STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185444	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cambridge Nursing & Rehabilitation Center	2020 Cambridge Drive Lexington, KY 40504

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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 review of the facility's policies, the facility failed to ensure resident food was stored and prepared in a safe and sanitary manner. The deficient practice potentially affected 106 current residents who received food from the kitchen. The findings include:Review of the facility's policy titled, Food Storage, last reviewed 08/20/2025, revealed foods would be stored, prepared, distributed, and served in accordance with professional standards for food service safety. Further review revealed all foods should be covered, dated, and labeled to assure foods would be safely consumed by their use by or expiration dates. Continued review revealed, for dry storage, food should be dated if removed from the shipping container/box (which contained the delivery date on the label). Review of the facility's policy titled, Employee Sanitary Practices, undated, revealed all food and nutrition services employees would practice good personal hygiene and safe food handling. Further review revealed all employees would wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food. 1.Observation on 02/15/2026 at 11:25 AM revealed two 128-ounce jars of mayonnaise and one 128-ounce jar of sweet pickle relish, which were unopened but out of the original box packaging, undated. Further observation revealed a 36-ounce box of au gratin potatoes with no opened date. Continued observation revealed an opened bag of cereal that was rolled up and placed on a shelf, unsealed and undated. Additional review revealed an opened box of 1000 coffee creamers, 2.5-gram packets, with no received date. Observation of the walk-in freezer revealed an opened 30-pound bag of frozen sweet peas, inside an opened box, with no opened date. Further review revealed an opened case of 210 frozen, 1.2-ounce biscuits with no opened date. During an interview with the Head [NAME] on 02/15/2026 at 11:25 AM, he stated the received date was important so staff could calculate the use by date, and all items should have been dated. 2.Observation on 02/15/2026 at 12:05 PM revealed Dietary Aide (DA) 1 at a food preparation table before the lunch meal with a hair bonnet that only partially restrained her hair, and her bangs and her hair on both sides of her face were loose from restraint.During an interview with the Dietary Manager (DM), on 02/15/2025 at 11:35 AM, he stated DA1 should have a hairnet under the bonnet that restrained all her hair, to prevent it from falling into and contaminating food. He further stated hairnets were required for anyone coming into the kitchen.During an interview with DA2 on 02/18/2026 at 3:19 PM, she stated when the food truck was unloaded, staff first went to the freezer, then to the refrigerator, and then to dry storage. She stated staff marked, with a sharpie, the received date on the box or container. Then when opening containers or boxes, she stated, staff marked the items inside the box or container with the date opened. She stated that it was important so staff did not give a resident old or expired food or so staff knew if there was too much of something that needed to be stored elsewhere. She stated that it was important because old or expired food could make the residents sick from bacteria. She stated all staff must wear hair restraints at all times including over beards. She stated if a staff member wore a bonnet, they still had to wear a hair net, so no hair got in the residents' food. She stated anyone who came into the kitchen must wear a hair net. She stated that it was important for infection control because hair was exposed to the home, outside, or wherever anyone had been.During an interview with DA3 on (continued on next page)

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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, record review, review of the manufacturer's recommendations for the facility's glucometers, review of the Centers for Disease Control and Prevention (CDC) guidelines, and review of the facility's policy, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent and control the development and transmission of communicable diseases. The facility failed to implement its infection prevention and control policies and procedures and identify and correct problems relating to infection prevention practices for 12 out of 24 sampled residents, Resident (R) 3, R19, R26, R35, R41, R42, R44, R48, R55, R60, R94, and R102 and for 1 of 2 working shower rooms, the East Wing Shower Room. The findings include:Review of the Centers for Disease Control and Prevention (CDC) guidelines Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, revealed hand hygiene should be performed immediately before providing resident care and after care was completed. According to the guidelines, staff should ensure the proper selection and use of PPE based on the nature of the patient interaction and potential for exposure to blood, body fluids, and/or infectious materials. Review of the CDC's guidelines Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent the Spread of Multi Drug Resistant Organisms (MDRO), dated 04/02/2024, revealed enhanced barrier precautions (EBP) were infection control measures recommended by the CDC to reduce the spread of MDROs. Those precautions required staff to wear gowns and gloves during high contact resident care activities. According to the CDC, EBP applied to residents who were infected or colonized with an MDRO and to residents at higher risk for MDRO transmission.Review of a document provided by the facility from the CDC, dated 06/28/2024, revealed guidance on EBP. According to the document, EBPs were recommended to reduce the transmission of MDROs, including extended spectrum beta lactamase (ESBL) producing bacteria, particularly in healthcare settings. The document indicated the approach was important for residents known to be colonized or infected with MDROs. Review of the manufacturer's recommendations for the facility glucometers revealed the meter was to be cleaned and disinfected after use on each resident. Further review revealed the manufacturer's guidelines listed products with acceptable Environmental Protection Agency (EPA) numbers for disinfection of the glucometer, including the bleach wipes the facility used.Review of the facility's policy titled, Infection Prevention Manual for Long Term Care: Hand Hygiene, revised 01/2023, revealed the purpose of the policy was to reduce the risk of infection transmission through appropriate hand hygiene. The policy stated hand hygiene was the most important measure for preventing healthcare associated infections and required staff to wash hands when visibly soiled or contaminated. According to the policy, if hands were not visibly soiled alcohol-based hand rubs could be used.1 a. Observation on 02/15/2026 at 2:22 PM revealed the [NAME] Unit Manager (WUM) failed to perform hand hygiene before entering or after exiting R55's room.b. Observation on 02/16/2026 at 5:07 PM revealed the [NAME] Wing Unit Manager (WUM) failed to perform hand hygiene before or after touching R102's hearing assistive device. Further observation revealed the WUM immediately entered and exited R42's and R44's room but failed to perform hand hygiene. During the continuous observation, the WUM did not reach for the wall-mounted hand sanitizers, nor did she rub her hands together as she would need to if she used alcohol-based hand rub.c. Observation on 02/18/2026 at 11:17 AM revealed the WUM failed to use hand sanitizer while entering R26's room. Further observation revealed the WUM provided resident care to R26, then failed to use hand sanitizer when exiting R26's room. d. Observation on 02/19/2026 at 9:18 AM revealed the WUM failed to perform hand hygiene after replacing a used tray into the dirty cart from room [ROOM NUMBER]. Per observation, she immediately reached into her pocket, grabbed a pen and paper, wrote on the paper, and placed it back in her pocket. The WUM then went into room [ROOM NUMBER] without using hand sanitizer, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	she stated staff did not wear gowns and gloves when providing care. R60 stated she recently had a urinary tract infection and was aware she still had bacteria in her urine. Additionally, she stated she previously had a urinary catheter that was recently removed. She stated while the catheter was in place, staff usually wore gowns and gloves when providing direct care. However, she stated since the catheter was removed staff no longer wore gowns and gloves when providing her care. R60 stated she was concerned staff could spread infections to her and other residents when they failed to wear the proper PPE.During an interview with Licensed Practical Nurse (LPN) 6 on 02/18/2026 at 8:36 AM, she approached the State Survey Agency (SSA) Surveyor and stated she overheard the interview with SRNA7. She stated R60 did not require EBP because the resident's urinary catheter had been removed. She stated she was unaware the resident was colonized with an MDRO. She stated she was not provided with any updates on R60's precaution status or MDRO diagnosis information from the previous shift.During an interview with the Infection Preventionist (IP) on 02/15/2026 at 5:00 PM, she stated R60 had previously been placed on EBP while an indwelling urinary catheter was in place. The IP stated when the catheter was removed, the hospice provider discontinued the EBP order, and the resident was no longer maintained on precautions. She stated the resident was colonized with an MDRO but noted the resident's urologist indicated precautions were not required after catheter removal. The IP stated documentation supporting this determination would be provided; however, the documentation was never provided. When asked by the SSA Surveyor whether a resident colonized or infected with an MDRO should remain on EBP, the IP stated the resident should have remained on EBP. 3 a. Observation on 02/15/2026 at 4:25 PM of the East Wing's Dirty Utility Room revealed medical supplies were stored in the room with the dirty linen and trash. There were nine intravenous (IV) poles, two oxygen concentrators, several suction machines, and one bedside commode stored among open containers of trash and linen. b. Observation of the East Wing Shower Room on 02/15/2026 at 4:30 PM revealed multiple areas of fecal staining and several formed fecal deposits on the floor. During an interview with LPN4, the East Wing's Unit Manager on 02/15/2026 at 4:30 PM, she stated the fecal matter should have been cleaned immediately by the staff member caring for the resident at the time the incident occurred. She further stated no residents had received showers that day and indicated the fecal matter must have remained from the previous day. She stated fecal matter was an infection control concern and placed residents at risk for disease. She stated it was her expectation that staff cleaned the shower room after the resident showered. She also stated equipment and supplies should not be stored with soiled linen or trash in order to prevent cross contamination and reduce the risk of infection transmission. c. Observation on 02/17/2026 at 10:54 AM of the laundry room revealed there were no non-permeable gowns available to wear when handling contaminated laundry. Further observation revealed debris, dust, and lint buildup, as well as trash and multiple items on the floor near the sink and behind the washing machines.During an interview with the Environmental Services (EVS) Director on 02/17/2026 at 10:58 AM, he stated staff used a cloth apron when handling dirty linen. He stated the aprons were laundered daily. The EVS Director stated he did not have non-permeable PPE available for the staff to use when sorting linen. Review of the manufacturer's recommendations for the facility glucometers revealed the meter was to be cleaned and disinfected after use on each resident. Further review revealed the manufacturer's guidelines listed products with acceptable Environmental Protection Agency (EPA) numbers for disinfection of the glucometer, including the bleach wipes the facility used.4. Observation on 02/17/2026 at 9:07 AM revealed Licensed Practical Nurse (LPN) 5 tested Resident (R) 3's blood glucose via fingerstick and returned the glucometer to his bedside drawer without cleaning or disinfecting the glucometer. Per observation, LPN5 did not have a bleach wipe in R3's room with her.In an immediate interview, LPN5 stated she wiped the glucometer with an alcohol pad after use. She further stated no one had trained her on which wipes to use at the facility, although she recalled using bleach wipes on glucometers at a previous job.In an interview on 02/19/2026 at 9:59 AM, the Infection Preventionist (IP) stated staff was to use the bleach wipes stocked on the medication carts with a three-minute wet time. She (continued on next page)

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure each resident's right to a safe, clean, comfortable and homelike environment by providing maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 11 of 25 sampled resident rooms, (Rooms 4, 25, 32, 34, 49, 50, 52, 53, 58, 60, and 67). Observation on 02/16/2026 and 02/18/2026 revealed the listed rooms had maintenance issues which included damaged drywall, damaged baseboards, cracked flooring, unpainted drywall patches, an air conditioner with a corroded grille containing a black substance, wall stains, and dirty floors and baseboards.In addition, observation on 02/15/2026 revealed 2 of 2 working shower rooms with cleanliness issues. The shower on the East Unit had fecal staining, fecal deposits, mold, and a soiled shower chair. The shower on the [NAME] Unit had mold and a dirty floor with dark stained grout lines. The findings include:Review of the facility's policy titled, Homelike Environment, dated 08/01/2013, revealed the facility was to provide residents with a safe, clean, comfortable, and homelike environment. Further review revealed the facility staff was to minimize the characteristics of the facility that reflected a depersonalized, institutional setting.1. Observation of the East Shower Room on 02/15/2026 at 4:30 PM revealed multiple areas of fecal staining and several formed fecal deposits on the floor. Red mold was observed in the shower area, and a single shower chair was visibly soiled.2. Observation of the [NAME] Shower Room on 02/15/2026 at 4:50 PM revealed mold around the base, faucet, and grab bars. The floor appeared dirty with dark-stained grout lines.3. Observation of room [ROOM NUMBER] on 02/16/2026 at 10:09 AM revealed a PTAC (Packaged Terminal Air Conditioner which was a self-contained unit that provided through-the-wall heating and cooling), unit with a front grille that was heavily rusted and corroded, with chipped and peeling paint and visible black grime and debris accumulated on and within the vent slats. The black substance was noted along multiple slats and within the interior of the grille openings. The buildup was visibly adhered to the surfaces surrounding the air discharge area.Review of the facility's Work History Report revealed on 04/30/2025, 07/31/2025, 10/31/2025, and 01/31/2026 maintenance staff documented cleaning air filters and inspecting condenser coils with cleaning performed as needed for PTAC systems. However, the documentation did not specify which individual PTAC units were serviced.4. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:10 PM revealed a large, dried food stain on the wall. There was dried food on the bed rail and the floor. Further observation revealed dirt and dried material consistent with food residue beneath the resident's fall mat, the floor was visibly dirty with multiple dark spill stains, and the baseboards were visibly soiled with dirt and dust.5. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:18 PM revealed the drywall around the paper towel holder was bare and damaged in the bathroom.6. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:21 PM revealed the baseboards were damaged, with splintering, exposed, raw wood.7. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:22 PM revealed the wall behind the A bed was damaged, with exposed drywall visible.8. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:24 PM revealed its walls had drywall patches that had not been painted over.9. Observation of room [ROOM NUMBER] on 02/18/2026 at 2:37 PM revealed the ceiling was noted to have extensive brown water staining and discoloration across multiple areas, with visible deterioration of the ceiling surface. Further observation revealed a black discoloration of the baseboard on the left side of the bathroom and a newly replaced, raw wood baseboard on the back wall of the bathroom. Per observation, the linoleum had a hole missing out of it right in front of the commode and an exposed edge of the linoleum along the back wall, which had not been secured after the baseboard was replaced. Additionally, room [ROOM NUMBER] had a hole in the linoleum by Bed A.In an interview on 02/18/2026 at 2:38 PM, the resident that resided in room [ROOM NUMBER] stated the ceiling had water stains and cracks. (continued on next page)

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	185444	A. Building B. Wing	02/19/2026

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's policy, the facility failed to ensure appropriate storage of resident medications, with loose pills and undated medications found in 3 of 8 medication carts, East 1, [NAME] 1, and [NAME] 3, and 1 of 2 medication rooms, the East Wing.The findings include:Review of the facility's policy titled, Medication Storage in the Facility, dated [DATE], revealed the policy's purpose was to ensure that medications and biologicals were stored safely, securely and properly, and following manufacturer's recommendations or those of the supplier. Further review revealed all medications dispensed by the pharmacy were stored in containers with the pharmacy label. Continued review revealed medications in multi-dose packaging would have beyond-use dating per pharmacy protocol. Additional review revealed when the original seal of a manufacturer's container or vial was initially broken, the container would have a sticker on the medication with the date opened marked.1. Observation of the East 1 Medication Cart on [DATE] at 1:39 PM revealed Resident (R) 90's budesonide inhalation suspension 0.5 milligrams (mg)/2 milliliter (mL) opened with no opened date indicated and three loose vials were observed in the pouch. No opened date was documented on the box. Further observation revealed R90's Glutose 15 oral glucose gel 40 percent, 3.75 ounce, with an expiration date of [DATE], indicating the product had expired. Further observation revealed there were 14 loose pills in the drawers. 2. Observation of the [NAME] 1 Medication Cart on [DATE] at 1:51 PM revealed 17 loose pills in the cart.3. Observation the East Wing Medication Refrigerator on [DATE] at 2:03 PM revealed one vial of Tubersol (tuberculosis test solution) had been opened, with no opened date indicated on the bottle or box.4. Observation of the [NAME] 3 Medication Cart on [DATE] at 2:20 PM revealed seven loose pills, including vitamin D 50 micrograms (mcg); nifedipine (a calcium channel blocker used to treat high blood pressure and angina) 30 mg; famotidine (a histamine-2 blocker that reduced stomach acid) 20 mg; Buspar (used to treat anxiety) 5 mg; sertraline (an anti-depressant) 25 mg; sertraline 50 mg; and sacubitril-valsartan 24-26 mg (used to treat chronic heart failure). Further observation revealed R58's Spiriva 2.5 mg inhaler was opened, but there was no opened date recorded. Continued review revealed a house stock bottle of ProHeal, a liquid protein supplement, that was opened but undated.During an interview with Kentucky Medication Aide (KMA) 1 on [DATE] at 8:59 AM, she stated if she found loose pills or dropped one, she had to discard them and notify the nurse. She stated she always checked the cart to be sure it was clean. She stated ensuring pills were accounted for was safety promotion, so a resident did not take a pill not intended for them. During an interview with Licensed Practical Nurse (LPN) 5 on [DATE] on 9:14 AM, she stated if she dropped a pill, she must discard it. She stated it was important for safety because a resident could find it, pick it up, and take it. She stated if she did not find the pill on the floor, she must look for it in the drawers and discard it. She stated if it was a narcotic, she must notify the Director of Nursing (DON). She also stated the Unit Manager (UM) and Pharmacy were supposed to audit the carts periodically. During an interview with the East UM on [DATE] at 11:04 AM, she stated nurses were responsible for their medication cart. She stated if they opened eye drops or anything with multiple doses, they must date them, and they were expected to do so. She further stated nurses were responsible to be sure there were no loose pills in the cart, and if a loose pill was found, they must set it aside and notify the pharmacy. She stated upper leadership were responsible for certain carts and auditing them. She stated the loose pills found were a result of staff not taking the responsibility. During an interview with the [NAME] UM on [DATE] at 11:14 AM, she stated she and the nurses were responsible for maintaining the medication carts. She stated if a nurse or KMA dropped a pill, they were expected to find it at that time, discard it, and let the pharmacy know. She stated it was important to locate dropped pills because if on the floor, for example, a resident could (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	find it and take it, making it a safety issue. She stated there should not be loose pills in the cart drawer, and staff could look in the area where the loose pill was found and identify the owner, which was important so it could be replaced and accounted for. She stated the audit process should capture that sort of thing. She stated she had seen a problem with that when the cart was overstocked. For example, she stated the resident received eight cards of Tylenol, so the excess cards were stored in the bottom drawer of the medication cart. She stated her expectation was for nurses to clean the cart after every shift's medication administration and that nurses would notify her of dropped pills. She stated she notified pharmacy, and they would send the dose for a replacement. She stated it was important to ensure no loose pills were in the medication cart because it could be misappropriation or diversion.During an interview with the Staff Development Coordinator (SDC) on [DATE] at 4:00 PM, she stated medication storage should be Nurse 101, the basics. She also stated it was not that hard to put the date on a medication when you opened it. She stated the action after popping a pill out of the card and losing it was to look for it and get a second pair of eyes to help find it. She stated it was a safety issue because if a resident saw the pill, they might think it was candy and be hurt by ingesting it. She also stated a nurse would notify pharmacy for replacement. She stated if pharmacy could not replace the pill due to insurance, then the facility would pay for it. She stated that it was information she gave to the staff during education. During an interview with the Director of Nursing (DON) on [DATE] at 4:40 PM, she stated she expected opened medications to be dated with the date they were opened. She also stated not checking dates could cause the residents to run out of medications, and it was necessary to timely notify the pharmacy for additional medications. She stated her expectation for the nurses/KMAs was that they did not overfill the drawers, to check if all residents had the medications they were supposed to have, and to keep the medication carts clean.During an interview with the Administrator on [DATE] at 5:39 PM, he stated nursing staff was expected to follow the facility's policy for medication labeling, storage, and disposal of medications, including appropriate handling of dropped medications. He stated medication management was important to ensure residents received ordered medications and to prevent diversion of resident property.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, record review, and review of the facility's policy, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 24 sampled residents, Resident (R) 60.Review of R60's Order Summary Report, revealed on 01/21/2026 an active order for the resident to receive Hospice care. However, the facility failed to develop a care plan for R60 to include Hospice Care. The findings include:Review of the facility's policy titled, Care Plan Policy, dated 08/04/2024, revealed the facility would develop and implement a person-centered care plan for each resident to meet a resident's medical, nursing, mental, and psychosocial needs as identified in the comprehensive assessment. Further review revealed the comprehensive care plan was to describe the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Further review of the policy revealed licensed nurses and interdisciplinary teams developed and maintained the care plan for each resident.Review of an admission Record, for R60 revealed the facility admitted the resident on 08/07/2023 with diagnoses including stage 5 chronic kidney disease, and debility atrial fibrillation. The resident was admitted to Hospice care on 01/21/2026.Review of R60's quarterly Minimum Date Set [MDS], with an Assessment Reference Date (ARD) of 02/05/2026, revealed a Brief Interview for Mental Status [BIMS] score of 15 out of 15, which indicated the resident was cognitively intact.Review of an Order Summary Report, revealed on 01/21/2026, an active order admitted the resident to Hospice with the life expectancy of less than six months with the diagnosis of chronic kidney disease and heart failure.Review of the Comprehensive Care plan [CCP], revealed the resident's CCP was revised on 01/27/2026. However, the CCP did not include Hospice oriented goals or interventions to support end of life care.During an interview with R60 on 02/15/2026 at 3:51 PM, she stated she had been in and out of Hospice services and had recently resumed Hospice care. She stated she had not noticed any additional attention or changes in care since resuming Hospice and was unable to recall when hospice staff last visited.During continued interview with the MDS Coordinator on 02/19/2205 at 10:42 AM, the MDS Coordinator stated Hospice services focused on comfort measures and coordination with Hospice providers. She stated when a resident was placed on Hospice services, the care plan should be addressed to ensure comfort focused interventions were implemented. She further stated communication of the resident's Hospice status was important so staff could prioritize comfort. When asked why Hospice services were not reflected in the active care plan for R60, the MDS Coordinator stated she was aware of the issue but did not provide a specific explanation during the interview.During continued interview with the MDS Coordinator on 02/19/2026 at 10:42 AM, she stated her job duties included patient assessment, completion of baseline care plans, order review, and initiation of a resident's care plan. She further stated the facility used an interdisciplinary team approach when care plans were updated, and care plans were a work in progress. She stated new physician orders and changes in condition were reviewed daily during meetings, and care plans were updated as soon as possible following changes. The MDS Coordinator stated the purpose of the care plan was communication to staff of a resident's needs and potential problems. She further stated Hospice services should have been added to R60's care plan. During additional interview with the Director of Nursing (DON) on 02/19/2026 at 5:11 PM, she stated the resident care plan directed staff on how to meet each resident's needs and should be followed as written. The DON stated staff was expected to review the care plan before providing care, implementing the listed interventions to ensure the residents' safety and well-being. Additionally, the DON stated nurses, the MDS Coordinator, and the IDT were responsible for updating care plans when the residents' conditions changed. The DON stated her expectation was that all staff followed the (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care plan consistently to provide care in accordance with the residents' assessed needs.During an interview with the Administrator on 02/19/2026 at 5:39 PM, he stated he but expected staff to follow the facility's policies and rules. The Administrator stated the facility was responsible for ensuring all residents' needs were met and all received the same quality of care. He further stated he expected staff to follow all residents' care plans because care plans guided the residents' individualized care, preferences, and needs.During a telephone interview with the Medical Director on 02/18/2026 at 4:04 PM, he stated it was his expectation that a plan of care was established and followed to ensure the resident's needs were addressed.