STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146065	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Abbington Vlge Nrsg & Rhb Ctr	31 West Central Roselle, IL 60172

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was prepared in a sanitary manner by not labeling stored foods, not performing hand hygiene when necessary, not wearing gloves while preparing ready to eat foods, and not storing personal items in designated areas separated from the resident's food. This failure applies to all 60 residents who receive food prepared by the facility. The findings include:The facility's Long-Term Care Facility Application for Medicare and Medicaid dated April 21, 2026, showed the facility's census was 61 residents. 60 residents receive their meals from the facility's kitchen. On April 20, 2026 at 9:55 AM, A large, opened bag of corn, and a small, opened bag of carrots were sitting in the kitchen freezer unlabeled and 9 boiled eggs were sitting in the kitchen refrigerator unlabeled. A large bag of hamburger buns, large bag of hot dog buns, and several loaves of bread were sitting in the kitchen refrigerator unlabeled. V19 (Dietary Manager) said all these items should be labeled. A personal can of soda, personal bottle of juice, and two personal bottles of water were sitting in the kitchen refrigerator. V19 confirmed that these items did not belong to residents. On April 20, 2026 at 11:25 AM, V20 (Cook) was holding a head of lettuce with his bare hands while cutting it, then rinsed the lettuce and donned new gloves without using hand hygiene. V20 placed the lettuce in a container for later use. On April 20, 2026 at 11:32 AM, A personal speaker and cell phone were sitting on the food prep table directly next to the meat slicer. V20 removed gloves, replaced sanitizer in bucket, grabbed a clean pan from the dish storage rack and placed it in the sink, donned new gloves without performing hand hygiene, and began preparing five hamburgers with the lettuce he cut earlier using bare hands which were later placed on tray cart for meal service. On April 20, 2026 at 11:41 AM, V20 (Cook) moved meal prep dishes to the dish machine, removed gloves, wiped his forehead, lifted the lids from the steam table foods, sanitized the food prep table, handled multiple stacks of meal tray lids, then donned new gloves without performing hand hygiene and handled multiple stacks of plates being used for meal service. On April 20, 2026 at 11:50 AM, V20 (Cook) removed and donned new gloves without performing hand hygiene, swiped the back of his hairnet with gloves hands, then opened and began preparing pasta noodles. On April 20, 2026 at 1:05 PM, V20 (Cook) said sometimes he does not use hand hygiene between donning and removing gloves and when he does remove gloves he will just place on a clean pair. V20 said sometimes he'll use hand hygiene between replacing gloves when he's working with vegetables. V20 said he should wear gloves when cutting vegetables and should change gloves immediately after touching hair nets. On April 21, 2026 9:49 at AM, V21 (Dietary Aide) loaded soiled dishes into the dish machine with gloved hands, then moved clean cups to a rack for drying without removing gloves and performing hand hygiene. V21 removed gloves, adjusted the garbage bin bag, then donned new gloves and repositioned clean dishes on the dish machine table without performing hand hygiene. On April 22, 2026 at 1:45 PM, V19 (Dietary Manager) said when staff remove gloves they need to wash, rinse, and sanitize their hands before donning new gloves. V19 also stated when going from dirty to clean dishes staff should remove gloves and clean hands, there should be one staff handling dirty dishes and another handling clean dishes to prevent cross contamination. V19 said if V21 (Dietary Aide) handled the garbage bag and then handled clean dishes she would need retraining. V19 said foods in the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	refrigerator or freezer are dated on arrival, the receiving date is placed on the box, and when opened they are labeled with the date opened and a use by date to ensure the old items are used first for safety purposes and to prevent people from becoming sick. V19 said personal foods or beverages should not be stored in the kitchen refrigerators used for residents because of possible cross contamination. V19 said there should not be any personal items or speakers sitting on the food prep tables because of cross contamination; phones carry micro bacteria. V19 said fresh food should not be handled with bare hands because of cross contamination and you should wash hands and wear gloves when handling food to prevent outbreak. V19 said if while wearing gloves you touch your hairnet, the gloves should be removed and hands washed and sanitized before donning new gloves. The facility's policy for Labeling and Dating foods received April 22, 2026 states: Prepared and packaged foods will be labeled and rotated to decrease the risk of food borne illnesses, provide the highest quality product for the residents and minimize waste. The facility's policy for Safe Food Preparation and Handling received April 22, 2026 states: Food will be prepared to conserve maximum nutritive value in a safe and sanitary environment. Hands will be washed properly, frequently, and at appropriate times. Employees should never use bare hand contact with any foods ready to eat or otherwise. The facility's policy for Personal Hygiene received April 22, 2026 states: Personal food items will be stored in designated area only. The facility's Sanitation and Food Safety policy for Handwashing received April 22, 2026 states: Food and nutrition services employees will practice safe food handling to prevent foodborne illness. Food and nutrition services employees will thoroughly wash their hands and exposed areas of their arms with soap and water in the designated hand-washing sink at the following times:After touching anything unsanitary (garbage, dirty dishes).After touching bare human body parts other than clean hands and arms (example-adjusting one's hairnet).Between removing gloves or aprons and before putting on new gloves or aprons.After handling soiled equipment and utensils.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 follow their policy for monitoring their water management plan for Legionella. The facility also failed to follow their policy for handling soiled linens. The facility failed to follow infection control measures during medication administration. This applies to all 61 residents residing in the facility. The findings include:The facility's Long-Term Care Facility Application for Medicare and Medicaid dated April 21, 2026, showed the facility's census was 61 residents. 1. On April 22, 2026, at 11:43 AM, V12 (Maintenance Director) said for the facility's water management plan for Legionella, V12 will flush the water in any unused resident rooms a couple times a week and flush the water in all resident rooms once a month. V12 said he obtains water temperatures in resident bathrooms and showers but does not have a log of water temperatures. V12 said he has asked the facility for a water temperature log to document the temperature he obtains but has still not been provided one. V12 showed the facility's four hot water tanks and mixing valve. V12 said only one of the hot water tanks has a temperature gauge. V12 said he cannot measure the temperature in the hot water tank, just the water temperature in the resident areas. V12 said the facility is currently having construction done outside, in the front of the building and the construction crew broke the water line. V12 said he discarded the ice in the ice machine after the interruption in water. On April 22, 2026, at 1:26 PM, V1 (Administrator) said she provided all of the facility's water management plan documentation for Legionella. V1 said she completed the facility's assessment for a water management plan for Legionella. V1 said she is unaware of any areas in the facility at risk for Legionella growth. V1 said the facility has hot water tanks, a mixing valve, and boilers. V1 said maintenance does not need to have a water temperature log unless there is a problem. V1 said she is unable to provide documentation of monitoring of the facility's water management plan for Legionella. The facility's undated Water Management Program showed Policy: In the event of an outbreak, or a suspicion of a possible outbreak, or as directed by Public Health Officials it is the policy of this facility to establish procedures to reduce risk of Legionella and other opportunistic pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculosis mycobacteria, and fungi) in the facility's water systems. Policy Explanation and Compliance Guidelines: 1. A risk assessment of water system components will be conducted to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system. 2. The risk assessment will be completed by facility leadership and the Infection Prevention with collaboration from other facility team members such as maintenance employees, safety offices, risk and quality management staff, and Director of Nursing. 3. Examples of water system components include: a. Hot and cold water storage tanks. b. Water heaters. c Medical devices. d. Pipes, valves, and fittings. e. Expansion tanks. f. Water filters. g. Electronic and manual faucets. h. Aerators. i. Faucet flow restrictors. j. Showerheads and hoses. k. Centrally installed misters, atomizers, air washers, and humidifiers. l. Nonsteam aerosol-generating humidifiers. m. Eyewash stations. n. Ice machines. o. Hot tubs/saunas. p. Decorative fountains. q. Cooling towers. 4. Data to be used in the risk assessment may include, but are not limited to: a. Lab reports. b. Environmental culture results. c. Water temperature logs. d. Water quality reports from drinking water provider (i.e. municipality, water company). e. Community infection control surveillance data (i.e. health department data). 5. Based on risk assessment, control measures will establish to address potential hazards. A variety of measures may be used, including physical controls, temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens. 11. The facility will conduct an annual review of (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the water management program as part of the annual review of the infection prevention and control program, and as needed, should cases of Legionnaire's disease be identified. 12. The ice machine is inspected monthly by maintenance and cleaned as needed. 13. Sink and showers temperatures are tested minimally weekly. 14. Water heater temperature gauges are checked monthly. Units will be adjusted accordingly to maintain temperatures. 15. In the event of any water system failure or interruption faucets and or toilets will be flushed routinely. The facility doesn't have documentation to show the ice machine was inspected, water temperatures were obtained, water heater temperature gauges were checked, or faucets and toilets were flushed after an interruption in the water system. 2. On April 22, 2026, at 11:52 AM, V14 (Housekeeping/Laundry Aide) was wearing gloves and placing soiled clothing into the washing machine. While wearing the same soiled gloves, V14 went to the dryer and removed clean bed linens to the dryer and was folding the linens. V14 said when she sorts soiled linen and clothing, she only wears gloves. V14 said she does not wear a gown when she sorts soiled linens. V14 said soiled linens are transported to the laundry room through a laundry chute. The laundry chute, located down the hall, emptied into a plastic cart. The laundry cart was overflowing with laundry, and soiled laundry was stuck in the chute. Multiple items of soiled linen were coming out of the laundry chute, loose, and not in plastic bags. Multiple soiled linens were in the plastic cart below the laundry chute and some were loose and not in plastic bags. On April 22, 2026, at 12:22 PM, V1 (Administrator) said soiled linen should be in a plastic bag before going into the laundry chute. The facility's policy titles Handling of Contaminated Linen Policy dated February 2014, showed Policy: To protect employees and residents from cross-contamination while handling contaminated linen. Policy Specifications: 1. The staff member handling contaminated linen shall wear appropriate barriers consisting of, but not limited to: a. Gown. b. Gloves. 2. Contaminated linen will be placed in a biohazard bag. 3. The Electronic Medical Record (EMR) showed that R14 was admitted to the facility on [DATE]. R14's diagnoses included, but were not limited to, multiple sclerosis, major depressive disorder, type 2 diabetes mellitus, cerebral aneurysm, and urinary tract infection (UTI). The care plan dated April 17, 2026, showed that R14 required intravenous antibiotic therapy for treatment of a UTI via a midline intravenous catheter. The Physician Order Sheet (POS) for April 2026 included an order dated April 17, 2026, for Zosyn (piperacillin/tazobactam) diluted in 50 mL of dextrose, to be administered every 8 hours via midline intravenous catheter. On April 20, 2026, at 2:30 p.m., R14 was observed seated in her wheelchair in her room with a blanket covering her lap and lower arms. A midline intravenous catheter was intact in her right upper arm. V4 (Registered Nurse/RN) entered the room to administer the prescribed intravenous antibiotic. V4 donned gloves and prepared the IV medication by spiking an intravenous tubing into the bag of diluted solution of Zosyn with a 50 mL dextrose bag and hanging it on the IV (intravenous) pole. During the process, V4 touched multiple non-sterile surfaces, including the IV pole, IV tubing, the resident's arm, and the resident's blanket. V4 then removed her gloves and donned a new pair without performing hand hygiene between glove changes. V4 proceeded and removed the cap from the midline catheter lumen and left the lumen exposed while continuing to handle the IV bag and tubing. The exposed catheter lumen came into contact with R14's blanket, a non-sterile surface. No clean barrier was (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	placed to maintain an aseptic field. Despite this contamination event, V4 proceeded to connect the IV tubing to the catheter and administered the medication. When interviewed, V4 acknowledged that hand hygiene should have been performed between glove changes and that a clean barrier should have been used. V4 further stated that the catheter lumen should not have been left uncovered and exposed to potential contamination. On April 21, 2026, at 2:42 p.m., V8 (RN/Nurse Consultant) stated that proper infection control practices require hand hygiene between glove changes and the use of a clean barrier to maintain aseptic technique. V8 confirmed that due to the contamination, R14's midline catheter required immediate replacement and blood cultures were obtained. Progress notes dated April 21, 2026, confirmed that blood cultures were ordered and the midline catheter was replaced due to contamination. 4. The EMR showed that R53 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease, type 2 diabetes mellitus, and congestive heart failure. On April 21, 2026, at 8:51 a.m., V5 (Licensed Practical Nurse) was observed preparing and administering medications to R53. V5 donned gloves and prepared routine morning medications, including drawing up two types of insulin (Lispro 12 units and Glargine 40 units) into separate syringes. During medication preparation, V5 touched multiple non-sterile surfaces, including a computer screen, medication containers, and the bedside table. Without changing gloves or performing hand hygiene, V5 proceeded to administer both insulin injections to R53's lower abdominal area. When interviewed, V5 acknowledged that her gloves were contaminated and stated that she should have removed the gloves, performed hand hygiene, and donned clean gloves prior to administering the injections. The facility's Infection Control Policy (dated September 1, 2026) requires staff to adhere to aseptic techniques to prevent infection, including proper hand hygiene, maintaining sterile or clean equipment, and preventing cross-contamination between contaminated and aseptic surfaces. The Hand Hygiene Policy (dated September 1, 2026) states that staff must perform hand hygiene before and after glove use, including after glove removal. The facility's policy on Central Venous Catheter (CVC) care (dated January 2026) defines a contamination event as occurring when any key part of the catheter system (e.g., hub, needleless connector, or open lumen) comes into contact with a non-sterile surface, requiring immediate corrective action.

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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 maintain a clean and sanitary homelike environment by failing to repair a leaking ceiling in the common area and resident's room. This applies to 4 of 7 residents (R7, R15, R47 and R51) reviewed for homelike environmental concerns in a sample 16.The findings include: On April 20, 2026, at 9:04 AM, there was black substance along the ceiling tile in R51's room by the window. The wall has a bubble-like appearance going from the ceiling down the wall to the floor.On April 21, 2026, at 8:45 AM, R15 was sitting in the dining room. R15 said every time it rains, water comes out of the ceiling. R15 said a resident in the room next to R15's room was screaming out rain one day and R15 saw water dripping onto R7 from the ceiling (R7 is not interview able). R15 said she doesn't think the facility wants to spend the money to fix the roof. On April 21, 2026, at 8:59 AM, R51 said when it rains outside, she can hear the water dripping inside the room. R51 said the water drips on her head and her pillow every time it rains. R51 said she has told the maintenance person, but no one has come to fix it.On April 21,2026, at 11:49 AM, V12 (Maintenance Director) said the ceiling in the dining room on the first floor needs repair. V12 said when it rains the ceiling leaks because the roof needs to be repaired. V12 said he was told when he was hired in late November of 2025 that the roof needs to be repaired. V12 said he replaces the ceiling tile every time it rains. V12 said in R51's room the roof leaks every time it rains. V12 said the black substance on the ceiling appears to be mold on the ceiling tile. V12 said he sees the leakage on the ceiling tile from the last time it rained. V12 said he remembered R51 telling him water leaks on her head when it rains. V12 said the plan for repairing the dining room is a new roof, until then he will continue to replace ceiling tiles after each rain.On April 21, 2026, at 12:25 PM, R47 said he has water dripping in his room when it rains. R47 said when it rains the ceiling in the dining room will leak water. R47 said the water comes in heavy when it rains and he has helped to place buckets under the water to keep it off the floor. R47 said he moves the TV in the dining room to make sure it doesn't get wet from the falling water.On April 21, 2026, at 1:12 PM, V1 (Administrator) said she is waiting for the weather to warm up to be able to fix the roof with tar. V1 said she has been aware since the wintertime the roof needed to be repaired. V1 said the water does come into the first-floor dining room during a rainstorm but does not leak on residents.On April 22, 2026, at 11:47 AM, Maintenance log showed for January 15, 2026, to change ceiling tile. V12 said he completed that order to change ceiling tiles and will have to change them again when it rains.On April 22, 2026, at 2:42 PM, Resident Council Minutes dated January 23, 2026, December 22, 2025, September 29, 2025, and October 24, 2025 all mention for maintenance to check and change ceiling tile in dining room by the television. Council minutes also mention resident requesting for the roof to be repaired,

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 provide timely assistance for incontinence care and grooming to residents who require assistance with ADLs (Activities of Daily Living). This applies to 4 of 4 residents (R13, R29, R30, and R52) reviewed for ADL care in the sample of 16.The findings include:1.The EMR (Electronic Medical Record) showed R29 was admitted to the facility on [DATE], with multiple diagnoses including depressive disorder, hypertensive heart. R29's Care plan dated February 22, 2026, showed R29's ability to transfer, walk in room, dress, eat, toilet, maintain personal hygiene has deteriorated. Care plan continued to show R29 requires staff assistance with toileting due to weakness. disease, heart failure, lymphedema. R29's MDS (Minimum Data Set) dated March 17, 2026, showed R29 was cognitively intact. The MDS continued to show R29 was dependent on facility staff for toileting hygiene and was always incontinent of bladder and bowel. On April 20, 2026, at 12:34 PM, R29 was lying in bed watching TV (television). R29 said the CNAs (Certified Nursing Assistants) are slow to answer the call light. R29 stated she feels like the CNAs come when they want to. R29 said she must wait longer than an hour sometimes and sometimes the CNAs don't come at all. R29 said she checks her phone to see how long it takes the CNAs to come and assist her with transferring to the wheelchair for toileting. 2.The EMR (Electronic Medical Record) showed R30 was admitted to the facility on [DATE], with multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction, type 2 diabetes mellitus, contracture, right hand, contracture, right elbow, congestive heart failure, fracture of part of the neck of right femur. R30's MDS (Minimum Data Set) dated March 20, 2026, showed R30 was cognitively intact. The MDS continued to show R30 was dependent on facility staff for toileting hygiene and was incontinent of bladder. Care plan dated February 13, 2026, showed R30 experiences bladder incontinence depending on staff for toileting and toileting hygiene. Care plan continued to show that R30 has ADL (Activities of Daily Living) deterioration, deconditioning and decline in mobility and requires staff assistance with ADLs. On April 20, 2026, at 10:46 AM, R30 was lying in bed watching TV. R30 said when he pushes the call light it takes the CNAs a long time to answer the call light. R30 says it takes the CNAs over an hour to come assist him to the bathroom. R30 stated he can tell it takes over an hour by the show he is watching on TV when he pushes the call light. 3.The EMR (Electronic Medical Record) showed R52 was admitted to the facility on [DATE], with multiple diagnoses including hypertensive heart disease, transient ischemic attack and cerebral infarction, bilateral primary osteoarthritis of hip, sciatica right side. R52's MDS (Minimum Data Set) dated April 10, 2026, showed R52 was cognitively intact. The MDS continued to show R52 was dependent on facility staff for toileting hygiene. R52's Care plan dated March 28, 2026, showed R52 has limited ability to transfer related to (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	osteoarthritis of the hips. Care plan continued to show R52 requires moderate assistance with toileting hygiene and touching assistance with toilet transfer. On April 20, 2026, at 10AM, R52 was sitting in therapy gym, R52 said if he pushes the call light, he must wait an hour or more for assistance to transfer to toilet. R52 said staff don't respond. R52 said two weeks ago he set a timer on his cell phone when he pushed the call light button. R52 said he waits the longest during the morning shift and on weekends. On April 21, 2026, at 11:59 AM, V2 (Director of Nurses/DON) said call lights should be answered within two to five minutes. CNAs are expected to answer the call lights in a timely manner. V2 said CNAs should go to the resident's room and answer the call light to see what is needed. V2 said if the CNA is busy doing patient care the CNA should advise they will be with them soon. V2 said residents who are incontinent of bowel and bladder should be checked to see if they require incontinence care at least every two hours. V2 said her expectation is for CNAs to provide incontinence care when residents are wet with urine upon rounds. The undated facility policy titled Answering the Call Light showed the purpose of this procedure is to respond to the resident's requests and needs. Policy general guidelines showed.2. Be sure the call light is plugged in, some residents may not be able to use call light, be sure to check of these residents frequently.6. Answer call light as soon as possible. 4. The Electronic Medical Record (EMR) showed that R13 was admitted to the facility on [DATE]. R13's diagnoses included, but were not limited to, paranoid schizophrenia, bipolar disorder, malignant neoplasm of the left breast, anxiety disorder, unspecified intellectual disabilities, drug-induced dyskinesia, and borderline intellectual functioning. The Minimum Data Set (MDS), dated [DATE], documented that R13 required staff assistance for hygiene, grooming, and other activities of daily living (ADLs). She was also assessed as having moderately impaired cognition. The care plan, dated March 10, 2026, showed that R13 required maximal to total assistance from staff for most ADLs to ensure her needs were met. This level of assistance was attributed to impaired functional strength, decreased strength in both upper and lower extremities, reduced endurance, impaired balance and gait, and intellectual disabilities. On April 20, 2026, at 10:23 a.m., R13 was sitting in her wheelchair in the dining room. R13 was noted to have visible facial hair, and her fingernails were long with sharp edges. A brownish-black substance was observed beneath her fingernails. V7 (R13's husband), stated that she needed shaving and nail trimming. V6 (Certified Nursing Assistant) was present at the time of observation. V6 stated that R13 required staff assistance for shaving and nail care. The facility's undated policy on Activities of Daily Living (ADLs) states that it is the responsibility of the facility to create and maintain an environment that promotes each resident's quality of life through individualized, person-centered care. The policy further states that all staff, across shifts and departments, are expected to understand and support these principles. The facility is responsible for providing care and services related to ADLs, including hygiene (bathing, dressing, grooming, and toileting). Additionally, residents who are unable to perform ADLs independently are to receive necessary services to maintain proper grooming and personal hygiene.

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow physician orders to provide dietary interventions for a resident with significant weight loss. This applies to 1 of 3 residents (R58) reviewed for weight loss in the sample of 16. The findings include:The EMR (Electronic Medical Record) showed R58 was admitted to the facility on [DATE], with multiple diagnoses including osteoarthritis, dementia, depression, and vitamin d deficiency. R58's MDS (Minimum Data Set) dated April 15, 2026, showed R58 had severe cognitive impairment and was dependent on facility staff for eating. The MDS continued to show R58 had a significant weight loss and was not on a physician-prescribed weight-loss program. R58's weight loss care plan dated January 19, 2026, showed [R58] is receiving a puree diet with thin liquids. Her current weight is 123.6 pounds (January 5, 2026). Continues with mechanically altered diet related to diagnosis of dysphagia. Receives super cereal at breakfast, [nutritional supplement drink] 120 ml (milliliters) two times a day for additional calories. Receives [wound healing nutritional supplement] and protein powder to enhance healing. Appetite varies 51 to 100 % (percent). Mini Nutritional Assessment done on January 19, 2026 and scored sic. She lost 22.9% in six months. April 16, 2026: Continues with mechanically altered diet. Appetite varies 51 to 100%. Continues with super cereal at breakfast, whole milk at breakfast and dinner, [nutritional supplement drink] 120 ml two times a day, protein powder one scoop three times a day and [wound healing nutritional supplement] one packet two times a day. The care plan continued to show multiple interventions dated January 19, 2026, including Provide diet as ordered. Provide supplements as ordered. A progress note dated March 14, 2026, at 4:14 PM, by V18 showed .Current weight shows 7.4 pound decrease in one month, greater than 5% decrease in one month, 17.2 pound decrease in three months, greater than 7.5% decrease in three months, 26.8 pound decrease in six months, greater than 10% decrease in six months. Due to continued weight loss, recommend whole milk with breakfast and dinner. Continue diet and supplements as ordered. An order dated March 15, 2026, showed Diet: Add whole milk at breakfast and dinner. On April 21, 2026, at 9:03 AM, V11 (Respiratory Nurse) assisted R58 with her breakfast. R58's breakfast meal tray included a pureed meal, super cereal, orange juice, and a carton of 2% milk. V11 said R58's breakfast meal included 2% milk. V11 said R58 usually eats her entire meal tray and drinks everything the staff provide R58. R58's breakfast meal ticket dated April 21, 2026, showed Whole milk. Dislikes: Other: 2% milk. On April 22, 2026, at 9:18 AM, V11 assisted R58 with her breakfast meal. R58 was served 2% milk. On April 22, 2026, at 11:19 AM, V18 (Registered Dietician) said R58 has been having significant weight loss and one of the added interventions was whole milk with breakfast and dinner. V18 said whole milk offers R58 extra calories to assist in R58 gaining weight. V18 said the expectation is facility staff should be providing R58 whole milk at breakfast as ordered.