

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Waldorf Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4140 Old Washington Highway Waldorf, MD 20602	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation and interview it was determined the facility failed to ensure privacy and confidentiality of medical records. This was evident during 1 out of 1 dual surveyor observation of the facility's warehouse building which was conducted during the facility's recertification survey and during the review of Complaint #2714840. The findings include: During review of complaint #2714840 the surveyor requested and conducted a dual surveyor observation of the facility's warehouse building on 1/20/26 at 11:09AM with the facility's Director of Maintenance #14 and Assistant Director of Maintenance #24 who unlocked the facility's warehouse for the observation at which time surveyors observed several open boxes of medical records with freely visible protected health information in different areas of the warehouse which included names and medical record assessments, and another area of the warehouse with approximately 11 closed boxes of medical records with papers affixed to the exterior of the boxes with freely visible names and medical record numbers written on them and medical record files sitting on top with freely visible names and other information written on the outside of the files. At this time surveyors conducted an interview of the Director of Maintenance who reported to the surveyors that the warehouse was used for everybody to put stuff in and that the warehouse was additional storage. When surveyors inquired as to who had access to the warehouse at any given time, they stated: the central supply lady, housekeeping, and dietary. At this time surveyors shared their concerns. On 1/23/26 at 11:23AM the surveyor conducted an interview and shared concerns with the facility's Director Of Nursing (DON) who confirmed during the interview that maintenance and environmental services did not need access to medical records and protected health information. When the surveyor inquired as to what staff had keys/access to the warehouse where the medical information was observed, the DON reported: The Maintenance Director, Environmental Services Director, the Medical Records/Supply person, and the Maintenance Assistant. During the interview the DON confirmed with the survey team that after surveyor intervention, action was taken by the facility and all medical records were taken out of the warehouse the very same day and a shred company came the next day to destroy the older medical records.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 215273
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record review and interview with staff, it was determined that the facility failed to ensure a Minimum Data Set (MDS) assessment was accurately coded to reflect a Resident's status. This was evident for 2 (Resident #3 and #5) out of 9 Residents reviewed for smoking during the facility's recertification survey. The findings include: The MDS (Minimum Data Set) is a standardized, comprehensive assessment of a resident's functional, medical, psychosocial, and cognitive status to develop a plan of care based on the resident's individualized needs. A comprehensive MDS assessment is completed at admission, annually, quarterly, and with significant change. On 1/15/2026 at 12:27PM, during an interview with Resident #3, the Surveyor was informed that the resident was a smoker. On 1/15/2026 at 1:00PM, during an interview with Resident #5, the Surveyor was informed that the resident was a smoker. On 1/16/2026 at 8:20AM, a review of the facility's smoking list revealed that Resident #3 and Resident #5 were independent smokers. On 1/20/2026 at 9:15AM, the Surveyor discovered a Smoking Evaluation completed on 9/2/2025 which stated that Resident #3 was an independent smoker. On 1/20/2026 at 9:30AM, a review of Resident #5's electronic medical record revealed a Smoking Evaluation dated 12/3/2025 which revealed the resident was an independent smoker. On 1/22/2026 at 9:30AM, during a review of Resident #3's annual MDS assessment completed on 9/22/2025, section J1300 revealed No to tobacco use. During an interview with MDS Coordinator #26 on 1/22/2026 at 9:45AM, the Surveyor was informed that tobacco use should have been captured during the annual MDS assessment completed on 9/22/2025. On 1/22/2026 at 10:23AM, MDS Coordinator #26 provided the Surveyor with a copy of the modified annual MDS assessment from 9/22/2025 which reflected yes to Resident #3's current tobacco use in section J1300. On 1/22/2026 at 10:30AM during a review of Resident #5's annual MDS assessment completed on 12/06/2025, section J1300 revealed No to tobacco use. On 1/22/2026 at 10:35AM, during an interview with the Corporate Clinical Lead, the Surveyor expressed the concern that Resident #5's annual MDS assessment completed on 12/06/2025 did not reflect the resident's current tobacco use and a modification was completed on 1/22/2026 for the annual MDS assessment completed on 12/6/2025 due to Surveyor intervention with Resident #5. The Corporate Clinical Lead provided the Surveyor with a copy of the initial annual MDS assessment completed on 12/06/2025 and the modification completed on 1/22/2026.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and interview it was determined the facility failed to: 1.) ensure a care plan was comprehensive and complete, evident for 1 (Resident #57) out of 1 Resident reviewed for change in condition; and 2.) ensure comprehensive person-centered care plans were developed and implemented for residents which reflect resident's goals, measurable objectives, and interventions to meet the specific goal, evident for 2 (Resident #3 and #5) out of 7 residents reviewed for accidents during the facility's recertification survey. The findings include: A care plan is used to summarize a person's health conditions, specific care needs, and current treatments and outlines what needs to be done to plan, assess, and manage care.</p> <p>1.) On 01/16/2026 at 11:47 AM the surveyor conducted a review of Resident #57's care plan and observed the following care plan focus dated 12/31/25 by Assistant Director of Nursing, Registered Nurse (ADON, RN) #3: Resident is at risk for falls: CVA, Impaired mobility. Further review of Resident #57's care plan revealed the following goal was documented as initiated and created on 12/31/25 to address the care plan focus: Resident will have no falls with injury x 90days. The following interventions on the care plan were observed by the surveyor to be incomplete: 1.) Fall mat(s) Indicate Number/side(s) dated as created on 1/8/26 and dated as initiated on 1/5/26, and When resident is in bed or bed-side chair place the following personal items within reach: _____ dated as both created and initiated on 12/31/25.</p> <p>On 01/23/2026 at 10:30 AM the surveyor reviewed and observed Resident #57's care plan with the facility's Director of Nursing (DON) who reported to the surveyor that the care plan could be more personalized, individualized. The DON further reported to the surveyor during the interview that their expectation was: The care plan needs to be developed based on what the Resident needs are, or be specific to the Resident, this one doesn't say what personal items need to be in reach, and the fall mat intervention says to indicate the number and sides but it's not specified. After surveyor intervention, the DON informed the surveyor that they would ensure all care plans were individualized.</p> <p>2.) On 1/15/2026 at 12:27PM, during an interview with Resident #3, the surveyor was informed that the Resident was a smoker.</p> <p>On 1/15/2026 at 1:00PM, during an interview with Resident #5, the surveyor was informed that the Resident was a smoker.</p> <p>On 1/16/2026 at 8:20AM, a review of the facility's smoking list revealed that Resident #3 and Resident #5 were independent smokers.</p> <p>On 1/20/2026 at 9:15AM, a review of Resident #3's electronic medical record revealed a smoking evaluation dated 12/3/2025 which revealed the Resident was an independent smoker. Further review revealed a care plan initiated and created on 10/25/2022 and revised 12/3/2025 with a focus which states, Patient may smoke independently per smoking assessment and a goal which states, Patient will smoke safely by next review. The care plan did not include interventions for specific care and services that would be implemented for the Resident.</p> <p>On 1/20/2026 at 9:30AM, a review of Resident #5's electronic medical record revealed a smoking evaluation dated 12/3/2025 which revealed the resident was an independent smoker. Further review revealed a care plan initiated and created on 12/2/2019 and revised 12/3/2025 with a focus which states,</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Patient may smoke independently per smoking assessment and a goal which states, Patient will smoke safely x90 days. The care plan did not include interventions for specific care and services that would be implemented for the resident.</p> <p>On 1/21/2026 at 11:20AM, during an interview with Unit Manager (UM) #7, the surveyor expressed the concern that the facility failed to develop a complete person-centered care plan for a resident who is evaluated as an independent smoker by identifying interventions to be implemented and to meet the Resident's objectives. UM #7 stated they would review and update Resident #3's and Resident #5's care plans as necessary.</p> <p>On 1/21/2026 at 11:30AM, the Director of Nursing (DON) was made aware of the surveyor concerns.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observations, medical record review and interviews with facility staff, it was determined the facility failed to follow professional standards of practice during medication administration observation by not signing off a medication for a resident (#40) after administration, and not administering physician ordered medications to residents (#106 and #107) at their scheduled times. This was found to be evident during medication administration observation during the survey. The Findings Include: 1. During the initial screening process of residents on the A Unit Wing, a Licensed Practical Nurse (LPN) #5 was observed on 1/15/26 at approximately 9:55 AM in resident #40's room. At this time resident #40 complained of an upset stomach and headache. The surveyor accompanied the nurse to the medication cart, and she retrieved Oxycodone 5 milligrams (mg) (1) tablet labeled for resident #40 from the narcotic drawer and signed the narcotic medication book. She went to resident #40's room and administered the oxycodone 5 mg tablet to the resident. During a medical record review for resident #40 on 1/21/26 at 11:00AM, it revealed the resident had a physician order for Oxycodone HCL Oral tablet 5 mg; give 1 tablet by mouth every 4 hours as needed for pain 4-6. Further review of the medication administration record (MAR) for resident #40 revealed, Oxycodone 5 mg tablet was not signed off as administered. During an interview with the DON on 1/21/26 at 12:38PM she was made aware of the concerns that the LPN #5 did not document that she administered resident #40 oxycodone 5 mg tablet. At this time the DON reviewed the narcotic book that confirmed the oxycodone was signed out for resident #40 by LPN #5. The DON reviewed the MAR for the resident and confirmed that Oxycodone 5 mg tablet was not signed off by the nurse as administered. The DON stated that the expectation of staff is to sign both the narcotic book when the medication is removed from the narcotic drawer and to document on the MAR that the medication was in fact administered to the resident. She stated that education will be provided to staff. 2. A medication administration observation was conducted on 1/15/26 at 10:30 AM for resident #106. LPN #5 reviewed the computer screen as she poured medications for the resident. The computer highlighted a pink screen displaying the resident medication information for Metformin 500 mg tablet, Eliquis 2.5 mg tablet, Aspirin 81 mg tablet, Metoprolol 25 mg tablet, Amlodipine 5 mg tablet, Cetirizine HCL 10 mg tablet, Furosemide 40 mg tablet, Omeprazole 20 mg tablet, Multivitamin 1 tablet, Fluticasone 100 microgram (mcg) /25 mcg inhalation. All the medications were displayed at a scheduled time of 9:00AM. LPN #5 administered resident #106's medications at 10:30 AM. LPN #5 explained that the computer highlights a pink screen when the medications are not signed off as given at the scheduled displayed time. LPN #5 confirmed that the medications were given outside of the scheduled ordered time. She stated that she has two hallways of residents to administer medications to. Review of the physician orders for resident #106 on 1/15/26 revealed the following: Metformin 500 mg give 1 tablet by mouth two times a day for Type 2 Diabetes. Scheduled for 9:00 AM. Metformin is an oral diabetic medication that is used to help control high blood sugar levels. Eliquis 2.5 mg give 1 tablet by mouth two times a day for blood clot prevention. Scheduled for 9:00AM Aspirin 81 mg 1 tablet by mouth one time a day for Heart Health. Amlodipine 5 mg 1 tablet by mouth one time a day for Hypertension (High Blood Pressure). Cetirizine 10 mg 1 tablet by one time a day for Congestion. Furosemide 40 mg 1 tablet by one-time for Edema. Metoprolol 25 mg 1 tablet by mouth two times a day for Hypertension. Scheduled for 9:00AM Multivitamin 1 tablet by mouth one time a day for Supplement Omeprazole 20 mg 1 capsule by mouth one time a day for GERD (Reflux). 3. A medication administration observation was conducted on 1/15/26 at 10:45AM for resident #107. LPN #5 reviewed the computer screen as she poured medications for the resident. The computer highlighted a pink screen displaying the resident medication information for Protein Liquid 30 milliliter (ml), Amlodipine 2.5 mg, Metoprolol 25 mg (1/2</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>tab), Multivitamin with Mineral, Omeprazole 20 mg, Sodium Bicarb 650 mg 2 tabs, Vitron 65/125 mg. All the medications are displayed on the highlighted pink screen at the scheduled time of 9:00AM. LPN #5 administered resident #107's medications at 10:45 AM. She confirmed that the medications were given outside of the scheduled ordered time. Review of the physician orders for resident #107 on 1/15/26 revealed the following:Protein Liquid 30 ml by mouth two times a day for MalnutritionAmlodipine 2.5 mg by mouth one time a day for Hypertension (High Blood Pressure)Metoprolol 25 mg (0.5/1/2 tablet) by mouth two times a day for Hypertension with parameters.Multivitamins-Minerals 1 tablet by mouth one time a day for SupplementSodium Bicarbonate 650 mg two tablets by mouth two times a day for supplementVitron-C 65/125 mg 1 tablet by mouth one time a day for Anemia (lack of healthy red blood cells or hemoglobin resulting in reduced oxygen transport to organs)Omeprazole 20 mg 1 capsule by mouth one time a day for Reflux During an interview with the DON on 1/21/26 at 12:38 PM she was made aware of concerns identified during medication administration observations and she stated that the expectation is that when a medication is highlighted on the computer screen it alerts that the medication is outside of the scheduled time and the nurse is to notify the physician. She stated that education will be provided for staff.All concerns were discussed with the Administration Team at the exit conference on 1/23/26.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review it was determined the facility failed to ensure staff performance of basic infection control measures, follow appropriate infection control management of biohazard waste and storage of clean supplies and handling linens in a safe and sanitary manner. This was evident for 1 out of 1 dual surveyor observation of the facility's warehouse storage, and during an observation of the clean and soiled laundry processing rooms.</p> <p>The findings include:</p> <p>1.) On [DATE] at 10:22 AM the surveyor observed Activities Assistant (AA) #22 throw their personal cell phone onto Resident #18's bed and proceed to unlock the resident's furniture with a key. At this time, the surveyor conducted an interview of AA #22 who confirmed that the cell phone placed on Resident #18's bed was their personal cell phone. At this time, the surveyor shared the concern with AA #22.</p> <p>On [DATE] at 9:01 AM the surveyor conducted an interview with the facility's Director of Nursing who acknowledged and confirmed understanding of the surveyor's concern and reported to the surveyor that they had provided training to AA #22 and that AA #22 was rushed, moving fast with what they needed to do and didn't think about it when they put their phone on the resident bed.</p> <p>2.) During review of complaint #2714840 the surveyor requested and conducted a dual surveyor observation of the facility's warehouse storage building on [DATE] at 11:09AM with the facility's Director of Maintenance #14 and Assistant Director of Maintenance #24 who unlocked the facility's warehouse for observation. The surveyors observed the following in addition to other concern(s):</p> <p>a.) Biohazard waste managed in an area with additional biohazard bags present and open boxes of medical gloves, with the boxed bio hazard waste stacked against and with boxes of clean medical supplies,</p> <p>b.) An opened box of drinking cups and an opened box of cup lids stored on the floor near to a plastic container of used belongings which included a wheelchair arm rest which was worn and cracked,</p> <p>c.) Lancets, medical tape and various expired syringes present in the warehouse environment with various boxes stacked around with no separation of clean vs dirty supplies/stored items, and d.) Boxed medical supplies to include gloves, packages of incontinence briefs, and wound cleanser and dressing supplies were stored directly on the floor.</p> <p>At this time, surveyors conducted an interview of the Director of Maintenance who reported to the surveyors that the warehouse was used for everybody to put stuff in and that the warehouse was additional storage. When surveyors inquired as to who had access to the warehouse at any given time, they stated: the central supply lady, housekeeping, and dietary. At this time surveyors shared their concerns.</p> <p>On [DATE] at 1:30 PM the surveyor conducted an interview of Infection Preventionist (IP) #4 who confirmed with the survey team that the conditions identified by surveyors regarding the storage of supplies and the management of biohazard waste was not acceptable and stated: Biohazard waste should never be where there are clean gloves and clean items. IP #4 confirmed with the surveyor that after</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>surveyor intervention, they went out to the warehouse with Director of Maintenance #14 and Assistant Director of Maintenance #24 to ensure the conditions were taken care of, and reported that things were separated, a call was made to the bio hazard company to have the boxed waste removed, and staff had come in early to address the warehouse environment.</p> <p>3.) On [DATE] at 1:25PM, an observation of the clean laundry processing area, in the presence of Environmental Services Manager (EVS) #23 and the District EVS Manager, revealed an uncovered metal linen cart which contained facility white blankets on the top, first shelf piled high and leaning on the wall, white towels and white washcloths on the second shelf, a small pile of white fitted sheets on the third shelf, and piles of white and cream colored thicker blankets on the bottom shelf, close to the floor. There was an uncovered white laundry basket with a pile of clean Resident laundry, which was unfolded, overflowing, and leaning against the wall. The surveyor inquired about the pile of Resident laundry and EVS #23 informed the surveyor that that pile was unidentified Resident laundry. The surveyor and EVS #23 identified 3 additional uncovered, unfolded, containers of unidentified resident laundry which were located under the folding tables. One container was overflowing and laundry items were touching the floor. EVS #23 and the District Manager of EVS acknowledged the overwhelming amount of unidentified Resident laundry. The surveyor expressed the concern that the Residents' personal garments and linens and the facility linens were not maintained in a safe and sanitary manner. The surveyor was informed that all clean linen should be covered, kept off the wall and floor, and stored in a manner to prevent contamination.</p> <p>On [DATE] at 1:35PM, an observation of the soiled laundry processing area, in the presence of EVS #23 and District EVS Manager revealed:</p> <p>a.) Five, unlined, 32 gallon (approximate) trash bins lined up along the wall. Three were overflowing with unbagged resident laundry items and facility linens piled high and touching the wall. One was filled with bagged resident laundry and facility linens.</p> <p>b.) One white 13 gallon (approximate) laundry bin lined up along the wall overflowing with unbagged resident laundry items and facility linens, piled high and touching the wall.</p> <p>c.) One 55 gallon (approximate) yellow trash bin full of unbagged white facility linen.</p> <p>d.) One black utility tilt truck half full of bagged resident laundry and facility linen.</p> <p>e.) An odorous soiled utility room.</p> <p>EVS #23 and District EVS Manager confirmed the surveyor's findings and concerns for infection control. The surveyor was informed that the laundry facility was currently operating with 1 out of 2 washing machines, which has increased the amount of soiled laundry sitting in the soiled laundry processing area. The facility is currently in the process of getting the inoperable washing machine repaired in order to manage the high volume of soiled laundry. The District EVS Manager informed the surveyor that they are working on implementing new systemic approach to managing laundry services within the facility to ensure infection control practices are followed, resident garments and linens are collected and labeled accurately to decrease the unidentified resident laundry, and ensure clean and soiled laundry is stored, handled, and maintained in a safe and sanitary manner.</p>		