STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145679	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlton at the Lake, The	725 West Montrose Avenue Chicago, IL 60613

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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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview and record review the facility failed to ensure the Daily Nurse Staffing was visible to the public and updated daily. This failure has the potential to affect all 169 residents residing in the facility. Findings include:On 3/23/2026 at 8:55am surveyor did not observe Daily Nurse Staffing posted at the front desk.On 3/23/2026 at 9:15am surveyor did not observe the Daily Nurse Staffing posted at the front desk.On 3/23/2026 at 9:16am V3 (Receptionist) stated I don't know where that (Daily Nurse Staffing) is posted.On 3/23/2026 at 9:16am V4(HR) stated it's posted on the bulletin board in the hallway.On 3/23/2026 at 9:17am surveyor observed the daily nursing staffing dated 3/19/2026 posted on a bulletin board. V4 stated she is having them (Scheduler) update it now. On 3/24/2026 at 8:36am surveyor observed the daily nursing staffing dated 3/23/2026 on the bulletin board in the hallway.On 3/25/2026 at 9:58am V36 (Scheduler) said, Yes, I am responsible for posting the daily nursing post every day on Monday through Friday and in my absence the nursing supervisor posts the nurse daily staffing on the weekends.On 3/25/2026 at 2:38pm V1 (Administrator) stated the Posted Nurse Staffing information is not visible to all persons entering the building where its currently posted now. V1 stated she will put the posting form in a stand-up holder at the reception desk.Policy titled Staffing with a revised date of 7/03/2025 documents, in part, it is the facility's policy to provide adequate staff to meet the needs of the residents which is the requirement under the federal regulations.

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record review the facility failed to monitor the temperature in the walk-in refrigerator, failed to ensure male staff were covering facial hair, failed to discard expired food, failed to ensure the dish washer machine sanitized the dishes at the proper temperature. These failures have the potential to cause foodborne illnesses to all 172 residents receiving oral nourishment in the facility. Findings include: On 3/23/26 V27 (Food Service Director) presented a list of 154 residents who were receiving an oral diet in the facility. On 3/23/26 at 9:16 am, a tour was conducted with V27 and observed the following findings:At 9:18 am, two male dietary employees (V29 Cook/Aide and V32 Cook) in the kitchen with facial hair not covered. Both had a covering for the hair on their chin, but their mustaches were not covered. At 9:20 am, walk in refrigerator had no inside thermometer in the refrigerator. V27 stated that a thermometer should be in the refrigerator to make sure the food is at a safe temperature. Thawed chicken was noted on the bottom shelf. At 9:25 am, Tour of the dry storage room with V27, chocolate cake mix with a use by date of 11/30/25 was observed. V27 stated, This should have been tossed out. If there is a question about expiration than I would rather throw it out.At 9:30 am, requested V27 to test the dish machine sanitation level, A wash cycle (wash, rinse, and final rinse) was observed and the three gauges during each cycle did not move. Surveyor asked V27 if the gauges should change during each cycle. V27 stated that she would call Maintenance to look at the machine. At 9:45 am, V27 and V28 (Cook) went to the refrigerator to check the temperature of the thawed chicken. V28 stuck a thermometer into the chicken, and the thermometer read 42.9 degrees. V28 stated that the chicken temperature should be 41 degrees or below to prevent bacteria and residents getting sick.On 3/24/26 at 9:40 am, V29 (Cook) in kitchen with facial hair not covered. On 3/24/26 at 10:37 am, V27 food Service Director stated, The company came out to fix the dishwasher yesterday. There was something wrong with the machine. The dishwasher temp is not normal if the test strip doesn't turn orange which means the dishwasher temperature is not right for sanitizing the dishes. A normal sanitation strip is orange. Surveyor and V27 looked at the dishwasher temperature log and V27 stated, I was not aware of the dishwasher strip being black yesterday. We should have used paper products yesterday because dishes that are not sanitized could cause bacteria, and the residents can get sick. The staff should have notified me of this.On 3/24/26 at 11:30 am, V34 (Dietary Aide) observed in kitchen with mustache not covered. On 3/25/26 at 2:10 pm, V40 Maintenance Director stated, During the wash cycle the gauge should change during the final rinse. The dishwasher company came out and changed the final rinse jet and adjusted the temperatures. If you (surveyor) hadn't said anything we would not have known. The staff should have said something. The test strip should be completely orange for sanitizing and if it did not turn orange we should have been notified. Facility policy titled Staff Attire and dated 10/2019, documents, in part, Action steps: 1. The dining services director ensures that all staff members have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained. Facility policy titled Food Storage: Cold and dated 10/2019, documents, in part, Policy Statement: It is the center policy to ensure all Time/Temperature Control for Safety (TCS), frozen and refrigerated food items, will be appropriately stored in accordance with guidelines of the FDA (Food and Drug Administration) Food Code. Action Steps: 2. The Dining Service Director/ [NAME] (s) ensures that all perishable foods will be maintained at temperature of 41degrees Fahrenheit o below except during necessary periods of preparation and service. 4. The Dining Services Director/ [NAME] (s) ensures that an accurate thermometer will be kept in each refrigerator and freezer. A written record of daily temperatures is recorded. Facility policy titled Kitchen and dated 6/30/25, documents, in part, Dishwasher: a. Hot temperature dishwasher should turn the strip black or orange depending on the type of strips when the hot water temperature sanitizes the dishes, utensil, and blenders. 7. Staff: a. Hair restraint is required except for those who are bald. [NAME] restraint for those whose facial hair might fall on (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	food during food preparation. Facility job description, titled Dietary Aide and dated 12/1/2019, documents, in part, Essential Functions: 8. Assist in the operation of the dishwashing machine. 15. Report all equipment malfunctions and breakdowns to the supervisor and keep the supervisor informed of supply needs. 16. Report on all hazardous conditions and equipment alone with any accidents/ incidents to the dietary supervisor. Facility job description, titled Cook and dated 12/1/2019, documents, in part, Essential Functions: 4. Make changes to meal plan, when necessary, with approval from the Director of Dietary Services. 8. Assure that established sanitation policies and procedures are followed at all times in accordance with federal, state, and local regulations.Facility job description, titled Director of Dietary Services and dated 12/1/2019, documents, in part, Essential Functions: 1. Plans, directs, and supervises the activities of the dietary staff. 2. Operates the dietary department in a safe and sanitary manner by ensuring compliance with Federal, State, and local regulations and following established policies and procedures.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation, interview, and record review the facility failed to monitor personal refrigerator temperature logs; and failed to ensure that a resident's personal refrigerator had a thermometer. These failures affected four residents (R22, R110, R135, and R146), out of 67 residents in the total sample. Findings include: R22's diagnoses include but are not limited to unspecified multiple sclerosis, vitamin D deficiency, chronic respiratory failure, cerebral infarction, hypertension, chronic embolism, and hemiplegia affecting left nondominant side. On 3/23/26 at 12:10 pm, R22's refrigerator log was noted hanging on the wall near R22's personal refrigerator. R22's refrigerator temperature log was last checked on 3/12/26. R146's diagnoses include but are not limited to seizures, hypokalemia, diabetes, myocardial infarction, heart failure, hypertension, and acute kidney failure. On 3/23/26 at 12:15 pm, R146's personal refrigerator thermometer reads 50 degrees. There was no refrigerator temperature log for R146's refrigerator. On 3/25/26 at 10:24 am, V41 housekeeper stated that the resident's personal refrigerators are checked by the housekeeping supervisor. On 3/25/26 at 11:00 am, V43 Housekeeping Supervisor stated, The housekeeping department is responsible for checking the resident's personal refrigerator. Once they are completed for the month, I go around and collect them. The housekeepers know they are supposed to check the resident's personal refrigerators. Every refrigerator should have a temperature gauge in them. Temperatures are checked every day and should be documented on the log. If not checked it could cause spoiled food, bacteria, mold and the residents can get sick. The refrigerator temperature should be 40 degrees. Staff should let me know if the temperature is not at the right temperature, so we can notify maintenance. On 3/25/26 at 11:20 am V43 and surveyor checked R146's refrigerator. R164's refrigerator thermometer read 50 degrees. V43 stated that the staff should have reported the thermometer is reading 50 degrees. It is not at a safe temperature. Facility job description, titled Housekeeper and dated 12/1/2019, documents, in part, Essential Functions: 6. Follow established safety precautions when performing tasks and using equipment and supplies. 7. Report all hazardous conditions, damaged equipment.to the supervisor. Facility job description, titled Director of Housekeeping and dated 12/1/2019, documents, in part, Essential Functions:6. Provides guidance and education to staff regarding their performance. 8. Responsible for training and educating staff members. 10. Follow established safety precautions when performing tasks and using equipment and supplies. On 3/23/2026 at 10:52am surveyor observed R110's personal refrigerator with no temperature log. (continued on next page)

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/23/2026 at 10:52am R110 stated no one comes to check the temperature of the refrigerator. On 3/23/2026 at 11:24am surveyor observed R135's personal refrigerator with no temperature log. On 3/23/2026 at 11:24am R135 stated no one comes to check the temperature or defrost her personal refrigerator. Policy titled Refrigerator and Resident Appliance Maintenance Service with a revised date of 7/03/2025 documents, in part, it is the policy of this facility to provide maintenance services for refrigerator units in residents room, the maintenance department or facility designee is responsible for maintaining that resident appliance e.g. refrigerators are safe, clean, and operable at all times and temperature is maintained below 41 degrees and above 32 degrees.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that consent was provided for psychotropic medications prior to administration. This failure affected one resident R42 in a sample size of 67 reviewed for psychotropic medications.On 03/23/2026 at 10:40 AM, R42 was observed sitting on bed in his room, he is alert and responsive and has capped trach, states that he is not aware of the reason why when he readmitted to facility after a hospital stay, he was placed on Quetiapine, and he never consented to these medications. R42 stated he never consented for any psychotropic medication, R42 stated he is his own responsible party and that his father is only listed in case of an emergency. R42's face sheet dated March 25, 2026, documents in part that R42 was admitted to the facility on [DATE], with diagnosis of Malignant neoplasm of glottis, tracheostomy, adrenal gland, protein calorie malnutrition, psychoactive substance abuse, dysphagia, squamous cell carcinoma of skin. No supporting diagnosis for use of Quetiapine list on diagnosis sheet. R42 is listed as his own responsible party on his face sheet. R42's minimum data sheet for cognitive patterns dated February 9, 2026, documents in part that R42 has a score of 9 which means that R42 has moderate cognitive impairment. R42's care plan with no date documents in part that R42 uses anti psychotropic medications Quetiapine related to Psychosis, [Interventions: staff to educate resident about risk and benefits and the side effects and or toxic symptoms of Quetiapine. R42's medication administration record dated February 2026 documents in part that R42 received Quetiapine Fumarate 150mg oral tablet from February 16, 2026, to February 28, 2026. R42's medication administration record dated March 2026 documents in part that R42 received Quetiapine Fumarate 150mg oral tablet from March 1, 2026, to March 10, 2026. R42's consent for psychotropic medication uses dated February 16, 2026, documents in part that Quetiapine Fumarate 100mg oral tablet at bedtime listed on the form, form has a signature of R42's fathers name and R42's name. On 03/25/2026 at 10:25 AM, V37 (Registered nurse/Psychotropic nurse) stated that she normally calls the power of attorney (POA) on file for psychotropic consents even though the resident may be alert and responsive. V37 stated when patient is displaying behaviors she doesn't like to come near the resident. V37 stated she could not remember if R42 was displaying any behavior on the date that she called the POA and or R42's sister because she failed to document anything in the medical record of R42.V37 stated moving forward she will begin to document. V37 stated that psychotropic medications are not supposed to be administered to residents without a consent. V37 stated that R42 was administered psychotropic medications in the month of February and March 2026.V37 presented a psychotropic consent form that was signed with the POA's name on the form, and also has R42's name on the form which stated that R42 did not consent for the medication.V37 stated that R42 is alert and able to sign for himself and does not remember why she called the POA to sign.V37 stated when she makes telephone calls for consent she normally has a nurse present with her to sign, there is no name on consent form that displays a nurse signed and witnessed this conversation and form displays that consent was not given. On 02/25/2026 at 1:15 PM V37 returned for further interview and stated she was unable to clarify why she phoned the POA of R42 but stated R42 can sign his own consent forms and then V37 stated yikes I made a mistake. On 03/25/2026 at 1:31 PM, V2 (Director of Nursing) stated no resident should be given any psychotropic medications without a consent and that the responsible party can sign for the psychotropic medication if the resident is unable to sign.V2 stated it is his expectation that V37 obtains consent for psychotropic medication from resident's and or family if it applies prior to administration of medication. Facility policy titled Psychotropic medications with a revised date of July 3,2025 documents in part; procedure: 2). obtain consent for each psychotropic medication from the resident or person responsible for resident, additionally there should be documentation that the resident or representative was informed of the benefits and risk.Facility job description dated January 20,2023 titled Psychotropic medication and fall prevention and management nurse(RN) (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documents in part that: essential functions: 5).ensure that informed consents both telephone and written are obtained for all residents,24) provide quality nursing care to residents in an environment that promotes their rights, dignity and freedom of choice.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure ADL's (Activities of Daily Living) was completed for 4 dependent residents (R8, R51, R95, R110) to maintain dignity and good oral and personal hygiene. This failure affected 4 residents out of a sample size of 67.Findings include: R51 has a diagnosis of but not limited to Orthopedic Aftercare Following Surgical Amputation, Acquired Absence of Left Foot, Bilateral Primary Osteoarthritis of Knee, Type 2 Diabetes Mellitus with Diabetic Peripheral Angiopathy with Gangrene and Chronic Kidney Disease, Stage 3a. R51 has a Brief Interview of Mental Status score of 15 that indicates cognition intact. R51's Minimum Data Set section GG (Self Care) dated 2/02/2026 documents, in part, for Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment and 02.: Substantial/maximal assistance-Helper does less than half the effort. R51's Care plan focus requires assistance with ADL's (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting) dated 1/17/2026 documents, in part, R51 will be assisted with ADLs as needed. On 3/23/2026 at 12:13pm R51 stated she (R51) has not been changed all day (incontinence care), and it is 12:13pm. R51 stated no one has come in to bring her a basin of water and a face towel so that she can wash up. On 3/23/2026 at 12:19pm surveyor observed the inside of R51's incontinence brief and it was full of a yellow liquid substance. On 3/23/2026 at 12:20pm V6 (Restorative Aide) stated R51's incontinence brief is filled with urine, and it does not look like she has been changed at all this shift and that R51's incontinence brief should not look like that. V6 stated rounds are supposed to be done every 2 hours and as needed. On 3/25/2026 at 8:46am V2 (Director of Nursing) stated rounds are done every 2 hours and as needed and Incontinence care should be offered and provided at least once by 11:00am. R110 has a diagnosis of but not limited to Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Encephalopathy, Acute Embolism and Thrombosis of Left Popliteal Vein, Gastrointestinal Hemorrhage, Mild Cognitive Impairment of Uncertain or Unknown Etiology, and Altered Mental Status. R110 has a Brief Interview of Mental Status score of 15 that indicates cognition intact. R110's section GG (Functional Limitation of Range of Motion) dated 1/09/2026 documents, in part, Upper extremity: Impairment on one side, Personal Hygiene (The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands): 03.: Partial/ Moderate Assistance-Helper does less than [NAME] the effort. R110 care plan focus for ADL Self Care Performance Deficit and Impaired Mobility r/t dated (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/27/2019 documents, in part, BATHING: I would like staff to check nail length and trim and clean on bath day and as necessary. On 3/23/2026 at 11:02am surveyor observed R110's fingernails to be long with a grayish black substance underneath the nail. On 3/23/2026 at 11:54am V6 (Restorative Certified Nursing Assistant) stated nail care is provided as needed and on bath days. On 3/23/2026 at 11:58am V5 (Licensed Practical Nurse-LPN) stated nail care is provided when ADLs are done and as needed. On 3/25/2026 at 8:46am V2 (Director of Nursing) stated nail care is done as needed and on shower days or when a bed bath is given. Policy titled Incontinence and Perineal with a revised date of 6/30/2025 documents, in part, it is the policy of the facility to prevent infection and skin irritation and to observe the resident's skin condition and do rounds every two hours to check for incontinence during shift. Undated Job Description titled Certified Nursing Assistant documents, in part, J. wash, clean and dry all incontinent residents. Nail Care policy the purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections, nursing staff shall check the residents for nail care which includes cleaning and regular trimming and trimmed, and smooth nails prevent the resident from accidentally scratching and injuring his or her skin. On 03/23/2026 at 11:01 AM, R8 was observed in bed awake with the television on, R8 did not respond to any questions on interview. R8 is observed with facial hair that is full under beard and face, and fingernails long and curved over towards his skin. R8 is observed with right hand mitten in place and left-hand assistive hand device in palm, R8's mouth displayed old food particles on teeth and lips presented dry. R8 presents clean without odors or debris in room walkway. On 03/23/2026 at 11:03 AM, V30 (Restorative aide) and V22 (Certified nursing assistant, CNA) came into the room of R8 to reposition him and provide range of motion exercises to extremities. On 03/23/2026 at 11:06 AM, V22 stated he performed Activity of daily living (ADL) care to R8 at around 09:00AM and normally does rounds every two hours to check on R8 and reposition him, bed change and incontinence care, check R8's motor skills, and skin alteration checks and to also make sure side cushions are in place.V22 stated he did not have time to provide any grooming to R8's facial hairs or nail care because he did not have time this morning. V22 stated that nail care should be done when assessed to be long to decrease the risk of skin tears occurring, teeth should be brushed or wiped off, to decrease plaque buildup and tartar on teeth and possible tooth lost, V22 stated he did not have time to perform oral care this morning. V22 stated the nurses normally check nails themselves so that is why he did not inform the nurse that R8's nails were long. On 03/23/2026 at 11:23 AM, V20 (Registered nurse) stated R8 requires total care assistance for ADL care, brief changes, medication administration and grooming. V20 stated he did administer medication and feeding to R8 on this morning but did not pay attention to his facial hairs or fingernails. V20 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated it is the responsibility of the aides to clip the fingernails unless the resident is a diabetic then the physician is called. V20 stated the length of R8's nails are long and could place him at risk for injuring himself or staff by scratching staff during care or the nails in growing into the skin of R8. V20 stated that V22 never informed him of any concerns with R8's grooming and that he will have R8 shaved, and fingernails cut today. R8's face sheet dated March 25,2026 documents in part that R8 was admitted to the facility on [DATE] with diagnosis of Atherosclerosis of native arteries of left leg, non-pressure chronic ulcer of left heel, contractures, seizures, dysphagia, schizophrenia, anxiety, essential hypertension, pulmonary embolism, aphasia, tracheostomy, gastrostomy. R8's Minimum data sheet for cognitive patterns dated January 23,2026 documents in part; that R8 has a score of 3 which means R8 is severely cognitively impaired. R8's Minimum data sheet for functional abilities dated January 23,2026 documents in part; that R8 has a score of 1 for personal hygiene which indicates that R8 is dependent on staff to provide all effort for hygiene and grooming and R8 does none of the effort to complete the activity. R8's Care plan dated February 2, 2026, documents in part; that R8 requires assistance with ADL care for personal hygiene; [Intervention: staff to assist R8 with ADL as needed]. On 03/23/2026 at 12:17 PM, R95 was observed in bed watching television, she stated she would like her nails clipped because they are too long for her and would like her hair combed. R95 was able to answer all interview questions and make needs known to staff, she was able to push call light for staff assistance, and she displayed by pushing call light. R95's nails are long and curving inward towards palm on both hands and her hair appeared tangled up into a rubber band. On 03/23/2026 at 12:28 PM, V26 (CNA) stated that she performed ADL care on R95 this morning around 09:00 AM which consisted of washing face and washing her body. V26 stated that R95 will not allow staff to brush her hair or cut her nails. V26 stated that she normally informs the nurses of refusal for care by R95 but states that the nurses and the agency nurses do not do anything to assist in the care of combing hair or cutting nails. Long nails can lead to scratch and break her skin. R95's face sheet dated March 26,2026 documents in part that R95 was admitted to the facility on [DATE] with diagnosis of Major depression disorder, adult failure to thrive, diabetes mellitus, depression, osteoarthritis of knees, anxiety, essential hypertension. R95's Minimum data sheet for cognitive patterns dated March 20,2026 documents in part; that R95 has a score of 12 which means R95 is cognitively intact. R95's Minimum data sheet for functional abilities dated March 20,2026 documents in part; that R95 has a score of 3 for personal hygiene which indicates that R95 receives partial/moderate assistance from staff and staff provides less than half of the effort for task. R95's Care plan dated January 5,2026 documents in part; that R95 requires assistance with ADL care for personal hygiene; [Intervention: staff to assist R95 with ADL care]. On 03/25/2026 at 1:28 PM V2(Director of Nursing) stated that his expectations of the staff is to ensure that grooming is provided to all residents to ensure that the residents needs are met and that (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the residents present clean and well groomed.V2 expects that if staff is receiving any resistance from residents that the CNA would communicate with the nurse and the nurse that can inform the nursing managers and the physicians can be informed.V2 stated there is no reason why a reason should not be groomed including nails cut or facial hairs shaved.

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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 label and date oxygen tubing and nebulizer equipment for three residents (R17, R48, and R167) per the facility policy. The facility also failed to ensure the nebulizer mouthpiece was contained for two residents (R167 and R48) when not in use by the residents. These failures affected three residents (R17, R48, and R167) reviewed for respiratory equipment, in a total sample of 67 residents. Findings include: R48's diagnoses include but are not limited to Chronic Obstructive Pulmonary Disease (COPD), chronic respiratory failure with hypercapnia, plural effusions, and Atherosclerotic heart disease. R48's Brief Interview of Mental Status (BIMS) score is 15. R48 is cognitively intact. On 3/23/26 at 11:48 am, R48 was observed in bed with a nebulizer mouthpiece not dated and not contained, lying on R48's nightstand. R48 stated she gets nebulizer treatments every day. R48's Physician Order Sheet (POS) shows active order dated 3/25/26 documents, in part: Ipratropium-Albuterol inhalation Solution 0.5-2.5 (3) MG (Milligram)/3ML (Milliliter) 3 ml orally every 6 hours as needed for Shortness of Breath/Wheezing via nebulizer. Facility job description titled Respiratory Therapist and dated 12/1/19, documents, in part, Specific Responsibilities: 16. Provides medication nebulizers via inhalation. 25. Follow departmental policy and procedure manual. On 03/23/2026 at 11:30am, observed R17 lying in bed awake and alert. R17 was observed with 3 liters oxygen via nasal cannula with tubing in place not dated. When R17 was asked regarding R17's nasal cannula oxygen tubing, R17 stated, The nurse came in last night to change the tubing. On 03/25/2026 at 3:00pm V2(DON/Director of Nursing) stated the nurses are responsible for changing the oxygen tubing weekly. V2 stated the nurses should label oxygen tubing with a date indicating when the oxygen tubing was changed. This is done to prevent infections. R17's Physician Order Summary Report dated 03/25/2026, documents that R17 has the following diagnosis that include, but are not limited to, Chronic obstructive pulmonary disease, chronic diastolic (congestive) heart failure, and chronic respiratory failure with hypoxia. R17's Brief Interview for Mental Status (BIMS) dated 03/03/2026 documents that R17 has a BIMS score of 15, which indicates that R17's cognition is intact. R17's Physician Order Summary Report dated 03/25/2026 documents, in part, 3L(liters) supplementary oxygen via nasal cannula continuously every shift. The facility's policy with a revision date of 07/03/2025 titled Respiratory Therapy Equipment Use documents, in part, underneath Procedure: All oxygen equipment including nasal cannula, humidifier, and nebulizer mask will not be reused. Once opened, the equipment will be dated and discarded after 7 days of use, whether used continuously or on a prn (as needed) basis. R167 has a diagnosis of but not limited to Palmar Fascial Fibromatosis, Inflammatory Disorders of Scrotum, Chronic Diastolic (Congestive) Heart Failure, Chronic Pulmonary Edema, Occlusion and Stenosis of Left Carotid Artery, and Solitary Pulmonary Nodule. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R167 has a Brief Interview of Mental Status score of 13 that indicates cognition intact. R167's Order Summary with active orders as of 3/25/2026 documents, in part, Change Oxygen Tubing every night shift every Sun and as needed. R167's care plan focus for oxygen therapy dated 12/10/2024 documents, in part, give oxygen as ordered by the physician. On 3/23/2026 at 11:48am surveyor observed R167's oxygen tubing with no date on it and R167's nebulizer mouthpiece was uncovered and not contained and the tubing had a date of 7/28 on it. On 3/23/2026 at 11:50am R167 stated staff are not changing his oxygen tubing on a weekly basis. On 3/23/2026 at 11:58pm V4 (License Practical Nurse) stated oxygen tubing is changed weekly and as need and should include a date of when it was changed. V4 also stated that nebulizer mouthpiece should be contained in a bag to prevent contamination. On 3/25/2026 at 8:54am V2 (Director of Nursing) stated oxygen tubing is changed weekly on Sunday, and it should include date of when it was changed and if equipment is not being used it should be contained in a plastic bag and nebulizer tubing and mouthpiece should be changed weekly on Sunday. Oxygen Therapy and Administration policy with a revised date of 7/02/2025 documents, in part, date your equipment and oxygen setups should be changed every seven days and as needed if heavy soiling is present.

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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 observation, interview and record review, the facility failed to ensure that the medication carts were kept clean with no loose medication pills, failed to store medication as recommended by dispensing pharmacy and manufacturer's guidelines, failed to discard expired medication. This failure has the potential to affect all 21 residents assigned to the medication carts for 3rd floor and all 60 residents assigned to the medication carts for 5th floor. Findings include: On 03/23/26 at 11:46am V47 (Licensed Practical Nurse/LPN) unlocked the 5th floor medication cart 1 and was present with this surveyor during the inspection of the medication cart. V47 removed loose pills from the medication cart drawers. R146's Lispro Insulin pen with open date of 02/01/26. R157's Novolog insulin with open date of 02/28/26. Observed R122's, R157's and R70's unopened insulin pens in medication top drawer with pharmacy label that documents in part to refrigerate unit opened. On 03/23/26 at 11:46am V47 (LPN) stated that R146's and R157's insulins were expired and that insulin is only good for 30 days after opening and should be discarded by use by date. V47 stated that none of the unopened insulin pens are refrigerated, and she does not know why the insulin should be refrigerated. V47 stated that loose pills should not be in the medication cart. V47 stated that loose pills are dirty and cannot be identified. On 03/24/26 at 1:15pm V49 (LPN) unlocked the 5th floor medication cart 2 and was present with this surveyor during the inspection of the medication cart. V49 removed 10 loose pills from the medication cart drawers. On 03/24/26 at 1:15pm V49 (LPN) stated that he does not know the name or dosage of the loose pills. V49 stated that it is not safe to administer medication that is not located in its original packaging. R70's physician order dated 02/08/26 documents in part, Insulin Glargine Solostar 300 unit/ml (milliliter) solution pen-injector. R122's physician order dated 07/27/25 documents in part, Insulin Glargine Solostar Subcutaneous Solution Pen Injector 300 unit/ml (milliliter). R146's physician order dated 01/25/23 documents in part, Humalog injection solution 100 unit/ml (insulin lispro). R157's physician order dated 02/08/26 documents in part, Novolog solution 100 unit/ml (insulin Aspart). Facility's policy titled Medication Storage, Labeling and Disposal revised 07/02/25 documents in part, Policy Statement: It is the facility's policy to comply with federal regulations in storage, labeling, and disposal of medications. Procedures: 1. Medications from pharmacy will be labelled by the pharmacy to include the name of the resident, route of administration, instruction, medication name (generic/brand), strength, and expiration when applicable. 3. Medications will be stored safely under appropriate environmental controls. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's policy titled Medication Pass revised 07/02/25 documents in part, Policy Statement: It is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures. Medication Labeling: 1. All opened medication vials in the refrigerator should be labeled with the date when it was opened and discarded within 28 days of opening except for Levemir insulin which can be discarded 42 days after opening and Xalatan eye drops which can be discarded 6 weeks after opening. 2. Follow pharmacy recommendation as to when the medication should be discarded after opening. 3. Insulin vials are to be discarded withing 28 days after opening, except for Levemir insulin which are to be discarded 42 days after opening. On 03/24/206 at 11:00 AM, V17 (registered nurse) opened the medication room on the 3rd floor for medication storage observation. On 03/24/2026 11:03 AM, Medication room cabinet observed with 1. Prostat grape, 15g of protein expiration date 1/7/2026, 2. Prostate wild cherry punch, 15g of protein expiration date 7/10/2025, 3. Vitamin d 10 mcg dietary supplement expiration date 5/2025,4. One daily multivitamin with minerals-11/2025. On 03/24/2026 the medication observed expired on medication cart of 3rd floor team two cart were as follows: Vitamin B12 one bottle expired 01/2026, (2) bottles opened of Liquid acetaminophen 500 milligrams , Expiration date: 01/2026, (1) bottle unopened of liquid acetaminophen Expiration date: 01/2026, Prostat liquid: 11/18/2025,Reguloid natural psyllium husk: 02/2026, Bisacodyl 5 mg Expiration date: 02/2026. On 03/24/2026 11:20AM V21 (Assistant nursing director) stated the purpose of labeling medications with open date is to ensure that staff follows pharmacy guidelines, if medication is given after expiration date it can decrease the potency of the medication and the medication would no longer be effective. V21 verified the medications had expired dates that were in medication room.V21 stated that medication supplies are stocked in medication room daily. On 03/24/2026 11:15 AM V18 (Central supply coordinator) stated he supplies the medication rooms by request from the nurses, and that he just brings the medications to the unit because it's hard to keep track of expiration dates. V18 verified the medications had expired dates that were in medication room. V18 stated he does not know what could happen if the nurses administer expired medications. On 03/24/2026 at 11;28 AM, V16 (Assistant administrator) stated all medications placed in the medication room should be accounted for by the nurses for residents. Once V18 receives the medication supply that is when he checks the expiration dates, then V18 gives the nurse the supplies to stock the medication room. V16 stated that the nurse should check the expiration dates. On 03/25/2026 at 1:31 PM,V2 (Director of Nursing) stated that his expectations for the nurse is to check the medication room and the medication carts for expired medications prior to administration to ensure residents do not receive any expired medication because the expired medication decreases the risk of residents receiving the full benefits of the medication and the therapeutic effects may be low from the expired dosages. On 03/25/2026 at 1:43 PM, V1 (Administrator) stated that her expectation is for V18 to order all house stocks supplies including medications and keep the items in a secured locked area, V18 should check the dates of all supplies before placing on the units. V1 stated V18 should not be placing expired items on the units and if he notices an item is expired the expectation is to remove from the unit and (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	inform V1. V1 stated she was not made aware of any expired medications in medication rooms or on medication carts.

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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 ensure that infection control practices were performed for two residents. This failure affected two residents R33 and R147 out of a sample size of 67.R33's face sheet dated March 25, 2026 documents in part that R33 admitted to the facility on [DATE] with diagnosis of: Hemiplegia, essential hypertension, atrial fibrillation, chronic systolic congestive heart failure, dysphagia, gastro esophageal reflux disease, constipation, tracheostomy, gastrostomy, acute respiratory failure. R33's Minimum data sheet dated February 6, 2026 documents in part that; R33 has a score of 2 which means that R33 is severely cognitively impaired; Functional abilities section dated February 6, 2026 documents in part; that R33 has a score of 1 which means that R33 is dependent on staff for all effort to complete task for bath/showers and activities of daily living. R33's care plan dated 02/18/2026 documents in part that R33 is on Enhanced Barrier precautions for: Candida auris, carbapenem-resistant Enterobacterales, klebsiella pneumoniae carbapenemase of the rectum, tracheostomy/ventilator, feeding tube and wound;[Interventions: staff to wear gown and gloves during high contact resident care activities like bathing and showering and providing hygiene, changing linens for R33]. On 03/23/2026 at 11:40 AM, at the outside door of R33's room a sign titled Enhanced barrier precautions (EBP) was taped to the door with personnel protective equipment that is required to be worn prior to performing care to R33. R33 was observed laying in her bed receiving a bath from V22 (certified nursing assistant). R33 was unable to answer any interview questions. Feeding tube in place and running, urine catheter in place draining yellow color urine in drainage bag, wound care dressing observed on R33's feet. V22 was observed providing bath with no gown on at time of observation. V22's uniform was observed touching the bed and linens of R33 during the bath. On 03/23/2026 at 11:42 AM, V22 stated I forgot to put my gown on and I believe R33 is on contact isolation but I'm not sure.V22 stated he understands that he was supposed to put on a gown to decrease risk of infection from R33 but that he was rushing and forgot. On 03/23/2026 at 11:48 AM, V19 (Registered nurse) came to the room of R33, and stated gloves and gown should be worn prior to providing baths/care to R33 because this protects the resident and staff from bodily fluids, R33 has EBP because she has a feeding tube, wounds and a urine catheter. V19 observed V22 providing care to R33 with a gown on and stated V22 should have had on a gown and V19 educated V22 at that time on the importance of wearing a gown prior to any care being provided to R33. On 03/25/2026 at 09:45 AM, V35 (Licensed practical nurse/Infection preventionist) presented the facility's document which is undated and titled Steps to implementation of enhanced barrier precautions; which documents in part;1). contact resident care activities that require use of gowns and gloves,8). provide education to staff. On 03/25/2026 at 09;47 AM, V35 presented EBP resident listed with date of March 24,2026 which displays R33 listed as having: Candida auris, carbapenem-resistant Enterobacterales, klebsiella pneumoniae carbapenemase of the rectum, tracheostomy/ventilator, feeding tube and wound. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility in-service dated October 17, 2025, with Topic: respiratory virus and appropriate personal protective equipment (PPE) to wear when entering isolation rooms documents in part that: V22 attended the in-serviced and was educated on the appropriate PPE to wear when entering isolation rooms and providing care to residents. Facility policy with revised date of 06/30/2025 titled: Infection Prevention and Control documents in part: Procedures: 5). Enhanced Barrier Precaution (EBP)-an infection control intervention designed to reduce transmission of major multidrug-resistant organisms (MDROs) which includes Methicillin-resistant Staphylococcus aureus (MRSA), (Extended-spectrum beta-lactamases (ESBL), (Vancomycin-resistant Enterococcus (VRE) and Carbapenem-resistant Acinetobacter Baumani. a.) involves the use of gloves and gowns during high contact resident care activities for residents infected or colonized with MDROs as well as residents with wounds, and/ or indwelling medical devices. Facility policy dated 06/30/2025 titled Incontinence and perineal care documents in part; procedures: 4).perform hand hygiene before the procedure, put on gloves and appropriate personal protective equipment if indicated. Facility job description titled Certified nursing assistant with no date documents in part that; main duties: C). carry out assignments for resident's care including bathing, grooming, R). assure that established infection control and standard precaution practices are maintained when performing nursing procedures. R33's medical diagnoses include but are not limited to essential hypertension, tracheostomy status, atrial fibrillation, respiratory failure. R147's medical diagnoses include but are not limited to acute and chronic respiratory failure, cutaneous abscess, essential hypertension, tachycardia. On 03/24/26 at 8:30am V19 (Registered Nurse/RN) observed administering medication through R33's gastrostomy tube (GT). V19 then observed administration of a subcutaneous injection into R33's left upper arm without performing hand hygiene or changing gloves. On 03/24/26 at 11:09am V19 RN observed administering medication through R147's gastrostomy tube (GT). V19 then observed administering a subcutaneous injection into R33's left upper arm without performing hand hygiene or changing gloves. On 03/24/26 at 11:31am V19 (Registered Nurse/RN) stated that she didn't think about changing gloves because she did not leave the room. V19 stated that she should have performed hand hygiene and changed gloves after administering medication into the resident's gastrostomy tube and before administering the residents subcutaneous injections. On 03/25/26 at 1:32pm V35 (Infection Preventionist/IP) stated that hand hygiene should be performed, and gloves should be changed between different routes of medication administration. V35 stated that a nurse should not go from administering medication through a gastrostomy tube to administering an injectable medication without performing hand hygiene. V35 stated that she is not sure if not changing gloves and performing hand hygiene before administering an injectable medication could cause an infection. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's policy titled Medication Pass revised 07/02/25 documents in part, Policy Statement: It is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures. Procedures: 1. G-tube Medications: a. Perform hand hygiene before and after administration of meds. 5. Injectables: a. Follow hand hygiene procedure. Facility's policy titled Hand Hygiene revised 06/30/5 documents in part, Policy Statement: Hand hygiene is important in controlling infections. Hand Hygiene consist of either hand washing or the use of alcohol gel. The facility will comply with the CDC (Centers for Disease Control) Guidelines in regards to hand hygiene. Procedures: 1. Hand Hygiene using alcohol-based rub is recommended during the following situations:. b. Before and after performing aseptic task such as insertion of indwelling catheter or before handling invasive medical devices such as during insertion of peripheral IV (intravenous) catheter, fingerstick blood sampling, etc. (etcetera). g. Before moving from work on soiled body site to a clean body site on the same resident.