STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225348	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourne Manor Extended Care Facility	146 Mac Arthur Boulevard Bourne, MA 02532

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to follow the manufacturer's directions for application of a registered pesticide (Environmental Protection Agency (EPA) Registration #44446-80) to prevent exposure to residents. Specifically,1. On six evenings over a three-week span, the facility applied a pesticide in the main kitchen without protective measures in place to prevent cross contamination of the pesticide on food prep surfaces, kitchen equipment, condiment packages, small food carts (used to deliver nourishments to the kitchenettes), and meal trucks. The facility failed to clean the food contact surfaces (dishes, pots, pans, cutting boards, utensils), equipment, and carts, after the application, including the inside and outside of the meal trucks which were used to deliver food trays to the units and residents' rooms.2. The facility failed to have a Material Safety Data Sheet (MSDS) in the facility for the pesticide which was being used to control cockroaches. Findings include:Review of the facility's policy titled Environmental Services Guidelines, dated September 2011, indicated but was not limited to the following:-All chemicals used in the facility must have an approved EPA registration number; Be labeled with the product name, product action, and correct use.-Safety concerns and the emergency response needed in case of accidental exposure/ingestion are listed in the Material Safety Data Sheet (MSDS) Book. Review of the EPA information data sheet and the instructions printed on the can for the Pesticide spray with the EPA Registered No. 44446-80 indicated but was not limited to:- Active ingredient: Permethrin 0.50% (pesticide used to kill bugs)-Precautionary statements hazardous to humans and domestic animals-Caution: Harmful if absorbed through skin. Causes moderate eye irritation. Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet.-Read entire label before each use.Use restrictions:-Do not apply as broadcast treatment to indoor surfaces at residential sites, including nurseries, daycare centers, schools, hospitals and nursing homes.-Except when applying to pets, livestock, clothing, do not allow adults, children, or pets to enter until vapors, mist and aerosols have dispersed, and the treated area has been thoroughly ventilated or dried.-Except when applying to pets, Livestock, clothing, do not apply this product in a way that will contact workers or other persons, either directly or through drift.-Except when applying to pets, Livestock, clothing, only protected handlers may be in the area during applications.-In home, cover all food processing surfaces and utensils during treatment and thoroughly wash before use. Cover and remove exposed food.-Do not apply when food is present.-Do not use in food areas of food handling establishments, restaurants, other areas where food is commercially prepared or processed. Do not use in serving areas while food is exposed or processed.-Cockroaches: Spray into hiding places such as cracks and crevices, behind sinks, cabinets, along base boards, around drains and plumbing, hitting insects with spray whenever possible. Retreat if infestation occurs, but not more than once every two weeks. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: Chapter 7 Poisonous or Toxic Materials:-7-202.12 Conditions of Use. POISONOUS OR TOXIC MATERIALS shall be: (A) Used according to: (1) LAW and this Code, (2) Manufacturer's use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	use is allowed in a FOOD ESTABLISHMENT, P (3) The conditions of certification, if certification is required, for use of the pest control materials, P and (4) Additional conditions that may be established by the REGULATORY AUTHORITY; and (B) Applied so that: (1) A HAZARD to EMPLOYEES or other PERSONS is not constituted, P and (2) Contamination including toxic residues due to drip, drain, fog, splash or spray on FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLE SERVICE and SINGLE-USE ARTICLES is prevented, and this is achieved by: P (a) Removing the items, P (b) Covering the items with impermeable covers, P or (c) Taking other appropriate preventive actions, P and (d) Cleaning and SANITIZING EQUIPMENT and UTENSILS after the application. During an interview on 5/5/26 at 8:45 A.M., the Food Service Manager (FSM) said there has been an ongoing cockroach problem in the kitchen that she first reported in July 2025. The FSM said she contacted the Maintenance Director after her staff reported cockroach sightings in the kitchen. At that time, the FSM said the Maintenance Director said they were wood cockroaches and they would not be a problem. The surveyor requested to see the text message confirming the conversation in July 2025. Review of a text message, dated 7/25/25, from kitchen staff to FSM indicated but was not limited to the following:-Kitchen staff notified FSM there were roaches at the coffee machine.-FSM responded she will text Maintenance Director now. Maintenance Director said they were wood roaches.-Kitchen staff responded, Yea that's what he just came in and told us. He said it was not like regular roaches where they infest and stuff like that so he said we should be OK. Review of an email chain communication, dated 12/28/25, from the FSM to Administrator #3 indicated, I am having a Roach problem in the kitchen now, Maintenance Director says that they are wood roaches, but at this point it is becoming sketchy. They hang around the water/warm areas such as under my steam table and around the coffee machine. I don't know if we can get a pest control person in soon. Response from Administrator #3 indicated, OK, I will address. Thanks.Review of e-mail communication, dated 2/6/26, from the FSM to the Infection Preventionist indicated also, just for the paper trail, roaches galore. 1. During an interview on 5/6/26 at 3:11 P.M., the Maintenance Director said there has been a cockroach problem in the kitchen since the garbage disposal broke (December 2025). The Maintenance Director said they were using Pest Control Company (PCC) #1 who advised him to perform additional spraying to help control the cockroach problem. The Maintenance Director said the pest control company did not recommend a specific spray to use; he ordered a case (12-16 oz cans) of bug killer which his vendor carried (Product ordered was labeled with EPA Reg # 44446-80-66114). The Maintenance Director said the Maintenance Assistant Staff #1 and himself sprayed the kitchen and the food trucks on Friday and Saturday nights starting 4/10/26. The Maintenance Director said he applied the chemical in cracks, crevices, under the tables, under the sinks in the main kitchen and dish room and sprayed the food carts.During an interview on 5/6/26 at 3:47 P.M., the FSM said she was made aware the Maintenance Director was spraying in the kitchen on Friday and Saturday nights by a text she received from Administrator #3. The FSM said she was never informed of the chemical they were spraying, where or what they were spraying, and neither herself nor other kitchen staff were given any special instructions for preparation before the spraying occurred or cleaning after the spraying. Review of a text message, dated 4/10/26 at 8:46 P.M., from Administrator #3 to FSM indicated FYI. From Maintenance Director went into spray.During an interview on 5/7/26 at 8:40 A.M., the Maintenance Director toured the kitchen with the surveyor and showed the surveyor the areas where he sprayed the pesticide in the kitchen. The Maintenance Director said he sprayed in the main kitchen 4/10/26, 4/11/26, 4/17/26, 4/18/26, 4/24/26, and 4/25/26, and did not spray last weekend (5/1/26 and 5/2/26). The Maintenance Director said he sprayed it in the dish room, under the table surfaces, the legs, base boards, around the dish machine (broken) heat booster, and around the drain. The Maintenance Director said in the main kitchen he sprayed under the table's bottom shelves and the legs of all the tables, including the tables the juice machine and coffee machine were on, between the appliances, under the refrigerator, under the sinks, and the legs/wheels of all carts in the kitchen. The Maintenance Director said he sprayed every crack and crevice he could see that cockroaches (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	may go in. The Maintenance Director said he pulled the food trucks from the dining room and sprayed them outside and inside including each shelf the resident food tray goes on. The Maintenance Director said he did not provide any instructions to kitchen staff on where he sprayed or any instructions for cleaning before using the food trucks to transport food or any dishes or surfaces in the main kitchen. The Maintenance Director said he assumed they cleaned them before they used them. The Maintenance Director said he did not cover anything in the kitchen before he sprayed or removed any items from the kitchen.On 5/7/26 at 8:42 A.M., the surveyor made the following observations in the kitchen:-storage rack on the second to bottom shelf was tray of condiments containing individual packages. On the bottom shelf were additional individually packaged condiments.-Pallet bottoms were stacked on top of the plate warmer machine. The dome tops were stored on and open rack on wheels.-Plastic storage rack with four shelves which stored clean drinking glasses open to air.-Under the prep tables stored clean steam table covers, pans, bowls, pots and pans, strainers, cutting boards. During an interview on 5/7/26 at 8:45 A.M., the Maintenance Director said he did not cover or remove any of the above listed items, observed by the surveyor, when spraying the pesticide. During an interview on 5/7/26 at 12:25 P.M., the Consultant of Pest Control Company (PCC) #2 said he did the consultation two weeks ago and recommended doing some spraying in the evening. The Consultant said there is a process for night spraying to minimize the pesticide contamination and harming people. He said this would include covering all food preparation areas with plastic and removing as much stuff from the kitchen as possible. 2. During an interview on 5/6/26 at 3:11 P.M., the Maintenance Director said he ordered a case (12-16 oz cans) of bug killer which his vendor carried (Product ordered was labeled with EPA Reg # 44446-80-66114). The surveyor requested the MSDS for the product. The Maintenance Director said he does not have a Safety Data Sheet for this product. During an interview on 5/6/26 at 3:47 P.M., the FSM said she was never informed of the chemical they were spraying, where or what they were spraying, and neither did her staff. The FSM reviewed the MSDS binder and said she did not have MSDS information for the chemical EPA Reg. 44446-80-66114.During an interview on 5/6/26 at 4:25 P.M., the Maintenance Director provided the surveyor with the MSDS for the pesticide (EPA Reg. 44446-80) he sprayed in the kitchen. He said he has not read it. During an interview on 5/11/26 at 12:10 P.M., Administrator #3 said she was not aware the Maintenance Director was spraying a pesticide (EPA Reg. 44446-80) in the main kitchen and the hallway outside the kitchen to kill cockroaches. She thought it was the pest control company doing the spraying. Refer to F812, F908, and F925

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:1. Monitor the dishwasher sanitation chemical agent after switching from high temperature dishwasher to chemical sanitation for undetermined time frame to ensure all dishware was properly sanitized; and2. Ensure the main kitchen, dish room, and food dry storage area was maintained in clean and sanitary condition; and 3. Ensure wastewater from the broken garbage disposal was not allowed to openly discharge on dish room floor for 70 days before being repaired. Findings include: Review of the facility policy titled Dietary: Sanitary Conditions, dated 5/9/2018, indicated but was not limited to the following:The intent of this requirement is to ensure that facilities:-Follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness. Safe food handling for preparation of foodborne illnesses begins when food is received from the vendor and continues throughout the facility's food handling processes.-Contaminated equipment: Equipment can be contaminated in various ways, including but not limited to: Improper equipment sanitation procedures.-Dry food storage. The focus of protection for dry storage is to keep non refrigerated foods, disposable dishware, and napkins in a clean, dry area, which is free from contaminants. Controlling temperature, humidity, rodent and insect infestation helps prevent deterioration or contamination of the food.-Equipment and utensil cleaning and sanitation: A potential cause of foodborne outbreaks is improper cleaning (Washing and sanitizing) of contaminated equipment.-Dishwashing machines, operated according to manufacturer specifications, wash, rinse, and sanitize dishes and utensils used in either heat or chemical sanitation.Low temperature dishwasher (chemical Sanitation):a. Wash: 120 F Wash; andb. Final rinse: 50 parts per million hypochlorite (chlorine) on dish surfaces in final rinse.Dietary Department Responsibilities:-All equipment must be kept clean at all times. Review of the 2022 Food Code by the U.S. Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following:-4-302.14 Sanitizing Solutions, Testing Devices. Testing devices to measure the concentration of sanitizing solutions are required for 2 reasons: 1. The use of chemical sanitizers requires minimum concentration of the sanitizer during the final rinse step to ensure sanitization; and 2. Too much sanitizer in the final rinse water could be toxic.-4-501.114 Machine Washing and Sanitizing - Dishwashing machines use either heat or chemical sanitization methods. Manufacturers' instructions must always be followed. 1. During the initial tour of the kitchen on 5/5/2026 at 8:30 A.M., the surveyor observed Dietary Staff (DS) #3 and DS #4 operating the dishwasher. The Dishwasher Temperature Log (DTL) indicated for May 2026, the wash temperature was recorded to be 140 Fahrenheit (F) and sanitation temperature to be 160 F. The DTL indicated the wash temperature should be 160 F and rinse was to 180 F (High temp dish machine). During an interview on 5/5/26 at 8:32 A.M., DS #4 said he does not check the chemical concentration for the dishwasher, and he pointed to the temperature gages on the dish machine and then pointed to the DTL sheet on the wall. During an interview on 5/5/2026 at 8:33 A.M., DS #3 said the dish machine was switched to a chemical sanitation because the heat booster (heats the dish washer water to reach a temperature of 180 F to sanitize the dishes) has been broken. DS #3 said he does not check the chemical sanitation level and added nobody else checks the sanitation level. The surveyor requested the dish washer sanitation level be checked. On 5/5/2026 at 8:38 A.M., DS #3 checked the dish washer sanitation level with chlorine test strips. The test strip was observed to stay white in color, indicating zero chemical sanitation present. The surveyor then observed the chemical sanitation container attached via tubing from the dish machine to be empty. During an interview on 5/5/2026 at 8:45 A.M., the Food Service Manager (FSM) said the vendor has been out to check the chemical sanitation levels recently when the Town Board of Health was here and they had concerns with the chemical sanitation level. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	She said the vendor checked the sanitation level and said it was working fine and gave her testing strips. The FSM said the heat booster has been broken since January 2025 and that's when they switched the dishwasher from high temperature sanitation to low temperature chemical sanitation. FSM said initially they were checking the sanitation level, but it was always good, so the staff stopped checking it. FSM said if the chemical sanitation level is not correct, the dishes are not being sanitized. The FSM said she does not know when the staff stopped checking sanitation level. 2. On 5/5/26 at 8:20 A.M., the surveyor observed the following in the main kitchen and areas abutting the kitchen:-The floor was visibly dirty with food particles and debris throughout the main kitchen, dry storage room, FSM office floor, and the dish room.-In the dish room there were live cockroaches crawling up the wall.-In the dish room there were two black folded rubber mats on top of the heat booster which were visibly soiled and had numerous dead cockroaches stuck to the mat.-Entrance to the dish room at the base of the door jambs- the structure was rotting and had holes along with dirt and debris.-The base board in the main dining room which abuts the dish room had signs of water damage and was pulling away from the wall.-The wall in the hallway which abuts the dish room had visible water damage and was buckling away from the wall (it was not the original wall; the lower half had been replaced at some time).-Under the refrigerator (out of service), ice machine, and the table with the juice machine was a large amount of dirt, debris, and dead cockroaches.-The floor under the juice machine table was sticky.-On the juice machine/coffee table there were dead cockroaches. -There was standing water under the ice machine, the three-bay sink had a bucket under it collecting leaking water which was black in color, and there was an excessive amount of standing water on the dish room floor. There was a bucket under the garbage disposal which was full and leaking over onto the dish room floor.-The dry storage room floor and underneath the storage racks were visibly dirty with food particles and debris.-The juice machine drain grate had a build-up of dried juice.-The dish machine internal food trap bottom layer was filled with macaroni and peas.-The outside of the microwave was visibly dirty, including the door and the handle. The inside top of the microwave was dirty.-The inside of the door to exit the kitchen was visibly soiled.-The ceiling vent at the exit to the kitchen was ladened with dust build up. -The clear plastic door to the ice cream freezer was visibly soiled.-The inside of the prep sink counter and two bays were visibly dirty.-The top of the plate warmer machine was tacky to touch (grease build up). During an interview on 5/5/26 at 9:06 A.M., the FSM said she does not have a cleaning schedule for anything in the kitchen except the food cart power washing schedule she just started at the recommendation of Pest Control Company (PCC) #1. During an interview on 5/6/26 at 3:11 P.M., the Maintenance Director said there has been a cockroach problem in the kitchen since the garbage disposal broke (December 2025). The Maintenance Director said PCC #1 did recommend cleaning the kitchen better, removing the broken heat booster in the kitchen because it may be holding water, and removing the food trucks from the kitchen and power washing them. The Maintenance Director said the new PCC #2 also made new recommendations including getting a cleaning schedule for the kitchen and having staff do a better job cleaning. He is not sure if that has started. In addition, because of the water damage to walls PCC #2 recommended they open the walls to evaluate the sponginess of the walls (moisture assessment) and what was going on behind them. During an interview on 5/6/26 at 3:47 P.M., The FSM pointed to the black mats folded on the heat booster and said the staff would stand on the black mats, so they weren't standing in the dirty water.On 5/6/26 at 3:48 P.M., the Surveyor observed the two black mats with the FSM and noted the mats were dirty and had dead cockroaches stuck to them. The FSM removed the top mat and live cockroaches, and debris fell to the floor. The surveyor removed the second black mat from the heat booster, and additional live cockroaches fell to the ground with additional debris including dead cockroaches and what appeared to be cockroach egg sacs. The live cockroaches scurried under the dish machine and down into the cracks around the drain. During an interview on 5/6/2026 at 3:50 P.M., the FSM said the staff do not use the mats anymore and said no they have not been cleaned since they stopped using them (garbage disposal was repaired 2/12/26).During an (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	interview on 5/7/26 at 10:25 A.M., the Clinical Nurse and Administrator #2 (covering for the day) said they were aware of the cockroach problem in the kitchen, and they were working with a new pest control company. The Clinical Nurse said they were not aware of the concerns with standing water in kitchen or the leaking sinks. During an interview on 5/11/2026 at 9:46 A.M., [NAME] President of Development and Maintenance said he was not aware of the cockroach problem in the kitchen, the garbage disposal issues, the leaking pipes in the kitchen, or the water damage to walls in the kitchen.During an interview on 5/6/2026 at 3:47 P.M., Food Service Manager (FSM) said she does not have a cleaning schedule for the kitchen, the cleaning is just done every day with typical day to day cleaning. The surveyor reviewed the sanitation concerns in the kitchen with the FSM, and she said she was aware the kitchen was not as clean as it should have been. 3. During an interview on 5/6/26 at 3:47 P.M., the FSM said the garbage disposal leak went on for over two months and she had a bucket under the sink to catch the dirty water, but it was coming out so fast the bucket would overflow with garbage water onto the floor. She said the dietary staff would squeegee the dirty water across the dish room floor to the open drain. The FSM pointed to the black mats folded on the heat booster and said the staff would stand on the black mats, so they weren't standing in the dirty water.On 5/6/26 at 3:48 P.M., the surveyor pointed out the grout disrepair and the holes in the grout around the drain. The surveyor asked the FSM if the garbage water was going into the subflooring and she was observed to shrug and make the gesture she didn't know.During an interview on 5/7/26 at 8:50 A.M., Dietary Staff #3 said when the garbage disposal was broken for months it was like a dirty river of water across the dish room floor. Dietary Staff #3 said food would just come out at the bottom of the disposal. Dietary Staff #3 said we would push the water across the floor to the drain; it was a mess.During an interview on 5/11/2026 at 9:46 A.M., [NAME] President of Development and Maintenance said grout in the dish room is shot. He said the kitchen was shut down over the weekend and we are going to re-grout the dishwashing room floor. Review of the Capital Equipment Request (CER) to repair the kitchen garbage disposal indicated it was initiated 12/3/25 with final sign-off from the President on 12/15/25.During a telephonic interview on 5/14/26 at 9:51 A.M., Contractor #1 said the garbage disposal work was completed on 2/12/26.During the dates 12/3/2025 through 2/12/2026, there were 70 days in which raw sewage from the leaking garbage disposal was drained across the dish room floor into the cracks in the grout, holes around the drain, and into the drain presenting a sanitation concern. Refer to F908 and F925

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview and document review, the facility failed to maintain kitchen equipment in safe operating condition. Specifically, the facility failed to:1. Promptly repair or replace a broken garbage disposal resulting in raw sewage overflowing onto to the dish room floor, resulting in dietary staff squeegee the sewage discharge across the room to the open drain;2. Promptly fix leaking water from the recent replacement garbage disposal resulting in water draining on the dish room floor with active cock roach infestation present. 3. Promptly fix heat booster which broke in January 2025;4. Promptly obtain an electrician to repair the electrical short resulting in the plate warmer and refrigerator in main kitchen being inoperable for approximately two weeks. Findings include: Review of the Facility Assessment, revised April 2026, indicated but was not limited to the following:-[Facility Name] has a preventative maintenance process to ensure adequate equipment exists and is maintained and promotes and protects the health and safety of our residents. Below are listed our resources and services. -[Facility Name] has the following vendor contracts and contractors to provide the service needed during normal operations in emergencies, to meet the needs of residents, regulations, operations, maintenance, and staff training requirements.-There was no vendor list attached. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: -Chapter 4 Equipment, Utensils, and Linens:4-5 Maintenance and Operation 4-501 Equipment 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. -Chapter 5 Water, Plumbing, and Waste5-205.15 System Maintained in Good Repair. A plumbing system shall be: (A) Repaired according to LAW; P and (B) Maintained in good repair.Design and construction 5-403.11 Approved Sewage Disposal System. SEWAGE shall be disposed through an APPROVED facility that is: (A) A public SEWAGE treatment plant; P or (B) An individual SEWAGE disposal system that is sized, constructed, maintained, and operated according to LAW. P 5-403.12 Other Liquid Wastes and Rainwater. Condensate drainage and other nonSEWAGE liquids and rainwater shall be drained from point of discharge to disposal according to LAW. 1. Review of an email, dated 12/13/25, from the Food Service Manager (FSM) to Maintenance Director and copied to Administrator #3, indicated The disposal in the dish room is completely down. I know we put a Capital Equipment Request (CER) in for a new one but now it won't turn on. It was working fine, minus the leak, last night.-Administrator #3 responded Anyway, to push this through? The dish room is unsafe due to the leak and now the dishwasher is having to stick their arm in filthy water to get the disposal to empty.Review of Contractor #1's initial quote to repair the garbage disposal was received by the facility via email on 12/2/25.Review of the CER indicated it was initiated 12/3/25 with final sign-off from the President on 12/15/25.Review of the payment to Contractor #1 was electronically transferred on 1/16/26. This represented 32 days after final approval for the replacement of the garbage disposal.During an interview on 5/6/26 at 3:11 P.M., the Maintenance Director said the cockroach problem got very bad since the garbage disposal broke.During an interview on 5/6/26 at 3:47 P.M., the FSM said the garbage disposal leak went on for over two months and she had a bucket under the sink to catch the dirty water, but it was coming out so fast the bucket would overflow with garbage water onto the floor. She said the dietary staff would squeegee the dirty water across the dish room floor to the open drain. The FSM pointed to the black mats folded on the heat booster and said the staff would stand on the black mats, so they weren't standing in the dirty water.On 5/6/26 at 3:48 P.M., the surveyor pointed out the grout disrepair and the holes in the grout around the drain. The surveyor asked the FSM if the garbage water was going into the subflooring and she was observed to shrug and make the gesture she didn't know.During an interview on 5/7/26 at 8:50 A.M., Dietary Staff #3 said when the garbage disposal was broken for months it was like a dirty river of water across the dish room floor. Dietary Staff #3 said food would just come out at the bottom of the disposal. Dietary Staff #3 said we would push the water across the floor to the drain; it was a mess.During a telephonic (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	interview on 5/14/26 at 9:51 A.M., Contractor #1 said he sent the original quote for the work on 12/2/25 and did not order the special-order garbage disposal until full payment was received on 1/16/26. The contractor said it took a couple weeks for the garbage disposal to come in, once he received it the work was completed on 2/12/26.During an interview on 5/11/26 at 12:10 P.M., Administrator #3 said she was not sure what took so long to get the garbage disposal repaired, she went out on medical leave at the end of December 2025.2. During an interview on 5/6/26 at 3:47 P.M., the FSM said after the garbage disposal was replaced in February 2026, the pipe under the sink started leaking water, so she put a plastic bucket underneath the sink to catch the water. The FSM said Contractor #1 was supposed to return and fix the leak but never did. The surveyor observed the bucket to be full and overflowing onto the dish room floor with large puddles of water under the sink against the wall and pooling out to the middle of the dish room.During a telephonic interview on 5/14/26 at 9:51 A.M., Contractor #1 said he was never contacted to come out and fix the leak on the garbage disposal that his company installed on 2/12/26.3. During an interview on 5/6/26 at 3:47 P.M., the FSM said the heat booster for the dishwasher has been broken since January 2025. The FSM said we got a quote in January 2025, but it was never fixed and are now using chemical sanitation. The FSM said she just got for approval for the heat booster to be fixed.During an interview on 5/6/26 at 4:30 P.M., the Maintenance Director said he just got approval for the dishwasher heat booster. He said it was a budgetary issue, you put in requests and it gets approved according to the budget.Review of Contractor #2's initial quote to repair the heat booster for the dishwashing machine was dated 1/14/25.Review of the CER indicated it was initiated 1/16/25 and only contained one signature from the initial requester. The Administrator, Regional Director, V.P. of Operations, Finance AVP and the President's signatures were all blank.Review of a second CER indicated it was initiated 5/5/26 and it contained all the required signatures, including the President's.During an interview on 5/11/26 at 12:10 P.M., Administrator #3 said she would have to look into why this was not followed through on. She said she thinks now they are using chemical sanitation until it is fixed.During an interview on 5/11/26 at 1:30 P.M., Administrator #1 said the heat booster for the dishwasher was just approved. Administrator #1 said she does not know why the CER from 1/16/25 was not completed.4. During an interview on 5/5/26 at 8:45 A.M., the FSM said the only equipment not working in the kitchen now is the refrigerator and hot plate machine which just broke. The FSM said they are on the same electrical circuit, and they are just waiting for an electrician.Review of an email, dated 4/27/26, from the FSM to Administrator #1 and copied to Administrator #3 and Maintenance Director, indicated Maintenance Director is working on an electrical short that I have in the kitchen. It has shut down my front reach in fridge as well as my hot plate machine. I am concerned that the state is going to walk in and I am not providing hot food due to the hot plate machine not working. Maintenance Director said we're on hold to get an electrician. Anything that can be done? -Maintenance Director replied on 4/27/26 indicating, I have tried everyone to get them here. They all said the same thing as we owe them money. I have also reached out to friends to help, and they still have not been paid when the dumper (sic) was installed. At the time of exit on 5/11/26 the reach in refrigerator and the hot plate machine were not in working order. Refer to F925

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and document review, the facility failed to implement an effective pest control program to ensure the facility was free of cockroaches. Specifically, the facility had an active cockroach infestation in the main kitchen, with additional staff sightings in the food trucks during meal delivery, in the unit nurses' stations, unit kitchenettes, and the employee breakroom. Findings include: Review of the facility's policy titled Pest Control, dated 7/9/24, indicated but was not limited to the following:-Our facility shall maintain an effective pest control program.-The facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: -Chapter 6 Physical Facilities6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; Chapter 6 - 9 FDA Food Code 2022 Chapter 6. Physical Facilities (C) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under SS 7-202.12, 7-206.12, and 7-206.13; Pf and (D) Eliminating harborage conditions. On 5/5/26 at 8:15 A.M., the surveyor observed the following in the main kitchen and areas abutting the kitchen:-The floor was visibly dirty with food particles and debris throughout the main kitchen, dry storage room, Food Service Manager's (FSM) office, and the dish room.-In the dish room there were live cockroaches crawling up the wall.-In the dish room there were two black folded rubber mats on top of the heat booster which were visibly soiled and had numerous dead cockroaches stuck to the mat.-Entrance to the dish room at the base of the door jambs- the structure was rotting and had holes along with dirt and debris.-The base board in the main dining room which abuts the dish room had signs of water damage and was pulling away from the wall.-The wall in hallway which abuts the dish room had visible water damage and was buckling away from the wall (It was not the original wall; the lower half had been replaced at some time).-Under the refrigerator (out of service), ice machine, and the table with the juice machine was a large amount of dirt, debris, and dead cockroaches.-The floor under the juice machine table was sticky.-On juice machine/coffee table there were dead cockroaches.-FSM's office floor which enters into the main kitchen, was visibly dirty. -There was standing water under the ice machine, the three-bay sink had a bucket under it collecting leaking water which was black in color, and there was an excessive amount of standing water on the dish room floor. There was a bucket under the garbage disposal which was full and leaking over onto the dish room floor.-The dry storage room floor and underneath the storage racks were visibly dirty with food particles and debris.-The juice machine drain grate had a build-up of dried juice.-The dish machine internal food trap bottom layer was filled with macaroni and peas.-The outside of the microwave was visibly dirty, including the door and the handle. The inside top of the microwave was dirty.-The inside of the door to exit the kitchen was visibly soiled.-The ceiling vent at the exit to the kitchen was ladened with dust build up. -The clear plastic door to the ice cream freezer was visibly soiled.-The inside of the prep sink counter and two bays were visibly dirty.-The top of the plate warmer machine was tacky to touch (grease build up). During an interview on 5/5/26 at 8:45 A.M., the FSM said there has been an ongoing cockroach problem in the kitchen that she first reported in July 2025. The FSM said she contacted the Maintenance Director after her staff reported cockroach sightings in the kitchen. At that time, the FSM said the Maintenance Director said they were wood cockroaches and they would not be a problem. The surveyor requested to see the text message confirming the conversation in July 2025. Review of a text message, dated 7/25/25, from kitchen staff to FSM indicated but was not limited to the following:-Kitchen staff notified FSM there were roaches at the coffee machine.-FSM responded she will text Maintenance Director now. Maintenance Director said they were wood roaches.-Kitchen staff responded, Yea that's what he just came in and (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	told us he said it was not like regular roaches where they infest and stuff like that so he said we should be OK. Review of an email chain communication, dated 12/28/25, from the FSM to Administrator #3 indicated I am having a roach problem in the kitchen now. Maintenance Director says that they are wood roaches, but at this point it is becoming sketchy. They hang around the water/warm areas such as under my steam table and around the coffee machine. I don't know if we can get a pest control person in soon. Response from Administrator #3 indicated OK, I will address. Thanks.Review of an email communication, dated 2/6/26, from the FSM to the Infection Preventionist indicated also, just for the paper trail, roaches galore.During an interview on 5/5/26 at 9:06 A.M., the FSM said she does not have a cleaning schedule for anything in the kitchen except the food cart power washing schedule she just started at the recommendation of Pest Control Company (PCC) #1. The FSM said maybe if they started treating the cockroaches sooner the problem wouldn't be as bad.Review of the Food Cart Deep cleaning schedule indicated the food carts were deep cleaned on 3/10/26 and 4/7/26.During an interview on 5/6/26 at 3:11 P.M., the Maintenance Director said there has been a cockroach problem in the kitchen since the garbage disposal broke (December 2025). The Maintenance Director said they were not happy with the first PCC (#1), so they hired a second PCC (#2) about three weeks ago. The Maintenance Director said PCC #1 did recommend cleaning the kitchen better, removing the broken heat booster in the kitchen because it may be holding water, and removing the food trucks from the kitchen and power washing them. The Maintenance Director said the new PCC #2 also made new recommendations including getting a cleaning schedule for the kitchen and having staff do a better job cleaning. He is not sure if that has started. In addition, because of the water damage to walls he recommended they open the walls to evaluate the sponginess of the walls (moisture assessment) and what was going on behind them. During an interview on 5/6/26 at 3:47 P.M., the FSM said PCC #1 laid down some traps and sprayed. The FSM said the garbage disposal leak went on for over two months and she had a bucket under the sink to catch the dirty water, but it was coming out so fast the bucket would overflow with garbage water onto the floor. She said the dietary staff would squeegee the dirty water across the dish room floor to the open drain. The FSM pointed to the black mats folded on the heat booster and said the staff would stand on the black mats, so they weren't standing in the dirty water.During an observation with interview on 5/6/26 at 3:48 P.M., the surveyor observed and pointed out the grout disrepair and the holes in the grout around the drain. The surveyor asked the FSM if the garbage water was going into the sub flooring and she was observed to shrug and make the gesture she didn't know.At this time, the Surveyor observed the two black mats with the FSM and noted the mats were dirty and had dead cockroaches stuck to them. The FSM removed the top mat and live cockroaches and debris fell to the floor. The surveyor removed the second black mat from the heat booster, and additional live cockroaches fell to the ground with additional debris including dead cockroaches and what appeared to be cockroach egg sacs. The live cockroaches scurried under the dish machine and down into the cracks around the drain. At 3:50 P.M., the FSM went on to say that the staff do not use the mats anymore and said no they have not been cleaned. The FSM said she does not have a cleaning schedule for kitchen. During an interview on 5/7/26 at 8:45 A.M., the Maintenance Director and the FSM both said they do not have a maintenance logbook, they just communicate and text when there is a problem. During an interview on 5/7/26 at 8:50 A.M., Dietary Staff #3 said when the garbage disposal was broken for months it was like a dirty river of water across the dish room floor. Dietary Staff #3 said food would just come out at the bottom of the disposal. Dietary Staff #3 said we would push the water across the floor to the drain; it was a mess. During an interview on 5/7/26 at 12:25 P.M., the Consultant of PCC #2 said he did the consultation two weeks ago and said moisture and standing water are issues with pest control. The Consultant said he did identify significant issues with the pest control situation in the building and recommended they have him start a night spraying program. The Consultant viewed the picture of the debris that fell out of the black mats in the dish room and identified cockroach egg sacs. He said they are carried on the backs of cockroaches and (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	then fall off and hatch. During an interview on 5/7/26 at 10:25 A.M., the Clinical Nurse and Administrator #2 (covering for the day) said they were aware of the cockroach problem in the kitchen, and they were working with a new pest control company. The Clinical Nurse said they were not aware of the concerns with the time it took to fix the garbage disposal and staff pushing the dirty drain water into the open drain, or the issues with holes in the grout in the dish room floor, or the leaking sinks. The Clinical Nurse said they were not aware the maintenance staff was spraying pesticides in the kitchen at night. Multiple staff members (housekeeping, nurses, certified nursing assistants, Dietary, and all three-unit managers) from the building's three units were interviewed regarding the ongoing cockroach problem in the building with the following responses: During an interview on 5/6/26 at 4:19 P.M., Unit Manager #3 said she saw cockroaches in the kitchenette on the unit. During an interview on 5/7/26 at 3:45 P.M., Dietary Staff #1 said she does see cockroaches moving around in the kitchen, usually by machines (pointing to the ice machine area). During an interview on 5/7/26 at 3:46 P.M., Dietary Staff #5 said he saw cockroaches in and around the ice machine and on the floor. During an interview on 5/11/26 at 1:23 P.M., Nurse #7 said she saw cockroaches at the nursing station and small baby cockroaches frozen in the ice from the kitchen.During an interview on 5/11/26 at 1:24 P.M., Unit Manager #1 said the night staff reports to her they see cockroaches in the kitchenettes. She said most of the cockroach sightings reported to her are in the food trucks. During an interview on 5/11/26 at 1:24 P.M., Certified Nursing Assistant (CNA) #9 said she has seen cockroaches very often on the food trucks when they are delivering food. During an interview on 5/11/26 at 1:31 P.M., CNA#3 said he has seen cockroaches on the food trucks; doesn't matter what meal it is. He said he also has seen them in the staff breakroom (located outside the main kitchen). CNA #3 said this has been going on for a long time and should have been fixed a long time ago. During an interview on 5/11/26 at 1:36 P.M., Housekeeper #1 said she has seen cockroaches when she cleans the kitchenettes. During an interview on 5/11/26 at 1:37 P.M., CNA #4 said she has seen cockroaches in the kitchenette and on the food carts that transport the coffee and snacks. CNA #4 said it has definitely gotten much worse in the last few months. During an interview on 5/11/26 at 1:41 P.M., Housekeeper #3 said she was aware of cockroaches in the staff break room and the kitchenettes. She said other housekeepers have sent pictures of cockroach sightings in the building to her. During an interview on 5/11/26 at 1:50 P.M., CNA #8 said she has seen cockroaches daily on the food trucks and kitchenettes. She said it is bad. During an interview on 5/11/26 at 1:54 P.M., CNA #6 said she has seen cockroaches on the food carts and said one staff member brought in cockroach plug-ins and round discs to help control the cockroaches at the nursing station on Unit #2. During an interview on 5/11/26 at 1:56 P.M., Nurse #5 said she has seen cockroaches on the food carts, crawling across residents' food, and she has heard of staff finding cockroaches frozen in the ice. Nurse #5 said there are no pest control sighting books until now. She said she would just tell the supervisor or a manager if she saw them. During an interview on 5/11/26 at 2:00 P.M., Unit Manager #2 said she has been told of cockroach sightings. She said there is no pest control sighting book until now. During an interview on 5/11/26 at 12:10 P.M., Administrator #3 said she thought the cockroach problem had gotten better since last summer. She said if she was notified of a cockroach problem in December 2025 she would have acted on it right away. She said she would have to do some research to see what was done because she went out on medical leave at the end of December. During an interview on 5/11/26 at 1:05 P.M., Administrator #2 said they did not have pest control sighting logbooks, but they do now. She said they closed the kitchen over the weekend to make repairs, and when they opened the walls, they found a couple cockroach nests. At the conclusion of the annual survey Pest Control Company #1 did not return the surveyor's phone call.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to maintain accurate records of controlled substances (drugs or chemicals that the government regulates for its manufacture, possession, and use, that are classified into schedules based on their potential for abuse) for two Controlled Substance Registers (controlled substance log books) reviewed out of six Controlled Substance Registers in use by the facility. Specifically, the facility failed:a. For Residents #139, #13, #120, #140 and #100, to ensure controlled substance registers have complete and accurate documentation upon the removal of narcotics that are discontinued from use, including all signatures required; andb. To ensure controlled substance disposal records were fully completed and maintained by the facility after the narcotics were destroyed, for accurate monitoring of destruction of narcotics.Findings include:Review of the facility's policy titled Management of Controlled Substances in Skilled Nursing Facilities, dated as revised October 2022, indicated but was not limited to the following:- The Controlled Substance Register is a bound book (with numbered pages), and has sections designated for an Index, Patient Pages, Prescription Inventory and Shift Count Pages.-The Administrator and DON must sign for the destruction in the medication destroyed box at the bottom of the patient page in the Controlled Substances Register and record the corresponding document and item number from the Controlled Substance Disposal Record.-Retain the completed Controlled Substance Disposal Record(s) for seven (7) years and/or in accordance with record retention policies.-The facility is responsible for retrieval of the disposal records for inspection. a. Review of the Controlled Substance Register numbered 2025-03 on Unit #1 Side 1 indicated the following:-Medication Destroyed section located on the bottom of each page number-Quantity destroyed-Document number-Item #-Date-Destroyed by-Two signatures -Resident #139-Controlled medication documented on page 77 for Temazepam 15 milligrams (mg) (hypnotic medication used to treat insomnia).-Two signatures indicated 36 capsules had been removed for disposal on 3/13/26.-Quantity on hand: 0 Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner of the page was incomplete. The section failed to include the quantity destroyed, document number, item number, date, or signatures of licensed staff destroying the medication. Resident #13-Controlled medication documented on page 103 for Oxycodone 5mg (opioid medication for pain).-Two signatures indicated 20 tablets had been removed for disposal on 4/26/26.-Quantity on hand: 0 Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner was incomplete. The section failed to include the quantity destroyed, document number, item number, date, or signatures of licensed staff destroying the medication. During an interview on 5/8/26 at 1:50 P.M., the surveyor reviewed her findings with Nurse #2. Nurse #2 said she signed the register when the medications were given to the Director of Nursing (DON) for removal. She said she does not destroy narcotics; she signs the register when she gives them to the DON or Assistant Director of Nursing (ADON) for removal. Review of the Controlled Substance Register numbered 2025-04 on Unit #1 Side 2 indicated the following: Resident #120-Controlled medication documented on page 13 for Ativan 0.5mg (antianxiety medication used to treat anxiety).-Two signatures indicated 12 tablets had been removed for disposal on 1/14/26.-Quantity on hand: 0 Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner was incomplete. The section failed to include the quantity destroyed, document number, item number, date or signatures of licensed staff destroying the medication. Resident #140-Controlled medication documented on page 52 for Oxycodone 5mg.-Two signatures indicated 11 tablets had been removed for disposal on 4/13/26.-Quantity on hand: 0 Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner was incomplete. The section failed to include the quantity destroyed, document number, item number, date or signatures of (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	licensed staff destroying the medication. Resident #100-Controlled medication documented on page 113 for Morphine 20mg/milliliter (mL) (opioid medication used to treat pain).-Two signatures indicated 9ml had been removed for disposal on 4/28/26.-Quantity on hand: 0 Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner was incomplete. The section failed to include the quantity destroyed, document number, item number, date or signatures of licensed staff destroying the medication.Resident #100- Controlled medication logged on page 117 for Morphine 100mg/mL.- Two signatures indicated 30mL had been removed for disposal on 4/28/26.-Quantity on hand: 0Further review of the controlled substance register page indicated the medication destroyed section on the bottom right-hand corner was incomplete. The section failed to include the quantity destroyed, document number, item number, date or signatures of licensed staff destroying the medication. During an interview on 5/8/26 at 2:03 P.M., the ADON said the nurses tell her when a medication needs to be removed from the medication cart, and she also checks the carts monthly. She said the medications are taken to the DON or Administrator's office and destroyed. The ADON said they bring the register with them and complete the medication destroyed section at the time of destruction. The ADON said the registers are incomplete and missing documentation. She said the medication destroyed section is not filled out as it should have been. She said they also complete a medication destruction record for every narcotic that is destroyed. The surveyor requested to review the medication destruction records, including the destruction record for Resident #139. The ADON said she will locate them and provide them to the surveyor.b. Review of the document titled Controlled Substance Disposal Record in use by the facility, indicated the following information to be documented:-Name of Facility and address:-Document number-Date:-Item-Name of Patient-Name and strength of medication:-Prescription Number:-Physician:-Pharmacy:-Nurse's initials releasing medications:-Controlled substance book; include book and page number-Amount to be destroyed:-Drug actually destroyed:-Date destroyed:-Date of disposal:-Signature and license number of Director of Nursing:-Signature and license number of Administrator:Review of the completed Controlled Substance Disposal Records indicated the following:Document 2026-11 -Date: 4/24/2026-5 residents had controlled medications destroyed.-4 out of 5 residents had no strength of controlled medication.-5 out of 5 residents had no nurse initials releasing medications.-5 out of 5 residents had no controlled substance book number documented. Document 2026-7 -Date: 4/24/202610 residents had controlled medications destroyed.-10 out of 10 residents had no nurse initials releasing medications Document 2026-5 -Dated 2/2/26 and 3/6/26-6 residents had controlled medications destroyed.-6 out of 6 residents had no nurse initials releasing medications Document -No document number provided Date: 2/2/26-No facility name documented-12 residents had controlled medications destroyed-12 out of 12 residents had no documented nurse initials releasing medications-12 out of 12 residents had no documented name of drug actually destroyed.-12 out of 12 residents had no documented date destroyed.-12 out of 12 residents had no documented date of disposal.-Document failed to include license number of DON.-Document failed to include signature and license number of Administrator. Document 2026 Date: 2/2/26-5 residents had controlled medications destroyed.-5 out of 5 residents had no documented nurse initials releasing medications.-5 out of 5 residents had no documented drug actually destroyed.-5 out of 5 residents had no documented date of destruction.-No date of destruction-No second signature for destruction-Document failed to include signature and license number of Administrator. Document 2026-3 date: 1/14/26-2 residents had controlled medications destroyed.-Documented failed to include signature and license number of Administrator. Document 2026-2-Date: 1/14/26-9 residents had controlled medications destroyed.-1 out of 9 residents had no documented actual amount destroyed.-Document failed to include license numbers of DON and Administrator. Document 2025-16 date: 12/8/25-7 residents had controlled medications destroyed.-6 out of 7 residents had no documented controlled substance book number.-Documented failed to include signature and license number of Administrator. Document 2025-16 date: 10/6/25-8 residents had controlled medications destroyed.-4 out of 8 residents had no documented actual (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	amount destroyed.No document provided to surveyor for destruction of medications for Resident #139 for date 3/13/26.During an interview on 5/11/26 at 10:32 A.M., the surveyor reviewed Register #2025-03 on Unit #1, side one for Resident #139 with Administrator #3. She said the medications were removed on 3/13/26 from the medication cart. She said she was unable to recall if she destroyed controlled medications on 3/13/26. She said there is no destruction record for that date to provide to the surveyor.During an interview on 5/11/26 at 1:48 P.M., the Consultant Pharmacist said he conducts medical record reviews for the facility, which include the controlled substance registers. He said he reviewed the registers on 5/9/26 and noted incomplete documentation for destruction of narcotics. He said he was given two file folders which contained the controlled substance disposal records to review as well. He said when narcotics are removed from use, it is required to have two signatures on the narcotic medication page in the medication destroyed section, and the destruction log must be filled out completely. The pharmacist said the destruction of narcotic documentation is incomplete. Pharmacist said he completed a written review of his findings and submitted it to the Administrator.Review of the Consultant Pharmacist report titled Consultant Pharmacist Monthly Unit Inspection Audit Report, dated 5/9/2026, indicated but was not limited to the following:- All 6 controlled substance registers were reviewed by pharmacist and recommendations requiring action are listed below:- Two signatures needed in Narcotic books for destruction of medications.- Destruction log for Resident #139 not found for controlled substance.

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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. Based on observation, record review, and interview, the facility failed to ensure staff notified the physician in a timely manner of a recommendation for a medication change from the consulting Psychiatric Nurse Practitioner (PNP) for one Resident (#116), out of a total sample of 25 residents. Specifically, the facility failed to notify the physician of the PNP's recommendations to decrease Cymbalta (an antidepressant medication) from 60 milligrams (mg) to 30 mg and add Zoloft (an antidepressant medication) 25 mg due to depression. Findings include:Review of the facility's policy titled Consultant Recommendations and Physician Orders, dated as revised February 2024, indicated but was not limited to the following: -The nurse will notify the attending physician of findings and recommendations for med changes or further orders. The notification should be immediate if consultant findings and recommendations indicate need for med or treatment order changes. Resident #116 was admitted to the facility in April 2026 with diagnoses of depression and anxiety. Review of the Minimum Data Set (MDS) assessment, dated 4/5/25, indicated Resident #116 scored 10 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was moderately cognitively impaired and was receiving antidepressant medication. Review of the Physician's Orders indicated but was not limited to the following: -Cymbalta 60mg 1 capsule by mouth everyday start date 4/29/26 -Psych consult as needed start date 4/30/26 Review of the PNP's progress note, dated 5/1/26, indicated but was not limited to the following: -Chief complaint: Depression -Severity: Moderate -Mood: Depressed -Recommendations: Mood: Decrease Cymbalta from 60mg to 30mg daily. Sad mood. Consider adding Zoloft 25mg by mouth daily. -PNP is in a consultative role; recommendations are given to facility prescriber.ˆ -Recommend gradual dose reduction (GDR) with taper for discontinuation of Cymbalta as it appears ineffective at managing depressive symptoms. GDR recommended follow-up 2-4 weeks. Review of the physician, NP, and nursing progress notes failed to indicate the recommendation had been communicated to the provider. During an interview on 5/7/26 at 11:50 A.M., Resident #116 said he/she was very weepy and sad. During an interview on 5/7/26 at 12:35 P.M., Social Worker # 1 said Resident #116 had been experiencing increased weepiness and had placed a referral to the PNP to assess the Resident and make recommendations if needed. During an interview on 5/7/26 at 2:29 P.M., Unit Manager (UM) #1 said the PNP recommendations were sent to her via email. UM #1 said she is supposed to print the recommendations and review them with the provider. She said she missed it and did not inform the provider of the new recommendations.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to provide services that met professional standards of practice for one Resident (#143), out of a total sample of 25 residents. Specifically, the facility failed to ensure pharmacy medication labels were followed for Resident #143.Findings include: Review of [NAME], Manual of Nursing Practice 11th edition, dated 2019, indicated the following:-The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice.Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated:-Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.-In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber.Review of the facility's policy titled Administration Procedure for all Medications, dated 9/20/13, indicated but was not limited to the following:-To administer medications in a safe and effective manner-Check Medication Administration Record (MAR) for order.-Read medication label three (3) times: 1) prior to removing the medication package/container from the cart/drawer; 2) prior to removing the medication from the package/container; 3) as the package/container is returned to the cart/drawer. Compare label to MAR.-After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the MAR or Treatment Administration Record (TAR).Resident #143 was admitted to the facility in April 2026 with diagnoses including chronic obstructive pulmonary disease (COPD) (lung disease that causes inflammation which causes difficulty breathing).Review of Resident #143's Physician's Orders indicated but were not limited to the following:-Breztri Aerophere Inhalation Aerosol (used to treat symptoms of COPD) 160-9-4.8 mcg/ACT (microgram per actuation), give 2 puff inhale orally, two times a day.Review of the Breztri inhaler medication label instructions from the pharmacy indicated:-Rinse mouth after useOn 5/7/26 at 8:28 A.M., the surveyor observed Nurse #3 prepare and administer medication to Resident #143. Nurse #3 administered Breztri inhaler to Resident #143 and failed to have the Resident rinse his/her mouth after inhaling the medication as indicated on the medication label from pharmacy.During an interview on 5/7/26 at 11:01 A.M., Nurse #3 said she should have had Resident #143 rinse his/her mouth after using the Breztri inhaler as indicated on medication label instructions and did not.During an interview on 5/7/26 at 11:03 A.M., the Staff Development Coordinator (SDC) said Nurse #3 should have followed the medication instructions by reading both the MAR for instructions and the label on the medication to be sure the prescribed medication was administered correctly.During an interview on 5/7/26 at 11:05 A.M., Unit Manager #1 said the medication should have been administered correctly.During an interview on 5/11/26 at 9:27 A.M., the Assistant Director of Nursing (ADON) said the nurse should have followed the medication label instructions for rinsing the Resident's mouth after using a steroid inhaler and that was not done.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on record review, observations, and interviews, the facility failed to ensure a resident with an alteration in skin integrity related to a wound, specifically moisture associated skin damage (MASD), received necessary treatment and services in accordance with professional standards of practice to promote healing for one Resident (#129), out of a total sample of 25 residents. Specifically, the facility failed to transcribe and implement recommendations from the Wound Care Consultant for one month and ensure a pressure relieving air mattress was inflated properly. Findings Include:Review of the Lippincott Manual of Nursing Practice, 11th Ed. (2019) indicated: Scope of Practice, Licensure, and Certification:- The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated but was not limited to the following:- Advisory: It is the responsibility of the licensed nurse to ensure that there is a proper patient care order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication or activity that requires such order in accordance with accepted standards of practice and in compliance with the Board's regulations.- Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. Review of the facility's policy titled Consultant - Recommendations and Physician Orders, dated as last revised February 2024, indicated but was not limited to the following:- Findings and recommendations will be documented on the Consultation, and the Consultation will be delivered to the nurse responsible for the patient immediately following the consultation.- The nurse will notify the attending physician of findings and recommendations for med changes or further orders. The notification should be immediate if consultant findings and recommendations indicate need for med or treatment order changes.- The nurse will notify the appropriate interdisciplinary team members of need for follow through on the consultant findings/recommendations.- The attending physician, if in agreement, will order the specific treatments or medications as outlined by the consultant.- The nurse will transcribe the orders, update the care plan and resident Kardex as indicated, and communicate changes in nursing report and nursing note. Resident #129 was admitted to the facility in September of 2024 with diagnoses which included traumatic brain injury and legal blindness. Review of the Minimum Data Set (MDS) Assessment, dated 3/6/2026, indicated Resident #129 scored 12 out of 15 on the Brief Interview for Mental Status (BIMS), indicating he/she had moderate cognitive impairments. Additionally, the MDS indicated Resident #129 was dependent on staff assistance for all Activities of Daily Living (ADLs) except eating for which Resident #129 required set-up assistance, and dependent on staff assistance for all mobility. Review of the Physician Orders for Resident #129 indicated but was not limited to the following:- Alternating pressure mattress overlay. Ensure inflation and correct settings q shift. Setting at 4 based on weight and manufacturers recommendations. Start Date: 4/6/2026- Vitamin A and D Ointment (topical skin protectant made from petrolatum and added vitamins to support healing); Apply to buttocks topically two times a day for Rash AND every 24 hours as needed for Rash. Start Date: 4/7/2026 Review of Nursing Progress Notes for Resident #129 indicated but was not limited to the following:- On 4/6/2026: air mattress applied to resident's bed for skin breakdown prevention and comfort due to immobility and incontinence. Review of the Wound Care Consultant Progress Notes indicated but was not limited to the following:- Resident was seen by the Wound Care Consultant on 4/8/2026. Resident was referred by Nurse Practitioner (NP) #1 and floor nursing staff for a wound to the buttocks, present not less than 1 day. The wound is currently treated with Vitamin A&D ointment. The wound is described as: moderately irritated erythematous (reddened) flaky skin overlying (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	well-circumscribed area of chronic skin changes and notable area of raised hypertrophic scar tissue (abnormal healing, raised red or brown scar tissue) of the left buttocks, scant serosanguinous exudate (thin and watery drainage with a pink-red hue) with scattered small areas of denuded raw open skin, no periwound erythema (redness) or induration (localized area of firm, dense tissue), mild episodic tenderness. Wound measurement: 10 X 12 cm. The plan indicates: Discontinue A&D ointment to wound of buttocks; Apply Triad hydrophilic wound paste (zinc oxide-based dressing ointment designed to manage low to moderate levels of wound drainage while promoting a moist healing environment) to wound of buttocks daily and as needed; Request nutritionist assessment and supplementation as indicated to support wound healing and skin integrity health; Follow-up with Wound MD in 1 week.- Resident was seen by the Wound Care Consultant on 4/15/2026. Resident was seen in follow-up for the wound to the buttocks. The wound is described as: minimally irritated erythematous flaky skin overlying well-circumscribed area of chronic skin changes and notable area of raised hypertrophic scar tissue of the left buttock, no exudate, open or denuded areas of skin, no periwound erythema or induration, mild episodic tenderness. Wound measurement: 10 X 10 cm. The plan indicates: Continue Triad hydrophilic wound paste to wound of buttocks daily and as needed X 7 days. Continue nutritionist assessment and supplementation as indicated to support wound healing and skin integrity health; Follow-up with Wound MD as needed. Review of the Nursing Advances - Skin Check Assessments for Resident #129 indicated but was not limited to the following:- 4/14/2026: Skin Issues: Skin Issue: #001: New skin Issue. Location: Left gluteus. Laterality/Orientation: Left. Additional location information: left buttocks. Issue type: Moisture associated skin damage (MASD). Progress: Stable: previously deteriorating wound characteristics plateaued. MASD: IAD Incontinence Associated Dermatitis. Wound acquired in-house. It is unknown how long the wound has been present. Signs and symptoms of infection: None. Painful: No. Staged by: N/A. Length (cm): 10 Width (cm): 12 Depth (cm): 0 Undermining: No. Tunneling: No. Exudate amount: Light. Exudate type: Serosanguinous: mixture of serous and sanguinous fluid, typically pale, red, and watery. Odor after cleansing: None. Other wound bed: none. Periwound: Attached. Surrounding tissue: Dry/flaky. Surrounding tissue: Erythema. Surrounding tissue: Fragile. Induration: None present. Edema: No swelling or edema. Periwound temperature: Normal. Review of Provider Progress Notes for Resident #129 failed to mention any wound or treatment following the Wound Care Consultation on 4/8/2026. Review of the electronic medical record including Assessments and Progress Notes for Resident #129 failed to indicate a nutritional assessment was completed following the Wound Care Consultation on 4/8/2026. Review of the Treatment Administration Record for Resident #129 for the month of April 2026 indicated but was not limited to the following:- The order for the pressure-relieving air mattress was signed off every shift beginning on 4/6/2026 through 4/30/2026.- The order for Vitamin A&D ointment was signed off at 10 A.M. and 4 P.M. every day, beginning on 4/7/2026 through 4/30/2026. Review of the Treatment Administration Record for Resident #129 for the month of May 2026 indicated but was not limited to the following:- The order for the pressure-relieving air mattress was signed off every shift beginning 5/1/2026 through 5/7/2026 day shift except on 5/5/2026 night shift when documentation was missed.- The order for Vitamin A&D ointment was signed off at 10 A.M. and 4 P.M. every day, beginning on 5/1/2026 through 5/7/2026 at 10 A.M. except on 5/3/2026 at 10 A.M. when documentation was missed. Review of the Comprehensive Care Plan for Resident #129 indicated but was not limited to the following: The resident needs alternating pressure mattress to bed setting by resident's weight to #4. Initiated 4/6/2026. On 5/5/2026 at 9:04 A.M. and on 5/6/2026 at 7:45 A.M., the surveyor observed Resident #129 lying in bed with a pressure-relieving air mattress and pump in place but not on or functioning and the surveyor could feel the hard, metal bed frame through the deflated air mattress. On 5/6/2026 at 8:37 A.M. during an observation and interview with Certified Nursing Assistant (CNA) #2, Resident #129 was lying in bed with a pressure-relieving air mattress and pump in place but not on or functioning. CNA #2 confirmed that he could feel that the air mattress was deflated. CNA #2 said he (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	thinks that the air mattress should be on and he wanted to confirm with Resident #129's nurse. On 5/6/2026 at 8:42 A.M. during an observation and interview with Nurse #4, Resident #129 was lying in bed with a pressure-relieving air mattress and pump in place but not on or functioning. Nurse #4 confirmed that the air mattress pump was not on and said it should be on. Nurse #4 tried to turn on the air mattress pump by pressing the buttons on the pump, but it did not turn on. Nurse #4 said she would try to troubleshoot and then she would call maintenance if she could not get it to turn on. Nurse #4 checked the electrical cord for the air mattress pump and determined it was not plugged in. Nurse #4 plugged the electrical cord for the air mattress pump into the wall and the air mattress turned on and began to inflate. Nurse #4 said that the process for pressure-relieving air mattresses is to check and confirm they are working every shift and sign off the check in the electronic medical record. Nurse #4 said she had not been to Resident #129's room yet to check the air mattress. During an interview on 5/6/2026 at 8:47 A.M., Unit Manager #3 said all pressure-relieving air mattresses should be on and functioning per physician's order. Unit Manager #3 said the process is for all pressure-relieving air mattresses to be checked by the nurse every shift to confirm they are working, and for the nurse to sign off this check in the electronic medical record. During an interview on 5/6/2026 at 12:51 P.M., Nurse #4 said the process for the Wound Care Consultant is that she rounds with the Assistant Director of Nurses (ADON) on Wednesday mornings and then the ADON enters the recommendations as orders. Nurse #4 said she just does the treatments as they are ordered. During an interview on 5/6/2026 at 12:58 P.M., the ADON said she rounds every Wednesday with the Wound Care Consultant. The ADON said after the consultations, she enters the recommendations as orders. The ADON said she does not generally review the orders with the resident's provider prior to entering the orders unless it is something odd as the provider generally agrees with all of the recommendations from the Wound Care Consultant. The ADON said she would expect the recommendations that were made during the visit with the Wound Care Consultant on 4/8/2026 to have been entered as orders including the application of Triad hydrophilic paste daily and the need for a nutritional assessment. During an interview on 5/6/2026 at 1:14 P.M., Nurse #4 said she has never seen an order for Triad hydrophilic paste for Resident #129. During an interview on 5/6/2026 at 1:38 P.M., NP #1 said residents are seen routinely by the Wound Care Consultant on Wednesday mornings. NP #1 said that he knows the Wound Care Consultant well and trusts her assessments and recommendations. NP #1 said he has never not agreed with her recommendations. NP #1 said that he usually comes in later on Wednesday mornings and the ADON or unit manager will run the recommendations from the Wound Care Consultant by him.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, interviews, and records reviewed, the facility failed to ensure it was free from a medication error rate of greater than 5% when two of four nurses observed during the medication pass made two errors out of 30 opportunities, resulting in a medication error rate of 6.67%. Those errors impacted two Residents (#143 and #49).Findings include:Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice dated and revised April 11, 2018, indicated but was not limited to the following: Nurses Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers.Review of the facility's policy titled Administration Procedure for all Medications, dated 9/20/13, indicated but was not limited to the following:-To administer medications in a safe and effective manner-Secure records containing protected health information, (e.g., Medication Administration Records (MARs) and Treatment Administration Records (TARs).-Check MAR for order.-Read medication label three (3) times: 1) prior to removing the medication package/container from the cart/drawer; 2) prior to removing the medication from the package/container; 3) as the package/container is returned to the cart/drawer. Compare label to MAR.-After administration, return to cart, replace medication container (if multi-dose and doses remain), and document administration in the MAR or TAR.a. Resident #143 was admitted to the facility in April 2026 with diagnoses including rheumatoid arthritis (autoimmune disease which causes painful swelling and stiffness) and chronic obstructive pulmonary disease (COPD) (lung disease that causes inflammation which causes difficulty breathing).Review of Resident #143's Physician's Orders indicated but were not limited to the following:-Hydroxychloroquine sulfate (used to treat symptoms of rheumatoid arthritis) 200 milligrams (mg), give one and a half tablets by mouth for a total dose of 300mg.On 5/7/26 at 8:28 A.M., the surveyor observed Nurse #3 prepare and administer medication to Resident #143. Nurse #3 administered hydroxychloroquine sulfate 100mg one and a half tablets (totaling 150mg) with Resident #143's other morning medications. During an interview on 5/7/26 at 11:01 A.M., Nurse #3 said she administered the wrong dose of Hydroxychloroquine sulfate medication to Resident #143. Nurse #3 said she administered 150mg instead of the physician prescribed dose of 300mg. Nurse #3 said she should have followed the instructions and read both the MAR and blister pack medication instructions. During an interview on 5/7/26 at 11:03 A.M., the Staff Development Coordinator said Nurse #3 should have followed the medication instructions by reading both the medication administration record (MAR) for instructions and the label on the medication to be sure the prescribed medication was administered correctly.During an interview on 5/7/26 at 11:05 A.M., Unit Manager #1 said the medication order should have been followed.During an interview on 5/11/26 at 9:27 A.M., the Assistant Director of Nursing (ADON) said the nurse should have followed the medication order as prescribed and checked the MAR and label on the medication for accuracy.b. Resident #49 was admitted to the facility in March 2024, with diagnoses including type 2 diabetes mellitus with ketoacidosis (diabetes with high levels of ketone byproducts created by the liver breaking down fat for energy).Review of Resident #49's Physician's Orders indicated but were not limited to the following:-Lantus Solostar (used to treat diabetes) 100 unit/milliliter (U/ml) insulin pen, inject 18 unit subcutaneously in the morning (4/2/26)-pen needle, 30 gauge x 3/16, 1 pen needle miscellaneous as needed for insulin pens. Attach to insulin pen for administration. On 5/7/25 at 8:12 A.M., the surveyor observed Nurse #4 dial Resident #49's Lantus Solostar 100unit/mL (milliliter) insulin pen to 18 units, apply the needle tip to the insulin pen, and administer the insulin to Resident #49. Nurse #4 failed to prime the needle chamber to fill it with insulin prior to administering the Resident's insulin. Review of manufacturer instructions for use of Lantus Solostar (Lantus) insulin pre-filled pen manufactured by Sanofi-Aventis, revised May 2025, indicated but was not limited to the following:-Step 3: Do a safety test:-Section 3A: Select 2 units by turning the dose selector until the dose pointer is at the 2 mark.-Section 3B: Press the injection button all the way in, when insulin comes out of the needle tip, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225348	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bourne Manor Extended Care Facility	146 Mac Arthur Boulevard Bourne, MA 02532

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	your pen is working correctly.-If no insulin appears: you may repeat this step up to 3 times before seeing insulin.-If no insulin comes out after the third time, the needle may be blocked. If this happens: change the needle; then repeat the safety test.-Always perform the safety test before each injection.During an interview on 5/7/26 at 11:21 A.M., Nurse #4 said she has been administering insulin pens for a long time and her process is to dial the pen to the prescribed dose, attach the needle, then administer the medication to the resident. Nurse #4 said she did not prime the insulin pen or check the pen to ensure it was working correctly. The surveyor and Nurse #4 reviewed the manufacturer instructions for safe administration of insulin pens. Nurse #4 said she did not follow the steps as indicated on manufacturer instructions and said she has never primed an insulin pen.During an interview on 5/7/26 at 11:24 A.M., Unit Manager UM #3 said her understanding of insulin pens process is to dial the pen to prescribe dose, attach the needle tip, and administer the insulin medication. The surveyor and UM #3 reviewed manufacturer instructions for safe administration of insulin pen, UM #3 said she was not aware of those steps for insulin pen administration.During an interview on 5/7/26 at 12:02 P.M., the Staff Development Coordinator (SDC) said she has never educated the nurses to prime an insulin pen and was not aware of the manufacturer safety instructions for priming the insulin pen to ensure the pen and needle tip were working. The SDC said a nursing student told her quite a while ago that insulin pens need to be primed with 1-2 units of insulin to be sure it is not clogged and resident is getting the correct dose and said she has never educated the nurses on this step. The surveyor and the SDC reviewed manufacturer instructions for safe insulin administration, and the SDC said the nurses should be following the manufacturer guidelines for insulin pen administration and this has not been done. During an interview on 5/11/26 at 9:27 A.M., the Assistant Director of Nursing (ADON) said the nurse should have followed the manufacturer's instructions for insulin pen administration. The ADON said the nurse should have primed the insulin pen before administering the insulin.

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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 - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to ensure staff followed hand hygiene procedures prior to handling medication(s) and after administering medication(s) and that staff handled medications in a sanitary manner to prevent potential transmission of infections.Findings include:Review of facility's policy titled Administration Procedure for all Medications, dated 9/20/13, indicated but was not limited to the following:-Cleanse hands using antimicrobial soap and water or facility-approved hand sanitizer before beginning a med pass, before handling medication, and before contact with resident.-Use a barrier (e.g. clean disposable tray or plastic cup) to carry medication containers into the resident's room, this will serve as a barrier between the supplies and the over-the-bed table or other surface on which the supplies are placed while the medication is administered.-When finished with each resident, wash hands with antimicrobial soap and water or use facility-approved hand sanitizer.On 5/7/26 from 8:28 A.M. through 9:07 A.M., the surveyor observed Nurse #3 administer medications to Resident #143. Nurse #3 failed to perform hand hygiene before and after administering medications. The surveyor observed Nurse #3 touching the computer, the medication room door, her phone, the treatment storage cart, the medication packages, and the medication cart drawer handles between handling the Resident's medications, potentially contaminating her hands. Furthermore, the surveyor observed Nurse #3 remove Breztri inhaler (used to treat symptoms of COPD), and Flonase nasal spray (used to treat allergy symptoms), from prescription packaging and place them directly onto Resident #143's bedside table for administration without a protective barrier. After administration of medications to Resident #143, Nurse #3 placed the Breztri inhaler and Flonase nasal spray directly onto the medication cart without a protective barrier. Nurse #3 then placed the inhaler back and nasal spray back into the medication cart without performing hand hygiene.During an interview on 5/7/26 at 9:07 A.M., Nurse #3 said she should have performed hand hygiene before starting the medication pass, after touching the medication doors, the treatment cart, her phone, and after medication pass was completed and did not. Nurse #3 said she performs hand hygiene when she remembers. Nurse #3 said she should not have placed the inhaler and nasal spray on Resident #143's bedside table without a protective barrier and should not have then placed the inhaler and nasal spray directly onto the medication cart without a protective barrier.During an interview on 5/7/26 at 11:05 A.M., Unit Manager #1 said the nurse should have performed hand hygiene prior to, during, and after the medication pass and should have used a protective barrier with medications brought into the Resident's room.During an interview on 5/11/26 at 9:27 A.M., the Assistant Director of Nursing (ADON), said the nurse should have performed hand hygiene at the start of medication pass, at any opportunity hand hygiene was indicated during the medication pass, and at the end of the medication pass. The ADON said the nurse should have placed a protective barrier down when the inhaler and nasal spray were placed on the Resident's bedside table and on the medication cart.