

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review and interview, the facility failed to ensure residents have the right to be free from chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms. The facility failed to ensure a PRN order for a psychotropic medication was limited to 14 days for 1 (#2) of 5 residents reviewed for unnecessary medications. Findings: Review of the medical record for Resident #2 revealed a re-admission date of 08/31/2020 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, hypertension, diabetes, late syphilis, and unspecified dementia (unspecified severity) with other behavioral. Review of the most recent physician's orders dated 10/03/2024 revealed an order for Oxazepam oral capsule 15 milligrams PRN every 24 hours as needed for insomnia to be given at night with no discontinue date. Review of the Pharmaceutical Consultant Report dated 10/13/2025 revealed the following recommendation for Oxazepam 15 milligrams every night PRN: a PRN psychotropic is limited to 14 days and required the prescriber to evaluate the resident prior to extending the order. If extending the order, document the rationale for the extended time period in the medical record and indicate a specific duration. Further review of the report revealed the physician did not indicate a specific duration for the PRN order. During an interview on 01/07/2026 at 2:09 p.m., S2DON confirmed the physician did not indicate a specific duration for the PRN order of a psychotropic medication.</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:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interviews, the facility failed to report an injury of unknown origin to the State Agency no later than 24 hours in accordance with State law for 1 (#55) of 1 resident reviewed for abuse. Findings: Review of the incident and accident policy and procedure with review/ revised date of 07/01/2025 revealed in part: It is the policy of this facility for staff to report, investigate, and review any accidents or incidents that occur or allegedly occur, on facility property and may involve or allegedly involve a resident. Policy explanation: The purpose of incident reporting can include: Assuring that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences and improve the management of resident care. Alert risk management and/or administration of occurrence's that could result in claims or further reporting requirements. Meeting regulatory requirements for analysis and reporting of incidents and accidents. Compliance Guidelines: 2. Licensed staff will report incidents/accidents and assist with completion of any investigative information to identify root causes. 4. Incidents that rise to the level of abuse, misappropriation, or neglect will be managed and reported according to the facility abuse prevention policy. 5. The following incidents/accidents require an incident/accident report but are not limited to: alleged abuse, elopement, entrapment, equipment malfunction, falls, observed accidents/incidents, resident to resident altercations, resident injuries due to staff handling, self-inflicted injuries and unobserved injuries. 12. The nurse will enter the incident/accident information into the appropriate form/system within 24 hours of occurrence and will document all pertinent information. 13. Documentation should include the date, time, nature of the incident, location, initial findings, immediate interventions, notifications and orders obtained or follow-up interventions. 15. If an incident/accident was witnessed by other people, the supervisor or designee will obtain written documentation of the event by those that witnessed it and submit that documentation to the DON and/or Administrator. Review of the policy and procedure for Abuse, Neglect, and Exploitation with a revised date of 07/01/2025 revealed in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Policy Explanation and Compliance guidelines: 1. The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. b. Establish policies and procedures to investigate any such allegations; and c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, reporting procedures, and dementia management and resident abuse prevention. 2. The facility will provide ongoing oversight and supervision of staff in order to ensure that its policies are implemented as written. The components of the facility abuse prohibition plan are discussed herein: I. Employee Training C. Training topics will include: 3. Recognizing signs of abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown origin. 4. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown origin. IV. Identification of Abuse, Neglect, and Exploitation A. The facility will have a written procedure to assist staff in identifying the different types of abuse- mental, verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations. B. Possible indicators of abuse include, but are not limited to: 3. Physical injury of resident of unknown source VII. Reporting/Response A. The facility</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>will have written procedure that include:1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within the specified timeframes.a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, orb. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury,B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident as required by state agencies. Record review revealed Resident #55 had diagnoses of chronic diastolic congestive heart failure, atrial fibrillation, dementia, cognitive communication deficit, rheumatoid arthritis, and history of malignant neoplasm of the right breast.Review of the quarterly MDS dated [DATE] revealed Resident #55 had a BIMS of 8 indicating moderate cognitive impairment. Further review of the MDS revealed Resident #55 was dependent on staff for all ADLs and required substantial/maximum assistance with rolling in bed and was dependent for transfers. On 01/05/2026 at 9:15 a.m., an observation of Resident #55 revealed she was sitting up in bed. Further observation revealed a large bruise to the right shoulder/armpit area. Interview with Resident #55 at that time revealed she was unable to state how the bruise to the right shoulder/armpit area occurred.On 01/06/2026 at 1:27 p.m., an interview with S7CNA during an observation of changing resident #55's brief revealed she stated the bruise to the right shoulder/armpit had been there for several weeks. S7CNA further stated she was not aware of a specific reason for the bruising.Review of Resident #55's current medications in part revealed an order for Eliquis 2.5 mg twice a day by mouth.Review of the nurses' note dated 12/04/2025 by S4Treatment Nurse revealed she was notified by the hospice CNA that a new large bruise was identified under the right armpit. S4Treatment Nurse performed a skin assessment of the area. The bruise was 7 cm by 3 cm with a light purple tint. Resident was asked if she had any pain and resident responded, Well, I didn't even know it was there. But it doesn't hurt. When asked if resident remembers how it was acquired, resident stated, No, but you know how fragile my skin is. S4Treatment nurse noted that the sling lift was used Monday to transfer the resident to the Geri chair. S4Treatment nurse educated primary CNAs of proper placement of lift and lift techniques.On 01/07/2026 at 8:30 a.m., an interview with S8LPN regarding the bruise to Resident #55 right shoulder/armpit area revealed the resident was gotten up a while back with the lift and they believe the lift pad caused the bruise. S8LPN further said it was reported to S2DON and S1Administrator. On 01/07/2026 at 8:40 a.m., an interview with S2DON revealed she was aware of the bruise on Resident #55's right shoulder/armpit but did not remember how it happened and was not sure if an incident report with an investigation was completed when the bruise was identified on 12/04/2025. S2DON further stated the only information they had regarding the bruise to the right shoulder/armpit area were the notes in the computer and then S2DON produced a written statement she had completed. Review of the written statement by S2DON dated 12/04/2025 revealed:I was notified by the wound care nurse that a bruise was noted to resident right shoulder/armpit area. Upon exam, active range of motion/passive range of motion were within normal limits and resident denies pain. When I asked her what happened, the resident states I didn't even know it was there. Resident has a history of easy bruising and skin tears. The lift used to maneuver resident is the sling lift which does not go under the arms to cause the bruising. Sometimes resident is assisted by placing her hand under her arm to assist her sitting up or repositioning. CNAs were verbally spoken to by wound care nurse on using draw sheets and proper body mechanics for positioning patient and that she is a very easy bruiser. During an interview on 01/07/2026 at 10:39 a.m., S2DON confirmed the facility did not report the injury of</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	unknown origin to the State Agency as required regarding the large bruise to Resident #55's right shoulder/armpit area when it was identified on 12/04/2025. During an interview on 01/07/2026 at 1:15 p.m., S1Administrator confirmed they did not report the bruise to the right shoulder/armpit area on Resident #55 when it was discovered to the State Agency as an injury of unknown origin when it was discovered.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interviews, the facility failed to investigate an injury of unknown origin for 1 (#55) of 1 resident reviewed for abuse. Findings:Review of the incident and accident policy and procedure with review/revised date of 07/01/2025 revealed in part:It is the policy of this facility for staff to report, investigate, and review any accidents or incidents that occur or allegedly occur, on facility property and may involve or allegedly involve a resident. Policy explanation: The purpose of incident reporting can include: Assuring that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences and improve the management of resident care. Alert risk management and/or administration of occurrence's that could result in claims or further reporting requirements. Meeting regulatory requirements for analysis and reporting of incidents and accidents. Compliance Guidelines: 2. Licensed staff will report incidents/accidents and assist with completion of any investigative information to identify root causes. 4. Incidents that rise to the level of abuse, misappropriation, or neglect will be managed and reported according to the facility abuse prevention policy. 5. The following incidents/accidents require an incident/accident report but are not limited to: alleged abuse, elopement, entrapment, equipment malfunction, falls, observed accidents/incidents, resident to resident altercations, resident injuries due to staff handling, self-inflicted injuries and unobserved injuries. 12. The nurse will enter the incident/accident information into the appropriate form/system within 24 hours of occurrence and will document all pertinent information. 13. Documentation should include the date, time, nature of the incident, location, initial findings, immediate interventions, notifications and orders obtained or follow-up interventions. 15. If an incident/accident was witnessed by other people, the supervisor or designee will obtain written documentation of the event by those that witnessed it and submit that documentation to the DON and/or Administrator. Review of the policy and procedure for Abuse, Neglect, and Exploitation with a revised date of 07/01/2025 revealed in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.Policy Explanation and Compliance guidelines:1. The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.b. Establish policies and procedures to investigate any such allegations; and c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, reporting procedures, and dementia management and resident abuse prevention.2. The facility will provide ongoing oversight and supervision of staff in order to ensure that its policies are implemented as written.The components of the facility abuse prohibition plan are discussed herein: II Employee Training C. Training topics will include: 3. Recognizing signs of abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown origin. 4. Reporting process for abuse, neglect, exploitation, and misappropriation of resident property, including injuries of unknown origin. IV. Identification of Abuse, Neglect, and ExploitationA. The facility will have a written procedure to assist staff in identifying the different types of abuse- mental, verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.B. Possible indicators of abuse include, but are not limited to:3. Physical injury of resident of unknown sourceV. Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>neglect or exploitation occur.B. Written procedures for investigating include:1. Identifying staff responsible for the investigation.3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment had occurred, the extent, and cause, and6. Providing complete and thorough documentation of the investigation. Record review revealed Resident #55 had diagnoses of chronic diastolic congestive heart failure, atrial fibrillation, dementia, cognitive communication deficit, rheumatoid arthritis, and history of malignant neoplasm of the right breast.Review of the quarterly MDS dated [DATE] revealed Resident #55 had a BIMS of 8 indicating moderate cognitive impairment. Further review of the MDS revealed Resident #55 was dependent on staff for all ADLs and required substantial/maximum assistance with rolling in bed and was dependent for transfers. Review of Resident #55's current medications in part revealed an order for Eliquis 2.5 mg twice a day by mouth.On 01/05/2026 at 9:15 a.m., an observation of Resident #55 revealed she was sitting up in bed. Further observation revealed a large bruise to the right shoulder/armpit area. Interview with Resident #55 at that time revealed she was unable to state how the bruise to the right shoulder/armpit area occurred.On 01/06/2026 at 1:27 p.m., an interview with S7CNA during an observation of changing resident #55's brief revealed she stated the bruise to the right shoulder/armpit had been there for several weeks. S7CNA further stated she was not aware of a specific reason for the bruising.On 01/07/2026 at 8:30 a.m., an interview with S8LPN regarding the bruise to Resident #55 right shoulder/armpit area revealed the resident was gotten up a while back with the lift and they believe the lift pad caused the bruise. S8LPN further said it was reported to S2DON and S1Administrator. On 01/07/2026 at 8:40 a.m., an interview with S2DON revealed she was aware of the bruise on Resident #55's right shoulder/armpit but did not remember how it happened and was not sure if an incident report with an investigation was completed when the bruise was identified on 12/04/2025. S2DON further stated the only information they had regarding the bruise to the right shoulder/armpit area were the notes in the computer and then S2DON produced a written statement she had completed.Review of the nurses' note dated 12/04/2025 by S4Treatment Nurse revealed she was notified by the hospice CNA that a new large bruise was identified under the right armpit. S4Treatment Nurse performed a skin assessment of the area. The bruise was 7 cm by 3 cm with a light purple tint. Resident was asked if she had any pain and resident responded, Well, I didn't even know it was there. But it doesn't hurt. When asked if resident remembers how it was acquired, resident stated, No, but you know how fragile my skin is. S4Treatment nurse noted that the sling lift was used Monday to transfer the resident to the Geri chair. S4Treatment nurse educated primary CNAs of proper placement of lift and lift techniques. Review of the written statement by S2DON dated 12/04/2025 revealed:I was notified by the wound care nurse that a bruise was noted to resident right shoulder/armpit area. Upon exam, active range of motion/passive range of motion were within normal limits and resident denies pain. When I asked her what happened, the resident states I didn't even know it was there. Resident has a history of easy bruising and skin tears. The lift used to maneuver resident is the sling lift which does not go under the arms to cause the bruising. Sometimes resident is assisted by placing her hand under her arm to assist her sitting up or repositioning. CNAs were verbally spoken to by wound care nurse on using draw sheets and proper body mechanics for positioning patient and that she is a very easy bruiser. During an interview on 01/07/2026 at 10:39 a.m., S2DON confirmed the facility did not complete a full investigation regarding the large bruise to Resident #55's right shoulder/armpit area which was an injury of unknown origin when it was identified on 12/04/2025. During an interview on 01/07/2026 at 1:15</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	
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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	p.m., S1Administrator confirmed they did not investigate the cause of the bruise to the right shoulder/arm/pit area which was an injury of unknown origin on Resident #55 when it was discovered on 12/04/2025.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Nursing & Rehabilitation Home		STREET ADDRESS, CITY, STATE, ZIP CODE  307 Foster Street Rayville, LA 71269	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation and interviews the facility failed to maintain all kitchen equipment in safe operating condition as evidenced by the three torn door seals on three individual refrigerator doors of one refrigerator, one broken toaster, one toaster missing a crumb catcher, two of the three toasters were stored and full of bread crumbs, four full size pans covered in a black hardened substance, four half pans covered in a black hardened substance, two ovens covered with hardened black substance, one oven with four silver pieces of material approximately the size of a golf ball and a microwave with dark splattered substance on top and sides. Findings: Observation of the kitchen during the initial tour on 01/05/2026 at 7:55 a.m. revealed three torn door seals on three individual refrigerator doors of one refrigerator, one broken toaster, one toaster missing a crumb catcher, two of the three toasters were stored and full of bread crumbs, four full size pans covered in a black hardened substance, four half pans covered in a black hardened substance, two ovens covered with hardened black substance, one oven with four silver pieces of material approximately the size of a golf ball and a microwave with dark splattered substance on top and sides. During an interview on 01/05/2026 at 8:35 a.m. S5Dietary Manger confirmed the kitchen equipment should be working and clean. During an interview on 01/07/2026 at 3:00 p.m. S1Administrator confirmed the equipment in the kitchen should be in good repair and clean.</p>