STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115709	A. Building B. Wing	04/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Acres Care Center LLC	1400 Hogansville Road Lagrange, GA 30240

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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 observations, staff interviews, and a review of the facility's records, and facility's policies titled Date Marking for Food Safety, and Sanitation Inspection, the facility failed to discard expired food items and failed to properly label and date. Additionally, the facility failed to maintain sanitary practice with ice machine. The deficient practices had the potential to place 101 of 102 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings Include:Review of facility's policy titled, Date Marking for Food Safety review dated 01/08/2026, documented in Policy Explanation and Compliance Guideline for Staffing 3.The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded. Review of facility's policy titled, Sanitation Inspection dated 01/08/2026, documented in Policy Explanation and Compliance Guideline for Staffing 1. All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects. Review of facility records Work History Report on category Ice Machine documented Tasked Description Ice Machines: check filters (if present), clean coils, sanitize interior, delime as necessary. Task Completion Marked done on-time by Maintenance JJ on 03/30/2026. During the initial tour 04/24/2026 at 7:40 AM with Assistant Dietary Manager (ADM) revealed in the dry storage two 5-lb. boxes of vanilla creme icing with an expiration date of 11/28/2025, and five 5lb.boxes of butterflakes biscuit mix with an expiration date of 04/23/2026. Several open items without open dates; one 32 oz. seasoning sauce, (one) 1-gallon teriyaki marinade and sauce, one 10-lb bag spaghetti noodles, one 10-lb. bag tri-color rotini pasts, one 5-lb bag egg noodles. The double reach-in refrigerator revealed one 1/8 pan labeled pudding with expiration date 04/21/2026 and one 5-lb. heavy sour cream with expiration date 03/16/2026. Several open items without open dates; (one) 1-gallon Italian dressing, (one) 1-gallon dill pickle relish, (one) 1-gallon sweet and sour sauce, (one) 1-gallon ranch dressing. The walk-in refrigerator revealed (one) 48 lb. box of chicken with an expiration date of 04/16/2026. The Assistant Dietary Manager observed and confirmed all food items. The walk-in cooler/refrigerator was inspected and revealed (36) 8 fl oz. fat free milks; eighteen in each box with expiration date 02/21/2026 and (50) 8 fl oz. chocolate 1% low fat milk with expiration date 04/22/2026. 50 red tomatoes and 24 yellow onions in facility containers without labeling nor dating; confirmed by Dietary Manager.Further inspection indicated that at the far end of the meat and vegetable countertop/sink, there were approximately 70 pieces of raw fish in a large serving bowl, thawing under a parachute paper cover, which was submerged in shallow standing water. Inspection of the ice machine situated at the exterior door of the kitchen uncovered a black-like substance inside, near the ice on the bolt and screw, as well as at the top interior of the ice machine. An interview held on 04/24/2026, at 8:17 AM with the Assistant Dietary Manager (ADM) verified that fish was placed on the countertop/sink covered; it was noted that the fish was thawing for lunch. The ADM shared that Dietary Aid LL was tasked with cleaning the ice machine to the best of his knowledge, but he is uncertain whether LL received training on how to clean the ice machine. The ADM confirmed the presence of all expired, unlabeled, and undated items.On 04/25/2026, from (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	12:23 PM, [NAME] KK explained that the thawing procedure involves placing the food item in a pan and then submerging it, without using running water, as it typically transitions from the freezer to the cooler. [NAME] KK confirmed that she has never cooked food that is taken directly from the freezer to serve, thus she is uncertain about the thawing method. [NAME] KK shared that seafood should be placed in cold water, while other meats, such as chicken and beef, should be placed in warm water. Additionally, [NAME] KK mentioned that we label items for three days ahead without considering the manufacturer's date, and she has never observed maintenance cleaning the ice machine, although she is aware that Dietary Aid (DA) LL performed the last cleaning.On 04/25/2026, at 12:31 PM, an interview with Maintenance JJ shared that his department is responsible for cleaning the ice machine and confirmed that he cleaned the ice machine on 04/24/2026 after being told of black-like substance. Maintenance JJ confirmed the black-like substance was from dirt in the air and sulfur sweating and sitting there. Interview on 04/25/2026 at 2:40 PM, with DA LL discussed he place the dates for receipt and expiration during the delivery truck days, as well as the sporadic checks for labeling, dating, and expired food items. However, he recently returned from vacation but confirmed he conducted a check last Friday, but neither the freezer nor the refrigerator was inspected. DA LL also noted that ADM had requested he clean the ice machine on Thursday, but he was not trained. Upon examining the ice machine, DA LL observed a black-like substance.An interview conducted on 04/26/2026, at 11:14 AM with DM revealed that DA LL was not provided with an in-service from her leadership regarding the cleaning of the ice machine. All staff members were and expected to focus on ensuring that the received date, open date, and discard date for food items are accurately recorded, adhering to the standard three-day timeframe. DM clarified that all food thawing must occur either under running water or in a pan placed in the cooler.

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and review of the facility policy titled, Promoting/Maintaining Resident Dignity the facility failed to protect and value one resident (R88) of 39 sampled resident private space. Specifically, staff failing to ensure knocking on R88 bedroom door before entering. Findings include: Review of facility policy titled, Promoting/Maintaining Resident Dignity with a revision date of 01/08/2026 stated under the Policy section, it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of like by recognizing each resident's individually. Under the section Compliance Guidance (1) all staff members are involved in providing care to residents to promote and maintain resident dignity and respect residents' rights and (12) maintain resident privacy. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] documented that R88 had a Brief Minimum Data Set (BIMS) score of 11, indicating moderate cognitive impairment. During an observation and interview on 04/24/2026 at 8:40 AM with R88 stated there is a lack of acknowledgement from staff knocking on his door before entering. While in the resident room it was observed Certified Nurse Assistant (CNA) FF entered his room without knocking. Continued with the observation in R88 room CNA GG entered behind CNA FF without knocking on the door before entering. During an interview on 04/24/2026 at 9:09 AM with CNA FF confirmed she did not knock before entering R88 room and she is aware she is supposed to knock. During an observation on 04/25/2026 at 8:56 AM revealed CNA HH walked into room [ROOM NUMBER] without knocking to retrieve a meal tray. During an observation on 04/25/2026 at 8:58 AM revealed CNA MM walked into room [ROOM NUMBER] without knocking to retrieve a meal tray. During an interview on 04/25/2026 at 9:01 AM with CNA HH confirmed she did not knock on room [ROOM NUMBER] door prior to entering and stated she forgets to knock if the room door is open. During an interview 04/25/2026 at 9:36 AM with CNA MM revealed she did not knock on room [ROOM NUMBER] door and stated she is supposed to announce herself prior to entering a resident room. During an interview on 04/25/2026 at 10:41 AM with the Director of Nursing (DON) stated this is the resident home and staff are expected to knock prior to entering a residents room.

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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, resident and staff interviews, record review and review of the facility's policy titled Resident Self-Administration of Medication, the facility failed to remove medications from the bedside of one of 39 sampled residents (R35) for self-administration of medications. This deficient practice had the potential to cause medication overdose and worsening of R35's medical condition.Findings include:Review of the facility's policy titled Resident Self-Administration of Medication reviewed 01/08/2026 documented Policy: It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Policy Explanation and Compliance Guidelines: 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective. The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy. 11. When the interdisciplinary team determines that bedside or in-room storage of medications would be safety risk to other residents, the medications of residents permitted to self-administer are stored in th medication cart or medication room. Review of the facility's Electronic Medical Records (EMR) revealed resident (R)35 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis included but not limited to cirrhosis of the liver.Review of the Medicare 5 day Minimum Data Set (MDS) dated [DATE] Section C (Cognition) Brief Interview for Mental Status (BIMS) score of 15 which indicated R35 had intact cognition, Section I (Active Diagnosis) cirrhosis of the liver.Review of care plan revealed there was no care plan for self-administration of medication for R35. Review of Physician's Orders revealed there was no order for self-administration of medication for R35.Hydrocortisone External Cream 1 % (Hydrocortisone (Topical)) Apply to upper extremities/ back topically two times a day for itching for 30 DaysObservation on 04/24/2026 at 9:35 AM revealed one bottle of Tylenol 500 milligram (mg) tablets, one tube of first aid antibiotic ointment, one bottle 175 mg herbal supplement tablets, one medication cup with white creamy substance (unlabeled) were on R35's overbed table beside her bed.Record review of the facility's Self Administration of Medication assessment dated [DATE] documented R35 was not approved to self-administer medications.Interview on 04/24/2026 at 09:44 AM with R35 revealed she stated her son brought the Tylenol tablets and the antibiotic ointment to her four days ago because she stated to him that she had a headache. R35 stated if she had any headache she would have taken two of the Tylenol tablets three times per day. R35 further stated she had been at the facility for four weeks and she had been taking the herbal supplement tablets since she was admitted to the facility. R35 stated the Tylenol, the antibiotic ointment, and the herbal supplement tablets 175 mg, have all been on her overbed table and the nurses were aware they were there on the overbed table. R35 further stated she was given an ointment for her skin the night before by the night nurse and it was placed in a medication cup and left on the overbed table for R35 to use whenever she needed it.Interview on 04/24/2026 at 09:50 AM with Registered Nurse (RN)/Unit Manager (UM) AA revealed she confirmed there were one bottle of Tylenol 500 mg tablets, 1 bottle of herbal supplement 175 mg tablets, one tube of antibiotic ointment, and one unlabeled medication cup of white substance were on R35's overbed table. She stated the medications should not be in R35'sroom and she further stated that R35 should not have been taking the medications on her own because she was not ordered to self-administer medications. Interview on 04/25/2026 at 09:57 AM with RN/UM BB revealed she stated the facility did not allow medications at the resident's bedside. She stated that if a resident was to self-administer medications, the nurse had to witness the resident taking the medication at the right time and log the administration into the (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	system which was not done with R35. RN/UM BB stated there was no resident on the unit who self-administered medication. RN/UM BB confirmed there was no doctor's order and no care plan for R35 to self-administer medications. Interview on 04/25/2026 at 3:07 PM with the Director of Nursing (DON) revealed she stated her expectations were for the nurses not to leave medications at the residents' bedside. She confirmed there was no physician's order and no care plan for R35 to self-administer medication. The DON further stated that her expectations were for the nurses not to leave medications at the residents' bedside and unattended.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review and review of the facility's policy titled Preventative Maintenance Program, the facility failed to ensure call device was within reach of one of 39 residents (R) R53 and failed to ensure proper accommodation of wheelchair device for R70. This deficient practice had the potential to cause delayed care and injury to the residents.Findings include: Review of R70 clinical record revealed that he was admitted to the facility on [DATE], with diagnoses included but not limited to cervical disc dsorder with dadiculopathy. The R70s most recent Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Review of the Care Plan date 02/26/2024 revealed in Focus the resident has had a fall. Goals the resident will not sustain serious injury through the review date. Intervention Therapy to evaluate resident for a new wheelchair. Date Initiated: 01/26/2025 Review of the Occupational Therapy (OT) Screen dated 01/27/2025 and signed dated 01/29/2025 documented in section Recommendation Nursing requested OT screen to ensure fitting of new (wheelchair) w/c assigned (due to) d/t fall on 01/26 & 01/19. On 04/13/2026 Date of Service: 04/14/2026 Visit Type: Acute Transition of Care: No transition occurred. Details: This is a copy of a signed encounter note documented in (Geriatric Electronic Health Record (EHR) and Medical Management) GEHRIMED. who is being seen for pain. Patient is examined in wheelchair and is in no acute distress. Reports to nursing pain level 10, reports immediate pain level. On 04/11/2026 section N Adv – Fall Risk Evaluation Fall Risk revealed History of falls . Balance problem while walking. Gait / balance: Requires use of assistive devices (i.e. cane, wheelchair, walker, furniture). During interview and observation on 04/24/2026, at 9:47 AM R70 indicated that the cushion on the left armrest was absent and been like that for a while at least two months. The resident was observed resting his left arm on the bare metal. During an interview and observation on 04/25/2026, at 12:52 PM, with the Regional Therapy Manager noted that she is not present at the facility every day and that there is no formal process in place to audit resident equipment, as there are no logs or records maintained. Instead, the process is informal, relying on staff to inform maintenance or rehabilitation personnel. The Regional Therapy Manager observed the chair used by R70 and confirmed that R70 will receive a new chair immediately, attributing this was an oversight. An interview and observation with Maintenance JJ conducted on 04/25/2026, at 1:14 PM, disclosed that he has been assigned the responsibility of maintaining and repairing wheelchairs and walkers. Maintenance JJ mentioned that he inspected all residents' wheelchairs last month and did not find any issues or missing components on the R70 chair. However, Maintenance JJ observed R70 chair and confirmed he will proceed with the necessary repairs. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator on 04/26/2026, at 9:17 AM, wheelchair invoices dated before the Occupational Therapy assessment on 01/27/2026, were displayed. She expressed uncertainty regarding the reason the resident had not received a new wheelchair. During an interview with the Director of Nursing (DON) on 04/26/2026, at 10:53 AM, the DON revealed that R70 is using a standard adult wheelchair measuring 18 inches. The DON noted that she frequently observed R70 sitting outside and has never seen the armrest missing. 1.Findings include: Requests were made for the facility's policy regarding call device however, none was provided. Review of the facility's Electronic Medical Records (EMR) revealed R53 was admitted to the facility on [DATE] with diagnosis included but not limited to dementia, muscle weakness, unsteadiness on feet, abnormalities of gait and mobility, lack of coordination, symptoms and signs involving cognitive functions and awareness. Review of the admission Minimum Data Set (MDS) dated [DATE] documented Section C (Cognition) Brief Interview for Mental Status (BIMS) score of 03, which indicated R53 had severely impaired cognition, Section GG (Functional Abilities and Goals) R53 required substantial/maximal assistance for toileting and partial/moderate assistance for personal hygiene. Review of care plan dated 01/27/2026 documented R53 is at risk for falls with goal that R53 will have no injury related to falls and interventions to anticipate and meet his needs and ensure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Review of Physician's Orders dated 03/22/2026 documented included but not limited to observe closely for side effects of antipsychotic medication including. blurred vision, disorientation or confusion, . lethargy, .disturbed gait. Observations on 04/24/2026 from 9:13 AM to 09:55AM revealed R53's call light was on the floor, under his bed, and inaccessible to him. Observation on 04/24/2026 at 12:57 PM revealed R53's call light was on the floor, under his bed and inaccessible to him. Observation on 04/24/2026 at 2:57 PM revealed R53's call light was on the floor, under his bed and inaccessible to him. Observation on 04/25/2026 at 08:44 AM revealed R53's call light was on the floor, under his bed and inaccessible to him. Observation on 04/25/2026 at 09:51 AM revealed R53's call light was on the floor, under his bed and inaccessible to him. Observation and interview on 04/25/2026 at 09:52 AM revealed Certified Nursing Assistant (CNA) CC walked into R53's room then left R53's room within a less than 10 seconds. CNA CC and the Surveyor walked into R53's room. CNA CC looked for R53'S call light and did not find it on R53's bed nor was it visible near R53. CNA CC confirmed R53's call light was not visible, and his call light was not (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	accessible to R53. CNA CC held the section of the call light cord which was attached to the wall above R53's bed and pulled it from under the bed. CNA CC confirmed the call light was pulled from under R53 's bed and it was not accessible to R53. Interview on 04/24/2026 at 09:14 AM with R53 revealed he stated he did not know where his call light was. R53 reached for his call light and did not find the call light. Interview on 04/25/2026 at 08:45 AM with R53 revealed he stated he would use the call light to ask the staff for assistance and he was unable to find his call light during the interview. He stated he did not know where his call light was because it should be on his bed or wherever he could reach it and it was not. Interview on 04/25/2026 at 9:55 AM with Registered Nurse (RN) Unit Manager (UM) BB revealed she stated R53's call light should be within his reach at all times. Interview on 04/25/2026 at 3:10 PM with the Director of Nursing (DON) revealed she stated her expectations were for call lights to always be within reach of the residents. She stated that whenever the staff did rounds, they should always ensure that the call lights were within the residents' reach.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on staff interview, record review, and review of the facility policy titled, Comprehensive Care Plan the facility failed to ensure one of 39 sampled residents (R) (R52) care plan was revised in a timely manner related to her code status. Findings include: Review of the facility policy title, Comprehensive Care Plan with a revision date of 01/08/2026 stated it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident's rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality. Under the section Policy Explanation and Compliance Guidelines (5) the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment. Review of R54 profile tab in the electronic medical record (EMR) revealed R54 is documented as a do not resuscitate (DNR). Review of the Physicians Orders revealed R54 is a DNR. Review of the Physicians Order for Life-Sustaining Treatment (POLST) revealed R54 to allow natural death (and) do not attempt resuscitation. Review of the care plan revealed R54 is a code status as full code with interventions to in the event of cardiac/respiratory arrest initiate cardiopulmonary resuscitation (CRP) and contact emergency services and notify the Nurse Practitioner (NP) or the Medical Director (MD) and family of changes in resident's status. During an interview on 04/25/2026 at 4:50 PM with Minimum Data Set (MDS) Coordinator confirmed R52 full code status was discontinued on 02/09/2026 and DRN order was initiated 02/09/2026. The MDS Coordinator stated there should be more efficient communication processes when code statuses are switched.During an interview on 04/25/2026 at 4:54 PM with the Director of Nursing (DON) revealed when the code status is updated or changed it is communicated in morning meetings and the care plan are expected to be update in real time as possible.

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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 record review, observations, interviews, and review of the facility's policy titled, Oxygen Administration the facility failed to obtain a physician's orders for oxygen therapy for one resident (R) (R103) of 13 residents receiving oxygen therapy.Review of the facility's policy titled, Oxygen Administration with a revision date of 01/08/2026 documented in the section Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician, except in the case of an emergency. R103 was admitted to the facility on [DATE] with diagnoses not limited to chronic respiratory failure with hypoxia.Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed R104 had a Brief Interview of Mental Status (BIMS) score of 15 indicating cognition was intact. Further review of the MDS in section (O) documented resident is receiving oxygen therapy. Review of the care plan documented R103 required oxygen therapy and to give medications as ordered by physician. Review of the Physician's orders revealed no order for oxygen therapy.Observations on 04/24/2026 at 9:03 AM and 04/26/2026 at 8:45 AM revealed R103 receiving oxygen therapy at rate of 2 liters per minute (LPM)An interview on 04/25/2026 at 9:45 AM with Licensed Practical Nurse (LPN) DD confirmed R103 did not have a physician order for oxygen therapy. LPN DD looked in the Electronic Health Record (EHR) and verified there was no physician order. An interview on 04/25/2026 at 10:00 AM with the Director of Nursing (DON) confirmed R103 did not have a physician order for oxygen therapy. The DON looked in the Electronic Health Record (EHR) and verified there was no physician order and stated she was going to obtain an order and enter it into the EHR immediately.

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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 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, resident and staff interviews and record review, the facility failed to remove one pair of scissors from the bedside of one of 39 sampled residents (R) (R35). This deficient practice had the potential to cause injury to residents.Based on observations, resident and staff interviews and record review, the facility failed to remove one pair of scissors from the bedside of one of 39 sampled residents (R35). This deficient practice had the potential to cause injury to residents.Findings include:Requests were made for the facility's policy regarding accident hazards however, none was provided. Review of the facility's Electronic Medical Records (EMR) revealed R35 was initially admitted to the facility on [DATE] and re-admitted on [DATE] with diagnosis included but not limited to cirrhosis of the liver.Review of the Medicare 05-day Minimum Data Set (MDS) dated [DATE] Section C (Cognition) Brief Interview for Mental Status (BIMS) score of 15, which indicated R35 had intact cognition, Section I (Active Diagnosis) cirrhosis of the liver.Review of care plan dated 04/02/2026 documented included but not limited to R35 had activities of daily living (ADL) self-care performance deficit related to (r/t) activity intolerance with intervention to assist R35 with ADLs as needed. Review of Physician's Orders dated 04/20/2026 documented included but not limited to behavioral monitoring behaviors: 0) none 1) hitting 2) delusions 3) kicking 4)pinching 5) scratching 6) biting 7) paranoia 8) spitting 9) side effects:0) none 1) tardive dyskinesia 2) postural (orthostatic) hypotension 3) new onset confusion 4) akathisia 5) parkinsonism 6) sedation 7) constipation 8) confusion. Every shift for behavior monitoring.Observation on 04/25/2026 at 09:01 AM revealed one pair of scissors were on the overbed table beside R35's bed.Observation on 04/25/2026 at 1:50 PM revealed one pair of scissors were on the overbed table beside R35's bed.Observation on 04/26/2026 at 09:20 AM revealed one pair of scissors were on the overbed table beside R35's bed.Observation on 04/26/2026 at 09:30 AM revealed one pair of scissors were on the overbed table beside R35's bed.Observation on 04/26/2026 at 09:34 AM revealed one pair of scissors were on the overbed table beside R35's bed.Interview on 04/25/2026 at 09:02 AM with R35 revealed she confirmed the pair of scissors belonged to her and it was kept on the overbed table beside her bed. She stated she used the pair of scissors to cut packets of ketchup and condiments for her meals.Interview on 04/26/2026 at 09:35 AM with R35 revealed she confirmed the pair of scissors was always kept on her overbed table for her to use whenever she wanted to cut the condiments.R35 stated no nurse or no one had removed the scissors since she had it in her room, the scissors were always on her overbed table.Interview on 04/26/2026 at 09:40 AM with Registered Nurse (RN) EE revealed she confirmed there was a pair of scissors on the overbed table beside R35's bed and she was not aware that R35 had the pair of scissors in her room. She stated she did not know if residents were supposed to have scissors in their rooms. LPN EE stated she was not aware of the process regarding residents having scissors in their rooms. Interviews on 04/26/2026 at 9:43 AM with Registered Nurse/Unit Manager (UM) BB and Assistant Director of Nursing (ADON) revealed LPN BB confirmed there was a pair of scissors in R35's room and she was not aware R35 had the scissors in her room. She stated that residents were not allowed to have scissors in their rooms. LPN BB informed the ADON that R35 had a pair of scissors in her room. LPN BB stated she was not aware of the process if residents had scissors in their rooms. The ADON stated residents were not allowed to have scissors in their rooms, the nurses should keep the scissors in the medication carts and the resident could ask for the scissors when they needed it. LPN BB then stated that she would remove the scissors from R35'S room and place it on the medication cart. Interview on 04/26/2026 at 09:47 AM with the Director of Nursing (DON) revealed she stated her expectations were she preferred not to have scissors in the residents' rooms. She stated scissors should be kept in the medication carts with the residents' names. She stated the residents may request the scissors from the nurse whenever they needed it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115709	A. Building B. Wing	04/26/2026

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 facility policy titled, Medication Storage, the facility failed to ensure medications were secured on one (cart 3) of four medication carts reviewed and failed to ensure two of four medication (medication cart 1 and 2) carts were locked and secure.Review of the facility policy titled Medication Storage with a revised date of 01/08/2026 stated under Policy, it is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, lights, ventilation, moisture control, segregation, and security. Under Policy Explanation and Compliance Guidelines (1) General Guidelines (a) all drugs and biologicals will be stored in locked compartments (i.e, medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature control. During an observation and interview on 04/24/2026 at 09:10 AM with the Assistant Director of Nursing (ADON) and Registered Nurse (RN) BB revealed in the South Wing Unit in the mall area medication cart 1 was unlocked and unattended while it was observed residents were wandering in mall area and RN BB was attending to medication cart 2. Continued with the observation and interview at 09:19 AM the ADON walked into the South Wing and approached medication cart 1 and confirmed the cart was unlocked and unattended. Further, while at medication cart 1 RN BB approached medication cart 1 and confirmed she was the last nurse on the cart to count the medication with the night shift nurse, and the cart was unlocked since 7:00 AM that morning. During an observation and interview on 04/24/2026 at 01:22 PM with RN BB revealed medication cart 2 on South Wing Unit was unlocked and unattended. RN BB approached the medication cart 2 and confirmed the medication cart was unlocked while she stepped away. She continued to state she thought she locked the cart and she is aware the cart is to be locked while not in use. During an interview on 04/25/2026 at 10:41 AM with the Director of Nursing (DON) stated she expects the nurses to lock the medication carts. Findings include: A review of the facility policy, Medical Storage, revised 1/08/2026, revealed that during medication pass, medications must be under the direct supervision of the person administering medications or locked in the medication storage area/cart. During an observation of the medication pass in the South area on 4/25/2026, at 8:36 AM, RN EE had the medication cart positioned in the open Mall area. Residents were seen eating breakfast and sitting in the Mall, while staff members were walking around assisting them. RN EE removed the following medications from the cart to administer to Resident 58 (R58): Amlodipine besylate oral tablet 5 mg Coreg oral tablet 12.5 mg (Carvedilol) Donepezil HCl oral tablet 10 mg (Donepezil Hydrochloride) (continued on next page)

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	115709	A. Building B. Wing	04/26/2026

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Apixaban oral tablet 2.5 mg (Apixaban) Escitalopram oxalate oral tablet 10 mg (Escitalopram Oxalate) Memantine HCl oral tablet 10 mg (Memantine HCl) The RN then placed the medications on top of the cart, locked the cart, and walked to the center of the Mall area to take R58's blood pressure while she was eating breakfast. The medications remained unsecured on top of the cart, with the RN facing away from it. Staff and residents were observed passing by the cart. During an interview with the RN on 4/25/2026 at 8:42 AM, she acknowledged that she had left R58's medications unsecured on top of the cart. The RN stated that she should have locked the medications in the cart before taking the resident's blood pressure. During an interview with the Director of Nursing on 4/25/2026 at 9:05 AM, she stated that she expects all nursing staff to secure any medications if they need to leave them unattended or plan to administer them later.

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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 observation, staff and resident interviews, and review of the facility policy titled, Promoting/Maintaining Resident Dignity the facility failed to ensure a privacy curtain for one of 4 residents (R) (R49) in room [ROOM NUMBER] bed-A. Findings include: Review of facility policy titled, Promoting/Maintaining Resident Dignity with a revision date of 01/08/2026 stated under the Policy section, it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of like by recognizing each resident's individually. Under the section Compliance Guidance (1) all staff members are involved in providing care to residents to promote and maintain resident dignity and respect residents' rights. A review of the annual Minimum Data Set (MDS) assessment dated [DATE] documented that R49 had a Brief Minimum Data Set (BIMS) score of 3, indicating severe cognitive impairment. During an observation and interview on 04/24/2026 at 10:53 AM with R49 stated he has not had a privacy curtain for a while. R49 further stated a staff member came into the room to clean the curtains however, his curtain was not put back up. During an observation on 04/24/2026 at 1:21 PM and 04/25/2026 at 8:40 AM revealed in room [ROOM NUMBER] bed-A does not have a privacy curtain. During observation and interview on 04/25/2026 at 10:47 AM with the Housekeeping Supervisor (HKS) confirmed in room [ROOM NUMBER], bed-A did not have a private curtain. She continued to state privacy curtains are taken down when they deep clean. However, bed-A privacy curtain was missed and there is round that should be conducted to identify missing privacy curtains.