

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observations, interviews, and record reviews, the facility failed to assess a resident for self-administration of medications for 2 (Resident #40, Resident #108) of 29 (Resident #8, Resident #16, Resident #20, Resident #23, Resident #24, Resident #26, Resident #31, Resident #38, Resident #39, Resident #40, Resident #48, Resident #53, Resident #57, Resident #60, Resident #65, Resident #73, Resident #79, Resident #83, Resident #84, Resident #94, Resident #100, Resident #103, Resident #108, Resident #110, Resident #111, Resident #112, Resident #113, Resident #164, Resident #215) sampled residents observed for medications available at the bedside.</p> <p>Findings:</p> <p>Review of the facility's Right to Self-Administration Medications policy dated 03/2023 revealed, in part, a resident may self-administer medications after the interdisciplinary team had determined which medications may be self-administered. Further review revealed appropriate documentation of the determinations would be documented in the resident's medical record and care plan.</p> <p>Resident #40</p> <p>Review of Resident #40's Minimum Data Set with an Assessment Reference Date of 03/18/2025 revealed, in part, Resident #40 had a Brief Interview for Mental Status score of 8, which indicated Resident #40 had moderate cognitive impairment.</p> <p>Review of Resident #40's record revealed, in part, no documented evidence and the facility could not produce any documented evidence Resident #40 was assessed to be appropriate to self-administer medications.</p> <p>Observation on 06/09/2025 at 11:45AM revealed a pink bin on a table in Resident #40's room which contained one 2.5 ounce bottle of muscle rub (topical medication use to relieve minor aches and pain on joints or muscles), one 2.5 ounce bottle of cold and hot rub (topical medication used to relieve minor aches and pain on joints or muscles), and one 3 ounce tube of Rugby muscle rub cream with 10% menthol and 5% Methyl Salicylate (topical medications used to relieve minor aches and pain on joints or muscles).</p> <p>Resident #108</p> <p>Review of Resident #108's Minimum Data Set with an Assessment Reference Date of 05/08/2025 revealed, in part, Resident #108 had a Brief Interview for Mental Status score of 11 which indicated Resident #108 had moderate cognitive impairment.</p> <p>(continued on next page)</p>

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:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	
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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #108's record revealed, in part, no documented evidence and the facility could not produce any documented evidence Resident #108 was assessed to be appropriate to self-administer medications.</p> <p>Observation on 06/08/2025 at 1:50PM revealed one 4.3 ounce tube of Aspercream (topical medication for relief of joint and muscle pain) and one 0.5 fluid ounce bottle of Advanced eye relief drops (used for dry eyes) on Resident #108's bedside table.</p> <p>Observation on 06/09/2025 at 11:50AM revealed one 4.3 ounce tube of Aspercream and one 0.5 fluid ounce bottle of Advance eye relief drops on Resident #108's bedside table.</p> <p>In an interview on 06/09/2025 at 11:50AM, Resident #108 indicated the above documented medications were hers brought from home. Resident #108 further indicated she used the pain rub two or three times a day and self-administered eye drops in each eye two times a day.</p> <p>In an interview on 06/09/2025 3:20PM, S3Regional Director of Clinical Services indicated medication, whether over the counter or prescribed should not be left at the bedside of residents for self-administration.</p> <p>In an interview on 06/10/2025 at 10:00AM, S2Director of Nursing (DON) confirmed there was no documented evidence, and the facility could not provide documented evidence Resident #40 and Resident #108 had been assessed by the interdisciplinary team and deemed appropriate to self-administer medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	
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)		
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on interviews and record review, the facility failed to ensure that funds were available for resident use for 1 (Resident #23) of 1 (Resident #23) sampled residents reviewed for personal funds.</p> <p>Findings:</p> <p>Review of Resident #23's Minimum Data Set with an Assessment Reference Date of 03/18/2025 revealed a Brief Interview for Mental Status score of 9, which indicated Resident #9 had moderate cognitive impairment.</p> <p>In an interview on 06/08/2025 at 10:15AM, Resident #23 indicated the business office never had money upon request.</p> <p>In an interview on 06/10/2025 at 3:06 PM, S1Administrator indicated that petty cash was kept at the receptionist desks, and residents could request money as needed. S1ADM also further indicated that approximately \$500.00 was kept on hand for resident requests; however, S1Administrator acknowledged there were times when the facility had no money available on hand to honor the residents' request.</p> <p>In an interview on 06/10/2025 at 3:15 PM, S5Receptionist indicated that the petty cash was kept in a drawer at the nursing station, and she logged the disbursed amount when residents requested cash. S5Receptionist acknowledged that at the time of the interview, there was no cash available for disbursement. S5Receptionist further acknowledged that Resident #23 had made multiple requests for cash, which S5Receptionist could not fulfill.</p> <p>In an interview on 06/10/2025 at 3:20 PM, Resident #23 reported that she had requested \$50 the morning of 06/10/2025 and was told no cash was available. Resident #23 that she was frequently denied access to her funds due to the unavailability of cash.</p> <p>In an interview on 06/10/2025 at 3:28 PM, S1Administrator acknowledged that when residents requested cash money under \$100 dollars it should be made available to the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observations and interview, the facility failed to ensure bathrooms were clean and sanitary for 2 (Room C, Room D) of 2 (Room C, Room D) bathrooms observed for environment requirements.</p> <p>Findings:</p> <p>Observation on 06/08/2025 at 10:10AM revealed a dark colored substance on the rim and in the basin of the bathroom sink in Room C.</p> <p>Observation on 06/08/25 at 11:33AM revealed the bathroom in Room D had a foul urine-like odor. Further observation of Room D revealed a clear substance was present on the floor by the toilet, 6 paper hand towels were on the bathroom floor, and a dried red gel-like substance and a dried white substance was present on the rim and in the basin of the bathroom sink.</p> <p>Observation on 06/09/2025 at 9:10AM revealed a dark colored substance on the rim and in the basin of the bathroom sink in Room D.</p> <p>Observation on 06/09/2025 at 12:30PM revealed the bathroom in Room D had a foul urine-like odor. Further observation of Room D revealed a clear substance was present on the floor by the toilet, 6 paper hand towels were on the bathroom floor, and a dried red gel-like substance and a dried white substance was present on the rim and in the basin of the bathroom sink.</p> <p>In an interview on 06/09/2025 at 12:35PM, S1Administrator indicated the bathrooms in Room C and Room D were not clean and they should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interviews and record review, the facility failed to accurately update a resident's care plan for 2 (Resident #8, Resident #57) of 2 (Resident #8, Resident #57) sampled residents reviewed for accuracy of care plans.</p> <p>Findings:</p> <p>Review of the facility's Comprehensive Care Plans Policy and Guidelines for Implementation, dated 03/2023, revealed, in part, each resident should have a formulated person-centered, comprehensive care plan to address the resident's medical, nursing, physical, mental and psychosocial needs.</p> <p>Resident #57</p> <p>Record review of Resident #57's Physician's Orders revealed, in part, an order dated 11/01/2024 for Ensure Original (a nutritional formula) three times a day per PEG tube and Jevity (a nutritional formula) 1.5 900 kilocalories at 50 milliliters (ml) an hour starting at 6:00PM and ending at 6:00AM per PEG tube.</p> <p>Review of Resident #57's Comprehensive Care Plan dated 04/21/2025 revealed, in part, Resident #57 was at risk for altered nutrition. Further review revealed Resident #57 was on a mechanically altered therapeutic diet and received water flushes and medications through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube.</p> <p>Resident #8</p> <p>Review of Resident #8's Physician's Orders, revealed, in part, an order dated 05/07/2025 for oxygen at 3 liters per minute (LPM) via nasal cannula as needed to maintain an oxygen saturation level greater than 90%.</p> <p>Review of Resident #8's Comprehensive Care Plan dated 04/09/2025 revealed, in part, Resident #8 was at risk for respiratory complications due to a history of Chronic Obstructive Pulmonary Disease and respiratory failure. Further review revealed an intervention for Resident #8 to have continuous Oxygen via nasal cannula at 3LPM via nasal cannula.</p> <p>In an interview on 06/10/2025 at 10:24AM, S8Minimum Data Set Nurse (MDS) indicated the care plans were updated by the floor nurse. S8MDS Nurse further indicated the floor nurse then notified the MDS Nurse of the updated information, and the updated assessments were automatically generated into the resident's care plan. S8MDS Nurse further indicated new and updated physician's orders should have been updated in Resident #8's and Resident #57's care plans and were not.</p> <p>In an interview on 06/10/2025 at 10:34AM, S2Director of Nursing (DON) confirmed the process for updating the care plans indicated by the MDS Nurse. S2DON indicated new and updated physician's orders should have been updated in Resident #8's and Resident #57's care plans and were not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/10/2025 at 10:37AM, S1Administrator confirmed the process for updating the care plans indicated by the MDS Nurse. S1Administrator indicated new and updated physician's orders should have been updated in Resident #8's and Resident #57's care plans and were not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure staff donned personal protective equipment (PPE) prior to providing wound care services to residents on Enhanced Barrier Precautions (EBP) (Resident #31);</li> <li>2. Ensure staff performed hand hygiene before and after administering medications (Resident #89, Resident #91, Resident #97); and,</li> <li>3. Ensure staff performed hand hygiene before and after feeding residents (S6Activity Director).</li> </ol> <p>This deficient practice was identified for 4 (Resident #31, Resident #89, Resident #91, Resident #97 of 29 (Resident #8, Resident #16, Resident #20, Resident #23, Resident #24, Resident #26, Resident #31, Resident #38, Resident #39, Resident #40, Resident #48, Resident #53, Resident #57, Resident #60, Resident #65, Resident #73, Resident #79, Resident #83, Resident #84, Resident #94, Resident #100, Resident #103, Resident #108, Resident #110, Resident #111, Resident #112, Resident #113, Resident #164, Resident #215) sampled residents reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. <p>Review of the facility's Infection Prevention and Control Program: Enhanced Barrier Precautions policy, revised on 03/10/2025 revealed, in part, the purpose of the policy was to prevent the spread of transmission of Multi-drug Resistant Organisms (MDRO). Further review revealed residents who were colonized or infected with MDROs and residents at high risk for contracting MDROs, such as residents with wounds or indwelling catheters, would be placed on EBP. Further review revealed when providing direct care, such as wound care, to residents on EBP, staff should wear personal protective equipment (PPE), which included gowns and gloves.</p> <p>Observation on 06/09/2025 at 10:28AM revealed S3Wound Care Nurse did not don on personal protective equipment (PPE) for enhanced barrier precautions (EBP), prior to initiating wound care on Resident #31.</p> <p>Review of Resident #31's medical record review revealed, in part, Resident #31 had a diagnosis of an unstageable pressure ulcer of left heel, and a stage 3 pressure ulcer of left ankle.</p> <p>In an interview on 06/09/2025 at 11:16AM, S3Wound Care Nurse confirmed that she did not don PPE prior to performing wound care on Resident #31 and she should have.</p> <p>In an interview on 06/09/2025 at 3:31PM, S2Director of Nursing (DON) confirmed S3Wound Care Nurse should have donned PPE prior to performing wound care on Resident #31</p> </li> <li>2. <p>(continued on next page)</p> </li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of medication administration on 06/10/2025 at 10:12AM revealed hand sanitization was not performed by S10Licensed Practical Nurse (LPN) between administering medications to Resident #89, Resident #91, and Resident #97.</p> <p>In an interview on 06/10/2025 at 9:30AM, S10LPN indicated she did not perform hand hygiene between administering medications to Resident #89, Resident #91 and Resident #97, and she should have.</p> <p>In an interview on 06/10/2025 at 10:00AM, S2DON indicated hand sanitization should be performed during medication administration before and between residents. S2DON further indicated S10LPN should have performed hand sanitization between administering medications to Resident#89, Resident #91, and Resident #97.</p> <p>3.</p> <p>Observation of the lunch meal on 06/08/2025 at 12:10PM revealed S6Activity Director, fed two residents at the same time, without using proper hand hygiene between residents.</p> <p>In an interview on 06/09/2025 at 12:45PM, S6Activity Director confirmed she fed two residents at the same time without using proper hand hygiene, and she should not have.</p> <p>In an interview on 06/09/2025 at 3:31PM, S2DON confirmed that S6Activity Director should have been performed proper hand hygiene between feeding each resident while feeding two residents at the same time.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observations, interviews and record review the facility failed to ensure call lights were available for resident use for 2 (Resident #20, Resident #53) of 2 (Resident #20, Resident #53) sampled residents investigated for call bell availability.</p> <p>Findings:</p> <p>Review of the facility's Physical Environment Resident Call System policy dated 07/2018 and revised on 03/2023 revealed, in part, the purpose of the resident call system was to provide residents with means to directly contact caregivers from their room, toileting, and bathing areas.</p> <p>Observation on 06/08/2025 at 11:17AM revealed Resident #53 did not have a call light connected to the call light wall system in his room.</p> <p>In an interview on 06/08/2025, Resident #53 confirmed there was not a call light connected to the call light wall system in his room. Resident #53 indicated he ambulated to the hallway to summon assistance from staff.</p> <p>Observation on 06/09/2025 at 10:30AM revealed Resident #20 did not have a call light connected to the call light wall system in her room.</p> <p>In an interview on 06/09/2025 at 10:30AM, Resident #20 confirmed she did not have a call light available. Resident #20 indicated she did not know where her call light was.</p> <p>In an interview on 06/09/2025 at 9:45AM, S7Licensed Practical confirmed that there should be a call light plugged into the call light system in all resident rooms.</p> <p>In an interview on 06/09/2025 at 10:40AM, S2Director of Nursing confirmed a call light should be plugged into the call light system in every resident room and it was not.</p> <p>In an interview on 06/10/2025 at 9:05AM, S1Administrator confirmed that all residents should have a call light connected to the call light wall system located in their rooms and it was not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  St Bernard Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  4021 Roneagle Way New Orleans, LA 70122	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interview, the facility failed to maintain a functional environment by failing to ensure a water facet was functional in 1 (Room B) of 1 (Room B) rooms observed for a functional environment.</p> <p>Findings:</p> <p>Observation on 06/08/2025 at 10:14AM revealed the hot water was not functional on the bathroom faucet in Room B</p> <p>Observation on 06/09/2025 at 12:35PM revealed the hot water was not functional on the bathroom faucet in Room B.</p> <p>In an interview on 06/09/2025 at 12:35PM, S1Administrator confirmed the hot water faucet should have been functional in Room B.</p>