STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of facility policy titled Medication Storage in Healthcare Centers, and Medication Administration: Insulin Injections, the facility failed to ensure insulin pens were labeled with correct use by dates in two of three medication carts. This deficient practice had the potential to result in the administration of expired insulin and adverse clinical outcomes.Findings Include:Observation and interview on [DATE] at 9:50 AM of the nurse's medication cart with Licensed Practical Nurse (LPN) AA on Hall 3 and Hall 4 revealed two insulin pens (Insulin Glargine-Lantus and Insulin Lispro-Humalog) stored in individual packaging bags with attached prescription labels. Review of the manufacturer and prescription labeling confirmed insulin pens were to be discarded 28 days after opening. The pens had handwritten open dates of [DATE] and handwritten discard dates of [DATE]. Based on the 28-day manufacturer recommendation, the correct discard date should be [DATE], however, the pens were labeled with a discard date exceeding this timeframe. During the observation, LPN AA was unable to verify the correct beyond-use dating and requested assistance from the Infection Preventionist (IP). The IP reviewed the pens, confirmed the labeling was incorrect, and stated that insulin beyond the 28-day open period may have reduced effectiveness and should not be administered, and proceeded to correct the dates on the pens.Observation and interview on [DATE] at 10:06 AM of the nurse's medication cart with the IP on Hall 3 revealed one insulin pen (Insulin Glargine-Lantus). Review of the manufacturer labeling indicated insulin pens are to be discarded 28 days after opening. The pen had handwritten open date of [DATE] and handwritten discard date of [DATE]. Based on the 28-day manufacturer recommendation, the correct discard date should be [DATE]. During the observation, the IP reviewed the pen, confirmed the labeling was incorrect, and proceeded to correct the date on the pen.Interview on [DATE] at 12:59 PM with the Director of Health Services (DHS) revealed that insulin pen labeling is to be done upon opening, The DHS stated staff are expected to document the open date and calculate a beyond-use date of 28 days. A reference chart is now available to guide staff and further emphasized that insulin should not be used beyond the expiration or beyond-use date.Review of the facility's policy titled Medication Storage in Healthcare Centers, revised [DATE], documented under section Procedures item 11. Multi-dose containers of injectables . are to be dated (when opened). Except where manufacturer recommendations require shorter expiration date . will expire according to the manufacturer's expiration date.Review of the facility's policy titled Medication Administration: Insulin Injections, reviewed [DATE], documented under section Procedure and Key Points item 5. Obtain insulin from the refrigerator . (if vial or pen is being opened for the first time, make sure the date is noted on the date opened/date expired label attached to the insulin vial or pen). If insulin will be used in less than 28 days, it may be stored unrefrigerated on the med cart.Review of the Lantus (insulin glargine injection) package insert on page 11 under the title After Lantus vials have been opened (in-use), provided by the facility documented Store in-use (opened) Lantus vials . at room temperature . for up to 28 days and The Lantus vial you are using should be thrown away after 28 (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	days or if the expiration date has passed, even if it still has insulin left in it.Review of the Humalog (insulin lispro injection) package insert under the title How should I store Humalog?, provided by the facility documented Store opened vials . at room temperature . for up to 28 days and Throw away all opened vials after 28 days of use, even if there is insulin left in the vial.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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 record review, staff and resident interviews and review of facility process titled Matrix Care: Social Services Director/Social Services Coordinator, the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) Level two was submitted for one of 32 residents (R) (R21) reviewed for PASARR II. This deficient practice had the potential to place R21 at increased risk of not receiving required behavioral health support to meet their daily needs. Findings include: Observation and interview on 04/15/2026 at 10:31 AM with R21 revealed that she meets with a psychotherapist weekly, on Tuesdays, and is currently being prescribed medications for her mood. Review of the electronic medical record (EMR) revealed R21 was admitted to the facility on [DATE], with pertinent diagnoses including but not limited to bipolar disorder, mood disorder due to known physiological condition, anxiety disorder, depression, and insomnia.Review of R21's quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated little to no cognitive impairment. Section J (Health Conditions) documented diagnoses including anxiety disorder, bipolar disorder, depression, and mood disorder due to a known physiological condition. Section N (Medications) indicated the resident was receiving both antipsychotic and antidepressant medications.Review of R21's care plan dated 03/02/2026, documented problems including behavioral symptoms, resistance to care, use of psychotropic medications, and pain management needs. Goals included reducing maladaptive behaviors such as threatening, yelling, or cursing at others; minimizing refusal of care, and preventing harm to self or others related to refusals, with continued management of bipolar disorder through prescribed medications. Interventions included reducing environmental stimulation (e.g., noise, crowding), maintaining a calm and structured environment, using a calm and acceptance-based communication approach, avoiding triggering topics, and encouraging expression of feelings while clarifying misunderstandings. Additional interventions included setting clear boundaries, educating the resident on disease processes and consequences of noncompliance, monitoring reasons for refusal (e.g., pain, fear, cognition), reinforcing treatment compliance, and utilizing psychiatric consultation and psychosocial therapy as needed. Medication management interventions included administering medications as ordered, monitoring for side effects, implementing non-pharmacological approaches, and completing pharmacist medication reviews.Review of the Physician's Orders for R21 included but was not limited to:Order dated 04/10/2025 for divalproex 125 mg {milligrams} tablet at bedtime for mood disorder due to known physiological condition.Order dated 05/27/2025 for lamotrigine 50 mg once daily for mood disorder due to known physiological condition.Order dated 05/27/2025 for Vraylar 1.5 mg capsule once daily for bipolar disorder.Order dated 08/13/2024 for melatonin 9 mg at bedtime for insomnia.Order dated 08/05/2024 for Behavior Monitoring: includes tracking mood (sad, anxious), aggression, hallucinations, delusions, insomnia, etc. Also included monitoring for psychotropic side effects (e.g. sedation, confusion, EPS {extra pyramidal side effects}).Review of R21's Social Services progress notes from August 2024 through present revealed a history of significant behavioral symptoms, including combative behavior toward staff and roommate, verbal aggression, refusal of medications and care, and interpersonal conflict. Documentation indicated the need for ongoing interdisciplinary team (IDT) involvement, behavior management programming, and continued psychiatric services. Further review revealed R21 continues to receive behavioral health services, including psychotherapy and psychotropic medication management, indicating ongoing mental health needs.Review of facility PASARR tracking documentation and census listing for PASARR Level II determinations revealed R21 was not included on the facility's PASARR Level II tracking list. Review of the EMR also failed to reveal evidence that a PASARR Level II evaluation or determination had been completed for R21.Interview on 04/15/2026 at 12:28 PM with the Social Services Director (SSD) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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	revealed that she was not aware of or responsible for PASARR coordination and referred responsibility to the Director of Health Services (DHS). Interview on 04/15/2026 at 12:32 PM with the DHS revealed he was not responsible for PASARR coordination and indicated he would determine the responsible staff member.Follow-up interview on 04/15/2026 at 1:26 PM with the DHS revealed the Social Services Director is responsible for PASARR coordination. DHS further indicated the Social Services Director was informed of this responsibility on this date. DHS confirmed that R21 did not have a PASARR Level II evaluation completed; however, a referral for PASARR Level II was initiated following identification of the concern.Review of the facility process titled Matrix Care: Social Services Director/Social Services Coordinator, updated 01/27/2025, section Admission revealed From Admissions list, review patients that admitted to the facility with a mental health diagnosis, psychotropics and antipsychotic medications. If they do, they will be added to your Behavior Management Program (Ensure that those patients have been submitted for a PASSR II, if not complete one). Further review of section PASRR/PASARR Level II revealed When there has been a new mental health diagnosis identified OR when the Level I prompts a Level II, the SSD must follow and complete the requests from the requesting organization.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff and resident interviews, record review, and review of facility policies titled Occurrences, and Medication Administration: General Guidelines, the facility failed to maintain an environment free of accident hazards for two of 32 sampled residents (R) (R55 and R6). Specifically, the facility failed to ensure the environment was free of ingestible hazards including nail polish remover and prescription medications readily accessible to residents. The deficient practice increased the risk of accidental ingestion with injury.Findings include:Observation made on 04/14/2026 at 10:23 AM, in room [ROOM NUMBER] belonging to R55 revealed a single unidentified tablet on the overbed table, not contained in a medication cup and left unattended.Observation and interview on 04/14/2026 at 10:26 AM with Registered Nurse (RN) BB confirmed the presence of the tablet at the bedside. RN BB stated she believed the medication to be senna but was uncertain. RN BB acknowledged that medications should never be left unattended at the bedside and must be administered to the resident with appropriate documentation of administration. RN BB further stated that leaving medications at the bedside presents a safety concern, particularly as some residents may wander and could access unsecured medications. RN BB removed the tablet from the overbed table and stated it would be discarded in the medication waste container.Observation made on 04/14/2026 at 11:01 AM, in room [ROOM NUMBER] belonging to R6 revealed a bottle of acetone (nail polish remover) on the countertop at approximately waist height, accessible to residents.Observation and interview on 04/14/2026 at 11:06 AM with RN BB confirmed the presence of the acetone bottle. RN BB stated the item should be out of reach, but was unsure whether it was included on the facility's exclusion or hazardous items list and stated she would confer with the Unit Manager for clarification.Interview on 04/14/2026 at 11:08 AM with RN Unit Manager CC revealed she was unaware the acetone bottle was present and accessible in the room. RN CC stated the item should be secured or placed out of reach immediately.1. Review of the electronic medical record (EMR) revealed R55 was admitted to the facility on [DATE] and pertinent diagnoses including but not limited to dysphagia following cerebrovascular accident (oropharyngeal phase), aphasia, hemiplegia and hemiparesis affecting the right dominant side, generalized muscle weakness, and history of repeated falls.Review of R55's quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated severe cognitive impairment.Section GG, functional status, revealed R55 was impaired on one side for both upper and lower extremities and required extensive assistance for activities of daily living (ADLs).Review of the care plan for R55, revised 03/23/2026 documented Problem included but not limited to Cognitive Loss/Dementia, Goal that included, but not limited to resident will have positive experiences in daily routine, and Approach included but not limited to respect resident's rights to make decisions, Review of the Physician's Orders for R55 included but was not limited to:Order dated 09/06/2022 for Medication Note: Resident takes medication crushed.2. Review of the EMR revealed R6 was admitted to the facility on [DATE] with pertinent diagnoses including but not limited to encephalopathy, history of {Transient Ischemic Attack} TIA/cerebral infarction without residual deficits, dysphagia (oral and oropharyngeal phases), generalized weakness, difficulty walking and unsteadiness on feet, and obesity.Review of R6's quarterly MDS assessment dated [DATE] revealed a BIMS score of 9, which indicated moderate cognitive impairment.Review of the care plan for R6, revised 03/27/2026 documented Problem included but not limited to Cognitive Loss/Dementia, Goal that includes, but not limited to resident will have positive experiences in daily routine, and Approach included but not limited to respect resident's rights to make decisions. Interview on 04/16/2026 at 12:59 PM with the Director of Health Services (DHS) revealed that medications must be administered by the nurse, who is responsible for remaining with the resident until the medication is swallowed. This ensures the medication is taken (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	as prescribed and prevents access by other residents, particularly roommates who may be mobile. The DHS stated hazardous items such as nail polish remover found in resident rooms are expected to be removed immediately upon discovery and that these items pose a safety risk, as residents could access and potentially ingest or misuse them.Review of the facility provided list of wandering residents documented two residents identified for risk of wandering.Review of the facility's policy titled Occurrences, reviewed 11/17/2025, documented The healthcare center recognizes that due to the frailty of the patients/residents served, there is an increased risk of occurrences that may result in injury to the patient/resident and/or others. To prevent occurrences, each patient/resident will be observed and assessed for risks. Appropriate, realistic interventions will be implemented in accordance with their plan of care.Review of the facility's policy titled Medication Administration: General Guidelines, reviewed 07/28/2025, documented under section Procedure item 2. Medications are administered in accordance with written orders of the attending physician. Further review of item 4. Medications are administered at the time they are prepared.Only one patient/resident's medications are prepared and administered at a time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility documents Infection Prevention and Control Plan, Dressing a Wound, and Catheter Care-Foley Catheter, the facility failed to ensure correct infection control practices were implemented. Specifically, staff failed to appropriately dispose of sharps, maintain aseptic technique during wound care, and ensure proper positioning of an indwelling bladder (Foley) catheter collection bag for one resident (R) (R42) from a sample of 32 residents. The deficient practice increased the risk of cross-contamination and infection transmission among residents and staff.Findings Include:Observation on 04/14/2026 at 11:14 AM of R42 in room [ROOM NUMBER] revealed the Foley catheter drainage bag positioned next to the bed touching the floor. Observation and interview on 04/14/2026 at 11:24 AM with Registered Nurse (RN) Unit Manager CC confirmed the catheter drainage bag was on the floor. RN CC stated this was an infection control concern and that the catheter bag should be properly positioned and attached to the bed frame. RN CC stated she would address the issue with the Certified Nursing Assistant (CNA).Observation on 04/15/2026 at 11:16 AM during a blood glucose monitoring procedure with Licensed Practical Nurse (LPN) FF revealed that after completing the procedure, the nurse removed personal protective equipment (PPE) and discarded all used supplies, including a used lancet, into the resident room trash receptacle rather than an approved sharps container. Interview with LPN FF confirmed she disposed of the lancet into the resident's trash and then retrieved the lancet and disposed of it into the sharp's container.Observation and interview on 04/15/2026 at 1:27 PM with LPN II during wound care revealed the clean field was not fully maintained, as portions of the bedside table used to place clean supplies were left uncovered resulting in clean gauze and applicators touching uncleaned portions of the table. In addition, the bedside table was not disinfected after the procedure with items used during the treatment procedure returned to the treatment cart. Specifically, a disinfectant wipe container was returned and unused supplies (4x4 gauze in a paper container) were returned to the treatment cart after being placed on an uncovered surface and handled with contaminated gloves. Interview with LPN II confirmed the bedside table was not disinfected after use, the disinfectant container was not cleaned prior to return to the treatment cart, and supplies that had been placed on the uncovered surface and handled with contaminated gloves were returned to the inside of the treatment cart. LPN II acknowledged these practices were not consistent with infection control standards.Review of the electronic medical record (EMR) revealed R42 was admitted to the facility on [DATE] with pertinent diagnoses including but not limited to urinary retention with indwelling Foley catheter, recurrent urinary tract infections, obstructive and reflux uropathy, generalized weakness, history of cerebrovascular accident with right-sided hemiparesis, and impaired mobility.Review of R42 quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated little to no cognitive impairment. Section H: Bowel and Bladder revealed R42 required an Indwelling Urinary Catheter and was frequently incontinent of bowel.Review of the care plan dated 03/25/2026 for R42, documented a problem of indwelling urinary catheter related to obstructive and reflux uropathy and infection risk. Goals included, but were not limited to, maintaining appropriate catheter care with no signs or symptoms of infection or urethral trauma. Interventions included, but were not limited to, ensuring the drainage bag remained below the level of the bladder, not allowing the catheter or drainage system to touch the floor, providing catheter care, and monitoring for signs and symptoms of urinary tract infection.Review of the Physician's Orders for R42 included but was not limited to:Order dated 03/06/2026 for placement of an indwelling urinary catheter (18 Fr {French} with 10 cc {cubic centimeter} balloon).Order dated 08/29/2025 for implementation of Enhanced Barrier Precautions related to Foley catheter use.Interview on 04/16/2026 at 12:59 PM with the Director of Health Services (DHS) revealed that Foley catheter drainage bags are expected to be positioned below the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115616	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Franklin	360 South River Road Franklin, GA 30217

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	level of the bladder, secured to the bed or wheelchair, and maintained off the floor to reduce the risk of infection. The DHS stated staff are responsible for ensuring proper catheter positioning in accordance with infection control standards. Regarding sharps disposal, the DHS stated all used sharps, including lancets, must be discarded in designated sharps containers to prevent exposure and injury. In relation to wound care, the DHS stated that staff are expected to adhere to infection control practices to prevent contamination of wounds.Review of the facility's policy titled Infection Prevention and Control Plan, reviewed 11/17/2025, documented .The goals of the program are to decrease morbidity/mortality attributable to infections in residents; prevent and control outbreaks of infection in residents.maintain resident functional status; maintain optimal social environment for residents. Under section Program Objectives item 6. Review and evaluation of aseptic technique, implementation of transmission precautions and high-risk infection control procedures employed in the facility and develop control measures to prevent or minimize transmission of infections. Item 7. Surveillance activities to identify opportunities for the risk of blood/body fluid exposure in partners and implementation of methods for reducing the risks of exposure.Review of the facility's process titled Dressing a Wound, dated 2017, documented the title Supplies and description Assemble supplies on a protective barrier on a bedside table. Further review of the title Clean-up with description Clean reuseable equipment and return supplies to storage. Discard disposable supplies. Clean and disinfect any contaminated surfaces.Review of the facility's process titled Catheter Care-Foley Catheter, dated 2024, revealed the title Catheter Position and description .Coil the tubing on the bed, check for kinks, and ensure the drainage bag is below the bladder.