STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145000	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Senior Living	1201 Newcastle Washington, IL 61571

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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, record review and interview the facility failed to post grievances/complaints procedures in a prominent location throughout the facility. This failure has the potential to affect all 67 residents residing in the facility. Findings include: The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 3/9/26 and signed by V1/Administrator documents 67 residents reside within the facility.The facility's Filing Grievances/Complaints Policy, dated December 2004, documents, Our facility will assist residents, their representatives (sponsors), other interested family members, or resident advocates in filing grievances or complaints when such requests are made. The Policy's Interpretation and Implementation documents, 2. Upon admission, residents are provided with written information on how to file a grievance or complaint. A copy of our grievance/complaint procedures is posted on the resident bulletin board.On 3/10/26 at 1:15 PM, during Resident Council meeting, R3, R13, R22, R46, R58, R59, R60, and R84 all stated they do not know how or where to file a grievance at the facility.On 3/11/26 at 12:45 PM, a tour was conducted with V1/Administrator asking V1 to demonstrate where the grievance procedure was located in the building. V1 verified there was not a posted grievance procedure in any prominent locations around the building, including next to the grievance forms and the resident bulletin board.

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on Interview and Record Review, the facility failed to ensure that direct resident care staffing was adequate to meet the needs of residents in the facility. This failure has the potential to affect all 67 residents residing in the facility.Findings include: The facility's Facility Assessment, dated 8/1/25, documents the facility has an average daily census of 70. This same assessment documents Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs.The facility's Call Light System Policy and Procedure, undated, documents Policy: it is the policy of this facility to provide a means of communication to meet the needs of each resident. Staff will follow established procedures to respond to the residents' requests and needs. Procedure: Respond promptly when the call light is activated.On 3/09/26 at 3:20pm R81 was sitting on the toilet in her room with the bathroom door open and her wheelchair outside the door. R81 stated she no longer uses her call light when she needs to get out of bed or use the bathroom because they (staff) don't come, it takes a long time for them to answer it, and she cannot wait that long to use the bathroom. R81 stated she always transfers herself in and out of bed to and from her wheelchair and from her wheelchair to and from the toilet. On 03/10/2026 at 1:46 PM, during resident council, R3, R13, R22, R46, R58, R59, R60, and R84 all stated they had concerns with long wait times on call lights and concerns with weekend/night shift staff. They all stated they notice that there are not as many staff and must wait longer for call lights/medications. 03/11/2026 12:06 PM R80 reported staff take a long time to answer his call light on night shift when he turns it on and needs assistance. R80 stated sometimes it can take longer than 30 minutes for staff to respond to his call light. The Resident Council Meeting, dated 3/18/25, documents concern with Nursing CNAs seemed rushed to finish task and not spending enough time with residents.The Resident Council Meeting, dated 7/22/25, documents Nursing: third shift rounds feel like more than two hours.The Resident Council Meeting, dated 9/23/25, documents concern with Nursing CNAs not focusing and completing task at hand and will state they will be right back and come back to the task an hour later.The Resident Council Meeting, dated 12/16/25, documents Nursing: CNAs to cover to many residents. Extra help needed. Concern on night shift.The State Agency's Notice of Staffing Violations, dated 8/15/25, documents the facility received notice of staffing violations and documents the facility was not in compliance with the minimum staffing ratios for the quarter period January 1st through March 31st, 2025. This same staffing violation documents Total number of days of shortfall: 25. Number of days Registered Nurse short fall: 20. Number of days Licensed Nurse shortfall: 1. Number of days miscellaneous shortfall: 8.The [NAME] PBJ (Payroll Based Journal) report for this survey identifies excessively low weekend staffing and a 1-star staff rating for the facility's fourth quarter of 2025.The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 3/9/26 and signed by V1/Administrator documents 67 residents reside within the facility.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on interview, observation and record review the facility failed to provide and offer snacks throughout the day and evening for all residents in the facility. This failure has the potential to affect all 67 residents residing in the facility.Findings include:The facility's Fortified Foods, Supplements, and Snacks policy dated 2020 documents Snacks: regular food items that are available on the units or can be specified to be served at designated times (such as for a diabetic) and generally not required to be ordered by the physician.On 3/10/26 during the surveyor-led Resident Council Meeting at 1:00pm, the consensus of the 8 residents present, (R3, R13, #22, R46, R58, R59, R60 and R84) was snacks are not offered throughout the day, and bedtime snacks are not passed out, and only available sometimes.On 3/10/26 at 10:03am R65 stated snacks are not offered to the residents at any time, and residents have to ask for a snack. R65 stated she was diabetic. R65's medical record includes a diagnosis of diabetes.On 3/10/26 at 10:35am R81 sated the staff do not offer snacks to the residents and she was unsure if residents could have snacks.On 3/10/26 at 2:45pm R19 stated she was unaware of snacks being offered or available to residents.On 310/26 R54 stated snacks are not offered at any time throughout the day. On 3/11/26 at 12:45pm V5 Dietary Manager stated the facility does not have designated snack times throughout the day and snacks are not available on the units or Nurses Stations during the day until 7:00pm when a cart of snack items is wheeled to the unit and into the ice room, where they stay. V5 stated there were no physician-ordered snacks for residents, including diabetics, and snacks are not offered, residents have to request a snack. V5 stated the nurses can request something for diabetics in the event a resident has low blood sugar during the day, and There is a bin of peanut butter sandwiches in the kitchen if needed.On 3/11/26 at approximately 12:50pm V1 administrator stated a snack cart is wheeled to the units at 7:00pm every evening and, if a resident requests a snack, they are given one.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on Observation, Interview and Record Review, the facility failed to ensure the main kitchen and serving kitchen's refrigerated food items and dry food items were labeled, dated and free from expiration, the facility's dish machine chemicals were tested daily to ensure effective sanitation levels, cool down temperatures were taken for food items cooked ahead and then stored in the refrigerator, and that a fan utilized at meal times and blown towards prepared food was kept clean and without dust and debris. This failure has the potential to affect all 67 residents residing in the facility. Findings include:The facility's Labeling and Dating Foods policy, dated 2020, documents All foods stored will be properly labeled according to the following guidelines. Once opened the individual food items from the case are dated with the date the item was received into the facility and will be using first-in- first out method of rotation. Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacture's expiration date.The facility's Dishwashing: Machine Operation guideline policy, dated 2020m documents Check the dishwashing machine before first use. If the dishwashing machine has not been used for several hours, it is generally recommended to allow the dishwashing machine to cycle for one or two cycles to allow dishwashing machine to come up to proper function. Record log documents twice daily for either final rinse temperature (high temperature machine) or sanitizer concentration (low temperature machine with chemical sanitizer).The facility's Cooking and Cooling policy, dated 2020, documents Foods will be cooked thoroughly, reaching the appropriate internal temperature specific to each item. Cooked foods will be cooled properly to ensure food safety. Cool foods using a two-step process; 135 degrees Fahrenheit (F) to 70 degrees F in the first two hours, and then 70 degrees F to 41 degrees F in the next four hours. Foods must be cooled quickly to keep bacteria from growing and spreading. The denser the food and the greater amount of food, the longer it will take to cool. If food has not reached 70 degrees F within two hours, it must be reheated to 165 degrees F within the first two hours or thrown out.On 3/9/26 at 9:50 AM a tour of the facility's kitchen was conducted. At this time the facility's walk-in refrigerator contained two pitchers of tea, three pitchers of water and one pitcher of cranberry juice all without a label or date. V5 (Dietary Manager) verified the contents of each pitcher and confirmed they should have labels with dates on them for discard.On 3/9/26 at 10:05 AM the facility's dining room kitchen nook refrigerator contained a gallon jug of 2% milk with an expiration date of 2/2/26. This same fridge contained two squeeze condiment bottles without a label or date. V5 stated That's ranch dressing and it should have been dated when poured into the squeeze bottle. In this same dining room nook, a metal rack contained four plastic containers of poured in dry cereal. These containers did document a recent label and two contained a label that documented use by 12/2/25. V5 stated that labels are not accurate and the cereal should have received updated labels when poured into the containers.On 3/9/26 at 10:20 AM V5 stated the facility uses a low temperature dish machine. V5 stated the machine should reach between 150 to 200 parts per million (PPM) quaternary level of sanitation with each cycle. V5 stated I do not have any documentation to show that the sanitation levels are monitored. The dish machine's chemical level is not tested and documented daily. (Kitchen staff) have only ever been told to check the water temperatures with each mealtime, which reach about 100 degrees. The method to sanitize is chemical, so checking that makes more sense.On 3/9/26 at 11:45 AM, the noon meal steam table food temperatures were checked by V6 (Dietary Aide). During this check a large round industrial fan was sitting on a chair in the kitchen nook and blowing forced air directly towards V6 and steam table with prepared food. This fan was coated with thick accumulation of fuzzy gray dust, grime and debris substances. At this time V6 stated (Kitchen staff) always have that fan on because it gets so hot when serving food. On 3/10/26 at 9:30 AM, the kitchen's walk-in refrigerator contained a pitcher of lemonade without a label or date. In this same fridge was a metal container with foil on the top (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	labeled breakfast sausage 3/8/26. V5 confirmed the sausage was from Sunday's breakfast and then stated they (kitchen staff) do not have a cool down log for the sausage. On 3/11/26 at 9:27 AM V17 (Maintenance Director) verified that the fan in the facility's dining area blows forced air directly on the serving steam table and is coated with dust a grime. V17 stated the kitchen staff should be cleaning that fan and it needs cleaned.The facility's CMS (Centers for Medicare and Medicaid Services) Form 671 dated 3/9/26 and signed by V1(Administrator) documents 67 residents reside within the facility.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure resident room floors were clean and free of debris for four of four residents (R8, R10, R16, R36) reviewed for clean and homelike environment in the sample of 48. Findings include: The Housekeeping Supervisor Job Description, dated 10/2020, documents Primary Purpose of this Position: The primary purpose of this position is to assist in supervising the day-to-day activities of the housekeeping department as directed by the Director of Environmental Services to assure that facility is maintained is a clean, safe and comfortable manner. Duties and Responsibilities: Ensure that the resident environment is safe, clean, comfortable and home-like. Oversee the housekeeping services necessary to maintain a sanitary, orderly and comfortable interior. Conduct routine housekeeping rounds. The Housekeeping Job Description, dated 10/2020, documents The primary purpose of this position is to perform the day-to-day activities of housekeeping as directed by the Housekeeping Supervisor to assure that the facility is maintained in a clean, safe, and comfortable manner. Perform specified tasks in accordance with daily work assignments, coordinate daily housekeeping services with nursing services when performing routine assignments in resident living and/or recreation areas, clean floors by sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, and disinfecting, perform day-to-day housekeeping functions as assigned, perform specific tasks in accordance with daily work assignments. The Houskeeper's Daily Schedule dated 3/8/26 to 3/21/26 documents two housekeepers worked 3/8/26, two and a half housekeepers worked 3/9/26, one and a half housekeepers worked 3/10/26, and two housekeepers worked on 3/11/26. The facility's Resident Council Meeting, dated 1/20/26, documents Housekeeping: Concerns with short staffing.The facility's Resident Council Meeting, dated 6/24/25, documents Housekeeping: Complained of room not being cleaned in a timely fashion. The facility's Resident Council Meeting, dated 9/23/25, documents Housekeeping: Sticky floors in Assisted dinging room at the time of this meeting. 1. On 3/10/26 at 9:57AM R8's room was covered in dried debris, red colored liquid stains, and was sticky. On 3/11/26 at 9:21 AM R8's room floor remined the same with the same red colored liquid stain by R8's bed. 2. On 3/10/26 at 9:54 AM R10's room floor had dried stains throughout the floor, was sticky, and covered in debris. Around the wall base of R10's room, thick debris was observed. On 3/11/26 9:19 AM R10's floor remained the same as the day before. R10's room floor remained sticky with stains and debris along with thick debris around the wall base. 3. On 3/10/26 at 9:52 AM R16's was dirty, sticky, and covered in debris. Thick black debris was observed in the corners of R16's room. On 3/11/26 at 9:18 AM R16's floor remained the same as the day before, sticky, dirty with dried debris all over. The corners of R16's room remained with thick black debris. 4. On 03/10/26 at 9:55 AM R36's room floor was covered in stains, was sticky, and was covered in pieces of food and dried debris. On 3/11/26 at 9:20 AM R36's room floor remained the same as day before. R36's floor was covered in stains, was sticky, and was covered in pieces of food and dried debris. On 3/11/26 at 9:27 AM V17/Maintenance Director stated he was given the task to oversee housekeeping services on 3/9/26. A tour was conducted of R8, R10, R16, and R36's room at this time. V17 verified R8, R10, R16, and R36's room floors were dirty and stated, A housekeeper called in this week so that may be why the rooms are not getting cleaned like they should. The rooms should be swept and mopped at least daily, and these rooms have not been. On 3/11/26 at 9:35 AM V1/Administrator stated V17/Maintenance Director has been assigned Housekeeping Supervisor as of Monday 3/9/26. V1 stated, We have not had a Housekeeping Supervisor for the past 6 months. I have been overseeing it when I can. We have had a housekeeper call off this week and a housekeeper that has switched to dietary aide, so that may be why some of the rooms have not been getting cleaned daily. We should have at least three housekeepers per day and have only had one to two this week. V17 stated all rooms should be at least swept and mopped daily and verified at this time the housekeeping schedule provided is accurate.

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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 observation, interview, and record review the facility failed to ensure a call light was in reach for three of 18 residents (R14, R36, and R54) reviewed for call lights in the sample of 48.Findings include: The facility's Call Light Policy and Procedure, undated, documents Policy: It is the policy of this facility to provide a means of communication to meet the needs of each resident. Staff will follow established procedures to respond to the residents' requests and needs. Procedure: Assure the call light is within easy reach of the resident. 1.R36's MDS (Minimum Data Set) assessment dated [DATE] documents R36 is moderately cognitively intact. R36's current Care Plan documents R36 is risk for falls and requires assistance of staff for bed mobility, transfers, toilet use, dressing, and bathing. This same Care Plan documents interventions to prevent falls include keeping R36's call light within reach. On 3/9/26 at 9:39 AM R36 was lying in her bed and was slid down halfway in the bed on her back. R36 was requesting to be pulled up in the bed, but her call light was not within reach. R36's call light was lying on the right side of R36's bed, on the floor next to R36's nightstand, and out of R36's reach. R36 stated she is unable to get up on her own to get her call light or pull herself back up in bed. On 3/9/26 at 10:09 AM V8/Certified Nursing Assistance verified R36's call light was on the floor out of R36's reach. V8 picked up R36's call light off the floor and attached it to R36s bed sheet by R36's right hand. V8 stated, Resident call lights should always be within reach. 2. R14 is a [AGE] year-old resident with diagnoses including Active Primary Progressive Multiple Sclerosis and left-sided Hemiplegia and Hemiparesis. R14's current Care Plan includes the following focus and intervention: Focus: (R14) is at risk for falls related to: MS (Multiple Sclerosis); Musculoskeletal Impairment and Limited ROM Interventions/Tasks: Be sure call light is within reach and encourage to use it for assistance as needed. On 3/11/26 at 9:30am R14 was sitting in a slouched down in a high-back wheelchair next to the bed and an odor of urine was noticeable in the room. R14's pants were visibly soaked, and a puddle of fluid had collected under his wheelchair. R14's call light was fastened at the head of bed, approximately 4 feet from where R14's wheelchair, and out of R14's reach. R14 verified he was unable to reach his call light to call for help. 3. R54 is a [AGE] year-old resident with diagnoses including: Active Primary Multiple Sclerosis; Muscle Wasting and Atrophy of multiple sites. R54's current Care Plan includes the following Focus and intervention: the following focus and intervention: Focus: (R54) is at risk for alteration in musculoskeletal status related to: MS (Multiple Sclerosis); Interventions/Tasks: . Anticipate and meet needs. Be sure call light is within reach and respond promptly to all requests for assistance. On 3/11/26 at 9:30am R54 was laying in bed. R54's call light was sitting on his bedside cabinet, clearly out of his reach. R54 verified he was unable to reach his call light. On 3/11/26 at 9:52am V16 CNA/Certified Nursing Assistant verified both R54 and R14's call lights were out of their reach.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review, the facility failed to ensure residents were provided information on Advance Directives and ensure that a POLST (Physician's Order for Life Sustaining Treatment) and emergency code status were documented in the resident's medical record for three of four residents (R46, R77, R78) reviewed for Advanced Directives in the sample of 48.Findings include:The facility's Advance Directives policy (undated), documents It is the policy of this facility to allow the resident, authorized legal representative or next of kin to make decisions regarding health care, per Illinois law. Advanced Directives shall not be required as a provision of services or admission. At the time of admission, the social service director shall provide each resident or their legal representative, educational information regarding state and federal laws. Advance Directives shall be reviewed by the interdisciplinary team when completing the comprehensive assessment and addressed on the resident's plan of care, physician progress notes, physician's orders and in the social service progress notes. A written physician's order is required in response to the resident's advanced directive regarding CPR (Cardio-Pulmonary Resuscitation). Written physician's orders shall be specific and addressed as appropriate. A copy of the original order and related physician progress notes regarding advance directives shall be maintained in the medical record with advance directive documents. 1. R46's Physician Order Sheet (POS), dated [DATE], documents R46 was admitted to the facility on [DATE] and does not document a physician's order for code status. R46's electronic medical record does not document an emergency code status or any advanced directives for R46. On [DATE] at 1:00 PM, V2 (Director of Nursing) verified that R46's medical record does not document advanced directives or a code status. V2 stated (R46'S) code status is not in his record. I am not sure why, but there is nothing in his medical record at the facility to show any advanced directives or code status. Social Services (V18) does go over advance directives paperwork on admission and then when I get a POLST, I can input it into the computer under physician's orders. On [DATE] at 1:18 PM, V18 (Social Services Director) verified she is the person who meets with new admission residents and discusses advanced directives and code status in the event of an emergency. V18 stated (R46) does not have advanced directives in his record. I think when he came in (admission, [DATE]), (R46) was more confused and he has since gotten better. I don't believe we've had a care conference since then. 2. R77's Physician Order Sheet (POS), dated [DATE], documents R77 was admitted to the facility on [DATE] and does not document a physician's order for code status. R77's electronic medical record does not document an emergency code status or any advanced directives for R77. 3. R78's Physicans Order Sheet (POS), dated [DATE], documents R78 was admitted to the facility on [DATE] and does not document a physician's order for code status. R78's electronic medical record does not document an emergency code status or any advanced (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	directives for R78. On [DATE] at 3:15 PM, V1 (Administrator) stated both R77 and R78 did not come to the facility with any advanced directives and assumed since they had none, that they were assumed to be full code. V1 confirmed the facility did not initiate an advance directive for either R77 or R78.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on Observation, Interview and Record Review, the facility failed to document an appropriate diagnosis, provide justification for a failed gradual dose reduction (GDR), and identify and monitor targeted behaviors to warrant the use of Seroquel (antipsychotic medication) and for one of one resident (R39) reviewed for antipsychotic medications in the sample of 48.Findings include:The facility's Psychopharmacologic Drug Use Procedure policy (undated) documents To assure that appropriate monitoring is provided to residents receiving psychopharmacologic drugs, that the lowest possible dose necessary for the benefit of the resident to improve or control mood, mental status and/or behavior is utilized, and to reduce or eliminate the usage of these medications. Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions listed in guidelines of recognized external review agencies. Documentation of behaviors and conditions requiring the use of these medications must be done on a routine basis including resident response to the medication. Dose reductions must be attempted, unless medically or psychiatrically contraindicated as documented by the interdisciplinary team and/or the physician.R39's Physician Order Sheet (POS), dated 3/10/26, documents R39 has cognitive and mood diagnoses including Dementia without behavioral disturbance, Alzheimer's disease, Depression, Depressive Mood and Anxiety. This order sheet documents R39 has an order for Quetiapine 25 milligrams (mg) (Seroquel, antipsychotic medication) by mouth two times a day for Dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety.R39's Care Plan, dated 11/18/25, documents (R39) is at risk for psychosocial issues related to impaired vision, Cognitive Communication Deficit, Dementia, Alzheimer's Disease, Depression, Anxiety Disorder. Moderate risk for abuse related to dependance on others, psychiatric history, complaints or chronic pain/illness, anxiety/fear/anger, depression, displays behaviors including delusions, wandering, yelling/screaming, crying, resistive to care, kicking/hitting, exit seeking.R39's behavior monitoring flow sheet, dated 2/9/26-3/9/26, documents R39 exhibited a behavior of wandering 13 times in 30 days. This sheet does not document any other behaviors for R39.R39's Progress note, dated 2/2/26 at 11:43 AM, documents Behavior Note. Describe behavior: Resident hit restorative aid when encouraged verbally to stay and eat her lunch. Environmental, Physiological, Psychosocial factors/triggers: Noise in crowded dining room. Intervention: Redirected to eating her food, asked what is wrong giving her time to vent feelings, offered a drink of water, allowed to change locations to more quiet space in hopes to direct her after change in mood back to her lunch to finish her meal. Resident response: Resident went to a more quiet space in hallway and spoke to other staff not recalling her earlier behavior, when asked if she was hungry, she said yes and made her way back to the dining room at restorative table.R39's Progress notes, dated 2/2/26 at 5:37 PM documents Social Service Note. Note Text: After lunch today, resident was observed telling another resident repeatedly to get out of her way. Shortly after that (R39) was seen pushing another resident's wheelchair stating to keep moving. Another employee came to SSD (V18, Social Service Director) informing that during Bingo (R39) was seen using her middle finger. (R39) was easily redirected after each incident. No other resident felt threated or scared by (R39). (V19, R39's family) was called to see if he was able to come and spend some time with her due to the increased agitation. (V19) was sick. (R39) was placed on one on one (staff) with activities. Shortly after she requested to go to sleep. No other unwanted behaviors observed for the rest of the day.R39's Progress note dated, 2/8/2026 at 12:26 PM documents (R39) seen by (psychiatric services), new order received for Seroquel 25 MG two times a day related to failed GDR (gradual dose reduction). Consent received from (V19).On 3/10/26 at 9:14 AM, R39 was lying in bed with her eyes closed and a wheelchair at her bedside. On 3/11/26 at 9:35 AM, V19 (R39's family) stated he placed R39 in the facility after she became more confused and her (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dementia progressed. V19 confirmed R39 has some behaviors that require more attention and stated They did start a new medication for (R39's) behaviors. Those behaviors lately have been like stealing food from other people's plates and wandering. She used to talk about getting out and about her husband coming to get her and he's been deceased for a while. (R39) just had wacky behaviors. She would expect her husband to arrive and pick her up or talk about going back to her apartment. She also would roam around and steal food. (R39) has been less verbal and sleepier over about the past six months.On 3/11/26 at 11:46 AM, V10 (Registered Nurse) stated I don't typically care for R39, so her behaviors aren't the most prominent in my head. I do remember (R39) used to come out of her room and scoot around and now she doesn't do that as much.On 3/11/26 at 11:50 AM, R39 was sitting in the facility's dining room eating lunch. R39 moved her wheelchair on her own and was easily redirected back to the table by dining room staff. At this time V15 (Licensed Practical Nurse) stated (R39) has behaviors of wandering and exit seeking. Sometimes if staff are trying to re-direct her, she will yell and can get angry towards the staff. I have never seen (R39) strike or be aggressive towards other residents.On 3/11/26 at 1:00 PM, V2 (Director of Nursing) stated July 7th, 2025, is the date that (R39) was referred to (psychiatric services) and she was already taking Seroquel. (R39's) behaviors involve constantly exit seeking, pulling the fire alarm, getting in and out of bed, and asking about her husband. Her recent Seroquel GDR failed and that was due to her trying to transfer herself and falling in February, rolling herself into a nursing area and getting hand-sanitizer then trying to drink it and striking a restorative aide. So, they increased her Seroquel back to two times daily instead of once a day. V2 confirmed R39's behaviors align with Dementia and aren't psychotic in nature. V2 verified R39 does not have a diagnosis that warrants the use of an antipsychotic and stated R39 has never struck or been aggressive to another resident.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to obtain a level II PASRR (Pre-admission Screening and Resident Review) for three of five residents (R3, R55, and R69) reviewed for pre-admission screenings in the sample of 48.Findings include:1. R3's admission Record, dated 3/10/26, documents R3 admitted to the facility on [DATE]. This same admission Record documents a medical diagnosis of Bipolar Disorder with an onset date of 4/21/2022.R3's Minimum Data Set (MDS), dated [DATE], documents R3's BIMS (Brief Interview for Mental Status) of 14, indicating R3 is cognitively intact.R3's OBRA-I (Omnibus Budget Reconciliation Act-I) Initial Screen, dated 9/4/20, documents, in Part III: Reasonable Suspicion to Suspect a Mental Illness, under 4. There are other indicators of mental illness in Part III: Reasonable Basis to Suspect a Mental Illiness: ?Yes. This same document later lists a medical diagnosis of Depression.R3's Medical Record was reviewed and there was no evidence of a PASRR (Pre-admission Screening and Resident Review) Level II Screen.On 3/10/26 at 10:00 AM, V1/Administrator confirmed the facility did not have documentation of a PASRR Level II Screen.2. R55's admission Record, dated 3/10/26, documents R55 admitted to the facility on [DATE]. This same admission Record documents a medical diagnosis of Bipolar Disorder with an onset date of 6/12/2018.R55's Minimum Data Set (MDS), dated [DATE], documents a BIMS (Brief Interview for Mental Status) score of 9, indicating moderate cognitive impairment.R55's OBRA-I (Omnibus Budget Reconciliation Act-I) Initial Screen, dated 6/16/18, documents, in Part III. Reasonable Suspicion to Suspect a Mental Illness, ?Yes' to 1)The individual has been formally diagnosed with a mental illness verified by a DSMIV classification which substantially impairs the person's cognitive, emotional, and/or behavioral functioning, excluding organic disorders/dementia, developmental disabilities, and alcohol/substance use. And, ?Yes' to, 4)There are other indicators of mental illness. Reasonable Suspicion to Suspect a Mental Illness, under 4. There are other indicators of mental illness in Part III: Reasonable Basis to Suspect a Mental Illiness: ?Yes. This same document later lists a medical diagnosis of Depression.R55's Medical Record was reviewed and there was no evidence of completion of a PASRR Level I or PASRR Level II Screening after to include the diagnosis of Bipolar Disorder.On 3/10/26 at 10:00 AM, V1/Administrator confirmed the facility did not have documentation of a Level II PASRR Screen.3. R69's admission Record, dated 3/10/26, documents R69 admitted to the facility on [DATE]. This same admission Record documents a medical diagnosis of Delusional Disorders with an onset date of 11/20/24.R69's Minimum Data Set (MDS), dated [DATE], documents a BIMS (Brief Interview for Mental Status) of 15, indicating R69 is cognitively intact.R69's PASRR (Pre-admission Screening and Resident Review) Level I Screen, dated 6/19/24, documents, No Level II Required-No SMI/ID/RC.R69's Medical Record was reviewed and there is no evidence of completion of a PASRR Level I or PASRR Level II after the addition of the medical diagnosis of Delusional Disorders on 11/20/24.On 3/10/26 at 10:00 AM, V1/Administrator confirmed the facility did not have documentation of a Level II PASRR Screen.

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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 Observation, Interview and Record Review, the facility failed to ensure a resident's independent smoking assessment was accurate and smoking materials were not kept in the resident's possession when not in use, and ensure a dependent resident was provided assistance of two staff members during a mechanical lift transfer, for two of four residents (R46, R55) reviewed for accidents in the sample of 48.Findings include: The facility's Resident Smoking policy, dated 12/202, documents All residents who will be assessed by the interdisciplinary team to determine if the individual is appropriate for independent smoking. It is recommended that independent smokers store their smoking materials at the nursing station for the safety of others. If they choose not to then they should keep them secure at all times. The facility's Safe Lifting and Movement of Residents Policy, dated September 2008, documents in part, Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses mechanical lifting devices for the lifting and movement of residents. Policy Interpretation and Implementation: 1. Mechanical lifting devices shall be used for any resident needing a two person assist. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted. 2. Staff responsible for direct resident care will be trained in the use of mechanical lifting devices. The manufacturer of purchased equipment shall provide initial staff training on the use of mechanical lifts, as well as on the routine checks and long-term maintenance of equipment. Subsequent training and retraining of staff on the use of mechanical lifting devices shall be conducted by designated team leaders. 6. The transferring needs of residents shall be assessed on an ongoing basis. Resident transferring and lifting needs shall be documented in the care plan. Assessment of the resident's transferring needs shall include a. Mobility of the resident (degree of dependency), b. Size of the resident, c. Weight-bearing ability, and d. Cognitive status. 1. R46's Current Care plan, dated 2/5/26, documents R46 was admitted to the facility on [DATE] and has diagnoses including Major Depressive Disorder, Wernicke's Encephalopathy, Lack of Mobility, Abnormalities of Gait and Mobility and Generalized Anxiety. This plan of care documents (R46) is a smoker. (R46) has a history of substance abuse related to alcohol abuse. (R46) is an Identified Offender: violate order of protection 4/2024; theft 12/2023; domestic battery 9/2017; aggravated assault 8/2019; aggravated battery 8/2006. Risk level determined by ISP (Illinois State Police), moderate risk. Interventions: Continue to offer (R46) counseling services; Frequent one on one care to observe for behavior changes; Monitor/document/report as needed any risk for harm to self. R46's Smoking Contract, dated 11/12/25 and signed by R46 and V18 (Social Service Director), documents I will not smoke anywhere else in the building, including my room or bathroom, the dining room, the lobby. I understand it is recommended that I will surrender all smoking materials to the facility, including cigarettes, cigars, pipes, matches, and lighters, I will not carry on my person or possess in my room or clothes any smoking materials. R46's Criminal History Analysis Report for Identified Offender's Program, dated 2/5/26, documents R46 has a history of mental and substance abuse and was identified at a moderate risk level. This report documents Moderate Risk: The resident requires closer supervision and more frequent observation than standard or routine for most residents in an open facility. Regular monitoring should (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be attentive to behavioral changes that may signal a need for closer observation or sustained visual monitoring on a time-limited basis. Periodic assessments should ascertain whether the level of supervision is sufficient. This report also documents The following specific considerations were important in arriving at the above recommendations: (R46) is a [AGE] year old male who has a lengthy criminal history from 2004 to 2025 with convictions for criminal trespass to land twice, violate IOP (Individual Order of Protection) four times, criminal trespass to building, assault, domestic battery twice, criminal damage to property, criminal trespass to residence twice, aggravated battery to go official, harassment by telephone, DUI (Driving Under Influence), resist peace officer. (R46) has a mental illness and a lengthy history of alcohol. He has had no incidents of physical or verbal aggression since his admission on [DATE]. I would deem (R46) a moderate risk based upon his mental illness and substance abuse and his very lengthy criminal history. His compliance with treatment and abstinence from drugs and alcohol should be closely monitored. R46's Smoking Assessment, dated 2/9/26, documents ten yes or no assessment questions and documents Smoking Assessment: Any yes answers deems supervision is needed. This assessment documents no to all ten questions including Does resident have impaired short-term memory? and Does the resident have a past history of poor judgement related to: safety of self or others? On 3/9/26 at 1:25 PM, R46 was observed on the smoking patio. R46 stated he keeps his smoking materials, lighter and cigarettes on him and in his room. On 3/10/26 at 9:30 AM, R46 was in his room lying in bed. R46 awoke with an initial greeting and then closed his eyes and went back to resting in bed with his eyes closed. At this time, R46's table at the bedside contained a blue lighter that was not secured. On 3/11/26 at 1:18 PM V18 (Social Services Director) confirmed that R46 was assessed to be an independent smoker and can smoke without supervision. V18 stated I did (R46's) smoking assessment and contract. (R46) is not supposed to keep cigarettes and his lighter on himself or at his bedside. He should be giving it to the reception desk. V18 verified that R46 is a moderate risk identified offender and stated I was surprised when I saw him placed at a moderate risk. I guess he does have a history of making unsafe decisions. So, the question about unsafe decisions on his smoking assessment probably should have been marked yes. 2. R55's admission Record, dated 3/10/26, documents R55 was admitted to the facility on [DATE], with medical diagnoses including but not limited to: Unspecified Lack of Coordination, Cognitive Communication Deficit, Altered Mental Status, Other Symptoms and Signs Involving the Musculoskeletal System, Other Abnormalities of Gait and Mobility, Difficulty in Walking, Not Elsewhere Classified, Muscle Weakness (Generalized), Unsteadiness on Feet, Repeated Falls, Age-Related Physical Debility, and Other Chronic Pain. R55's MDS (Minimum Data Set) assessment, dated 12/28/25, documents a BIMS (Brief Interview for Mental Status) score of nine, indicating R55 has moderate cognitive impairment. This same MDS assessment documents R55 is Dependent (Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for chair/bed-to-chair transfers. R55's Order Summary Report, dated 3/10/26, documents a Prescriber Written order with an order date of 11/11/25, (Mechanical lift) x two (assist) for all transfers per (local hospice company). (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R55's Care Plan, dated 3/10/26, documents R55 is at high risk for falls with an intervention, dated 11/11/25, (Mechanical lift) x two (assist) for all transfers per (local hospice company). On 3/9/26 at 10:52 AM, V11/Certified Nursing Assistant was observed transferring R55 from R55's wheelchair to R55's bed with a mechanical lift without the assistance of another staff member. On 3/9/26 at 10:55 AM, V11//Certified Nursing Assistant confirmed she transferred R55 with a mechanical lift alone from R55's wheelchair to R55's bed, without the assistance of another staff member, and should have had another staff member to assist with the transfer using a mechanical lift. V11 stated two people are required for all mechanical lift transfers and R55 requires a two-person transfer from her wheelchair to her bed.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure indwelling urinary catheter tubing and the collection bag were positioned below the level of the bladder and remained off the floor for one of two residents (R49) reviewed for indwelling urinary catheters in the sample of 48.Findings include:The facility's Catheter Care, Urinary Policy, dated September 2005, documents in part, The purpose of this procedure is to prevent infection of the resident's urinary tract. The urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder. Be sure the catheter tubing and drainage bag are kept off the floor.R49's admission Record, dated 3/10/26, documents R49 was admitted to the facility on [DATE] with medical diagnoses to include but not limited to: Unspecified Severe Protein-Calorie Malnutrition, Active Primary Progressive Multiple Sclerosis, Neuromuscular Dysfunction of Bladder, Cerebral Cryptococcosis, Paraplegia, Unspecified Escherichia Coli (E. Coli), and Urinary Tract Infection.R49's Care Plan, dated 1/30/26, documents a focus area with a date of 8/18/25 in part, (R49) has (an) indwelling urinary catheter due to neuromuscular dysfunction with a goal documented in part as, (R49) will show no signs or symptoms of urinary infection through review date. This same Care Plan documents another focus area with a date of 3/9/26, (R49) is in Contact Isolation d/t (due to) a Urinary Tract Infection r/t (related to) ESBL (Extended-Spectrum Beta Lactamase) of the urine.R49's Urine Culture Lab Results Report, with a reported date of 3/7/26, documents Escherichia coli ESBL 50-100,000 colonies/mL (milliliters).R49's Order Summary Report, dated 3/10/26, documents Prescriber Written orders: Change suprapubic catheter every 3 weeks and PRN (as needed), Contact Isolation Precautions for ESBL of the urine, and Nitrofurantoin Macrocrystal Capsule 100 mg (antibiotic) for UTI (Urinary Tract Infection).On 3/10/26 at 8:17 AM, R49 was observed sitting in his wheelchair at the table in the main dining room eating his breakfast with R49's indwelling catheter collection bag lying on R49's abdomen.On 3/10/26 at 8:20 AM, V10/Registered Nurse confirmed R49's indwelling urinary catheter collection bag was lying on R49's abdomen. V10 stated R49's indwelling urinary catheter collection bag should not be lying on R49's abdomen and should always be below the level of R49's bladder to prevent backflow of urine from the indwelling urinary catheter collection bag and tubing into R49's bladder.On 3/10/26 at 11:15 AM, R49 was observed in bed with R49's indwelling urinary catheter collection bag on the floor next to R49's bed.On 3/10/2026 at 11:20 AM, V16/Certified Nursing Assistant confirmed R49's indwelling urinary catheter collection bag was on the floor next to R49's bed. V16 stated R49's urinary catheter bag should not be laying on the floor.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review the facility failed to ensure oxygen tubing/humidification and a nebulizer mask, canister, and tubing was dated, changed every seven days, and placed in a bag when not in use and ensure an order was in place for oxygen for three of three residents (R27, R50, and R78) reviewed for respiratory care in a sample of 48.Findings include: The facilities Oral Inhalation Administration, dated 11/4/14, documents, Nebulizer- When equipment is completely dry, store it in a plastic bag with the resident's name and the date on it. Change equipment and tubing every seven days. The facilities Oxygen Administration Policy, dated 3/2004, documents Prepare: The purpose of this procedure is to provide guidelines for safe oxygen administration. Steps in the procedure: 18. Make sure the oxygen humidifier jar is labeled properly. 1.R27's Order Summary Report documents a Physician order for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3)MG (milligram)/3ML (milliliter) one vial inhalation every six hours as needed. On 3/9/26 at 9:42 AM R27's nebulizer mask and nebulizer tubing were lying on R27's dresser, unbagged and undated. On 3/9/26 at 2:31 PM V3/Infection Preventionist verified at this time that R27's nebulizer mask and nebulizer tubing were undated and unbagged. V4 stated, Third shift is supposed to change all nebulizer mask, canister, and tubing every Sunday evening. Third shift should be labeling the nebulizer supplies with a date and it should be stored in a bag when not in use. 2. On 03/9/2026 at 10:45 AM, R50 was in her room, in her wheelchair, dressed. R50 had oxygen flowing at 2L (liters) per nasal cannula. Oxygen tubing was not labeled, and humidification bottle was not labeled. R50's Facesheet dated 3/11/2026 documents the following medical conditions, congestive heart failure, and chronic obstructive pulmonary disease. R50's Physician's Order Sheet dated 3/11/2026 documents, Administer 02 (oxygen) at 2L (liters) via nasal cannula as needed for difficulty breathing or SOB (shortness of breath) related to chronic obstructive pulmonary disease. R50's Physician's Order Sheet dated 3/11/2026 documents, Oxygen tubing and humidifier bottle to be changed every seven days while on oxygen. On 3/10/2026 at 2:32 PM, V9 (Registered Nurse) confirmed R50's oxygen tubing was not labeled or dated. V9 also confirmed that R50's humidification bottle was not labeled. V9 stated both oxygen tubing and humidification bottle should be labeled with a date. On 3/11/2026 at 3:10 PM, V2 (Director of Nursing) confirmed all oxygen tubing, and humidification bottles should always have a label and a date. 3. On 03/9/2026 at 10:27 AM, R78 was in her room, in her bed. Oxygen flowing at 3L (liters) per nasal cannula. Humidification bottle was not labeled. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R78's Facesheet dated 3/11/2026 documents the following medical conditions, chronic obstructive pulmonary disease, obstructive sleep apnea, and shortness of breath. R78's Physician's Order Sheet dated 3/11/2026 does not document an order for oxygen use. R78's Physician's Order Sheet dated 3/11/2026 documents, Oxygen tubing and humidifier bottle to be changed every seven days while on oxygen. On 3/10/2026 at 2:30 PM, V9 (Registered Nurse) confirmed R78's humidification bottle was not labeled. V9 confirmed the humidification bottle should have a label and date. On 3/11/2026 at 3:10 PM, V2 (Director of Nursing) confirmed all oxygen humidification bottles should always have a label and a date. V2 also confirmed an order should always be in place for oxygen use.

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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 observation, interview and record review the facility failed to properly store urine-soiled resident clothing in a bag during incontinence care for one resident (R14) and failed to follow Contact Isolation Precautions and don appropriate PPE/Personal Protective Equipment before manipulating an indwelling urinary catheter collection bag for one resident (R49) of 18 residents reviewed for infection control procedures in the sample of 48 residents.Findings include:1. After several attempts, the facility was unable to provide an Incontinence Care policy. The facility's Infection Prevention and Control Manual Transmission-Based Precautions Policy, dated 2020, documents in part, The purpose of contact precautions is to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment. Contact precautions require the use of Personal Protective Equipment (PPE), including a gown and gloves upon entering the room or making contact with the resident or resident environment. CDC/Center for Disease Control documents the following: Key CDC Guidelines for Incontinence Care: Disposal: Properly seal soiled linen and incontinence pads in appropriate bags to prevent contamination of the environment. R14's medical record documents R14 is a [AGE] year-old resident with diagnoses including: Active Primary Progressive Multiple Sclerosis; Hemiplegia and Hemiparesis. On 3/11/25 at 9:40am R14 was sitting in a wheelchair in his room. R14's pants were visibly wet with urine, a puddle of liquid was noted beneath his wheelchair, and an odor of urine permeated R14's room. On 3/11/26 at 9:52 V16 CNA/Certified Nursing Assistant was R14's room, changing his clothes and performing incontinence care for R14. R14's soiled, wet clothing was noted sitting in a pile on the surface of a dresser in R14's room. The soiled clothing was not enclosed in a plastic bag. After transferring R14 into his wheelchair, V16 picked up the soiled and wet clothing from the top of the dresser, left the room and placed them in a laundry bin for soiled laundry sitting in the hallway. On 3/11/26 at approximately 1:18pm, V2 DON/Director of Nursing stated soiled residents' clothing should be contained in a sealed bag and never placed on the surface of any furniture in the resident's room. 2. R49's admission Record, dated 3/10/26, documents R49 was admitted to the facility on [DATE] with medical diagnoses to include but not limited to: Unspecified Severe Protein-Calorie Malnutrition, Active Primary Progressive Multiple Sclerosis, Neuromuscular Dysfunction of Bladder, Cerebral Cryptococcosis, Paraplegia, Unspecified Escherichia Coli (E. Coli), and Urinary Tract Infection. R49's Urine Culture Lab Results Report, with a reported date of 3/7/26, documents Escherichia coli ESBL (Extended-Spectrum Beta Lactamase) 50-100,000 colonies/mL (milliliters). R49's Order Summary Report, dated 3/10/26, documents a Prescriber Written Order with an order date of 3/9/26, Strict Contact Isolation for ESBL of the urine. R49's Care Plan, dated 1/30/26, documents a focus area with a date of 3/9/26, (R49) is in Contact (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145000	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Senior Living	1201 Newcastle Washington, IL 61571

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	Isolation d/t (due to) a Urinary Tract Infection r/t (related to) ESBL of the urine. On 3/10/26 at 11:19 AM, R49's room door was observed with a contact isolation precautions sign in place and PPE available in a caddy on the door as V16/Certified Nursing Assistant entered R49's room without any PPE on. V16 then picked up R49's indwelling urinary catheter collection bag off the floor with her bare hands, and hooked the indwelling urinary collection bag to R49's bed frame. On 3/10/26 at 11:20 AM, V16/Certified Nursing Assistant confirmed R49's door had a contact isolation precautions sign and PPE present and she did not follow contact isolation precautions by putting on a gown and gloves before entering R49's room and handling R49's indwelling urinary catheter collection bag. V16 stated she should have put on a gown and gloves before entering R49's room to pick R49's indwelling urinary catheter bag up off the floor. On 3/10/26 at 1:30 PM, V1/Administrator confirmed the facility's policy documents that PPE, including a gown and gloves, should be donned upon entering a room or before making contact with the resident or their environment for a resident requiring contact isolation precautions.