STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195454	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winnfield Nursing and Rehabilitation Center, LLC	915 1st Street Winnfield, LA 71483

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infections. The facility failed to ensure the following:Resident room and living space were maintained in a clean and sanitary manner,Droplet precautions signage was posted for Resident #1,Shower rooms were maintained in a clean and sanitary manner,Proper staff training of chemicals used for cleaning and disinfection of environment,Proper staff training of handling soiled linen and waste,Necessary staff had access to chemicals used for cleaning and disinfection of environment, andImplement Enhanced Barrier Precautions for Resident #76.This deficient practice had the potential to affect all residents who reside in the facility. The total resident census was 71.Findings:Record review of an undated facility policy on 01/14/2026 at 2:02 p.m. titled Droplet Precautions read in part. Contact Precautions are a transmission based precaution that will be utilized to reduce the risk of droplet transmission of infectious agents. Equipment: Door sign that reads Droplet Precautions or Visitors Must See Nurse Before Entering Observation on 01/12/2026 at 8:40 a.m. of Room B revealed heavily soiled floor with a large amount of debris, overall the room was unkempt with trash on tables and overfilling the trashcan. Interview on 01/12/2026 at 9:00 a.m. with S21HK revealed Room B was in need of cleaning. S21HK stated the facility was short staffed for housekeeping as there was normally 4 or 5 housekeepers during the day, but only 2 scheduled for today, 01/12/2026. Observation on 01/12/2026 at 10:30 a.m. revealed Resident Room E with heavily soiled floors that had black buildup throughout. There was multiple personal items and popcorn spilt onto the floor. There was a soiled adult brief lying on bed. Interview on 01/12/2026 at 10:32 a.m. with S19LPN revealed there was 1 COVID/FLU positive resident on Hall X, which was Resident #1. Observation of Resident #1's room door, Room D, revealed no droplet precaution signage. Interview with S19LPN at time of observation revealed the signage was placed on the wrong resident door. Droplet precaution signage was observed on Room F's door, which was an empty room. S19LPN removed the droplet precaution signage from Room F, and placed on Resident #1's door. Observation on 01/12/2026 at 10:34 a.m. revealed Resident Room C revealed a heavily soiled floor with milk spilt onto floor near bed, and a soiled adult brief beneath the bed. Observation on 01/12/2026 at 10:50 a.m. revealed S21HK gathered soiled linen and waste from Room D. S21HK was observed asking Hall X staff where she needed to place the soiled linen and waste. Interview with S21HK at time of observation revealed she stated she did not know where to store or (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	how to transport soiled linen and waste as she had not been fully trained yet. Observation on 01/12/2026 at 10:53 a.m. of Room G shower room with S22CNA revealed the shower room did not have cleaning products in shower rooms to clean between each resident use. S22CNA stated staff had to go to find a house keeper and get a product to clean. S22CNA stated she did not know the name of the cleaning product and did not know the dwell time. S22CNA stated there is normally a house keeper on Hall X, but today there is not. S22CNA stated she would have to get with S18HouseKeepingSupervisor to get cleaning product to clean Room G. Interview on 01/12/2026 at 10:58 a.m. with S18HouseKeepingSupervisor revealed she became housekeeping supervisor last month. S18HouseKeepingSupervisor confirmed she had not had training on the cleaning products used at the facility and did not know the dwell times of the products, but should. S18HouseKeepingSupervisor confirmed S21HK and all housekeeping staff should be trained and should know the process of handling soiled linen/waste. Observation on 01/12/2026 at 11:00 a.m. of Room G shower room with S18HousKeepingSupervisor revealed there was no cleaning products available in the shower room for sanitizing between resident uses. S18HouseKeepingSupervisor confirmed Hall X was in need of cleaning related to the heavily soiled floors in resident's rooms. S18HouseKeepingSupervisor stated this was due to not having a housekeeper on Hall X today, but she would get the rooms and floors cleaned. Interview on 01/12/2026 at 11:18 a.m. with S23HK revealed the facility had recently switched products used for cleaning and she had not yet been trained on the new medline cleaning products. Interview on 01/13/2026 at 10:45 a.m. with S20HK revealed she had not yet been trained on the new medline cleaning products that were located in their house keeping closets for use. Observation on 01/14/2026 at 10:07 a.m. of Hall Y shower room with S20HK revealed there was a strong urine odor with observation of the trash can overflowing with soiled adult briefs. There was a large puddle of a yellow liquid substance on the shower room floor near the trash can. S20HK stated she had not yet been able to clean the room. S20HK revealed the CNA's do not clean between uses as the CNA's come and get a housekeeper to clean the area. Interview on 01/14/2026 at 10:10 a.m. with S16CNA on Hall Y revealed CNA staff did not have access to cleaning products, so they call for housekeeping to clean shower room between resident uses. Observation on 01/14/2026 at 10:34 a.m. of Room G, Hall X's shower room, with S24CNA revealed a strong urine odor with resident's personal clothing on floor and not contained within a bag. Soiled linen observed not contained on the shower room floor. Interview with S24CNA at time of observation revealed CNA staff was to remove soiled linen from shower room after use and housekeeping was to come and sanitize the room, but had not. Interview on 01/14/2026 at 10:48 a.m. with S18HouseKeepingSupervisor confirmed shower rooms should not have soiled linen uncontained on the floor. Observation on 01/14/2026 at 10:59 a.m. of Room G, Hall X's shower room, with S18HouseKeepingSupervisor confirmed the shower room was in need of cleaning and removal of resident's personal clothing as the clothing needed to be contained. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 01/14/2026 at 11:04 a.m. of Hall Z shower room with S18HouseKeepingSupervisor revealed the whirlpool had a small amount of feces near the drain area. S18HouseKeepingSupervisor confirmed the whirlpool was in need of cleaning. 7. Review of Resident #76's EMR revealed an admission date of 08/21/2025 with diagnoses including End-Stage Renal Disease, Severe Sepsis, Recurrent Enterocolitis due to Clostridium Difficile, Diabetes, Dysphagia, Heart Failure, Acute Embolism and Thrombosis, and Hypotension of Hemodialysis. Review of Resident #76's Quarterly MDS with ARD of 11/27/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #76 required substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, turning, position changes, and transfers. Review of Resident #76's Provider's Orders revealed, in part. Change peg tube dressing daily, dated 01/11/2026; Daily wound care to left 2nd toe, left elbow, left great toe, left inner thigh, left knee, left posterior thigh, right elbow, right heel, right inner lower leg, posterior right lower leg, and sacrum, dated 01/09/2026; Treatment nurse to remove bandage from dialysis fistula to left upper arm the following morning after dialysis days every Tuesday, Thursday, and Saturday, dated 09/24/2025; and Enhanced Barrier Precautions, dated 01/12/2026. Observation of Resident #76's wound care on 01/13/2026 at 9:20 a.m. revealed S5RN failed to don a gown while assisting with wound care by turning, repositioning, and holding Resident #76. Interview with S5RN on 01/13/2026 at 10:02 a.m. revealed Resident #76 was on EBP. S5RN confirmed she did not wear a gown while performing direct care to Resident #76, but should have.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation and interview, the facility failed to ensure reasonable accommodation of needs by failing to ensure a properly-fitting helmet was provided for 1 (Resident #25) of 42 sampled residents. Resident #25 Review of Resident #25's medical record revealed an admit date of 01/23/2025 with diagnoses that included: Nontraumatic Subarachnoid Hemorrhage, Generalized Anxiety Disorder, Diffuse Traumatic Brain Injury, Schizoaffective Disorder and Hypertension Review of Resident #25's Review of Resident #25's Care plan with review date of 02/04/2026 read in part.Resident #25 is at risk for injuries/falls. Ensure a protective helmet is worn when out of bed. Encourage use due to poor memory. Review of Resident #25's Quarterly MDS with ARD of 10/13/2025 revealed a BIMS of 06, indicating severe cognitive impairment. An observation on 01/12/2026 at 10:08 a.m. Resident #25 is observed sitting up in a chair in his room without a helmet. Resident #25's helmet is observed in a bag at the foot of the bed. Resident #25 stated that he does not really wear it anymore. An observation 01/14/26 at 9:05 a.m. Resident #25 is observed sitting up in chair near nurse station without helmet on. Residen#25 stated that he was not offered to wear his helmet today and during the interview a staff member brought Resident #25 his helmet and put it on his head. Resident #25's helmet appeared too big. Resident #25 then stated it's too big and comes down and goes over my eyes Resident #25 stated this is one of the reasons he does not wear the helmet. An observation on 01/14/2026 at 11:53 a.m. Resident #25 is observed sitting in dining area without a helmet on. An observation/interview on 01/14/2026 at 1:30 p.m. S2DON stated that she implemented the helmet for Resident #25's a few months ago as a fall intervention. At this time Resident #25 notified S2DON that the reason he does not wear his helmet often because it falls down in front of his eyes and because he does not always need it. S2 DON observed Resident #25 with the helmet on and confirmed that the helmet did not fit properly. S2 DON stated when she implemented the helmet as a fall intervention, she notified staff that resident is to wear a helmet when out of bed. S2DON stated that she did not fit Resident #25 for the helmet, but only told staff that he now required a helmet while out of bed. An observation on 01/14/2026 at 3:30 p.m. Resident #25 is sitting up in a chair near the nurse's station with different helmet that straps near the chin. Resident #25 stated the helmet fits nice and he had no issues wearing it.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Number of residents sampled:Number of residents cited:Review of facility policy titled, Notification of Change in a Resident's Status with a revision date of 11/2017 revealed in part. The attending physician/physician extender (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist) and the resident representative will be notified of a change in the resident's condition, per standards of practice and Federal and/or State Regulations. Responsibility: All Nursing Personnel. Guideline for notification of physician/ responsible party (not all inclusive). d. Any accident or incident (per Federal and State regulation).Review of Resident #52's electronic health record revealed an admission date of 12/23/2024, with diagnoses that included, in part. Schizoaffective Disorder, Bipolar Type, Bipolar Disorder, Current Episode Mixed severe with Psychotic features, Recurrent Major Depressive Disorder, Unspecified Dementia with other Behavioral Disturbance, and Type 2 Diabetes Mellitus.Review of Resident #52's Annual MDS with an ARD of 12/11/2025 revealed Resident #52 had a BIMS score of 6, indicating severe cognitive impairment.Review of the facility incident report revealed the facility reported an incident on 12/31/2025 at 11:00 a.m. for an injury of unknown origin related to discoloration/bruising to Resident #52's face. Review of facility progress note dated 12/31/2025 at 12:20 a.m. created by S12LPN read in part. Resident is noted with dark purple bruising to the area between the eyes. Resident denies fall and no complaint of pain to area. ED made aware of above events and findings.Further review of facility progress notes revealed no documentation that reflected Resident #52's resident representative or physician was notified upon the discovery of new facial discoloration/bruising of unknown origin.In an interview on 01/14/2026 at 07:30 a.m., S12LPN revealed that during her 12/30/2025 7 p.m.-7 a.m. shift, she observed new discoloration/bruising to Resident #52's face when she arrived at the resident's room to collect a urine analysis. S12LPN reported that after observing Resident #52's new facial discoloration, she notified the executive director via telephone of the findings. S12LPN confirmed she did not notify Resident #52's physician/nurse practitioner or representative of a change in resident status, and should have.In an interview on 01/14/2026 at 10:50 a.m., S2DON revealed she was unsure if Resident #52's resident representative and physician were notified upon discovery of Resident #52's change in condition of new facial bruising on 12/31/2025. S2DON revealed that if the physician had been notified, the call would have gone through the facility's on-call program.In an interview on 01/14/2026 at 02:03 p.m., S2DON revealed she called the facility on-call group and was notified that no calls had been received from the facility for the night shift on 12/30/2025-12/31/2025.In an interview on 01/14/2026 at 02:40 p.m., S1ADM stated that a new-onset discoloration/bruising to a resident's face of unknown origin is considered a change in resident status. S1Admin confirmed that the administration, resident representative, and resident physician were not notified of Resident #52's change of status of facial discoloration/bruising upon discovery, and should have been.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to ensure the SNF ABN Form CMS-10055 (Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage Form CMS-10055) was provided to the resident and/or the resident's responsible party prior to the discontinuation of Medicare Part A services for 1 (Resident #31) of 1 resident reviewed for Beneficiary Notification who required the notification.Review of Resident #31's SNF Beneficiary Notification Review revealed Resident #31 was discharged from Medicare Part A services when benefit days were not exhausted. Further review revealed a SNF ABN Form CMS-10055 was not provided to the resident or their RP prior to discharge from the service.Interview with S9MDS on 01/14/2026 at 1:30 p.m. confirmed Resident #31 remained in the facility after being discharged from skilled services with benefit day remaining. S9MDS confirmed she did not send the SNF ABN Form CMS-10055 to Resident #31 or their RP, but should have.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation and interview, the facility failed to ensure the privacy and confidentiality of medical records for 3 (Resident #23, Resident #45, and Resident #66) of 42 sampled residents.Resident #23 On 01/12/2026 at 9:20 a.m., observation of the facility outside dumpster area with S10Dietary revealed 3 medication blister packs on the ground with patient labels still fully intact. 1 of the 3 blister packs observed had Resident #23's name present and was labeled as Divalproex 125 milligram (mg) capsule. Resident #45 On 01/12/2026 at 9:20 a.m., observation of the facility outside dumpster area with S10Dietary revealed 3 empty medication blister packs on the ground with patient labels still fully intact. 2 of the 3 medication blister packs observed had Resident #45's name present and labeled as medications Naltrexone 50mg Tablet and Amlodipine 10mg tablet. On 01/12/2026 at 09:22 a.m. S10 Dietary confirmed empty medication blister packs with Resident #23's and Resident #45's patient information present on them were lying outside the dumpster area and should not have been. On 01/12/2026 at 09:24 a.m. S10Dietary accompanied the surveyor to S2DON office with 3 empty medication blister packs that revealed the patient information for Residents #23 and #45, to discuss the above findings. At this time, S2DON confirmed empty medication pill packs with Resident #23 and Resident #45 patient information present on them, were lying outside of the dumpster area and should not have been. Resident #66 Observation of Hall W on 01/13/2026 at 12:32 p.m. revealed Cart A was unattended, with the EMR screen open and Resident #66's PHI visible. The surveyor remained with Cart A until S3LPN approached Cart A Interview with S3LPN on 01/13/2026 at 12:34 p.m. revealed she was using Cart A to provide medications to residents on Hall W. S3LPN confirmed the computer screen displaying Resident #66's PHI was visible while she was away from Cart A, but should not have been.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations and interviews, the facility failed to maintain a clean and homelike environment for 1 (#76) out of 3 residents sampled for environment. Observation of Resident #76's room on 01/12/2026 at 9:51 a.m. revealed the privacy curtain was visibly soiled with multiple black and brownish-orange stains.Observation of Resident #76's room on 01/12/2026 at 4:01 p.m. revealed the privacy curtain was visibly soiled with multiple black and brownish-orange stains.Interview with S15RN on 01/13/2026 at 9:12 a.m. revealed the facility did not have a general housekeeping policy.Observation of Resident #76's room on 01/13/2026 at 10:00 a.m. accompanied by S1ADM confirmed the privacy curtain was visibly soiled with multiple black and brownish-orange stains. S1ADM revealed she was unaware of the facility's policy regarding soiled privacy curtains.Interview with S6HK on 01/13/2026 at 10:30 a.m. revealed privacy curtains were removed if visibly soiled, and replaced with a clean privacy curtain.Interview with S15RN on 01/13/2026 at 11:46 a.m. revealed the facility did not have a policy regarding cleaning of privacy curtains.Observation of Resident #76's room on 01/13/2026 at 3:34 p.m. accompanied by S3LPN confirmed the privacy curtain was visibly soiled, but should not have been.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who are unable to carry out ADLS (Activities of Daily Living) received the necessary services to maintain good personal hygiene for 2 (#57 and #58) of 3 (#6, #57, and #58) residents reviewed for ADL care. The facility failed to ensure:Resident #57 was provided nail care and was shaved; and Resident #58 was provided a bath on scheduled bath days. Findings:Review of the facility's policy dated 10/2009 titled Fingernails/Toenails Care read in part.Policy: The purpose of this procedure is to clean the nail bed, to keep nails trimmed, and to prevent infections. 3. Nail care includes daily cleanings and regular trimming. Review of the facility's policy dated 08/2011 titled Shaving- Male and Female read in part.Policy: Residents will be free of facial hair- both male and female. If the resident is alert and oriented and request not to be shaved, this will be noted in the care plan. Resident #57 Review of Resident #57's medical record revealed an admit date of 09/30/2025 with diagnoses that included: Vascular Dementia, Major Depressive Disorder, Hypothyroidism, Anxiety Disorder, , Depression, Cognitive Communication Deficit, and Mild Cognitive Impairment. Review of Resident #57's admission MDS with ARD of revealed a BIMS of 4, indicating severe cognition impairment. Resident #57's required supervision/touch assistance with personal hygiene. Review of Resident #57's Care plan with a review date of 01/11/2026 read in part .Resident #57 is at risk for decline in ADL's requiring 1 person assist with oral hygiene, toileting, personal hygiene, bathing, dressing and bathing. An observation on 01/12/2026 at 10:26 a.m. Resident #57 was observed with long facial hair and long, dirty, and jagged fingernail. An observation on 01/13/2026 at 9:13 a.m. Resident #57 continues with long, dirty, jagged nail and long facial hair. Resident responded Yes when asked if he would like for his face to be shaved and nails to be cleaned and cut. An interview on 01/13/2026 at 9:25 a.m. S13LPN confirmed that resident nails and hair on face are long and should have been cut. S13LPN denies that Resident #57 refuses care. An observation on 01/14/2026 at 10:00 a.m. Resident #57 is observed sitting up in room and continues with long facial hair and long, dirty, and jagged fingernails. An interview on 01/14/2026 at 11:16 a.m. S14CNA denies that Resident #57 refuses care. S14CNA stated that she assisted with Resident #57's bath on 01/11/2026, but there were no access to razors in the building to shave anyone. Resident #58 Review of Resident #58's Electronic Health Record revealed the Resident was admitted to the facility (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on [DATE]. Resident #58 had diagnoses that included in part. Generalized Muscle Weakness, Personal History of Pulmonary Embolism, Unspecified Sequelae of Cerebral Infarction, and Dysphagia. Review of Resident #58's admission MDS with an ARD date of 01/28/2026 revealed in part . Resident# 58 had BIMS of 06 indicating severe cognitive impairment and required substantial/maximal assistance from staff for personal hygiene, toileting, and bathing. Resident #58 had no behaviors or rejection of care Review of Resident #58's Care Plan with a target completion date of 02/04/2026 revealed in part. At risk for decline in ADL's (Activities of Daily Living). Interventions included: Incontinence care every 2 hours, and as needed, Needs 1 person assist with grooming, hygiene, bathing. Interview with Resident #58's RP (Responsible Party) on 01/12/2026 at 9:42 a.m. revealed he had concerns of staff not bathing Resident #58 on her scheduled days, and that Resident #58 had not been bathed and remained in the same clothes for 1 week. Observation of Resident #58 at time of interview revealed she was seated up on the side of bed with her bottom jogging pants removed, the pants were on the side of bed and wet. Resident #58 was observed with an adult brief and towel between her legs and she stated she was soaking wet. Resident #58 stated she had been calling since early morning for help getting cleaned up. Resident #58's sweat shirt appeared heavily soiled. Review of the facility Bath Schedule for Resident #58 revealed she was scheduled to receive a bath on Monday's, Wednesday's and Friday's, and as needed during the day. Review of Resident #58's ADL (bath) documentation for previous 30 days revealed Resident #58 had 7 baths in the last 30 days, and at minimum she should have received 12. Interview with S17CNA on 01/14/2026 at 10:10 a.m. revealed all baths are documented in the ADL/Task section of medical record when baths are completed. S17CNA stated any refusal should be documented in the task section as well. Interview with S18LPN on 01/14/2026 at 2:37 p.m. with a review of Resident #58's documented baths in the last 30days, confirmed the resident had received 7 baths, but should have received a bath 3 times per week. S18LPN confirmed if a resident refused, bath refusals should have been documented.

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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 record review and interview, the facility failed to ensure that a resident maintained acceptable parameters of nutritional status for 2 (#9 and #76) of 3 (#9, #52, and #76) residents reviewed for nutrition by:Failure to implement registered dietitian's recommendations for Resident #9; and Failure to provide tube feeding as ordered for Resident #76. Findings:Resident #9 Review of Resident #9's medical record revealed and admit to the facility on [DATE] with diagnoses that included: Schizoaffective Disorder, Unspecified Dementia, Bipolar Disorder, Paranoid Schizophrenia, and Anxiety Disorder. Review of Resident #9's Annual MDS with an ARD of 12/17/2025 revealed a BIMS score of 99, which indicated the assessment could not be completed. Resident #9 requires set up assistance with eating. Review of Resident #9's Care plan with a review dated 12/15/2025 read in part.Resident #9 needs to maintain adequate nutrition and hydration. Monitor weights, assess and address any significant weight changes. Document and report to medical director and registered dietician. Review of the S25RD registered dietician note dated 12/11/2025 read in part.Resident #9 triggered for monthly weight report due to weight loss. Add resident to weekly weights and monitor closely to make recommendations as needed. Review of Resident #9's weights records revealed the following weights: 12/12/2025- 173.0 lbs. 12/19/2025- 174.8 lbs. 01/13/2026 -173.2 lbs. An interview on 01/13/2026 at 10:16 a.m. with S25RD stated that resident has been having weight loss and made a recommendation for weekly weights on 12/11/2025. S25RD stated that she follows up on weights that are made available to her. S25RD stated that last weight she was notified of was 12/12/2025. An interview on 01/13/2025 at 1:40 p.m. S15RN stated that the recommendation made by the registered dietician are typically followed when written. S15RN confirmed there are no weekly weights completed for Resident #9 for the week of 12/21/2025, 12/28/2025 and 01/04/2026, but should have been. Resident #76 Review of Resident #76's EMR revealed an admission date of 08/21/2025 with diagnoses including COPD, Shortness of Breath, Diabetes, Dysphagia, Heart Failure, Acute Embolism and Thrombosis, and Hypotension of Hemodialysis. Review of Resident #76's Quarterly MDS with ARD of 11/27/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #76 required substantial/maximal assistance with toileting, (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bathing, dressing, personal hygiene, turning, position changes, and transfers. Review of Resident #76's Provider's Orders revealed Glucerna 50mL/hr via pump per peg tube, dated 01/09/2026. Observation of Resident #76 on 01/12/2026 at 9:51 a.m. revealed tube feeding infusing at 50mL/hr. The pump indicated 134mL had been infused. Observation of Resident #76 on 01/12/2026 at 10:44 a.m. revealed her tube feeding was disconnected, and she was leaving the facility for dialysis. Observation of Resident #76 on 01/12/2026 at 4:01 p.m. revealed the resident had returned to the facility. Resident #76's tube feeding pump was alarming and the display read pump inactive. Observation of Resident #76 on 01/12/2026 at 4:25 p.m. revealed tube feeding infusing at 50mL/hr. The pump indicated 187mL had been infused. Observation of Resident #76 on 01/12/2026 at 4:26 p.m. accompanied by S3LPN revealed Resident #76 had not received tube feeding while out of the facility for dialysis. S3LPN confirmed Resident #76 received 53mL of tube feeding from 9:51 a.m. to 4:26 p.m. Observation of Resident #76 on 01/13/2026 at 8:04 a.m. revealed tube feeding infusing at 50mL/hr. The label on the tube feeding indicated the bag had been hung on 01/13/2026 at 6:00 a.m. The pump indicated 82mL had been infused since that time. Observation of Resident #76 on 01/13/2026 at 12:17 p.m. revealed the tube feeding pump was alarming and the display read idle for 10 minutes. Observation of Resident #76 on 01/13/2026 at 12:35 p.m. revealed the tube feeding pump was alarming and the display read idle for 10 minutes. Observation of Resident #76 on 01/13/2026 at 12:46 p.m. revealed the tube was infusing at 50mL/hr. The pump indicated 203mL had been infused. Interview with S3LPN on 01/13/2026 at 3:31 p.m. revealed she stopped the tube feeding and Resident #76 left the facility for an appointment at 1:00 p.m. S3LPN revealed at 1:00 pm Resident #76 had received 221mL of tube feeding. S3LPN revealed Resident #76's tube feeding was ordered at 50mL/hour. S3LPN confirmed Resident #76 received 139mL of tube feeding from 8:04 a.m. to 1:00 p.m., but should have received 247mL. Observation of Resident #76 on 01/14/2026 at 8:50 a.m. revealed tube feeding infusing at 50mL/hr. The label on the tube feeding indicated the bag had been hung on 01/14/2026 at 6:00 a.m. The pump indicated 60mL had been infused since that time. Interview with S25RD on 01/14/2026 at 8:50 a.m. revealed Resident #76's tube feeding should have been provided as ordered to meet the nutritional requirements of the resident, but was not.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review the facility failed to provide respiratory care consistent with professional standards for 1 (Resident #76) of 4 residents reviewed for respiratory care. The facility failed to ensure:Oxygen was administered at the prescribed flow rate; andRespiratory equipment was appropriately labeled. Review of the facility's policy titled Oxygen Therapy revised 08/2014, revealed, in part.Oxygen therapy is to be provided under the direction of a written physician's order. Change tubing weekly. Date tube when changed (weekly).Review of Resident #76's EMR revealed an admission date of 08/21/2025 with diagnosis including COPD, Shortness of Breath, Diabetes, Dysphagia, Heart Failure, Acute Embolism and Thrombosis, and Hypotension of Hemodialysis.Review of Resident #76's Quarterly MDS with ARD of 11/27/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #76 required substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, turning, position changes, and transfers.Review of Resident #76's Provider's Orders revealed O2 at 2L/NC to keep oxygen saturation >92% as needed for Shortness of Breath, dated 08/21/2025.Observation of Resident #76 on 01/12/2026 at 9:51 a.m. revealed O2 at 4L/NC. The oxygen tubing and humidifier bottle were unlabeled.Observation of Resident #76 on 01/12/2026 at 4:01 p.m. revealed O2 at 4L/NC. The oxygen tubing and humidifier bottle were unlabeled.Observation of Resident #76 on 01/12/2026 at 4:26 p.m. accompanied by S3LPN revealed O2 at 4L/NC. The oxygen tubing and humidifier bottle were unlabeled. S3LPN revealed she did not know the prescribed flow rate for Resident #76's oxygen. S3LPN confirmed the oxygen tubing and humidifier bottle were not labeled with the date they were opened, but should have been.Interview with S3LPN on 01/13/2026 at 12:24 p.m. revealed Resident #76 was ordered O2 2L/NC. S3LPN confirmed Resident #76's O2 had not been administered at the prescribed flow rate, but should have been.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to ensure medications were stored properly in accordance with currently accepted professional principles by failing to ensure that expired medications were not available for use/administration to residents. Findings: Record Review of an undated facility policy on 01/14/2026 at 1:52 p.m. titled Medication Storage read in part. All drugs, treatments, and biologicals must be stored securely and following the manufactures labeled recommendations, or per facility policy. The following medications must be removed from stock and disposed of properly on a continuing basis: Outdated, Contaminated, recalled, deteriorated, unlabeled medications, or those with soiled or broken/cracked containers. Observation on 01/13/2026 at 11:31 a.m. of Room A medication storage room with S13LPN revealed the following:(3) E-kits (Emergency Medication Containers) were unlocked with expired medications within the kits. Record Review of the E-Kits directions for use read in part. Remove red plastic lock from front of box, remove needed supplies, and replace red lock on front of box and record new lock number on the lock change log. Observation of E-Kit #5 revealed its lock was broken and was not replaced. Review of the lock change sheet for E-Kit #5 revealed it was last changed on 05/08/2025.E-kit #5 contained the following expired medications: (2) 1/2 Normal Saline 1000ml bags with expiration date of 12/2025. (5) Swab Caps and (2) Biopatches with expiration dates of 10/2025. Observation of E-kit #14 revealed its lock was broken and was not replaced. Review of the lock change sheet for E-Kit #14 revealed it was last changed on 12/22/2025.E-Kit #14 contained the following expired medications: Promethazine 25mg, Kayexalate 15gm/60ml and Promethazine 25mg/1ml injectable, all with expiration date of 11/2025. Flomax 0.4mg, Desyrel 50mg and Toradol 30mg/1ml, all with expiration of 12/2025. Observation of E-Kit #17 revealed its lock was broken and was not replaced. Review of the lock change sheet for E-Kit #17 revealed it was last changed on 12/28/2025.E-Kit #17 contained the following expired medications: Norvasc 5mg, and Nitrostat 0.4mg, with expiration date of 11/2025. Cleocin 150mg, Catapres 0.1mg, Plavix 75mg, Depakote DR 250mg, Lasix 20mg, Vistaril 25mg, Namenda 5mg, Flagyl 250mg, and Toprol 25mg, all with expiration date of 12/2025. Observation of the over the counter stock cabinet in Room A revealed the following expired medications:Slo Mg Chloride, 60 tabs, with expiration date of 11/2025,Omeprazole 20mg, (2) 14ct boxes, with expiration date of 09/2025,Magnesium 250mg, 100 tabs, with expiration date of 08/2025,Mucus Relief 400mg, 100caps, with expiration date of 12/2025,Ferrous gluconate 324mg, 100 tabs, with expiration date of 12/2025,Ferrous gluconate 324mg, 100 tabs, with expiration date of 10/2025, and(4) Bottles of Meclizine 12.5mg, 100 caps, with expiration date of 10/2025. Interview on 01/13/2026 at 11:45 a.m. with S13LPN confirmed the above findings.

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F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to promptly obtain and notify the NP (Nurse Practitioner) of ordered lab results for 1 (Resident #58) of 42 Sampled Residents. Findings:Record Review of an undated facility policy on 01/14/2026 at 2:22 p.m. titled Laboratory Tests read in part. Lab tests are completed as ordered by the physician. The licensed nurse, or designee, will indicate when lab results are returned to the facility on the lab scheduling/tracking form. The physician or physician extender will be promptly notified of abnormal results according to facility policy. Review of Resident #58's Electronic Health Record revealed the Resident was admitted to the facility on [DATE]. Resident #58 had diagnoses that included in part. Generalized Muscle Weakness, Personal History of Pulmonary Embolism, Unspecified Sequelae of Cerebral Infarction, and Dysphagia. Review of Resident #58's admission MDS with an ARD date of 01/28/2026 revealed in part . Resident# 58 had BIMS of 06 and required substantial/maximal assistance from staff for personal hygiene, toileting, and bathing. Resident #58 had no behaviors or rejection of care. Review of Resident #58's 01/2026 orders read in part.01/07/2026 Chest X-ray, Flu Swab, CBC, BMP. Review of Resident #58's medical record revealed no documentation of results obtained for the above 01/07/2026 orders. Review of Resident #58's Departmental Progress Notes read in part.01/04/2026 9:00 a.m. S3LPN documented: Resident #58 complains of coughing and nausea. On-call NP notified. New orders for Geritussin cough syrup, give 10 mls as needed every 4 hours for 5 days, and Zofran 4 mg as needed every 6 hours for 6 days. Notified resident's son of new orders. 01/07/2026 S26NP documented: Resident #58 is seen today for follow-up visit after on-call was notified that the resident had a cough, at that time she was started on Tessalon cough medicine. She continues to report that she is just not feeling well overall, lethargic, malaise, and hurting in her joints and body with a cough. Her lung sounds are clear throughout. There has not been any imaging or labs ordered since she started this production on 01/04/2026. Plan: Chest X-ray, Flu Swab, CBC, BMP. 01/11/2026 6:20 p.m. S17LPN- Notified Resident #58 was positive for Influenza A. S26NP made aware, new orders received for Isolation Precautions per facility policy. Interview on 01/14/2026 at 12:05 p.m. with S17LPN revealed on 01/11/2026 she was notified by S26NP that Resident #58 was positive for Flu and asked how resident was doing. S17LPN stated at that time Resident#58 was doing well and was asymptomatic. S17LPN stated she did not know if the facility had the lab results from the orders on 01/07/2026 as she had not seen them, and it was actually S26NP who notified her of the results. S17LPN stated she did not know why there was a delay in receiving the lab results from 01/07/2026. Interview on 01/14/2026 at 12:57 p.m. with S2DON revealed Resident #58 had been symptomatic with respiratory symptoms, so S26NP ordered a Chest X-ray, Flu swab, and labs on 01/07/2026. S2DON confirmed the facility did not follow up to ensure orders were followed and the facility had not received a copy of the lab results on 01/07/2026, but should have. S2DON confirmed the facility received the lab results today 01/14/2026 when requested. S2DON stated S26NP notified the facility on 01/11/2026 that Resident #58 was Flu A positive, and at that time the facility initiated isolation.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety. This deficient practice had the potential to affect 68 residents who received meals from the kitchen. The facility failed to ensure:1. Food items in the refrigerators and freezers were labeled, dated, and stored in a sanitary manner; and 2. Dry Food items were labeled with an open date and stored in a sealed container.On 01/12/2026 at 8:55 a.m., observation of the kitchen walk-in refrigerator revealed 1 bag of green onions opened and undated, 1 bag of shredded lettuce opened and undated, and 1 Activia yogurt opened with yogurt present on the packaging. On 01/12/2026 at 08:55 a.m., S10Dietary confirmed 1 bag of green onion and 1 bag of shredded lettuce should have been sealed and labeled with an open date, but were not. S10Dietary confirmed that the 1 Activia yogurt should not have been present in the refrigerator, which was opened and should have been discarded, but was not. On 01/12/2026 at 9:03 a.m., the kitchen walk-in freezer was observed with S10Dietary, revealing 1 box of hamburger patties opened to air, not sealed, and undated. 1 box of chicken tenders open to air, not sealed and undated, 2 chicken tenders on the floor of the freezer, and one cup of ice cream on the floor of the freezer. On 01/12/2026 at 09:03 a.m., S10Dietary confirmed 1 box of hamburger patties and 1 box of chicken tenders were not stored in a sealed container with an open date, and should have been. S10Dietary confirmed 2 chicken tenders and 1 cup of ice cream were present on the freezer floor, and should not have been. 2. On 01/12/2026 at 09:10 a.m., observation revealed 1 clear plastic container of cereal stored on the kitchen prep countertop labeled ground meat and no open date present on the container. S10Dietary present at this time and confirmed 1 clear plastic container of cereal was without an open date, labeled incorrectly, and should not have been. On 01/12/2026 at 2:45 p.m., the above findings were discussed with S1ADM and S11RegionalDietitian. S1ADM and S11RegionalDietitian confirmed that the above food items identified in the freezer, refrigerator, and dry food storage were improperly stored and labeled, and should not have been.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations and interviews, the facility failed to ensure garbage and refuse were properly disposed of. This deficient practice had the potential to affect all 71 residents at the facility.Review of facility undated policy titled Garbage and Rubbish Disposal read in part. Garbage and rubbish will be disposed of to ensure a clean and sanitary kitchen does not encourage infest or rodents. All outside dumpsters will be maintained in a clean and sanitary condition. Outdoor trash receptacles will be kept covered, and the surrounding area kept free of litter.On 01/12/2026 at 9:16 a.m., observation of the facility's outdoor dumpster area revealed a moderate amount of empty boxes outside of the dumpster area, a moderate amount of litter outside of the dumpster area, and the dumpster door was open.In an interview on 01/12/2026 at 9:16 a.m., S10Dietary confirmed that the facility dumpster area was unkempt, with a moderate amount of empty boxes and litter surrounding it, and that this should not have been. S10Dietary confirmed the dumpster door should have been closed, and it was not.In an interview on 01/12/2026 at 2:45 p.m., S1ADM confirmed the facility dumpster area was unkempt, with a moderate amount of empty boxes and litter surrounding the dumpster, and that the dumpster door was open and should not have been.