Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225420	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center for Extended Care at Amherst	150 University Drive Amherst, MA 01002

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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents, (Resident #1), who was non-ambulatory and per his/her care plan required the assistance of two staff members with a mechanical lift for all transfers, the Facility failed to ensure staff consistently implemented and followed his/her care plan interventions for transfers, when on 03/14/26, Certified Nurse Aide #1 transferred Resident #1 by herself using a stand pivot transfer technique, Resident #1 was later diagnosed with a left ankle fracture. Findings include:Review of the Facility Policy titled Care Plans, Comprehensive Person-Centered, dated as revised March 2022, indicated that care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The Policy indicated that care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 03/16/26, indicated that during care on 03/15/26, staff noted Resident #1's left foot and ankle was bruised and swollen. The Report indicated that Resident #1 had no signs or symptoms of pain at that time. The Report indicated that an X-ray was ordered and completed on 03/16/26 and the results showed a fracture of the left distal fibula. The Report also indicated that CNA #1 told the Nurse Supervisor that she had transferred Resident #1 into bed alone, without the use of a mechanical lift, on the evening of 03/14/26. The Report indicated that Resident #1 was sent to the Emergency Department for evaluation and treatment. Review of Resident #1's Hospital Discharge Note, dated 03/17/26, indicated the following:-bluish bruise to left side of forehead-diffuse osteopenia (reduced bone density) -acute comminuted (when bone shatters into three or more pieces) and minimally displaced [NAME] type B ankle fracture (break at the level of the fibrous joint that connects the fibula and the tibia, often resulting from twisting injuries or falls). -acute nondisplaced medial malleolar (inner ankle) fracture -diffuse soft tissue swelling about the ankle. Resident #1 was admitted to the Facility in October 2019 with diagnoses including dementia with behavioral disturbance, osteoporosis (decreased bone density and quality, making bones weak and brittle), left side hemiplegia (paralysis or weakness) due to unspecified cerebrovascular disease, history of falls, and unsteady on feet. Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 01/10/26, indicated he/she was severely cognitively impaired with a score of 0 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). Further review of the MDS indicated Resident #1 was non-ambulatory, and dependent on staff for mobility and Activities of Daily Living (ADL). Review of Resident #1's ADL Care Plan, reviewed and renewed with the Quarterly MDS completed 01/10/26, indicated interventions initiated in August 2025 (and still current) included that he/she required the use of a mechanical lift with assistance from two staff members for all transfers due to cognitive and physical deficits, including hemiplegia and dementia. The ADL Care Plan also indicated that Resident #1 was non-weight bearing with transfers.Review of Unit Manager #1's Written Summary of her interview with Certified Nurse Aide (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE 150 University Drive Amherst, MA 01002	

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 0656 Level of Harm - Actual harm Residents Affected - Few	(CNA) #6, dated 03/15/26, indicated that CNA #6 reported that while providing care to Resident #1 with CNA #2, on the morning of 03/15/26, they observed a bruise on Resident #1's ankle and immediately notified the nurse. Review of Unit Manager #1's Written Summary of her interview with Certified Nurse Aide (CNA) #1, dated 03/15/26, indicated that CNA #1 told Unit Manager #1 that on 3/14/26, she had transferred Resident #1 without assistance from a second staff member and had not used any assistive devices. The Summary indicated that upon learning that CNA #1 had not used the mechanical lift and had not provided the required level of assistance when transferring Resident #1, she was immediately suspended.During an interview on 04/07/26, Unit Manager #1 said she worked the day shift as the Nurse Supervisor on 03/15/26, when Resident #1's bruise was reported by CNA #2. Unit Manager #1 said she immediately initiated an investigation and reviewed the schedule to determine who had worked the previous shift(s).Unit Manager #1 said that Resident #1 was on CNA #1's assignment from 3:00 P.M. on 03/14/26 through 7:00 A.M. on 03/15/26. Unit Manager #1 said that CNA #1 told her that she transferred Resident #1 alone, without the mechanical lift, and used a stand pivot transfer technique with him/her. The Unit Manager further said there were no documented falls or incidents involving Resident #1 during the shifts prior to the discovery of the ankle fracture. Unit Manager #1 said that she attributed the injury to CNA #1 transferring Resident #1 alone without the use of the mechanical lift, which was contrary to Resident #1's Plan of Care. Unit Manager #1 further said that Resident #1 was frail, non-ambulatory and non-weight bearing, and that his/her care plan intervention to provide transfers with assistance from two staff and a mechanical lift had been in place for a long time. Review of Certified Nurse Aide #1's schedule indicated she worked on Resident #1's Unit as follows: -03/14/26 from 3:00 P.M. to 03/15/26 until 7:00 A.M. Review of Resident #1's ADL Flow Sheets dated 03/14/26 and 3/15/26, indicated CNA #1 provided Resident #1's care on the evening and overnight shifts. Review of the Director of Nurses (DON) and Assistant Administrator's (AA) Written Summary of their interview with Certified Nurse Aide (CNA) #1, dated 03/18/26, indicated that CNA #1 reported Resident #1 had a good night on 03/14/26 with no behaviors. The Summary indicated that CNA #1 told the DON and the AA that she had transferred Resident #1 to bed without a second staff member for assistance, by performing a stand-pivot transfer as she always does. The Summary indicated that when CNA #1 told the DON that she was unaware of and had not reviewed Resident #1's Care Plan, the DON showed her documentation that indicated she had been educated during orientation on that requirement.The Surveyor was unable to interview Certified Nurse Aide #1 as she did not respond to the Department of Public Health's requests for an interview. During an interview on 04/07/26 at 3:08 P.M., Certified Nurse Aide #3 said she worked the evening shift on 03/14/26, on Resident #1's unit. CNA #3 said that she was familiar with Resident #1's care needs and that he/she required a mechanical lift and two staff members to transfer safely.CNA #3 further said that staff typically ask one another for assistance when transferring residents who require two-person support; however, CNA #1 did not request her assistance when transferring Resident #1 that evening. During an interview on 04/07/26 at 3:18 P.M., Certified Nurse Aide #5 said that he worked the evening shift on 03/14/26, on Resident #1's unit. CNA #5 said that Resident #1 required a mechanical lift and assistance from two staff members to transfer, and that CNA #1 did not request his help with Resident #1's transfers that evening. During an interview on 04/07/26 at 2:17 P.M., the Director of Nurses (DON) said that CNAs were expected to reference the Care Plan to determine the necessary interventions for each resident, and that CNAs were educated on the need to reference the Care Plan for residents on their assignment. The DON said the Care Plan interventions were readily accessible to the CNAs in the section of the EHR where they document. The DON said that CNA #1 told her that she was unaware of the Care Plans, despite having signed off on the training and education she had received during her orientation. The DON further said that CNA #1 should have referenced Resident #1's Care Plan and that it was not her first time caring for him/her. The DON said that CNA #1 should have used a mechanical lift and gotten a second staff member to assist her when she transferred Resident #1 on 03/14/26.On 04/07/26, the Facility presented the Surveyor with a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center for Extended Care at Amherst	150 University Drive Amherst, MA 01002

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 0656 Level of Harm - Actual harm Residents Affected - Few	plan of correction with an effective date of 03/20/26, that addressed the areas of concern identified in this survey, the Plan of Correction provided is as follows: A) 03/15/26, Nursing immediately assessed Resident #1's injuries, notified the provider, and X-rays were ordered. The X-ray was completed on 03/16/26 and results were positive for left ankle fracture, with a plan for an orthopedic consult on 03/17/26. An ankle wrap provided and Resident #1's pain was managed.B) 03/17/26, The Facility was unable to obtain a same-day orthopedic consult, therefore Resident #1 was sent to the Emergency Department for further evaluation and a splint was applied to his/her left ankle.C) The Director of Nurses (DON) and Staff Development Coordinator (SDC) reviewed CNA #1's education file and confirmed that she had received education on locating and referencing resident care plans, during her orientation to the facility on [DATE]. D) 03/18/26 through 03/20/26, the SDC trained all nursing staff related to the provision of direct care, regarding the requirement to review and follow the residents' plan of care with every encounter. Education was validated with a post test. E) Effective 03/18/26 The Director of Nurses and Unit Manager #1 initiated weekly random observational audits across all shifts to ensure staff were following the care planned interventions for resident transfers. The audits are scheduled to be completed weekly for four weeks and then monthly for three months. F) An Ad-Hoc Quality Assurance Performance Improvement (QAPI) meeting was conducted, and the audit results will be presented during the Facility's April 2026 QAPI Committee Meeting. The Committee will continue to monitor for 90 days.G) The Administrator, the Director of Nursing and/or their designees are responsible for overall compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE 150 University Drive Amherst, MA 01002	

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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents, (Resident #1), who was non-weight bearing and required two staff members and a mechanical lift for all transfers, the Facility failed to ensure he/she was provided with the necessary level of staff assistance and assistive devices, to maintain his/her safety to prevent an incident/accident resulting in an injury, when on 03/14/26, Certified Nurse Aide #1 transferred Resident #1 alone, without a mechanical lift, using a stand pivot type transfer. Resident #1 was later found with bruising and swelling to his/her left ankle and was diagnosed with a left ankle fracture, (which was consistent with the type of injury that could occur with the twisting motion of a stand-pivot a pivot transfer). Findings include:Review of the Facility Policy titled Safe Lifting and Movement of Residents, dated as revised July 2017, indicated that in order to protect the safety and well-being of staff and residents, and to promote quality care, the Facility uses appropriate techniques and devices to lift and move residents. Further review of the Policy indicated that nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. The Policy indicated that Staff would document resident transferring and lifting needs in the care plan. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 03/16/26, indicated that during care on 03/15/26, staff noted Resident #1's left foot and ankle was bruised and swollen. The Report indicated that Resident #1 had no signs or symptoms of pain at that time. The Report indicated that an X-ray was ordered and completed on 03/16/26 and the results showed a fracture of the left distal fibula. The Report indicated that Resident #1 was sent to the Emergency Department for evaluation and treatment. Further review of the Report indicated that CNA #1 told the Nurse Supervisor that she transferred Resident #1 into bed alone, without the use of a mechanical lift, on the evening of 03/14/26. Review of Resident #1's Hospital Discharge Note, dated 03/17/26, indicated the following:-bluish bruise to left side of forehead-diffuse osteopenia (reduced bone density) -acute comminuted (when bone shatters into three or more pieces, usually due to severe trauma) and minimally displaced [NAME] type B ankle fracture (break at the level of the fibrous joint that connects the fibula and the tibia, often resulting from twisting injuries or falls). -acute nondisplaced medial malleolar (inner ankle) fracture -diffuse soft tissue swelling about the ankle. Resident #1 was admitted to the Facility in October 2019 with diagnoses including dementia with behavioral disturbance, osteoporosis (decreased bone density and quality, making bones weak and brittle), left side hemiplegia (paralysis or weakness) due to unspecified cerebrovascular disease, history of falls, and unsteady on feet. Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 01/10/26, indicated he/she was severely cognitively impaired with a score of 0 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). Further review of the MDS indicated Resident #1 was non-ambulatory, and dependent on staff for mobility and Activities of Daily Living (ADL). Review of Resident #1's ADL Care Plan, reviewed and renewed with the Quarterly MDS completed 01/10/26, included an intervention, dated as initiated August 2025, that he/she required the use of a mechanical lift with assistance from two staff for all transfers due to cognitive and physical deficits, including hemiplegia and dementia. The ADL care plan indicated Resident #1 was non-weight bearing with transfers.Review of Unit Manager #1's Written Summary of her interview with Certified Nurse Aide (CNA) #6, dated 03/15/26, indicated that during the day shift on 03/14/26, CNA #6 transferred Resident #1 using a mechanical lift with assistance from another staff member. The Summary further indicated that CNA #6 reported that Resident #1 had no visible bruising when she completed her shift.The Summary indicated that CNA #6 reported that while providing care to Resident #1 with CNA #2, on the morning of 03/15/26, they observed a bruise on Resident #1's ankle and immediately (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center for Extended Care at Amherst	150 University Drive Amherst, MA 01002

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 - Actual harm Residents Affected - Few	notified the nurse. Review of Unit Manager #1's Written Summary of her interview with Certified Nurse Aide (CNA) #1, dated 03/15/26, indicated that CNA #1 told her that Resident #1 did not exhibit any unsafe physical behaviors or physical aggression toward staff, and did not inadvertently strike any part of his/her body during care, during the evening or overnight (3/14/26 into 3/15/26) shifts.The Summary indicated that CNA #1 told Unit Manager #1 that she had transferred Resident #1 without a second staff member present to assist her and had not used any assistive devices. The Summary indicated that CNA #1 had not provided the required level of assistance when transferring Resident #1.During an interview on 04/07/26, Unit Manager #1, said she worked the day shift as the Nurse Supervisor on 03/15/26, when Resident #1's bruise was reported by CNA #2. Unit Manager #1 said she started an investigation immediately and reviewed the schedule to see who had worked the previous shift (s).Review of Certified Nurse Aide #1's schedule indicated she worked on Resident #1's unit as follows: -03/14/26 from 3:00 P.M. to 03/15/26 until 7:00 A.M. Review of Resident #1's ADL Flow Sheets, dated 03/14/26, indicated CNA #1 provided Resident #1's care on the evening and overnight shifts. Unit Manager #1 said that Resident #1 had a history of combative and resistant behaviors and a diagnosis of dementia, limiting her ability to report how the injury occurred. However, she said that staff had not reported or documented any combative behavior since 03/11/26. Additionally, Unit Manager #1 said the CNA that documented Resident #1's behavior on 03/11/26 indicated that his/her behavior was limited to grabbing and did not involve his/her lower extremities. Unit Manager #1 said she ruled out combative behavior as a potential cause of Resident #1's injury.Unit Manager #1 said that Resident #1 was on CNA #1's assignment from 3:00 P.M. on 3/14/26 through 7:00 A.M. on 3/15/26. Unit Manager #1 said that on 03/15/26, CNA #1 told her that Resident #1 had not exhibited combative behaviors during care on 03/14/26. Unit Manager #1 said that CNA #1 told her that she transferred Resident #1 alone, without the mechanical lift, using a stand pivot transfer technique.The Unit Manager further said there were no documented falls or incidents involving Resident #1 during the shifts prior to the discovery of the ankle fracture. Unit Manager #1 said that she attributed the injury to CNA #1 transferring Resident #1 alone without the use of the mechanical lift, contrary to Resident #1's Plan of Care. Unit Manager #1 said that Resident #1 was frail, non-ambulatory and non-weightbearing, and his/her intervention to provide transfers with assistance from two staff and a mechanical lift had been in place for a long time. The Surveyor was unable to interview Certified Nurse Aide #1 as she did not respond to the Department of Public Health's requests for an interview. During an interview on 04/07/26 at 1:10 P.M., Certified Nurse Aide #2 said that Resident #1 slept late on 03/15/26 during the day shift and that while she and CNA #6 were providing care to him/her, they noticed bruising on his/her left ankle and the left side of his/her forehead. CNA #2 said she immediately reported Resident #1's bruises to the nurse. During an interview on 04/07/26 at 3:08 P.M., Certified Nurse Aide #3 said she worked the evening shift on 03/14/26, on Resident #1's unit. CNA #3 said that she was familiar with Resident #1's care needs and that he/she required a mechanical lift and two staff members to transfer safely. CNA #3 said CNA #1 had not requested her assistance when transferring Resident #1 that evening. During an interview on 04/07/26 at 3:29 P.M., Certified Nurse Aide #4 said she worked the evening shift on 3/14/26 on Resident #1's unit and was not asked by CNA #1 to assist with Resident #1's transfers that evening. During an interview on 04/07/26 at 3:18 P.M., Certified Nurse Aide #5 said that he worked the evening shift on 03/14/26, on Resident #1's unit. CNA #5 said that Resident #1 required a mechanical lift and assistance from two staff members to transfer, and that CNA #1 had not requested his assistance with Resident #1's transfers that evening. Review of the Director of Nurses (DON) and Assistant Administrator's (AA) Written Summary of their interview with Certified Nurse Aide (CNA) #1, dated 03/18/26, indicated that CNA #1 reported Resident #1 had a good night on 03/14/26 with no behaviors. The Summary indicated that CNA #1 told the DON and the AA that she had transferred Resident #1 to bed without a second staff member present to assist her, by performing a stand-pivot transfer as she always does. During an interview on 04/07/26 at 2:17 P.M., the Director of Nurses (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE 150 University Drive Amherst, MA 01002	

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 - Actual harm Residents Affected - Few	said that she was notified on 03/15/26 that staff had discovered a large bruise on Resident #1's ankle, and that an investigation had been initiated. The DON said the Provider ordered an X-ray of Resident #1's left ankle and that the results were positive for an ankle fracture. The DON said that when a same-day orthopedic appointment could not be obtained, Resident #1 was sent to the Emergency Department (ED) for evaluation and returned with an ankle splint. The DON said that there were no documented accidents or incidents involving Resident #1 in the days prior to the injury, other than the transfer performed by CNA #1, that was done without the required assistance and equipment, because CNA #1 told them she had transferred Resident #1 with a stand=pivot transfer; which resulted in him/her bearing weight to transfer. The DON said that CNA #1 was suspended on 03/15/26 pending the results of the Facility's investigation, and that she refused to submit a written statement. The DON said that CNA #1 is no longer employed by the Facility. On 04/07/26, the Facility presented the Surveyor with a plan of correction with an effective date of 03/20/26, that addressed the areas of concern identified in this survey, the Plan of Correction provided is as follows:A) 03/15/26, Nursing immediately assessed Resident #1's injuries, notified the provider, and X-rays were ordered. The X-ray was completed on 03/16/26 and results were positive for left ankle fracture, with a plan for an orthopedic consult on 03/17/26. An ankle wrap provided and Resident #1's pain was managed.B) 03/17/26, The Facility was unable to obtain a same-day orthopedic consult, therefore Resident #1 was sent to the Emergency Department for further evaluation and a splint was applied to his/her left ankle.C) The Director of Nurses (DON) and Staff Development Coordinator (SDC) reviewed CNA #1's education file and confirmed that she had received education on locating and referencing resident care plans, during her orientation to the facility on [DATE]. D) 03/18/26 through 03/20/26, the SDC trained all nursing staff related to the provision of direct care, regarding the requirement to review and follow the residents' plan of care with every encounter. Education was validated with a post test. E) Effective 03/18/26 The Director of Nurses and Unit Manager #1 initiated weekly random observational audits across all shifts to ensure staff were following the care planned interventions for resident transfers. The audits are scheduled to be completed weekly for four weeks and then monthly for three months. F) An Ad-Hoc Quality Assurance Performance Improvement (QAPI) meeting was conducted, and the audit results will be presented during the Facility's April 2026 QAPI Committee Meeting. The Committee will continue to monitor for 90 days.G) The Administrator, the Director of Nursing and/or their designees are responsible for overall compliance.