STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115635	A. Building B. Wing	09/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Brook Healthcare Center	390 Sweat Street Homerville, GA 31634

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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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on staff interview, record review, and review of the facility policy titled The Care Plan, the facility failed to implement the care plan interventions related to falls for one of five residents (R) (R12). This failure resulted in actual harm on 9/19/2025, when R12 had a fall from her bed, resulting in two fractured ribs, a hematoma to the right side of her head, and a laceration to her upper lip.Findings included:Review of the facility policy titled, The Care Plan, dated January 2025, under Standard: Care plans are to be accessible for clinical staff in order to facilitate care plan interventions or to update as indicated due to resident condition change.Record review for R12 revealed the resident was admitted to the facility with the diagnoses of, but not limited to, seizures, anxiety disorder, major depressive disorder, and generalized muscle weakness.Review of the residents' care plan indicated a focus of R12 was at risk for falls related to (r/t) history of falls, poor safety awareness, chairfast, totally dependent upon staff, restlessness and agitation, contracture of multiple muscle sites, muscle weakness, seizures, sacrococcygeal disorders, and spastic mobility. Goal: R12 will be free from fall-related injuries through nursing/therapy interventions by the next review. Target Date: 10/13/2025. She will have pain r/t fracture (fx) secondary to a fall, managed through the next review date. Interventions included: Bilateral Fall mat at bedside, Certified Nursing Assistant (CNA) to assure proper positioning in bed, utilizing appropriate wedges, and keep bed in lowest position.Review of the Post Fall Evaluation documentation located in the Electronic Health Record (EHR) under progress notes dated 9/19/2025 in the contributing factors section revealed Recent change in environment: Yes. Was fluid spilled on the floor: No. Clutter present on the floor: No. Floor mat was on the floor: Yes. Poor lighting in the area: No. The bed was at an improper height: Yes.An interview on 9/28/2025 at 8:15 am with the Director of Nursing (DON) revealed R12 had a fall on 9/19/2025 from the bed after the CNA moved the resident to a different room and did not ensure the resident's bed was in the lowest position, causing the resident to sustain a cut lip, hematoma, and fractured ribs. Continued interview also revealed that the nursing staff is expected to ensure that the residents' plan of care is followed at all times.

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 0689 Level of Harm - 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 staff interview and record review, the facility failed to ensure one of five residents (R) (R12) was free from falls with major injury. This failure resulted in actual harm on 9/19/2025 when R12 had a fall from her bed, resulting in two fractured ribs, a hematoma to the right side of her head, and a laceration to her upper lip. Findings included:Record review for R12 revealed the resident was admitted to the facility with the diagnoses of, but not limited to, seizures, anxiety disorder, major depressive disorder, and generalized muscle weakness. Review of the Quarterly Minimum Data Set, dated [DATE], Section C (Cognitive Patterns) revealed a Brief Interview for Mental Status (BIMS) score not assessed due to the resident rarely/never understood. Section GG (Functional Abilities) indicated the resident was dependent on staff for dressing, bathing, transfers, and toileting.A review of the residents' care plan indicated that R12 was at risk for falls r/t a history of falls, poor safety awareness. It was noted that R12 would be free from fall-related injuries through the nursing/therapy interventions by the next review. Interventions included, but were not limited to, keeping the bed in the lowest position.A review of the Post Fall Evaluation documentation located in the Electronic Health Record (EHR) under progress notes dated 9/19/2025 in the contributing factors section revealed: The bed was at an improper height: Yes.A review of the documentation of the fall incident that occurred on 9/19/2025 in the EHR under Progress Notes revealed 9/19/2025 15:43 Incident Note: This nurse was notified @ 1515 by a CNA walking by the room that the resident was on the floor. The resident was lying on the left side of her bed on the floor. The resident had a small laceration to her upper lip, a hematoma to the right side of her forehead, and redness to her right side of her abdomen. Resident unable to voice pain/description of fall. Upon head-to-toe assessment resident was placed back into bed with the bed positioned in the lowest position. Neuros were initiated @ time of fall. MD notified and ordered to send to ER for eval. 911 called @ 1519. {sic} 9/19/2025 21:54 Health Status Note: Note Text: returned to Facility via EMS. Right temple abrasion noted. 4th and 5th rib fx noted. Abrasion to the right side of lip noted. The hospital reports no bleeding in the brain. Respirations are even and non-labored. {sic}Review of R12's hospital records dated 9/19/2025 revealed under Emergency Department (ED) Course statement: Patient has a contusion to her right temporal region and right rib fractures X 2. CT brain and CT c spine show no acute process. X-ray of the right ribs shows minimally displaced fractures involving the right fourth and fifth ribs. {sic}An interview on 9/28/2025 at 8:15 am with the Director of Nursing (DON) revealed R12 had a fall on 9/19/2025 from the bed after the Certified Nurse Aide (CNA) moved the resident to a different room and did not ensure the resident's bed was in the lowest position, causing the resident to sustain a cut lip, hematoma, and fractured ribs. Continued interview also revealed that the nursing staff is expected to ensure that residents who are at risk for falls have all interventions in place and utilized at all times.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on observations, staff interviews, and review of the facility policy titled Medication Administration, the facility failed to ensure the disposal of expired and discharged medications in one of one drug storage rooms. Findings included:A review of the facility's policy titled Medication Administration, dated January 2025, documented that medication destruction is per pharmacy policy. The Consultant Pharmacist and the Director of Nursing (DON) follow the policy for destruction of medications. See Pharmacy Policy Manual.A review of the Pharmacy Policy Manual, with a revision date of 7/1/2024, revealed that the facility should destroy discontinued or outdated medications by one of three (3) methods:11.1 Prior to destruction, an authorized facility staff member should remove medications, including pills, capsules, liquids, creams, etc., from their dispensing containers and pour the medications into a container or plastic bag. An authorized facility staff member may add a substance that renders the medications unusable to the plastic container or bag.11.2 An authorized Facility staff member should place medication containers in a container or box. The facility staff member should then seal the box with strong tape and label the box as MEDICATION FOR DESTRUCTION. The container or box should be secured in a locked cabinet or room until it is disposed of or picked up by a licensed waste disposal company. If the facility chooses to dispose of the box by using a licensed waste disposal company. The facility should call the waste disposal company to pick up the waste and accept responsibility for the proper destruction by incineration.11.3 Facility-approved commercially available drug disposal kits.During an observation of the medication room on 9/27/2025 at 9:05 am, a large box was observed filled to the top with medication packs and vials. There was no lid on the box of medications, there was no description of what the medications were, and there was no quantity of medications in the box. During an interview on 9/27/2025 at 9:12 am, Registered Nurse (RN) AA stated that the box of medications in the medication room was discharged , and the expired medications were removed. She stated that she empties the box of medications in the medication room monthly by putting the medications into smaller boxes, and she then gives the smaller boxes to the DON. RN AA stated that she does not log or label what is in the small boxes. She stated that the DON gives the boxes of discharged and expired medications to the pharmacist when they come into the facility. RN AA stated that the pharmacist comes in monthly and takes the boxes and destroys the medicines, but she is not part of that process.During an interview on 9/27/2025 at 9:35 am, the DON stated that the pharmacist comes in and scans the medications and does a return slip. She stated that the pharmacist comes in and scans the discharged and expired medications, but she does not take them with her. She stated that someone else would come in within one to two weeks or sooner and pick the meds up. The DON stated that the medications in the box in the med room are not narcotics. She stated that she does not log the discharge or expired medications that are in the box. She stated that there is no account for what is in the box until the pharmacist comes in and scans the medications. She stated that the facility does not log discharged or expired medications anywhere. She stated that it sits in the box in the medication room until the pharmacist comes in monthly.During an interview on 9/28/2025 at 7:59 am, Licensed Practical Nurse (LPN) BB stated that when she has an expired or discontinued medication, she removes it from the medication cart and puts it in a box in the medication room. She stated that she does not log the medications anywhere; she just puts them in the box. LPN BB stated that the DON scans the medications, but she does not know when it is scanned.

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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, staff interview, and review of facility documentation, the facility failed to ensure a safe/clean and comfortable environment by not initiating roof repairs required after known damage following most recent hurricane activity in 2024. The facility also failed to ensure air condition units in residents' rooms (2B and 3B)on one of three halls (200 Hall) were maintained to include cleaning and repair. Findings included:1. Review of the roof replacement proposal revealed estimate was prepared on 6/2/2025 for the facility to include the following: The labor, material, and equipment required to finish this job will be for the total of: 1)System Plus/2 year workmanship- $99,455.00, Silver Pledge/10 year workmanship -$102, 125.00, and Golden Pledge/25 year workmanship - $104,795.00.Observation on 9/26/2025 at 8:00 am revealed that the eaves and gutters can be seen hanging down from the roof in room [ROOM NUMBER] and room [ROOM NUMBER] on the A Hall through the resident's window.Observation on 9/27/2025 at 8:15 am in the courtyard outside of the 100 Hall revealed that the eaves and gutters were detached from the roof and hanging down over the window of room [ROOM NUMBER] in the 100 Hall. There were also gutters and eaves scattered around on the ground under the window into the shrubbery. There were gaps in the roof that allowed access to vermin. Interview on 9/27/2025 at 8:30 am with Licensed Practical Nurse (LPN) CC revealed that there is one room on the 100 Hall that leaks after it has been a hard rain, room [ROOM NUMBER] by the window. During the interview, it was disclosed that the area had been leaking for approximately two months, and maintenance had placed a piece of wood over the area; however, the area still leaks when it rains. Continued interview also revealed that the resident who was in that room by the window was moved to another room; however, there is still a resident in the room in bed A.An interview on 9/27/2025 at 9:00 am with the Maintenance Director revealed that his responsibilities included doing minor repairs within the facility, ensuring that there is no trash on the grounds around the facility, and that the dumpster area is clean. The grass is cut by a company that he could not recall the name of, and the gutters were to be cleaned by this company as well. Continued interview also revealed that the area on the roof by the 100 Hall was damaged in June 2025 or July 2025 after it had been raining for several days in a row. During the interview, the Maintenance Director indicated that corporate was aware of the damage and had been to the facility to assess, and an estimate had been sent for repairs. There was no indication that the staff member had knowledge of who or when the estimated damage had occurred. The staff member did state that there is one room that leaks when it rains, room [ROOM NUMBER] on the 100 hall, and a piece of plywood was put over the area inside the room to prevent the water from leaking into the room; however, it still leaks.An interview on 9/27/2025 at 10:12 am with the Administrator revealed that the damage to the roof happened after the last hurricane came through in November of 2024. The corporate office is aware of the damage, but since the air conditioning in the dining area had gone out, portable air conditioning had to be brought in. The company opted to fix the air conditioning first, and a check was issued for that, which should be replaced within the next couple of days. Continued interview also revealed that there was a quote obtained from two local companies on 6/2/2025, and there was no indication of when the roof would be repaired. The administrator stated he would contact the corporate office to see when the estimated time of repair will be completed.Follow-up Interview on 9/27/2025 at 3:00 pm with the Administrator revealed that the anticipated repair for the damage to the roof will be at the end of the current year 2025.2. A tour on 9/26/2025, at 8:00 am, revealed that two rooms in B Hall have air conditioning filters that were clogged with dust and had not been replaced (room [ROOM NUMBER]B and room [ROOM NUMBER]B).A record review revealed that the facility lacks a policy for environmental management. An interview on 9/27/2025, at 9:00 am, with the Maintenance Director revealed that his responsibilities included performing minor repairs within the (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	facility. He confirmed that the air conditioning filters should be checked weekly by maintenance housekeeping. He stated that he will ensure regular monitoring of the filters, changing them when needed to ensure that staff check and change them as needed. An interview on 9/27/2025, at 9:05 am with the Director of Nursing (DON) revealed that maintenance is responsible for ensuring the air conditioning unit filters are monitored by both housekeeping and maintenance. DON confirmed that the filters will be changed immediately.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and review of the facility policy titled Medication Administration, the facility failed to assess one of four sampled residents (R) (R50) for the ability to self-administer medications before leaving medications at the bedside. Findings included:A review of the facility's policy titled Medication Administration dated January 2025 revealed that there may be occasions where a resident has been assessed to safely self-administer medications. In this case, the licensed nurse will assist the resident in maintaining the medications in a secure area and will be available for resources if the resident has questions regarding medication dosage, side effects, or effectiveness. Self- administration of medications by a resident is assessed at each care plan review to ensure function is still appropriate. A review of the electronic medical record (EMR) revealed that R50 was admitted to the facility on [DATE] with diagnoses including, but not limited to, atherosclerotic heart disease of native artery without angina pectoris, chronic kidney disease, stage 3A, and generalized anxiety disorder.A review of R50's Annual Minimum Data Set (MDS) assessment dated [DATE] revealed R50 was cognitively impaired with a Brief Interview for Mental Status (BIMS) score of five.A review of R50's Medication Administration Record (MAR) for September 2025 indicated the following order: Apply zinc barrier cream to bilateral buttocks once per shift - every shift for MASD prevention. There was no order for Equate nasal spray 1FL oz, and there was no order for Remedy Antifungal powder 3 ounce (oz). During an observation on 9/26/2025 at 8:00 am, R50 was observed in bed. On the left side of the resident's bedside table was a small white plastic basket. The following medications were observed in the basket: 1.) Equate nasal spray 1 FL oz, in which R50 stated that she uses the spray herself, and she sprays her nose sometimes every day, and sometimes now and then.2.) A bottle of Remedy Antifungal powder, 3 oz. R50 stated she put the powder under her stomach, and sometimes the aides put the powder under her stomach.3.) A 4-oz tube of Silicone Cream with zinc oxide. R50 stated that the aides put the cream on her when they changed her. An interview on 9/27/2025 at 10:57 am, Licensed Practical Nurse (LPN) BB confirmed the medications inside the white plastic basket on R50's bedside table. LPN BB stated that R50's family must have brought the nasal spray in because it was store-brand nasal spray, and it should not have been at the bedside. LPN BB stated that the zinc cream was signed off on the treatment cart, but she was not sure if the treatment nurse or the Certified Nursing Assistants (CNAs) put it on her. She stated that she was going to find out. LPN BB stated that the antifungal powder should be in a zip-lock bag, and it should be kept in the resident's drawer. LPN BB stated that the Director of Nursing (DON) told her to put the zinc cream on the treatment cart. A review of R50's medical record revealed there was no self-administration assessment completed, a Physician's Order, or care plan that would indicate the resident was able to self-administer the medications observed in her possession. During an interview on 9/28/2025 at 8:23 am, the treatment nurse revealed that she administers the zinc oxide cream for R50. She stated that after she applies the cream, she puts the cream in the treatment cart. The surveyor informed the treatment nurse that the zinc oxide cream was observed in R50 room inside a white plastic basket on her bedside table within her reach on 9/26/2025 and on 9/27/2025. The treatment nurse stated that she may have forgotten it and left it in her room.An interview on 9/28/2025 at 8:58 am, the DON stated that she was not aware that there were medications at R50's bedside. She stated that R50 has not been assessed for self-administration of medications. She stated that if a resident self-administers medications, there has to be an order, and the resident has to be assessed. She stated that no medication should be left at the bedside unless there is an order and the resident is assessed. DON stated that she expects that no medications should be left at the bedside unless there is an order and the resident has been assessed.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on resident and staff interviews and record review, the facility failed to exercise confidentiality related to the medical care for one of 42 sampled residents (R) (R64). Findings included:A record review of Residents' Rights revealed that the facility staff will treat all residents' information with confidentiality. Residents shall be treated with dignity and respect at all times.During an interview on 9/26/2025 at 8:00 am, R64 revealed that she made a complaint about Licensed Practical Nurse (LPN) DD exposing her medical care to her sister without her permission. Her nurse told her about her medical care against her wishes. When she found out about the situation, she called for the social worker to bring the Administrator and the Director of Nursing (DON) to her because she had a complaint about a nurse, LPN DD.During an interview on 9/27/2025 at 12:00 pm, the Social Worker revealed that R64 requested that she contact the Administrator and DON so that she could make a complaint about LPN DD. She did not reveal the issue to her.During an interview on 9/27/2025 at 12:15 pm, the DON revealed that she started working at the facility in July 2025, and she was instructed not to put LPN DD on the 200 hall with R64, but was not told why.During an interview on 9/27/2025 at 3:24 pm, the Administrator confirmed that he spoke with R64 after the Social Worker told him that the resident needed to speak with him and the DON. He stated that when he went to R64's room, she explained to him that she had not permitted LPN DD to disclose her medical care to her family, and the nurse spoke with the resident's family about her care when she left the facility to pick up some of the resident's supplies from her sister's house. The Administrator confirmed that the resident does not have a power of attorney or a representative. He stated she has a BIMS score of 14, and her information should not have been exposed to anyone without R64's consent. The Administrator noted that LPN DD was educated on the rights of residents and that LPN DD was no longer working in the 200 hall where the resident resides.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of the facility policy titled Restraint Policy, the facility failed to assess the use of a Geri chair as a potential restraint device for one of three sampled residents (R) (R49) reviewed for potential restraint use.Findings included:A review of the facility policy titled Restraint Policy, dated January 2025, revealed that the goal of this facility is to ensure that each resident attains and maintains his/her highest practical level of function and well-being in an environment that limits restraint use to circumstances in which the medical symptoms of the resident warrant the use of the least restrictive restraint. Physical Restraint options include but are not limited to: Wheelchair lap belts or buddies, Chairs that prevent rising, wedge cushions, and side rails. Physical restraints that may not be used in the facility include: Placing a resident so close to a wall that the resident is restricted from movement or rising for restraint purposes.A review of the electronic medical record (EMR) revealed that R49 was admitted to the facility with the diagnoses of, but not limited to, Alzheimer's disease, schizoaffective disorder, and dementia with behavioral disturbance.A review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R49 presented with no Brief Interview for Mental Status (BIMS) score, which indicated the resident was rarely/never understood, and the interview was not conducted; that R49 had no impairment in Range of Motion (ROM); and that R49 was independent in moving from side to side, transfers, and walking 150 feet once standing in the room, corridor, and similar places. A review of Section P (Restraints and Alarms) indicated that the resident did not utilize a chair that prevented rising.A review of the care plan for R49 indicated a focus of resident was at risk for falls related to (r/t) confusion, gait/balance problems, incontinence, poor communication/comprehension, psychoactive drug use, unaware of safety needs, vision/hearing problems. The goal was documented that R49 will not sustain serious injury through the review date, with a target date of 12/11/2025. Interventions included, but were not limited to, ensuring that the resident is wearing appropriate footwear when ambulating or mobilizing in a wheelchair (w/c). There was no indication of the resident using a Geri-chair for mobility.During an observation on 9/26/2025 at 8:30 am, R49 was in the day room on the 100 Hall, sitting in a reclined Geri-chair. The resident was attempting to get out of the chair and was unable to ambulate due to the chair being reclined and locked.During an observation on 9/26/2025 at 11:30 am, R49 was in the day room on the 100 Hall, sitting in a reclined Geri-chair. The resident was attempting to get out of the chair and was unable to ambulate due to the chair being reclined and locked.During an observation on 9/27/2025 from 8:00 am to 11:00 am, R49 was noted sitting at the dining room table against the wall in the day room of the 100 hall. The resident was in a Geri-chair that was positioned in the sitting position, and the dining table was pushed directly in front of the resident. The resident was observed attempting to rise from the chair and was unable to due to the positioning of the chair between the table and the wall.During an observation on 9/27/2025 at 3:15 pm, R49 was sitting up in the Geri-chair with the dining room table in front of her, and the wall was noted to the other side of the resident. The position of the Geri-chair prevented the resident from ambulating freely.During an interview on 9/27/2025 at 3:30 pm, Licensed Practical Nurse (LPN) CC revealed that R49 is currently using the Geri-chair due to the resident having an unsteady gait and having had several falls. Continued interview also revealed that R49 was recently admitted to hospice services, who ordered the Geri-chair for the resident.During an interview on 9/28/2025 at 8:20 am, the Director of Nursing (DON) revealed that residents in Geri-chairs should not be reclined back so that their movement is restricted. Continued interview revealed that the expectation is for staff to ensure residents are in the least restrictive and safest environment.

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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 0914 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide bedrooms that don't allow residents to see each other when privacy is needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to ensure that privacy curtains provided full visual privacy in four of 20 sampled resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]).Findings included:During an observation on Hall 200 on 9/26/2025 at 9:02 am and 9/27/2025 at 9:22 am, the following was observed: room [ROOM NUMBER]: Bed B was missing privacy curtains, and Bed A's privacy curtain was jammed.room [ROOM NUMBER]: Bed B was missing privacy curtains, and Bed A's privacy curtain was jammed.room [ROOM NUMBER]: Bed B was missing privacy curtains. room [ROOM NUMBER]: Bed B was missing privacy curtains. The environmental tour began on 9/27/2025 at 9:32 am with the Housekeeping Director and the Regional Nurse. This observation revealed resident privacy curtains with a width space/gap which did not ensure full visual privacy coverage during patient care, including Rooms 3, room [ROOM NUMBER], and room [ROOM NUMBER]. During an interview on 9/27/2025 at 9:23 am, the Housekeeper Supervisor reported that he has been employed with the facility since 9/15/2025. He confirmed the missing curtains and the curtains that were jammed. He confirmed that prior to the survey, the privacy curtains were not addressed by him. During an interview on 9/27/2025 at 11:02 am, the Director of Nursing (DON) reported that her expectation is for all staff to check privacy curtains and ensure curtains are in place. She reported that this could be a dignity issue. DON reported being unaware of the missing privacy curtains and curtains being jammed due to poorly damaged hooks.Policy requested but not provided during the survey.