at the time of the transfer. These failures created a risk that residents and their RRs would be uninformed about the reason and location of the transfer, their right to appeal, and the bed-hold process, increasing the potential for denial of readmission and loss of the resident's home following hospitalization.Findings include: 1. Review of R4's admission Record located under the Profile tab of the electronic medical record (EMR) revealed R4 was admitted on [DATE]. Review of R4's Progress Notes located under the Prog (Progress) Note tab of the EMR dated 01/06/26 at 2:30 PM revealed the resident was transported to the hospital for evaluation by two-person Emergency Medical Transportation (EMT). Progress Note dated 01/08/26 at 2:44 PM communication with physician confirmed the resident readmitted back to the facility from the hospital. Review of R4's Minimum Data Set (MDS) located under the MDS tab in the EMR confirmed the resident had a discharge return anticipated MDS dated [DATE] and an entry MDS dated [DATE]. Review of R4's Evaluation tab of the EMR revealed no eInteract Transfer Form was completed for R4's hospital transfer on 01/06/26. Review of R4's EMR revealed no documentation that R4 or the RR was provided with the transfer notice or bed hold policy for the hospital transfer dated 01/06/26. Further review revealed no documentation that the information was conveyed to the hospital at the time of the transfer on 01/06/26. During an interview on 01/21/26 at 9:09 AM, R4 confirmed he was recently in the hospital and was admitted for two days. During an interview on 01/22/26 at 1:28 PM, Financial Coordinator (FC) confirmed he did not send the notice of transfer form or bed hold policy to the hospital for the resident or out to the responsible party. During an interview on 01/22/26 at 2:02 PM, the Director of Nursing (DON) said the nurse that sent R4 out to the hospital did not complete an E-Interact Transfer Form to send with R4 to the hospital on [DATE], did not send the form with EMS, and did not call report to the hospital. The DON confirmed the Financial Coordinator did not send the transfer or bed hold notices to R4's representative or give the notices to the resident. 2. Review of R3's admission Record, located under the Profile tab in the EMR indicated R13 was admitted to the facility on [DATE] with the diagnosis of diabetes mellitus, end stage renal disease, heart failure, anxiety disorder, chronic obstructive pulmonary disease (COPD), bipolar disorder, and (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dependence on renal dialysis. Review of R3's five-day MDS located under the MDS tab in the EMR with an Assessment Reference Date (ARD) of 11/23/25 indicated R3 was coded as having a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R3's cognition was moderately impaired. Review of R3's Progress Notes located under the Prog Notes tab in the EMR reflected R3 had been transferred to the emergency room (ER) on 11/14/25 at 1:40 PM for pain and returned to the facility from the hospital on [DATE]. Review of R3's EMR revealed there was no documentation regarding the bed hold policy being provided to the RR at the time of transfer. Review of R3's Progress Notes located under the Prog Notes tab in the EMR reflected R3 was transferred to the emergency room (ER) on 11/26/25 at 3:51 AM for severe headache without relief. Review of R3's Evaluation tab of the EMR revealed no eInteract Transfer Form was completed for the hospital transfer on 11/26/25. During an interview on 01/23/26 at 12:45 PM, the Administrator confirmed that an eInteract transfer form could not be found for R3 on 11/26/25. The Administrator stated the FC had not been sending bed hold notifications for Medicaid residents. During an interview on 01/23/26 1:02 PM, the DON reviewed R3's EMR and confirmed there was no written notice of transfer form completed for the transfer to the hospital on [DATE]. The DON stated The expectation for transfers to the hospital included an eInteract packet, transfer form, advanced directives, and bed hold policy. The facility should send a bed hold policy to the family after 24 hours. During an interview on 01/23/26 at 2:49 PM, the FC stated, I would be responsible to send bed hold notifications to the representative. I didn't know I needed to send notification for those on Medicaid since they are held for seven days with no fees due. The representative would not have been aware of this since notification was not sent. A bed hold was not sent to the representative for [R3] on 11/14/25. 3. Review of R11's admission Record, located under the Profile tab of the EMR, revealed she was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure, COPD, (congestive) heart failure, diabetes mellitus, dependence on renal dialysis, anxiety disorder, end stage renal disease, and dementia. Review of R11's annual MDS located under the MDS tab in the EMR with an ARD of 11/19/25 indicated R11 had a staff assessment for mental status coded as severely cognitively impaired. Review of R11's Progress Notes located under the Prog Notes tab in the EMR indicated R11 had been transferred to the ER on [DATE] at 3:59 PM from dialysis for shortness of breath and returned to the facility from the hospital on [DATE]. Review of R11's Progress Notes located under the Prog Notes tab in the EMR indicated R11 had been transferred to the ER on [DATE] at 3:45 PM from dialysis for shortness of breath. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R11's EMR revealed there was no documentation that a written notice of transfer or information regarding the bed hold policy were provided to the RR at the time of transfer on 12/08/25 and 12/27/25. During an interview on 01/23/26 at 12:50 PM, the Administrator confirmed written notice of transfer could not be found. During an interview on 01/23/26 at 2:49 PM, the FC stated bed hold notifications had not been sent. 4. Review of R141's admission Record, located under the Profile tab of the EMR, revealed she was admitted to the facility on [DATE] with diagnoses including dementia, influenza, and repeated falls. Review of R141's Discharge – Return Not Anticipated MDS, with an ARD of 11/12/25 and located under the MDS tab of the EMR, documented R141 was transferred to the hospital on [DATE]. Review of R141's Incident Progress Note Follow Up, dated 11/13/25 and located under the Progress Notes tab of the EMR, documented she was becoming aggressive with other residents and staff and was transferred to the emergency room for management of behaviors and possible infection. Review of R141's Hospital Transfer note, dated 11/12/25 and located under the MDS tab of the EMR, revealed, Resident transferred to [Emergency Room] via stretcher with EMS [emergency medical services]. Resident voiced no pain or discomfort at this time. RP [responsible party] notified that resident has left the building. Review of R141's EMR revealed there was no documentation regarding a written notice of transfer or information regarding the bed hold policy were provided to the RP at the time of transfer. During an interview on 01/23/25 at 2:06 PM, the Administrator stated there was no documentation to indicate a written notice of transfer and the bed hold notice were provided. Review of the facility's policy titled, Notice of Transfer/Discharge, dated 03/2017, indicated Immediate Transfer/Discharge. Notice of Transfer and Discharge will be made as soon as practicable when: . an immediate transfer or discharge is required by the resident's urgent medical needs . The Notice will include the following: The reason for the transfer or discharge; the effective date of the transfer or discharge; the location to which the resident is to be transferred or discharged ; an explanation of the resident's right to appeal the transfer or discharge to the State; and the name, address, and telephone number of the state long-term care ombudsman; and bed hold information for Medicaid and other payers if transfer/discharge to hospital. Review of the facility's policy titled, Bed Hold Policy, dated March 2017, indicated, Policy Statement: Our facility informs residents of our bed-hold notice policy upon admission and prior to a transfer for hospitalization or therapeutic leave. Policy Interpretation and Implementation: . 2. At the time a resident is transferred to the hospital or going out on therapeutic leave, the facility will provide the resident with information regarding holding bed space. 3. When emergency transfers are necessary, the facility will provide the resident or representative [sponsor] with information concerning our bed-hold policy within twenty-four hours of such transfer via telephone or mail . 12. A copy of the Transfer/ Discharge Notice will be sent with the resident to the hospital. A copy will be sent to the Business office. The Business office/ designee will contact the resident and/ or responsible party by mail or by phone in order to ascertain the resident/ responsible party's wishes regarding holding the bed privately.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review, staff interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to encode and transmit Minimum Data Set (MDS) assessments to the Centers for Medicare and Medicaid Services (CMS) system for two residents (Resident (R) 42 and R124) out of 32 sampled residents. This failure prevented the transmission of resident-specific information used for payment, quality measures, and ongoing clinical data analysis.Findings include:1. Review of R42's Prog (Progress) Notes tab located in the electronic medical record (EMR) revealed R42 discharged from the facility on 08/18/25.Review of the MDS tab of the EMR revealed no discharge MDS assessment was entered, completed, or transmitted to CMS.2. Review of the MDS tab of the EMR revealed Resident R124 had a Death in Facility assessment with an Assessment Reference Date (ARD) of 08/25 entered and completed but not transmitted to the CMS site.During an interview on 1/23/26 at 2:47 PM, Corporate Clinical Reimbursement Coordinator (CCRC) acknowledged R42 did not have a Discharge MDS entered, completed, or transmitted. CCRC also acknowledged R124 had a death in facility MDS assessment completed, but it was never transmitted.During an interview on 01/23/26 at 3:40 PM, Administrator stated the facility follows the Resident Assessment Instrument (RAI) manual for completion and transmission timing of Minimum Data Set (MDS) assessments.Review of the RAI Manual, dated 10/25 and located at https://www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf, revealed that a discharge MDS Must be completed within 14 days after the discharge date and Must be submitted within 14 days after the completion date. A death in facility tracking record Must be completed when the resident dies in the facility or when on LOA [leave of absence]. It Must be completed within 7 days after the resident's death and Must be submitted within 14 days after the resident's death.

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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, staff interviews, policy review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure an accurate Minimum Data Set (MDS) was submitted to include the correct Preadmission Screening and Resident Review (PASSAR) II status for one of three residents (Resident (R) 5) reviewed for PASARR out of 32 sampled residents. This deficient practice had the potential to place R5 at risk of inaccurate assessments and care planning. Findings include:Review of R5's admission Record located under the Profile tab of the electronic medical record (EMR) indicated the resident was admitted to the facility on [DATE] with diagnoses ofmajor depressive disorder, anxiety disorder, and bipolar disorder.Review of R5's Treatment Service: PASRR Level II located under the Misc tab of the EMR, dated 12/20/22, revealed R5 had Serious Mental Illness (SMI) with diagnoses of bipolar disorder, generalized anxiety disorder, and major depressive disorder.Review of R5's annual MDS located under the MDS tab with an Assessment Reference Date of 06/25/25 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 that indicated R5 was cognitively intact. The assessment revealed the response to: 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 01/21/26 at 2:04 PM, the Social Services Director (SSD) reviewed R5's EMR and stated R5 did have a PASSR II. The SSD reviewed R5's annual MDS dated [DATE] and confirmed it was marked No for PASSR Level II serious MI. The SSD stated It should have been marked Yes. It is not accurate. Section A is completed by the MDS Coordinator.During an interview on 01/21/26 at 2:17 PM, the MDS Coordinator (MDSC) 1 reviewed R5's annual MDS dated [DATE] and confirmed she had completed Section A which included PASRR Level II status. The MDSC1 stated PASRR Level II status is usually already filled out. If not, I call social services. I wouldn't know where to look for it in the computer. MDSC1 contacted social services and confirmed R5 had a PASRR Level II and the MDS should have been marked Yes for PASRR Level II.Review of the facility's policy titled, Admissions, PASARR Levels I & II, dated 06/16/25, indicated, The Level II evaluation report must be used by the facility when conducting assessments of the resident, developing the care plan, and when transitions of care occur. Incorporating the Level II information in these processes promotes comprehensive assessment and provision of care for residents with MD [serious mental disorder] or ID [intellectual disability].Review of the RAI manual, dated 10/25 and located athttps://www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf,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] completing the assessment .

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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 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 observation, interview, record review, and facility policy review, the facility failed to ensure that a resident's fingernails were kept clean and properly trimmed for one of one resident (Resident (R) 12) reviewed for activities of daily living (ADLs) out of 32 sampled residents. This failure created a potential risk of infection, injury, and compromised personal hygiene.Findings include:Review of R12's admission Record located under the Profile tab of the electronic medical record (EMR) indicated R12 was admitted on [DATE].Review of R12's Care Plan located under the Care Plan tab of the EMR revealed, observe for need to trim fingernails, toenails during bath/ shower time. Let nurse know if these items need to be completed during the bath/shower, with a start date of 04/21/22.Review of R12's quarterly Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date ARD of 11/12/25 revealed a Staff Interview for Mental Status (SAMS) score of three indicating moderately impaired for decision making. Functional limitation impairment on one side of upper extremity was marked, rejection of care behavior not exhibited was marked, and personal hygiene was marked as dependent (helper did all the effort).During an observation on 01/20/26 at 11:35 AM, R12 was observed with her fingernails approximately half an inch long on the right hand with a thick brown substance underneath them and were over one inch long on her left hand with a brown substance underneath them. During an observation on 01/22/26 at 10:04 AM, R12 was observed with her fingernails approximately half an inch long on the right hand with a thick brown substance underneath them and over one inch long on her left hand with a brown substance underneath them.During an interview on 01/22/26 at 10:07 AM, Certified Nurse Assistant (CNA) 1, at R12's bedside, confirmed R12's right hand fingernails were at least half an inch long and confirmed brown flakes under the middle finger of the right hand and a brown substance under the ring finger of the right hand. CNA1 confirmed fingernails on the left hand were over one inch long with a brown substance underneath them. CNA1 confirmed R12's fingernails should be trimmed for general hygiene. During an interview on 01/22/26 at 10:28 AM, Licensed Practical Nurse (LPN) 2, at R12's bedside, confirmed R12's right hand fingernails were at least half an inch long and confirmed a brown substance underneath the fingernails of the right hand. LPN2 confirmed R12's fingernails on the left hand were over one inch long with brown substance underneath them and confirmed R12's fingernails should be trimmed to prevent scratching self and for sanitation purposes.During an interview on 01/22/26 at 5:26 PM, the Director of Nursing (DON) confirmed R12's fingernails should be trimmed and that R12 should be care planned for refusing if she refuses. The DON confirmed R12's fingernails should be cleaned daily when activity of daily living (ADL) care was performed. The DON confirmed fingernails should be trimmed to prevent infection, scratching, or tearing skin.Review of the facility's policy titled, Care of Fingernails/ Toenails, dated 12/11/17, revealed 1. Review the resident's care plan to assess for any special needs of the resident . 3. Nail care includes daily cleaning and regular trimming. 4. Proper nail care can aid in the prevention of skin problems around the nail bed . 6. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.