STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamo Cove Rehab and Nursing Center	8290 W C Ave Kalamazoo, MI 49009

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure adequate nurse staffing to promote the physical, mental and psychosocial well-being in 3 residents (Resident #3, Resident #74, Resident #5) of 19 residents reviewed for staffing and 9 of 11 residents as reported during a confidential resident council interview, resulting in unmet care needs and the potential for physical and psychosocial harm for all residents in the facility.Findings include: Resident #3 (R3) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R3 admitted to the facility on [DATE] with pertinent diagnoses including multiple sclerosis (autoimmune disease where immune system damages the area around the nerves in the brain and spinal cord), anxiety, and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R3 was cognitively intact. During an interview on 4/29/2026 at 7:49 AM, R3 was lying on her bed. R3 stated that the facility only had 2 CNAs for 24 residents down on her unit and it was hard for the staff to meet all the residents' needs. R3 said that the shower aide got pulled a lot and then the CNAs found it hard to get showers done that day. R3 said she wanted to get up at 10 AM every day but they didn't get her up until 11 AM many days and she was usually the last one up. R3 also stated at night it was hard to get help and she had to wait for a long time to get help, which could end up being an hour. R3 reported that agency staff didn't know the routine of the residents. R3 said Staffing needs to be fixed. Management should help but it won't happen. They need more staff and I don't care how they fix it. During another interview on 4/30/2026 at 7:42 AM, R3 stated that she didn't get up until 11:25 AM the day before. R3 stated that usually it wasn't until 11:30 AM that she got up. R3 said this was a daily occurrence and filing a grievance didn't help. Review of R3's Grievance dated 1/4/2026 revealed . Date of report:1/4/2026. Describe Grievance: On 1/4/2025 (sic) the agency aid on p1st shift got me up and only did pericare (washing genital area). I asked her about how she washed up the residents and she said she only does pericare. I pointed out that the face, back and under breast should be washed too. The aide said she didn't need to do that because there isn't enough time to do all the tasks. Staff unacceptable. Review of R3's Grievance dated 2/21/2026 revealed . Time: lunchtime. Received by Social Service Aide (SSA) RR Grievance Description: Resident reported she had to go to room [ROOM NUMBER] to get 2 residents for lunch because the staff did not remind them to get up for lunch and the dining room staff did not go get them either since they could not leave the dining room to get them. Review of R3's Grievance dated 3/31/2026 revealed . Date Administrator received: 3/31/2026. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administrator assigned to: RNM PP. Investigation: Spoke with CNA (name omitted) and she has not been able to get her up at desired time the last two days. It is planned for tomorrow to have her up at 10 AM to attend an activity. This is arranged between the resident and CNA. Resolution: If we know don't have shower aid we'll make plans for what time resident wants to be up. Statement written by Regional Nurse Consultant (RNC) VV dated 3/31/2026 revealed RNC went and met with resident (R3)-states she regularly gets her shower which is scheduled on second shift. She states that there is still a delay in getting up for the day which she attributes to staffing. She has the desire to get up at 10 AM and some days she hasn't gotten up until 12 but, I get it because there isn't enough staff. RNC thanked her for communicating her concerns and assured her that we will address her concerns with possibility leadership. Resident #74 (R74) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R74 admitted to the facility on [DATE] with pertinent diagnoses including legal blindness and depression. Brief Interview for Mental Status (BIMS) reflected a score of 12 out of 15 which indicated R74's cognition was moderately impaired. During an interview on 4/28/2026 at 11:06 AM, R74 reported he had to wait for a while for help the day before for staff to help him. R74 said he Pooped and sat in poop for a while. R74 stated What's the point in having a call light button when you need help and they don't come to help for a while? R74 said he can't see good so he relied on staff to help him. R74 asked this surveyor Have you needed help and then had to sit in your poop until someone helped you? It's a terrible feeling. During another interview on 4/30/2026 at 3:09 PM, R74 stated he didn't like sitting in urine but it is better than sitting in poop. R74 said not receiving the help he needed occurred on different shifts and multiple occasions. Review of an email correspondence dated 2/10/2026 between R74's daughter and Social Service Aide (SSA) RR revealed . I have concerns regarding my father. He says he has trouble with his call button because nobody comes. I was visiting him Friday and pushed the button a couple times in half an hour and nobody came. This is frustrating, my father knows what is going on and understands that everyone is working but he is a resident and has needs. I understand it's only been a few weeks but a lot has happened. When my dad said he peed his pants 3 times today because nobody helped him to the bathroom? I don't understand. Review of R74's grievance dated 4/28/2026 revealed Received by Minimum Data Set nurse (MDS) LLL Grievance Description: Met with resident regarding care concerns. Resident stated it happened around 3 to 4x (times) since he's been here. He puts his call light on because he really needs to go to the bathroom and has to go right when he puts it on. Resident stated that the longest he's waited on 2 responses was around 30 minutes. During an interview on 4/30/2026 at 2:46 PM, MDS LLL stated that R74 didn't say anything to her about waiting for a long time for help until he spoke to the State Surveyor the other day. MDS LLL said he used his call light and asked for help verbally. During an interview 04/30/2026 2:43 PM, Social Service Director (SSD) SS stated that she was unaware of R74 waiting for a while for help until he mentioned something to the State Surveyor. SSD SS stated that SSA RR checked on him and works with him more often. SSD SS reported that (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	concerns are brought up daily at their interdisciplinary meetings. During an interview on 4/28/2026 at 10:11 AM, Certified Nursing Assistant (CNA) P stated that staffing was bad at times because staff doesn't show up and then they had no one to help cover the halls. CNA P said that North Hall (100 Hall) was the hardest hall and CNAs struggle a lot when they worked that hall since 2 CNAs weren't enough to take care of the residents. During an interview on 4/28/2026 at 10:33 AM, Licensed Practical Nurse (LPN) HH stated that staffing was hard when call ins occurred and they pulled the shower aide often to help fill openings. During an interview on 4/28/2026 at 11:40 AM, CNA R stated that the shower aide was pulled quite often to fill openings and then they had to give showers on top of taking care of the residents. CNA R said it was hard only having 2 CNAs down the hall and having to take care of all 24 residents' needs, showers, and make sure they got meals/assistance with meals. CNA R stated that a float CNA would be helpful otherwise they had trouble meeting resident needs. During an interview on 4/28/2026 at 12:46 PM, CNA W and CNA M stated that staffing was really bad especially when they only had 2 CNAs to take care of 28 residents and the shower aide was pulled. CNA W and CNA M stated that they had to give 8 showers on top of trying to meet resident's needs when the shower aide was pulled. CNA W said mealtimes were especially hard since 1 CNA had to oversee 3 halls since the other CNAs were in the dining room helping feed residents. CNA W and CNA M stated they had quite a few residents that were a 2 person assist down their hall. Review of the facility list of residents that require 2 person assist with transfers dated 4/29/2026 revealed 38 residents that required a 2 person assist with transfers with a census of 91 residents upon entrance. During an interview on 4/29/2026 at 2:36 PM, Business Office/Scheduler (BO/S) G stated that the shower aide was pulled when there was an opening for a CNA or a call in. BO/S G stated she was aware of the staffing concerns from the CNAs working the halls and the heavy workload and that management was aware as well. When discussing specifically North Hall staffing challenges and the fact that they didn't have enough staff to meet resident needs, she stated management and her were both aware of that. BO/S G stated that they didn't mandate staff to stay over when they were short staffed and would call agency to come in. BO/S G reported that residents complain about not getting the help they need during rounds and she heard staff talking about the staffing challenges in the hallway. During an interview on 4/29/2026 at 2:04 PM, Registered Nurse Manager (RNM) PP stated that R3 filed a grievance a few weeks ago because she likes to get up by 10 AM every day and she didn't get up that day until much later because the shower aide was pulled. RNM PP said staffing was bad that morning and they CNAs did get her up the next day and she didn't hear that she hadn't been up by 10 AM since then. When discussing R74, RNM PP stated that he yelled if he needed something but she didn't hear about him having any concerns with CNAs not responding to his needs or changing him when soiled. During an interview on 4/29/2026 at 11:43 AM, this surveyor discussed a resident oxygen tubing laying on the ground with shoes on top of it on 4/28/2026 from 9am to 5pm with LPN EE shrugged her shoulders and said What can you do? You would think that someone went and checked on her and her roommate during the day but who knows if they did. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 4/29/2026 at 4:11 PM, this surveyor discussed the staffing concerns that were found during the survey with Director of Nursing (DON) B, Regional Nurse Consultant (RNC) VV and Regional Director of Operations (RDO) AA. RDO AA and RNC VV reported that they thought staffing was good in the building. DON B said she was unaware of R3 and R74's concerns until this week. Review of the Call Light Policy dated 7/11/2018 revealed Policy: It is the policy of this facility to provide the resident a means of communication with nursing staff. Procedure:1. All facility personnel must be aware of call lights at all times. 2. Facility shall answer call lights in a timely manner. Resident #5 Review of an admission Record revealed Resident #5 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: diabetes mellitus (chronic metabolic condition characterized by high blood sugar caused by insulin deficiency) and adjustment disorder with depression (a short-term, stress-related condition occurring when an individual struggles to cope with a specific life change or event). Review of a Minimum Data Set (MDS) assessment for Resident #5 with a reference date of 2/27/26, revealed a Brief Interview for Mental Status (BIMS) assessment score of 13/15, which indicated the resident was cognitively intact. Section D of the MDS revealed Resident #5 expressed feeling down, depressed, or hopeless during 2-6 days of the 14-day assessment period. Section GG revealed Resident #5 required substantial/maximal (helper does more than half the effort) to transfer from the bed to a wheelchair and to/from the toilet. Review of a Care Plan for Resident #5 with a reference date of 2/23/26 revealed the following focuses/goals/interventions: 1. Focus: The resident has hypoglycemia (low blood sugar) r/t (related to) diabetes.Goal: The resident will have no complications related to hypoglycemia.Interventions.Monitor.s/sx (signs and symptoms) of hypoglycemia.2. Resident at risk for falls.Goal: Resident will remain free from fall related injury.Interventions.provide assistance as needed for mobility tasks.anticipate and meet resident's needs. Review of a Fall Risk Assessment for Resident #5 with a reference date of 3/30/26 revealed a score of 40, moderate risk for falling. In an interview on 4/28/26 at 12:54pm, Resident #5 reported she often experienced long call light wait times, and although she knew she was not safe to do so, she took herself to the bathroom because she could not wait any longer and did not want to have an episode of incontinence (involuntary loss of urine or stool). Resident #5 confirmed she was frustrated and anxious when she felt she had no choice but to risk injuring herself by going to the bathroom without the help she needed. When queried, Resident #5 reported she regularly waited more than 30 minutes for staff to assist her to the bathroom and on one occasion, waited 3 hours. Resident #5 reported the staff did the best they could, but she felt the current level of staffing was not enough to ensure her needs were met. Resident #5 stated I know they're busy but there should be enough staff to help me when I need something. In an interview on 4/30/26 at 11:48am, Family Member (FM) EEE reported she visited Resident #5 regularly and witnessed call light response times of greater than 30 minutes. FM EEE reported Resident #5 also called her once and reported she (Resident #5) was concerned for her own well-being because she felt her blood sugar level was dropping and had been waiting for her call light (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	to be answered for more than 30 minutes. Review of a Grievance and Satisfaction Form for Resident #5, filed by FM EEE, with a reference date of 4/17/26 revealed Grievance/Satisfaction Description: 1. Slow response to call light. Investigation: Initial internal call light response audit. Resolution: Facility completed call light audit to identify additional concerns and provided (sic) education to staff. Notifications:4/29/26 Satisfied: No, Resident expressed call light getting better but not completely improved. In a confidential meeting on 4/29/26 at 3:00pm, 9 of 11 residents reported experiencing call light response times greater than 30 minutes on a regular basis. Review of Grievance and Satisfaction Form with a reference date of 1/16/26 revealed Contact Info: Name: Resident Council.Grievance/Satisfaction Description: north, basic, south (halls) long call lights on 1st and 3rd shift.Investigation: Concerns will be addressed at staff meeting. Resolution: Staff meeting held 1/30/26. In an interview on 4/30/26 at 9:58am, Licensed Practical Nurse (LPN) JJJ reported the facility regularly operated with less Certified Nursing Assistants (CNAs) and Nurses than scheduled due to staff call ins. LPN JJJ reported she often provided basic care to residents because there were not enough CNA's to ensure care needs were met. LPN JJJ stated You can only work like that for a few days before you're burned out; that's why staff call in. In an interview on 4/30/26 at 12:25pm, CNA Q reported she regularly cared for 30 residents alone during the overnight shift. CNA Q reported incontinent residents who required the assistance of 2 staff members, were not changed every 2 hours because she had to wait for staff from other halls to be available to assist her. When queried, CNA Q reported her hall had at least 6 residents who required assistance of 2 staff members for changing their incontinence briefs. CNA Q reported other residents on her hall were not supervised while she was caring for residents in their rooms. CNA Q reported the facility was aware of her concerns. In an interview on 4/28/26 at 9:10 AM, Certified Nurse Assistant (CNA) M reported she was the only CNA working on the north unit from 6:00-7:30 AM, when they pulled the assigned shower aide to assist. CNA M reported there were 27 residents on the north hall. CNA M reported the usual staffing for the north hall was 2 CNAs and 1 nurse. On 4/28/26 at 10:46 AM, the north hall had no staff present in the hallway and 3 call lights were on. On 4/28/26 at 10:46 AM, CNA M exited a room on the north hall, acknowledged this surveyor standing across the hall, pointed to the call lights on, and said see, 3 lights on and no one else is around. On 4/28/26 at 12:51 PM, call lights were observed activated on the north hall for 2 rooms. On 4/28/26 at 12:53 PM, the call light to room [ROOM NUMBER] was on, Licensed Practical Nurse (LPN) II entered the room, shut off the light, and as she was exiting the room was heard saying we will be around in a hot minute. LPN II did not meet the resident's needs. Upon LPM II's exit, the call light to room [ROOM NUMBER] was immediately reactivated. LPN II walked from room [ROOM NUMBER] to room [ROOM NUMBER], entered the room and turned off the call light and exited the room. LPN II did not meet the resident's needs. Upon LPN II walked from room [ROOM NUMBER] to room [ROOM NUMBER] and asked from the doorway what the residents needed. LPN II stated, I'll be (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	back in just a minute and did not enter room [ROOM NUMBER] and did not meet the resident's needs. At 12:56 all three call lights were still active, LPN II was present at the medication cart parked outside of room [ROOM NUMBER] where an unknown resident in room [ROOM NUMBER] was heard asking LPN II for pain medications, to which LPN II stated make yourself comfortable, I'll be there in a few minutes. On 4/28/26 at 1:02 PM, call lights in room [ROOM NUMBER], 112, and 113 were still activated. Unknown staff were present on the north hall and beginning to answer call lights. On 4/28/26 at 1:06 PM, the call light in room [ROOM NUMBER] was still activated. On 4/28/26 at 1:21 PM, the call light in room [ROOM NUMBER] was still activated. On 4/28/26 at 1:28 PM, the call light in room [ROOM NUMBER] was answered, after being on for 35 minutes. In an interview on 4/28/26 at 3:30 PM, CNA K and CNA L reported staffing could be better. CNA L reported the north hall had at least 8-10 residents who required a mechanical lift transfer that required 2 staff members to complete. During two person transfers the rest of the hall was unobserved during a two-person transfer. CNA L reported she worked like crazy when she was on the north hall and things did not get done timely. CNA L reported the residents had to wait a long time for their call lights to be answered. CNA K reported the mangers help by calling in extra staff when the state was in the building, but they did not help on the floor much otherwise. In an interview on 4/30/26 at 1:45 PM, Registered Nurse Manager (RNM) QQ reported north hall was assigned two CNAs, a shower aide, and a nurse. RNM QQ reported north hall was a heavy hall and the residents experienced long call light wait times. RNM QQ stated she did not know what to do about the long call light wait times.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility failed to update the facility assessment related to current staffing concerns resulting in the potential for unmet care needs for all residents in the facility.Findings include:Review of the Quality Assessment and Assurance Committee and Facility Assessment Sheet dated 8/28/2025 revealed . Input for staffing for Facility assessment. 9/26/2024. Residents: We conduct Resident Council meetings monthly. We have had no concerns pertaining to staffing We will continue to complete the resident survey annually and address any issues individually at any time during the grievance/concern process. Family Members/Responsible Parties: We receive input from families and responsible parties with each care conference. We do not have any concerns pertaining to staffing from the care conference meetings . Staffing Decisions: We review the transfer status and the acuity of the residents to make staffing decisions. We use a guide for staffing numbers based on census but also consider the acuity of each resident and their location in the building. Group discussion. Residents were reviewed for transfer status, special needs, behavioral needs, acuity and number of residents on each hall in the building. Any individual issue with care or staffing are investigated and corrected as they occur.During an interview on 4/29/2026 at 4:11 PM, this surveyor discussed the staffing concerns that were found during the survey with Director of Nursing (DON) B, Regional Nurse Consultant (RNC) VV and Regional Director of Operations (RDO) AA. RDO AA and RNC VV reported that they thought staffing was good in the building. The facility assessment meeting which was held on 8/28/2025 with latest information on staffing from 9/26/2024 was also discussed and RNC VV and RDO AA said they would look for any updated staffing information from that meeting since the current Nursing Home Administrator (NHA) A was not here at the time. During an interview on 4/30/2026 at 12:57 PM, RDO AA stated he couldn't find any updated staffing information on the last facility assessment meeting held on 8/28/2025. During an interview on 4/30/2026 at 1:12 PM, DON B stated she was new to the building when she attended the facility assessment meeting on 8/28/2025 and she couldn't remember what was discussed at the meeting. Review of the Facility Assessment Policy dated 7/11/2018 revealed Policy: It is the policy of this facility to conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. 2. Content of the facility assessment: Each facility assessment will address at least the following topics.A. The facility's resident population, including, but not limited to: . ii. The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population. Timing of assessments: .1. The facility will review and update the assessment as necessary and at least annually. Use of the facility assessment: The facility will use the facility assessment to assist with the following: 1. Understand the nature of its resident population and the resources (human, physical, contractual and electronic, among others) that it will need to care for those residents competently during day to day emergency operations. This will include how those resources will be managed (e.g. staffing assignments, oversight of third party contracts, etc.).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain proper infection control practices for 1). Transmission based (contact isolation) precautions for 1 (Resident #59) of 1 resident, 2). Enhanced barrier precautions for 1 (Resident #88) of 1 resident, 3). Storage of nebulizer (a medical device that converts liquid medication into a fine mist that can be inhaled directly into the lungs) for 1 (Resident #34) of 1 resident, 4). Use of gloves during insulin administration for 1 (Resident #90) of 1 resident, 5). Cleanliness of shared resident equipment, 6). Proper hand hygiene during medication administration, 7). Storage of oxygen tubing for 1 (Resident #43) of 1 resident, and 8). Cleanliness of ice chest used for all residents during water pass resulting in the potential for the spread of infection, cross contamination, and disease transmission for all residents who resident in the facility. Findings include:Resident #59 Review of an admission Record revealed Resident #59 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: Ileostomy (relocation of the small bowel to the surface of the abdomen creating an opening), ulcerative colitis (chronic inflammation of the bowels), peritoneal abscess (a localized collection of pus that forms within the abdominal cavity) and dehydration. Review of a Minimum Data Set (MDS) assessment for Resident #59, with a reference date of 3/6/26 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #59 was cognitively intact. On 4/28/26 at 9:15 AM, signage posted outside of Resident #59's room was blue and indicated contact precautions (the use of personal protective equipment (PPE), gown, gloves, and mask) must don (put on) before entering the room. In an interview on 4/28/26 at 10:46 AM, Certified Nurse Assistant (CNA) M reported the signage outside of Resident #59 room indicated PPE needed to be worn when providing care. CNA M reported no PPE was needed when entering the room to deliver water, a meal, answer the call light, or to have a conversation with the resident. On 4/29/26 at 8:38 AM, signage posted outside of Resident #59's room was yellow and indicated she was in contact precautions and a gown and gloves needed to be donned before entering the room. In an observation and interview on 4/29/26 at 8:38 AM, Agency -Licensed Practical Nurse (LPN) HHH was outside of Resident #59's room. Agency-LPN HHH reported she needed to check on Resident #59's IV. Agency LPN HHH was observed applying a gown by placing her right hand into the sleeve, bringing the gown around her back and placing her left arm into the other sleeve; she did not tie the gown and the front was open, clothing exposed. Agency-LPN HHH was then observed retrieving a pair of gloves from the box on the door and held both gloves in her right hand when she turned to this surveyor and stated I need to go check her PICC (peripherally inserted central catheter) line dressing as she entered Resident #59's room holding the gown together in the front with her left hand and holding the gloves in her right hand. Agency-LPN HHH was observed donning the gloves and coming into physical contact Resident #59 at the same time. Agency- LPN HHH exited the room and did not perform hand hygiene. Review of Order Summary for Resident #59 revealed .Contact Isolation precautions for MRSA (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(methicillin-resistant staphylococcus aureus; a type of bacteria that causes skin infections and is resistant to many antibiotics) . with a start date of 4/15/2026.Enhanced barrier precautions [ileostomy; biliary drainage tube (a tube inserted through the abdomen into the gallbladder; abscess] every shift for patient monitoring with a start date of 4/9/2026. In an interview on 4/29/26 at 10:46 AM, LPN KK reported Resident #59 was in contact precautions. LPN KK reported CNAs were notified if a resident was in precautions by the signage posted outside of the resident room and the nurses' verbal communication. LPN KK reported everyone should check the door for signage before they enter a resident's room. In an interview on 4/29/26 at 2:00 PM, CNA U reported Resident #59 was in contact precautions and a gown, gloves, and mask needed to be worn during all cares. In an interview on 4/29/26 at 3:30 PM, Director of Nursing (DON) B reported no residents in the building were in transmission-based precautions. In an interview on 4/29/26 at 3:35 PM, Infection Preventionist (IP) PP reported Resident #59 was in transmission-based precautions, contact isolation, related to a MRSA infection, and had been in contact isolation for about two weeks. IP PP reported she had repeatedly educated staff, and it was an ongoing battle that would never be complete. IP PP then exited her office stating, I'm going to go re-educate again. Review of Care Plan for Resident #59 revealed Focus.Resident has sepsis (a systemic blood infection) r/t (related to) bacteria and recent surgery.Interventions. Maintain standard precautions (minimum infection prevention measures) when providing resident care.initiated on 4/9/26.Focus. Resident has an ADL self-care performance.Intervention.Gloves and gown (Enhanced barrier precautions/EBP) required. Documentation of contact isolation and/or transmission based precautions were not noted in Resident #59's care plan. On 4/30/26 at 9:35 AM, Agency LPN BBB was observed in Resident #59's room administering medications to her, wearing a gown and gloves. Agency LPN BBB then removed the PPE she was wearing and placed it into the garbage can next to Resident #59's roommate's bed, while she lay in the bed. Agency-LPN BBB was further observed touching Resident #59's roommate's arm, removing the straw from one cup and replacing it into another cup on the roommates over the bed table before exiting the room. Agency -LPM BBB did not perform hand hygiene. In an interview on 4/30/26 at 9:45 AM, IP PP accompanied this surveyor to Resident #59's room and confirmed that staff was disposing of used PPE into Resident #59's roommates' garbage can and that was a concern for infection control. IP PP reported a larger garbage can should be present either in the room or just outside of the room for disposal of used PPE. In an interview on 4/30/26 at 9:55 AM, IP PP, DON B, and Regional Nurse Consultant (RNC) VV reported there should be sufficient garbage cans available to dispose of used PPE and the garbage cans should not be near a resident. Review of facility policy Transmission Based Precautions Contact Precautions with an updated date of 2/22/2021 revealed .Hand hygiene should be completed prior to donning gloves.Gloves should be worn when entering the room.Gloves should be removed before leaving the resident's room and hand hygiene should be performed immediately.a gown should be donned prior to entering the room or (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	resident's cubicle. Resident #88 Review of an admission Record revealed Resident #88 was a female who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: dementia, history of falling, and history of/healed fracture. On 04/28/26 at 10:46 AM, signage noted outside of Resident #88's room indicated she was in enhanced barrier precautions, and a gown and gloves were required to be worn by staff during care activities. Review of Order Summary for Resident #88 revealed .Enhanced barrier precautions related to pressure wound on foot. with a start date of 4/6/2026. Review of Care Plan for Resident #88 revealed no noted care plan related to enhanced barrier precautions. On 4/28/26 at 3:30 PM. CNA K and CNA L were present in Resident #88's room and positioning a dependent lift sling under her body. Neither CNA K nor CNA L were wearing a gown or gloves. CNA K retrieved the mechanical lift, and CNA K and CNA L donned gloves while inside Resident #88's room and used the mechanical lift to transfer Resident #88 into her wheelchair. Neither CNA K nor CNA L were wearing a gown. When queried, CNA K and CNA L both denied Resident #88 had any wounds present. Upon exiting the room, when queried, CNA L reported the signage posted outside of Resident #88 room indicated she should wear a gown and gloves when caring for her, and she did not. In an interview on 4/29/26 at 10:46 AM, LPN KK reported Resident #88 was in enhanced barrier precautions. LPN KK reported everyone should check the door for signage before they enter a resident's room. In an interview on 4/29/26 at 2:00 PM, CNA U reported Resident #88 was in enhanced barrier precautions and a gown and gloves needed to be worn during all cares. In an interview on 4/29/26 at 3:35 PM, Infection Preventionist (IP) PP reported Resident #88 was in enhanced barrier precautions related to a wound on her right foot. IP PP reported her expectations were that PPE was worn during high contact care activities, including transfers. Review of facility policy Subject: Enhanced Barrier Precautions with an updated date of 6/28/2025 revealed .to use Enhanced barrier precautions to expand the use of PPE.Residents with wounds.EBP should be used for resident who meet criteria.high contact resident care activities.transferring.Identify residents requiring enhanced barrier precautions. wounds.post clear signage on the door/wall outside the room.personal protective equipment required. Resident #34 Review of an admission Record revealed Resident #34 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: pneumonia, pulmonary embolism (a blood clot in the lungs), and COPD (chronic obstructive pulmonary disease- a lung disease that makes it difficult to breathe). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a Minimum Data Set (MDS) assessment for Resident #34, with a reference date of 3/20/2026 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated Resident #34 was cognitively intact. On 4/28/26 at 10:34 AM, a nebulizer was observed in the basket of the motorized wheelchair in Resident #34's room. On 4/28/26 at 10:35 AM, Resident #34 reported she was waiting for the nurse to bring her a treatment (a nebulizer treatment). Resident #34 reported she used her nebulizer sometimes and kept it close when she needed it. On 4/29/26 at 9:06 AM and 10:06 AM, a nebulizer was observed under the pillow of Resident #34's bed. Resident #34 was sitting on the side of her bed. In an interview on 4/29/26 at 10:46 AM, LPN KK reported Resident #34 did use her nebulizer treatments occasionally. LPN KK reported it should be stored in plastic bag when not in use. On 4/29/26 at 11:07 AM and 1:07 PM a nebulizer was observed under the pillow of Resident #34's bed. Resident #34 was sitting on the side of her bed. In an interview on 4/29/26 at 1:55 PM, CNA U reported the nurses were responsible for the nebulizers. CNA U reported the nebulizers should be stored in a plastic bag when not in use. In an interview on 4/30/26 at 12:51 PM, DON B reported her expectations were that nebulizers were cleaned after each use, set out to dry, and when dry stored in a plastic bag. Resident #90 Review of an admission Record revealed Resident #90 was a female who originally admitted to the facility on [DATE] and had pertinent diagnosis which included: type 2 diabetes (a chronic conditions including insulin resistance and high blood sugar levels). Review of Order Summary for Resident #90 revealed .Humalog (insulin) injection solution/Lispro inject 15 units subcutaneously before meals.with a start date of 3/26/2026. On 4/29/26 at 11:50 AM, Agency-LPN GGG was observed administering an insulin injection into the right abdominal area of Resident #90. Agency-LPN GGG did not wear gloves during the administration of an insulin injection nor did she perform hand hygiene at any time. In an interview on 4/29/26 at 12:04 PM, Agency-LPN GGG reported infection control practices for medication administration included hand hygiene and wearing gloves. Agency-LPN GGG reported she did not sanitize her hands before or after administering medications to Resident #90 and she confirmed she did not wear gloves. Agency-LPN GGG reported she should have done both when she administered insulin to Resident #90. Agency-LPN GGG stated I don't think about sanitizing hands or wearing gloves because I know the residents are clean; I just give the insulin. In an interview on 4/29/26 at 3:30 PM, DON B reported her expectations were that gloves were worn with insulin administration and hand hygiene was done before and after resident contact. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of facility policy Injections. with an adopted date of 7/11/2018 revealed .3. Wash hands, apply gloves.15. Insert the needle quickly and firmly.17. Inject the medication slowly.23. Removed gloves, wash hands. On 4/28/26 at 9:43 AM, LPN II was observed using the vital machine in room [ROOM NUMBER], exiting the room, returning to the medication cart, and then entering an unknown resident's room and using the vital machine again. LPN II did not clean the vital machine between resident use. Noted on the basket of the vital machine stand was a plastic container of cleaning wipes. On 4/28/26 at 1:27 PM, CNA K and CNA L were observed using a mechanical lift in room [ROOM NUMBER] to transfer an unknown resident into bed. Upon exit of room [ROOM NUMBER], CNA L and CNA K immediately entered room [ROOM NUMBER] and completed a mechanical lift transfer with the same lift. The lift was not cleaned between the residents. On 4/28/26 at 3:30 PM. CNA K and CNA L were observed performing a mechanical lift transfer in room [ROOM NUMBER]. Upon exit of the room, CNA L positioned the lift in the hallway. The lift was not cleaned. In an interview on 4/28/26 at 3:30 PM, CNA L reported mechanical lifts should be cleaned after every use. CNA L confirmed the lift was not cleaned after it was used. In an interview on 4/29/26 at 10:46 AM, LPN KK reported mechanical lifts, and vital machines should be cleaned after every use. In an interview on 4/29/26 at 2:00 PM, CNA U reported mechanical lifts and vital machines should be cleaned after every use and there should be cleaning wipes in a bag on the lift handles. On 4/29/26 at 2:05 PM the lift in the north hall did not have any cleaning wipes present on it. In an interview on 4/29/26 at 3:30 PM, DON B reported her expectations were that resident shared equipment was cleaned after each use. On 4/29/26 at 11:50 AM, Agency-LPN GGG was observed exiting a resident's room following the administration of medications, returning to the medication cart, preparing and administering medications to another resident and returning to the medication cart to prepare medications for a third resident. At no time during the observation did Agency-LPN GGG perform hand hygiene. On 4/30/26 at 8:19 AM, Agency-LPN BBB was observed preparing and administering medications to a resident, assisting with the straw of the cup for the resident. Then Agency-LPN BBB went to the roommate, gave her a hug, and then returned to the medication cart to prepare and administer medications to another resident. Agency-LPN BBB assisted the third resident with her straw and drink cup [NAME] she took the medications, exited the room and returned to the medication cart. At no time during the observation did Agency-LPN BBB perform hand hygiene. In an interview on 4/29/26 at 3:30 PM, DON B reported her expectations were that hand hygiene was completed before and after resident contact. Resident #43 (R43) (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R43's initial admission to the facility was on 4/13/2023 with pertinent diagnoses including chronic obstructive pulmonary disease (COPD) with acute exacerbation (lung disease with sudden worsening symptoms). Brief Interview for Mental Status (BIMS) reflected a score of 3 out of 15 which indicated R43 was severely cognitively impaired. During observations in R43's room on 4/28/2026 at 9:37 AM, 10:08 AM, 12:28 PM and 4:22 PM R43's oxygen tubing with the nasal cannula were on the ground with her shoes on top of it and the clear bag that it was supposed to be put in was laying on the ground. Review of Physician Orders revealed Oxygen at 2 liters via (through) nasal cannula, ok to titrate up (move up) as needed. If Hypoxia (deficiency in oxygen levels) at 4 liters, call provider as needed for Hypoxia, SOB (shortness of breath) related to COPD with exacerbation. Start date: 4/26/2026. During an interview on 4/29/2026 at 11:43 AM, Licensed Practical Nurse (LPN) EE stated that R43 was started on oxygen for a few days and she didn't need it anymore since her oxygen sats (oxygen saturation) were good and it was just discontinued. LPN EE said she was on it as a prn (as needed) basis. When discussing R43's oxygen tubing laying on the ground with shoes on top of it on 4/28/2026 from 9am to 5pm, LPN EE shrugged her shoulders and said What can you do? You would think that someone went and checked on her and saw that during the day and who knows if they did. LPN EE reported that oxygen tubing and the nasal cannula should be in a bag in resident's room when not in use. During an interview on 4/29/2026 at 12:15 PM, Certified Nursing Assistant (CNA) V stated that oxygen tubing should be in a bag attached to the concentrator when it wasn't in use and should not be on the ground. Review of the Oxygen Use Policy dated 9/24/2018 revealed . Procedure: The following procedure will be observed in oxygen administration.2. The tubing (oxygen) should be kept off the floor. During an observation on 4/28/26 at 3:04pm, an unknown resident walked up to the blue ice cooler that sat on a metal cart in the 200 hall. Without washing her hands, the resident picked up the ice scoop next to the cooler, opened the cooler and scooped ice from the bottom of the cooler. The resident then removed a straw and the top from a cup that sat on her wheeled walker and rested the scoop on the edge of the cup as she poured ice into it. It was noted that the cup appeared to be previously used as it was lightly soiled with a quarter sized spot of dried brown liquid on the side, dried brown residue was present on the lid, and the cup had writing on it. The resident then repeated the task; she scooped ice from the bottom of the cooler, while doing so, the inside of her arm brushed against the interior wall of the cooler. The resident then rested the scoop against the top of the cup as she poured the ice. The resident returned the ice scoop to the top of the cart and walked away using her wheeled walker. In an interview on 4/28/26 at 3:05pm, Certified Nursing Assistant (CNA) O, reported the individual who was observed using the ice scoop was a resident who resided on another hallway; however, CNA O did not know the resident's name. In an interview on 4/29/26 at 11:58am, CNA KKK reported the blue cooler on the cart was used for staff to pass fresh ice water to residents. CNA KKK reported for Infection Control purposes, only staff were supposed to touch the ice scoop/cooler, but it was left unattended in the hallway where (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	residents and visitors could access it without staff knowing. In an interview on 4/30/26 at 11:23am, Infection Preventionist (IP) PP reported residents were allowed to get their own ice/water from the cooler, but they should not use a previously used cup or allow the scoop to touch their personal cups.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain general cleanliness and repair of the facility. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living for residents of the facility. Findings Include: On 4/28/26 at 10:05 AM, a window was observed open in Resident #11's room, with no screen was present. Dirt was observed on the over-the-bed table at the foot of the bed, the floor, and on the foot of the bed. Resident #11 was in bed sleeping. In an interview on 4/29/26 at 8:30 AM, Resident #11 reported she was mad and did not understand why she could not have a screen on her window. Resident #11 reported her window was open yesterday when she left the building for an appointment and when she returned, her bed had grass and dirt on it. Resident #11 reported she also preferred not to have bugs come in her room when the window was open. On 4/28/26 at 9:27 AM, room [ROOM NUMBER] had a strong odor of urine. On 4/28/26 at 10:14 AM, a pedestal fan present in room [ROOM NUMBER] was noted to have dust and debris on the wire protective cage and base of the fan. The fan was blowing on low and positioned directly at the pillow at the head of the bed. On 4/28/26 at 10:22 AM, Housekeeper (HSK) CC was observed mopping the floor in room [ROOM NUMBER]. When she finished, she exited the room and did not place any wet floor signage. The floor in room [ROOM NUMBER] was visibly wet. In an interview on 4/28/26 at 10:22 AM, HSK CC reported there was only two housekeepers working that day, and she was to cover north, west, and rehab halls. HSK CC reported the workload was a lot and she did what she could. On 4/28/26 at 10:28 AM, the floor in room [ROOM NUMBER] remained visibly wet with no wet floor sign present. On 4/28/26 at 10:29 AM, HSK BB was standing on the north hall and was heard saying I'm not going to rush through it, all I am going to do is the bare minimum cleaning (sic), I'm not trying to deal with being short again. HSK CC was heard responding to HSK BB saying You can only do what you can do On 4/29/26 at 2:22 PM, a pedestal fan present in room [ROOM NUMBER] was noted to have dust and debris on the wire protective cage and base of the fan. The fan was on low and blowing directly on the resident in bed's face. On 4/29/26 at 2:24 PM, room [ROOM NUMBER] still had a strong odor of urine. In an interview on 4/30/26 at 10:00 AM, HSK CC reported she did not use wet floor signs when she mops floors. HSK CC stated most residents would wait to get up until the floor was dry. HSK CC reported she would ring out the mop, and it would be mostly dry, and she would not need to put up a wet floor sign. HSK CC reported if the floor was wet it wasn't wet for too long. HSK CC reported she did not clean resident's personal items, but she would dust about once a week. When queried, HSK CC (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	replied she did the bases of fans in resident rooms, but not the protective cages. In an interview on 4/30/26 at 3:11 PM, Nursing Home Administrator (NHA) A reported she was currently acting as the director of housekeeping as the position was vacant. NHA A reported she was aware that cleaning needed to be done and she as still learning how the department was supposed to run. NHA A reported her expectations were that wet floor signs were to be used every time. On 04/28/2026 at 10:21AM, observed a mattress laying on the sidewalk at back of building. On 04/28/2026 at 10:22 AM, observed an adjustable bed, that appeared to be broken, sitting in hallway in front of the door leading to the basement. On 04/28/2026 at 10:25AM, observed on the 600 hall, a missing plastic cover for the corner of the handrail, exposing the plastic edge of railing and connection base. On 04/28/2026 at 10:27AM, observed on the 500 hall, a missing plastic cover for the corner of the handrail. On 04/28/2026 at 10:30AM, observed on the 100 hall, a missing corner protector for the handrail. On 04/28/2026 at 10:31AM, observed on the100 hall, a strong odor of urine at the end of the hall in the area of rooms 111, 112, 113, and 114. On 04/28/2026 at 12:14PM, during interview regarding earlier observations with the Maintenance Supervisor (MS) LL, MS LL disclosed the adjustable bed in front of the basement door was broken and was waiting to be moved outside. MS LL was also aware of the missing end caps and broken or loose handrails and has ordered parts to make the repairs. On 04/28/2026 at 12:20PM, when asked about several windows in the facility that are missing screens, MS LL stated some screens have been pulled from the windows by the maintenance department as part of preparing to install the air conditioner window units. On 04/28/2026 at 12:27PM, observed that there were several pieces of equipment (bed frames, furniture) and debris (shingles, old water softeners) that were sitting near or next to the outbuildings and dumpsters. MS LL stated that they are currently working on contracting dumpsters for the removal of trash that does not fit in the current garbage dumpsters and that the storage building is currently full. MS LL also stated that the housekeeping supervisor recently left the facility's employment and at that time brought several pieces of furniture out of the facility and left them by the dumpster. On 04/28/2026 at 12:40PM, during review of pest control practices, MS LL said there had been issues with mice in the facility. On 04/28/2026 at 1:44PM, received an email from MS LL providing proof of purchase for handrail parts email was dated 4/22/2026. On 04/28/2026 at 2:10PM, observed a loose handrail with a missing end cap, next to room [ROOM NUMBER], there was a trash can blocking most of the handrail. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/28/2026 at 2:12PM, observed on the 100 hall, a continued strong urine odor at the end of the hall. On 04/28/2026 at 2:13PM, observed a window was open in room [ROOM NUMBER], the window did not have a screen. At time of observation resident was not in the room.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to take prompt efforts to resolve resident grievances in 1(Resident #5) of 19 residents reviewed for concern resolution, and 9 of 11 residents who attended a confidential meeting, resulting in dissatisfaction with call light response, unresolved concerns related to missing items and the potential for additional care concerns to go unaddressed.Findings include: Resident #5Review of an admission Record revealed Resident #5 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: diabetes mellitus (chronic metabolic condition characterized by high blood sugar caused by insulin deficiency) and adjustment disorder with depression (a short-term, stress-related condition occurring when an individual struggles to cope with a specific life change or event).Review of a Minimum Data Set (MDS) assessment for Resident #5 with a reference date of 2/27/26, revealed a Brief Interview for Mental Status (BIMS) assessment score of 13/15, which indicated the resident was cognitively intact. Section D of the MDS revealed Resident #5 expressed feeling down, depressed, or hopeless during 2-6 days of the 14-day assessment period. Section GG revealed Resident #5 required substantial/maximal (helper does more than half the effort) to transfer from the bed to a wheelchair and to/from the toilet.Review of a Care Plan for Resident #5 with a reference date of 2/23/26 revealed the following focuses/goals/interventions: 1. Focus: The resident has hypoglycemia (low blood sugar) r/t (related to) diabetes.Goal: The resident will have no complications related to hypoglycemia.Interventions.Monitor.s/sx (signs and symptoms) of hypoglycemia.2. Resident at risk for falls.Goal: Resident will remain free from fall related injury.Interventions.provide assistance as needed for mobility tasks.anticipate and meet resident's needs.In an interview on 4/28/26 at 12:54pm, Resident #5 reported she often experienced long call light wait times, and although she knew she was not safe to do so, she took herself to the bathroom because she could not wait any longer and did not want to have an episode of incontinence. Resident #5 confirmed she was frustrated and anxious when she felt she had no choice but to risk injuring herself by going to the bathroom without the help she needed. When queried, Resident #5 reported she regularly waited more than 30 minutes for staff to assist her to the bathroom.In an interview on 4/29/26 at 8:10am, Resident #5 reported she had made the facility aware of several missing items, but nothing had been done. Resident #5 reported she was missing a pair of black pants, a black t-shirt, 2 white camisoles, a pair of scissors and 2 pairs of black socks. Resident #5 reported the items had been missing for more than 2 months. Resident #5 reported she was frustrated by the lack of response on the facility's behalf and stated, I shouldn't have to worry about my belongings turning up missing and never being replaced.In an interview on 4/30/26 at 11:48am, Family Member (FM) EEE reported she visited Resident #5 regularly and witnessed call light response times of greater than 30 minutes. FM EEE reported Resident #5 also called her once and reported she (Resident #5) was concerned for her own well-being because she felt her blood sugar level was dropping and had been waiting for her call light to be answered for more than 30 minutes. FM EEE reported she had filed 2 grievance forms prior to 4/29/26 and had no resolution to her concerns regarding long call light wait times and Resident #5's missing items. FM EEE reported the facility contacted her on 4/29/26 and asked her to file a new grievance form regarding Resident #5's missing items.In an interview on 4/30/26 at 11:33am, Nursing Home Administrator (NHA) A reported she was unable to locate the grievance forms FM EEE filed regarding Resident #5's missing items, so the social worker reached out to FM EEE to ask her to file a new grievance. NHA A confirmed that upon beginning her role as Administrator a few weeks ago, it became apparent the facility did not have an effective grievance process. Review of a Grievance and Satisfaction Form for Resident #5, filed by FM EEE, with a reference date of 4/17/26 revealed Grievance/Satisfaction Description: 1. Slow response to call light. Investigation: Initial internal call light response audit. Resolution: Facility (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	completed call light audit to identify additional concerns and provided (sic) education to staff. Notifications: Date person who submitted form was notified of resolution: 4/29/26, Satisfied? No.In a confidential meeting on 4/29/26 at 3:00pm, 9 of 11 residents reported experiencing call light response times greater than 30 minutes on a regular basis. 9 of 11 residents indicated the group had filed a grievance regarding the call light wait times previously and felt the situation had not improved.Review of Grievance and Satisfaction Form with a reference date of 1/16/26 revealed Contact Info: Name: Resident Council.Grievance/Satisfaction Description: north, basic, south (halls) long call lights on 1st and 3rd shift.Investigation: Concerns will be addressed at staff meeting. Resolution: Staff meeting held 1/30/26, Notifications: Date person who submitted form was notified of resolution: blank, Satisfied? Blank.Review of a Nursing Administration Grievance policy with a reference date of 5/2/19 revealed Policy: It is the policy of this facility to investigate all grievances. Administrator or designee.will make contact with the concerned party within 24 hours of being made aware of a grievance.and will keep in frequent contact until a resolution is obtained. The Administrator or designee .shall confer with persons involved.within three to seven days of receiving the grievance, shall provide a written explanation, upon request, of findings and proposed remedies. the facility shall put into place immediate action to prevent potential violation of resident's rights.all written grievance decisions will include .summary of pertinent findings.a statement as to whether the grievance was confirmed.if grievance is confirmed, the facility will take appropriate corrective action.Conclusion: evaluate if the course of action was effective.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to sustain a system to ensure corrective measures related to pressure ulcers in 1 of 2 residents (Resident #88) reviewed for pressure ulcers and quality improvement as evidenced by repeated deficiencies on two of the past three surveys and current noncompliance with pressure ulcer concerns, resulting in the potential for continued development or worsening of pressure ulcers for residents with actual skin breakdown or at risk of skin breakdown.Findings include:Resident #88 Review of an admission Record revealed Resident #88 was a female who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: dementia, history of falling, and history of/healed fracture. Review of a Minimum Data Set (MDS) assessment for Resident #88, with a reference date of 1/30/2026 revealed Mobility, Resident #88 was dependent on staff for mobility, and Skin conditions, Resident #88 was at risk for developing pressure ulcers. In an observation and interview on 4/28/26 at 12:30 PM, Resident #88 was sitting in a broda chair (a high back reclinable wheelchair), and her heel protectors (soft padded material designed to protect the skin of the heels) light green in color, were dislodged from her feet and were noted to be around her legs. Family Member (FM) AAA reported Resident #88's heel boots shift when she moved, and he was concerned Resident #88 continued to get wounds. FM AAA reported Resident #88 always had to wear her boots for her heels to prevent her wound from getting worse or developing others. In an observation and interview on 4/28/26 at 3:30 PM, Certified Nurse Assistant (CNA) K reported Resident #88 should wear the boots (heel protectors) on her feet all the time. Review of Care Plan for Resident #88 revealed Focus.Resident has potential impairment to skin integrity.Intervention: off-loading boot cushions to bilateral (both) lower extremities at all times as tolerated. initiated on 7/10/2025. On 4/30/26 at 8:07 AM, Resident #88 was observed sitting in her broda chair, in the dining room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair. On 4/30/26 at 9:35 AM, Resident #88 was observed sitting in her broda chair, in her room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair. A light green colored set (2) of heel protectors and 2 sets of dark green colored heel protectors were observed in Resident #88's room. On 4/30/26 at 12:23 PM, Resident #88 was observed sitting in her broda chair, in the dining room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair. In an interview on 4/30/26 at 12:24 PM, Director of Nursing (DON) B reported Infection Preventionist (IP) PP, Registered Nurse Manager (RNC) QQ and Assistant Director of Nursing (ADON) F were all responsible for auditing. DON B reported topic that were being monitored were treatment orders, (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	treatment completion, and wound vac (vacuum; a medical device that applies constant pressure to a wound to assist with healing). When queried, who was responsible for monitoring the implementation of pressure ulcer prevention interventions, such as Resident #88's heel protectors, DON B reported the nurses and CNAs were responsible to ensure that heel protectors were in place as ordered. When further queried, DON B stated we are not monitoring (through direct observation) if pressure ulcer prevention interventions are implemented. Review of the facility Plan of Correction with an alleged compliance date of 4/10/26 revealed, By 04/10/2026, all licensed nurses will receive education on skin and wound management standards, with emphasis on: Accurate transcription of physician and wound clinic orders Ensuring necessary treatment supplies are available Completion of treatments as ordered Proper assessment and monitoring of wound vac devices and indwelling catheters to ensure they are functioning correctly The DON/ designee will conduct random audits of 5 residents receiving wound care weekly for 4 weeks, then monthly for 3 months, or until substantial compliance is achieved. These audits will ensure accuracy of order transcription in the medical record, completion of treatments as ordered and proper functioning of wound vac devices. The results will be presented to the QAA committee for review and consideration of further corrective actions. The DON will be responsible for assuring substantial compliance is attained through this plan of correction and for sustained compliance thereafter. In an interview on 4/30/26 at 12:51 PM, Nursing Home Administrator? (NHA) A reported the facility currently had a plan of correction they were working on related to pressure ulcers. NHA A reported the facility had been monitoring MARs (medication administration records) and TARs (treatment administration records) to make sure the wound treatments were done and to make sure the residents had the supplies they needed. NHA A reported they also provided education to the nurse if they were unsure of how to do the wound dressing changes. NHA A reported audits were done weekly and would be done for 3 months to ensure sustained compliance. NHA A reported part of the plan of correction was that if any concerns were identified through the audits, it would be referred to the QAPI (quality assurance performance improvement) committee. NHA A reported the QAPI team met to make the plan of correction for the pressure ulcers. In an interview on 4/20/26 at 1:19 PM, Director of Nursing (DON) B reported wound rounds were completed on a weekly basis and the facility also reviewed the pressure ulcers and complicated wounds at the resident at risk weekly meeting. DON B reported things like pressure reliving boots and air mattresses had a physician's order and were care planned. DON B reported the nurse was responsible for ensuring that the orders were carried out. In a follow-up interview on 4/30/26 at 1:25 PM, DON B reported the nurses answer to the unit managers and the unit managers were the ones responsible for the care provided by staff under the DON's umbrella. (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/30/26 at 2:26 PM, NHA A and Regional Director of Operations (RDO) AA reported the facility conducted ambassador rounds every week to check in with residents, ask any questions, and ask if they have any needs, and to check the rooms for any environmental things that need to be done. NHA A and RDO AA reported the clinical team rounded every morning and if there was someone that was identified with a pressure injury or wound, the clinical team would review their documents and any changes the doctors or nurses identify. There was no discussion on how the facility conducts observations to ensure care planned pressure ulcer/skin breakdown prevention interventions were consistently in place for residents.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to treat residents with dignity and respect and failed to provide an environment that promoted and enhanced resident quality of life for 3 (Resident #1, #6, and #74) of 4 residents reviewed for dignity, resulting in long call light wait times and the potential for feelings of frustration, depression, and loss of self-worth and an overall deterioration of psychological well-being.Findings include:Resident #1 Review of an admission Record revealed Resident #1 was a male, with pertinent diagnoses which included: weakness, and major depressive disorder. Review of a Minimum Data Set (MDS) assessment for Resident #1, with a reference date of 3/20/26 revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #1 was cognitively impaired. Section H of the MDS revealed Resident #1 was occasionally incontinent of bladder and always incontinent of bowel. Review of a current Care Plan for Resident #1 revealed the focus of Resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS with a revision date of 12/15/25 and care planned interventions which included TOILET USE: The resident requires maximum to moderate assistance with toileting with a revision date of 12/16/25. In an interview on 4/29/26 at 9:43 AM, Resident #1 reported he has had to wait a long time for his call light to be answered. Resident #1 reported he has soiled his brief a lot of times while waiting for staff to come and answer his call light. Resident #1 reported he has had to wait longer than an hour for them to answer his call light. Resident #1 reported it makes him feel bad when he soils his brief. In an interview on 4/30/26 at 8:18 AM, Licensed Practical Nurse (LPN) FF confirmed that Resident #1 does use his call light. Resident #6 Review of an admission Record revealed Resident #6 was a male, with pertinent diagnoses which included: adjustment disorder with depression, and anxiety disorder, unspecified. Review of a Minimum Data Set (MDS) assessment for Resident #6, with a reference date of 3/20/26 revealed a Brief Interview for Mental Status (BIMS) score of 10, out of a total possible score of 15, which indicated Resident #6 was cognitively impaired. Section H of the MDS revealed Resident #6 was always incontinent of bladder and always incontinent of bowel. Review of a current Care Plan for Resident #6 revealed a focus of Resident has an ADL self-care performance deficit r/t right sided weakness post CVA (stroke). with a revision date of 4/10/26 and care planned interventions which included TOILET USE: The resident requires max (maximum) assistance by 1 staff for toileting with a revision date on 3/21/25. In an interview on 4/28/26 at 2:19 PM, Resident #6 reported it takes forever for things to get done, specifically to change his pants. Resident #6 reported he has had to wait an hour for them to change (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	his brief before. Resident #6 reported it makes him feel dirty when he has to wait for a brief change. In an interview on 4/29/26 at 11:14 AM, Certified Nurse Aide (CNA) P reported once in a while residents would complain to her about long call light wait times. In an interview on 4/29/26 at 11:18 AM, CNA N reported sometimes residents complain to her about long call light wait times. In an interview on 4/30/26 at 8:21 AM, Activities Director (AD) D reported residents have complained to her about long call light wait times. AD D reported residents have also brought it up in resident council. In an interview on 4/30/26 at 8:25 AM, CNA W reported residents have complained about long call light wait times to her. CNA W reported residents say it has been a long time that they have been waiting for her to answer their call light. Resident #74 (R74) Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R74 admitted to the facility on [DATE] with pertinent diagnoses including legal blindness and depression. Brief Interview for Mental Status (BIMS) reflected a score of 12 out of 15 which indicated R74's cognition was moderately impaired. During an interview on 4/28/2026 at 11:06 AM, R74 reported he had to wait for a while for help the day before for staff to help him. R74 said he Pooped and sat in poop for a while. R74 stated What's the point in having a call light button when you need help and they don't come to help for a while? R74 said he could not see good so he relied on staff to help him. R74 asked this surveyor Have you needed help and then had to sit in your poop until someone helped you? It's a terrible feeling. During another interview on 4/30/2026 at 3:09 PM, R74 stated he didn't like sitting in urine but it is better than sitting in poop. R74 said not receiving the help he needed had occurred on different shifts and multiple occasions. Review of an email correspondence dated 2/10/2026 between R74's daughter and Social Service Aide (SSA) RR revealed . I have concerns regarding my father. He says he has trouble with his call button because nobody comes. I was visiting him Friday and pushed the button a couple times in half an hour and nobody came. This is frustrating, my father knows what is going on and understands that everyone is working but he is a resident and has needs. I understand it's only been a few weeks but a lot has happened. When my dad said he peed his pants 3 times today because nobody helped him to the bathroom? I don't understand. Review of R74's grievance dated 4/28/2026 revealed Received by Minimum Data Set nurse (MDS) LLL Grievance Description: Met with resident regarding care concerns. Resident stated it happened around 3 to 4x (times) since he's been here. He puts his call light on because he really needs to go to the bathroom and has to go right when he puts it on. Resident stated that the longest he's waited on 2 responses was around 30 minutes. During an interview on 4/29/2026 at 2:04 PM, Registered Nurse Manager (RNM) PP stated she was unaware of R74 having to wait for a long time for help and having to sit in his soiled brief. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/29/2026 at 2:04 PM, Registered Nurse Manager (RNM) PP stated that R74 would yell if he needs something but she didn't hear about him having any concerns with CNAs not responding to his needs or changing him when soiled. During an interview on 4/30/2026 at 2:46 PM, MDS LLL stated that R74 didn't say anything to her about waiting for a long time for help until he spoke to the State Surveyor the other day. MDS LLL said he used his call light and asked for help verbally. During an interview on 4/29/2026 at 4:11 PM this surveyor discussed R74's staffing concerns that were found during the survey with Director of Nursing (DON) B and she stated she was unaware of his concerns prior to this week. During an interview 04/30/2026 2:43 PM, Social Service Director (SSD) SS stated that she was unaware of R74 waiting for a while for help until he mentioned something to the State Surveyor. SSD SS stated that SSA RR checked on him and worked with him more often. SSD SS reported that concerns are brought up daily at their interdisciplinary meetings. During an interview on 4/30/2026 at 3:06 PM, Nursing Home Administrator (NHA) A stated that MDS LLL told her about R74's complaint while talking to the State Surveyor so she filled out the grievance form. NHA A stated she was unaware he had complaints about sitting in soiled brief for a while before anyone could help him and thought it was only to use the bathroom. Review of the Dignity and Respect Policy dated 7/11/2018 revealed Policy: It is the policy of this facility that all residents be treated with kindness, dignity and respect. Procedure:1. The staff shall display respect for Resident's.and dignity as human beings. are elicited and respected by the facility. Review of the Call Light Policy dated 7/11/2018 revealed Policy: It is the policy of this facility to provide the resident a means of communication with nursing staff. Procedure:1. All facility personnel must be aware of call lights at all times. 2. Facility shall answer call lights in a timely manner.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents were assess to be appropriate for self-administration of medications for 2 (Resident #5 and Resident #34) of 10 residents reviewed for medication administration resulting in medications being left unsecured in resident rooms, residents self-administering medications without staff assessment, and the potential for negative outcomes from taking/applying too much or too little medications. Findings include:Resident #5 Review of an admission Record revealed Resident #5 was a female who originally admitted to the facility on [DATE] and had pertinent diagnosis which included: acute diastolic heart failure. Review of a Minimum Data Set (MDS) assessment for Resident #5, with a reference date of 2/27/26 revealed a Brief Interview for Mental Status (BIMS) score of 13/15 which indicated Resident #5 was cognitively intact.In an observation and interview on 4/29/26 at 12:15 PM, a white bottle of ipratropium bromide nasal solution was observed on Resident #5's bedside dresser. Resident #5 stated that is my nose spray. I am not sure if it came from here (the facility) or from home, they know I have it and I do use it every day, 2 or 3 times a day. Resident #5 reported the facility staff did not take it from her. Resident #5 reported the facility has a bottle of nose spray for her, and the bottle was different, it was brown, not white. Resident #5 stated Sometimes I use this bottle (indicating the white one on her bedside stand) and other times I use the one from the facility. Review of Order summary report for Resident #5 revealed . Ipratropium Bromide Nasal solution 0.06% 2 sprays in each nostril three times a day for allergies with an order date of 2/22/26.In an interview on 4/30/26 at 8:55 AM, Licensed Practical Nurse (LPN) FF reported she had a male resident who was assessed to self-administer medications, and he was the only person she was aware of in the building that was allowed to self-administer any medications.In an interview on 4/30/26 at 9:13 AM, Assistant Director of Nursing (ADON) F reported no residents were able to self-administer medications. ADON F reported if a resident was going to self-administer medications, the resident needed to be assessed, the clinical team needed to discuss the resident at risk management, the provider needed to agree to the self-administration, and there had to be a physician order for self-administration.Review of Resident #5's medical record revealed no noted assessment or order for self-administration of medications.In an interview on 4/30/26 at 12:59 PM, Director of Nursing (DON) B reported her expectations were that a resident was assessed, the provider had given an order, and a care plan was in place for self-administration of medications. DON B reported Resident #5 had not been assessed, did not have a care plan in place and did not have an order to self-administer medications.Resident #34 Review of an admission Record revealed Resident #34 was a female who originally admitted to the facility on [DATE] and had pertinent diagnosis which included: chronic obstructive pulmonary disease (COPD). Review of a Minimum Data Set (MDS) assessment for Resident #34, with a reference date of 3/20/26 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated Resident #34 was cognitively intact.In an observation and interview on 4/28/26 at 10:34 PM, a box with a bottle of nose spray was observed on Resident #34's over the bed table, at the end of her bed. Resident #34 reported the night nurse from the evening before had left it there after she used it. Resident #34 stated she said she was going to come back and grab it and she never did. Resident #34 reported the nurses will give her the nose spray to use and then come back and grab it when she was done.Review of Order Summary Report for Resident #34 revealed .Fluticasone Propionate Nasal Suspension 50 MCG (micrograms) 1 spray in both nostrils every morning and at bedtime. with a start date of 3/27/2026.In an interview on 4/29/26 at 10:54 AM, LPN KK reported a resident had to be assessed and a physician order needed to be in place for a resident to self-administer medications. LPN KK reported she did not have any residents on the north unit that self-administered medications.On 4/30/26 at 8:47 AM, a brown bottle of nasal spray with a label revealing Resident #34's name was observed on the over-the-bed table in Resident #34's room. Resident #34 was sleeping in the bed.Review of Resident (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#34's medical record revealed no noted assessment or order for self-administration of medications.In an interview on 4/30/26 at 12:59 PM, Director of Nursing (DON) B reported her expectations were that a resident was assessed, the provider had given an order, and a care plan was in place for self-administration of medications. DON B reported Resident #34 had not been assessed, did not have a care plan in place and did not have an order to self-administer medications.

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	235311	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamo Cove Rehab and Nursing Center	8290 W C Ave Kalamazoo, MI 49009

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to honor resident choice for getting up in the morning by 10 AM for 1 resident (Resident #3), of 19 residents reviewed for choices, resulting in the potential for this resident to not meet her highest practicable physical, mental, and psychosocial well-being.Findings include: Resident #3 (R3)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R3 admitted to the facility on [DATE] with pertinent diagnoses including multiple sclerosis (autoimmune disease where immune system damages the area around the nerves in the brain and spinal cord), anxiety, and depression. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R3 was cognitively intact. During an interview on 4/29/2026 at 7:49 AM, R3 was lying on her bed. R3 stated that they only had 2 CNAs (Certified Nursing Assistants) for 24 residents down on her unit and it was hard for the staff to meet all the residents' needs. R3 said that the shower aide got pulled a lot and then the CNAs found it hard to get showers done that day. R3 said she wanted to get up at 10 AM every day but they didn't get her up until 11 AM many days and she was usually the last one up. During another interview on 4/30/2026 at 7:42 AM, R3 stated that she didn't get up until 11:25 AM the day before. R3 stated that usually it isn't until 11:30 AM that she gets up. R3 said this was a daily occurrence and filing a grievance didn't help. Review of R3's Grievance dated 3/31/2026 revealed . Date Administrator received: 3/31/2026. Administrator assigned to: RNM PP. Investigation: Spoke with CNA (name omitted) and she has not been able to get her up at desired time the last two days. It is planned for tomorrow to have her up at 10 AM to attend an activity. This is arranged between the resident and CNA. Resolution: If we know don't have shower aid we'll make plans for what time resident wants to be up. Statement written by Regional Nurse Consultant (RNC) VV dated 3/31/2026 revealed RNC went and met with resident (R3)-states she regularly gets her shower which is scheduled on second shift. She states that there is still a delay in getting up for the day which she attributes to staffing. She has the desire to get up at 10 AM and some days she hasn't gotten up until 12 but, I get it because there isn't enough staff. RNC thanked her for communicating her concerns and assured her that we will address her concerns with facility leadership.During an interview on 4/29/2026 at 2:04 PM, Registered Nurse Manager (RNM) PP stated that R3 filed a grievance a few weeks ago because she liked to get up by 10 AM every day and she didn't get up that day until much later because the shower aide was pulled. RNM PP said staffing was bad that morning and the CNAs got her up the next day and she didn't hear that R3 hadn't been up by 10 AM since then. During an interview on 4/29/2026 at 4:11 PM, this surveyor discussed the staffing concerns that were found during the survey with Director of Nursing (DON) B and she said she was unaware of R3 concerns until this week.Review of the Dignity and Respect Policy dated 7/11/2018 revealed Policy: It is the policy of this facility that all residents be treated with kindness, dignity and respect. Procedure: 2. Schedules of daily activities allow maximum flexibility for residents to exercise choices about what they will do and when they will do it. Residents' individual preferences. are elicited and respected by the facility.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify a resident responsible party regarding a change in condition for 1 (R303) of 3 residents reviewed for change in condition resulting in the responsible party not receiving x-ray results and knowing extent of injury.Findings include:According to R303's Minimum Data Set (MDS) dated [DATE], the resident was cognitively impaired as indicated by a score of 8/15 on his BIMS (Brief Interview Mental Status).Review of R303's Progress Note dated 5/26/26 at 12:45 PM revealed, .resident observed on the floor laying on left side with head raised off floor. With left hip and left shoulder resting on footrest.resident stated left shoulder hurt.New order for stat left hip and left shoulder x-ray.Family Member (FM) P arrived at facility.Review of R303's Progress Note dated 5/27/26 at 12:34 PM, revealed, .x-ray results show no fracture or dislocations. It was noted the resident's representative was not documented as being contacted regarding the radiograph results.Review of R303's Radiology Results Report, examination date: 5/26/26 at 8:41 PM, reported date: 5/27/26 6:04 AM, revealed x-rays were taken for R303's left hip and pelvis. Findings included left shoulder to have no recent fracture or dislocation. Left hip had no recent fracture or dislocation.During an interview on 5/27/26 at 1:00 PM, Family Member (FM) P stated, (R303) fell yesterday, 5/26/26, staff were supposed to have x-rays done yesterday and no one has told me the results yet. I waited there for 4 hours and no x-ray was done. The nurse told me it would be later than 5:30 PM and I had an appointment I had to go to. I was told I would be called with the results and go from there to plan for treatment. I never got a call. I still do not know if the x-rays were done or what the x-ray results are. I've been worried about the results. How can the facility take care of my father if they don't know what is wrong with him. How can I make decisions for him if I don't know what is wrong with him? I don't want him to be in pain.During an interview on 5/28/26 at 4:00 PM, Director of Nursing (DON) B reported R303's FM P had been called and an apology was made for not notifying her prior to today of R303's x-ray results taken on 5/26/26.Review of facility policy, Change in Condition-Reporting adopted 7/11/2018, revealed, .To clearly define guidelines for timely notification of a change in resident condition.Licensed nurse will notify, consistent with the resident's authority, the resident's representative of change of condition and what steps have been taken.Resident plan of care will be updated.Review of R303's Care Plan, dated 4/21/26, revealed R303 was at Risk for Falls related to dementia, muscle wasting, Acute kidney failure, Parkinson's disease, physical debility, diabetes mellitus, diabetes mellitus II, cardiomyopathy, history of repeated falls, atrial fibrillation, history of previous head injury (fall on 4/23/20). The goal was R303 to remain free of serious fall related injury through the review date. It was noted; an intervention was not placed in the resident's care plan to provide immediate safety measures for a fall on 5/26/26.

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F 0656 Level of Harm - Minimal harm or potential for 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 observation, interview, and record review the facility failed to develop a comprehensive resident-specific treatment plan for Enhanced Barrier Precautions (EBP) for 1 resident (Resident #306) of 4 residents reviewed for comprehensive care plans resulting in the potential for unmet care needs and the spread of infection to a vulnerable population.Findings include:Resident #306 (R306)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R306 admitted to the facility on [DATE] with pertinent diagnoses including benign prostatic hyperplasia with lower urinary tract symptoms (enlargement of prostate gland causing squeezing of the bladder). Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R306 was cognitively intact.During an observation on 5/27/2026 at 9:13 AM, R306 was observed to be lying on his bed and had a urinary catheter (thin flexible tube inserted into the bladder to drain urine). An Enhanced Barrier Precautions (EBP) sign was observed to be on R306's door indicating Everyone must clean their hands before entering and leaving the room. Providers and Staff must also wear gloves and a gown for the following high contact resident activities. device care or use. urinary catheter. Review of R306's physician order revealed . Enhanced Barrier Precautions every shift for foley urinary catheter placement. Initials indicate precautions maintained throughout shift. Start date 5/17/2026.Review of R306's care plan revealed that there was no care plan for enhanced barrier precautions. During an interview on 5/28/2026 at 11:05 AM, Director of Nursing (DON) B' stated it was the expectation when a resident was under EBP that the EBP sign went up on the door, personal protective equipment was available, an order was put in the chart, and a care plan was developed. DON B said anyone from the floor nurse all the way to DON B could put the care plan in. DON B was aware that R306 did not have a care plan for EBP in his chart. Review of the Care Planning Policy with an updated date of 1/15/2020 revealed . It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident. Procedure. 8. The Care Plan will be reviewed and revised by the IDT after each assessment and as the resident's care needs change.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to review and revise care plan interventions to accurately reflect resident care needs for 1 (Resident #5) of 19 residents reviewed for revision of care planning, resulting in a potential for staff not knowing how to properly care for the resident.Findings include:Resident #5Review of an admission Record revealed Resident #5 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: congestive heart failure (condition in which blood may back up/fluid may accumulate in the body causing shortness of breath, fatigue, swelling) and peripheral vascular disease (circulation disorder involving narrowing or blocking of vessels which may cause numbness in the lower legs).Review of a Minimum Data Set (MDS) assessment for Resident #5 with a reference date of 2/27/26, revealed a Brief Interview for Mental Status (BIMS) assessment score of 13/15, which indicated the resident was cognitively intact. Section GG revealed Resident #5 required substantial/maximal (helper does more than half the effort) to transfer from the bed to a wheelchair and to/from the toilet.Review of a Care Plan for Resident #5 with a reference date of 1/18/26 revealed the following focus/goal/interventions: Resident has limited physical mobility r/t (related to) CHF (congestive heart failure).Goal: Resident will remain free of complications related to immobility.Interventions:.Ambulation: The resident is able unable (sic) .Transfer: The resident requires maximum assistance (helper provides more than half the effort) with four wheeled walker for sit to stand transfers and surface transfers.During an observation on 4/28/26 at 12:54pm, Resident #5 walked down the hall using a wheeled walker as an unknown therapy staff member walked next to her. The staff member provided no physical assistance as Resident #5 ambulated.In an interview on 04/29/2026 at 2:30pm, Occupational Therapy Assistant (COTA) III reported changes in a resident's mobility were discussed during daily Interdisciplinary Team meetings and care need determinations were made at that time.In an interview on 4/30/26 at 2:11pm, Assistant Director of Nursing (ADON) F reported the care plan for Resident #5 did not accurately reflect the resident's current level of independence/need for assistance with transferring and ambulation.In an interview on 4/29/26 at 2:39pm, Rehabilitation Director (RD) ZZ reported Resident #5 was currently able to transfer herself and ambulate with stand by assistance. RD ZZ confirmed stand by assistance meant the resident needed only light touching or verbal cues for these tasks.Review of a Care Planning policy with a reference date of 1/15/20 revealed Policy: It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident .the care plan will be reviewed and revised by the IDT after each assessment and as the resident's care needs change.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure interventions were implemented to prevent the development of and/or worsening of pressure ulcers in 1 (Resident #88) of 2 residents reviewed for pressure ulcers resulting in the potential for the development of and/or the worsening of an existing pressure ulcer.Findings include: Resident #88Review of an admission Record revealed Resident #88 was a female who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: dementia, history of falling, and history of/healed fracture.Review of a Minimum Data Set (MDS) assessment for Resident #88, with a reference date of 1/30/2026 revealed Mobility, Resident #88 was dependent on staff for mobility, and Skin conditions, Resident #88 was at risk for developing pressure ulcers.In an observation and interview on 4/28/26 at 12:30 PM, Resident #88 was sitting in a broda chair (a high back reclinable wheelchair), and her heel protectors (soft padded material designed to protect the skin of the heels) light green in color, were dislodged from her feet and were noted to be around her legs. Family Member (FM) AAA reported Resident #88's heel boots shift when she moved, and he was concerned Resident #88 continued to get wounds. FM AAA reported Resident #88 always had to wear her boots for her heels to prevent her wound from getting worse or developing others.In an interview on 4/28/26 at 3:30 PM, Certified Nurse Assistant (CNA) K reported Resident #88 should wear the boots (heel protectors) on her feet all the time.Review of Care Plan for Resident #88 revealed Focus.Resident has potential impairment to skin integrity.Intervention: off-loading boot cushions to bilateral (both) lower extremities at all times as tolerated. initiated on 7/10/2025.Review of Order Summary for Resident #88 revealed .heel protector boots on at all times every shift with a start date of 8/7/2025.On 4/30/26 at 8:07 AM, Resident #88 was observed sitting in her broda chair, in the dining room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair. On 4/30/26 at 9:35 AM, Resident #88 was observed sitting in her broda chair, in her room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair. A set (2) of heel protectors light green in color and 2 sets of dark green colored heel protectors were observed in Resident #88's room.On 4/30/26 at 12:23 PM, Resident #88 was observed sitting in her broda chair, in the dining room, and she was not wearing any heel protectors. Her heels were observed directly in contact with the foot cradle of the broda chair.Review of Medication Administration Record (MAR) for Resident #88 for the month of April 2026 revealed .heel protector boots on at all times every shift. was documented as completed by Agency-Licensed Practical Nurse, (LPN) BBB.In an interview on 4/30/26 at 12:24 PM, Director of Nursing (DON) B reported the nurses and CNAs were responsible to ensure that Resident #88's heel protectors were in place as tolerated. DON B stated she was going to go investigate why Resident #88 was not wearing her heel protector boots.On 4/30/26 at 12:36 PM, Registered Nurse Manager (RNM) QQ was observed carrying a light green pair of heel protectors towards the dining room where Resident #88 was eating lunch.

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F 0689 Level of Harm - Minimal harm or potential for 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 observation, interview and record review, the facility failed to maintain an environment free from hazards for 2 (Resident #5 and #48) of 5 resident reviewed for accidents, resulting in an increased risk for falls. Findings include: Resident #5 Review of an admission Record revealed Resident #5 was originally admitted to the facility on [DATE] with pertinent diagnoses which included: congestive heart failure (condition in which blood may back up/fluid may accumulate in the body causing shortness of breath, fatigue, swelling) and peripheral vascular disease (circulation disorder involving narrowing or blocking of vessels which may cause numbness in the lower legs). Review of a Minimum Data Set (MDS) assessment for Resident #5 with a reference date of 2/27/26, revealed a Brief Interview for Mental Status (BIMS) assessment score of 13/15, which indicated the resident was cognitively intact. Section GG revealed Resident #5 required substantial/maximal (helper does more than half the effort) to transfer from the bed to a wheelchair and to/from the toilet. Review of a Care Plan for Resident #5 with a reference date of 2/23/26 revealed the following focus/goal/interventions: 1. Resident at risk for falls.Goal: Resident will remain free from fall related injury.Interventions.provide assistance as needed for mobility tasks.anticipate and meet resident's needs. Review of a Fall Risk Assessment for Resident #5 with a reference date of 3/30/26 revealed a score of 40, moderate risk for falling. During an observation on 4/28/26 at 12:54pm, Resident #5 walked down the hall using a wheeled walker as an unknown therapy staff member walked next to her. Resident #5 was not wearing a gait belt (safety device typically made of canvas or nylon, placed around a patient's waist to allow caregivers to safely stabilize and support individuals with limited mobility or balance). In an interview on 4/29/26 at 12:11pm Licensed Practical Nurse (LPN) FF reported if a resident was not deemed as Independent with ambulation (walking) they should wear a gait belt when walking with staff. In an interview on 4/29/26 at 2:39pm, Rehabilitation Director (RD) ZZ reported Resident #5 was currently assessed as able to ambulate with stand by assistance. RD ZZ confirmed this meant Resident #5 needed cues or touching as she walked. When further queried, RD ZZ reported she would recommend using a gait belt when staff ambulated with her. In an interview on 4/30/26 at 2:11pm, Assistant Director of Nursing (ADON) F reported Resident #5 was documented as needing assistance of 1 person during ambulation. ADON F confirmed that any resident who was not assessed as Independent for ambulation, should wear a gait belt when ambulating with staff. ADON F confirmed Resident #5 had not been assessed as Independent for ambulation. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Gait belt-Transfer Belt policy with a reference date of 7/11/18 revealed Policy: It is the policy of this facility to: Provide safety for the unsteady and/or confused resident. Prevent injuries to employees and residents (.resident falls or fractures) .Ambulation: 1. Place gait belt around resident's waist.grasp belt at the back.observe for general weakness in body and gait (pattern or manner of walking) . Resident #48 Review of an admission Record revealed Resident #48 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: hypertension (high blood pressure), cerebral infarction (stroke), and vertigo (dizziness). Review of a Minimum Data Set (MDS) assessment for Resident #48, with a reference date of 1/30/26 revealed a Brief Interview for Mental Status (BIMS) score of 3/15 which indicated Resident #3 was severely cognitively impaired. On 4/28/26 at 10:22 AM, Housekeeper (HSK) CC was observed mopping the floor in Resident #48's room. Resident #48 was observed sitting in the chair in her room with her over the bed table positioned in front of her and her 4 wheeled walker across the room out of reach. When HSK CC finished mopping the floor, she exited the room and did not place any wet floor signage. The floor was visibly wet. Review of Care Plan for Resident #48 revealed Focus.Resident at risk for falls r/t (related to) confusion, decondition, unaware of safety needs.Interventions.provide assistance as needed for mobility tasks and assure utilization of appropriate devices.Ensure that resident is wearing appropriate footwear when ambulating.all initiated on 3/5/2025. Review of Fall Risk Assessment for Resident #48 dated 4/21/26 revealed .High Risk for Falling with a score of 80.0, History of falling.Yes.Ambulatory Aid.Uses crutches, cane or walker.Gait.weak.Mental status.overestimates or forgets limits.Morse Fall Scoring High Risk 45 and higher. On 4/28/26 at 10:25 AM, Resident #48 was observed walking from her room into the hallway, without the use of her 4 wheeled walker. Certified Nurse Assistant (CNA) I was observed walking from the other side of the unit to Resident #48. CNA I said to Resident #48 Where is your walker? We don't want you to fall. Oh look, your floor is wet too. On 4/28/26 at 10:28 AM, the floor in Resident #48's room remained visibly wet with no wet floor sign present. In an interview on 4/30/26 at 10:00 AM, HSK CC reported she did not use wet floor signs when she mops floors. HSK CC stated most residents would wait to get up until the floor was dry. HSK CC reported she would ring out the mop, and it would be mostly dry, and she would not need to put up a wet floor sign. HSK CC reported if the floor was wet it wasn't wet for too long. In an interview on 4/30/26 at 3:11 PM, Nursing Home Administrator (NHA) A reported she was currently acting as the director of housekeeping as the position was vacant and was still learning how the department was supposed to run. NHA A reported her expectations were that wet floor signs were used every time.

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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure pre and post dialysis treatment assessment and monitoring communication between themselves (the facility) and the dialysis provider (Name Omitted) was maintained for 1 (Resident #11) of 1 resident reviewed for dialysis services resulting in the potential for unrecognized adverse reactions or resident decline due to adverse reactions of dialysis treatments and disruption in the continuity of care.Findings include: Resident #11Review of an admission Record revealed Resident #11 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: Type 2 diabetes (a chronic conditions including insulin resistance and high blood sugar levels) and dependence on renal dialysis (a medical treatment that removes waste products, excessive fluids, and toxins from the blood when the kidneys are unable to perform those functions naturally).Review of Care Plan for Resident #11 revealed .Resident on hemodialysis r/t (related to) kidney failure.Interventions.dialysis appointment every Tue, (Tuesday), Thur (Thursday) Sat (Saturday). Have ready by 11:00 at the front door and send meal with patient.Do not take blood pressure or blood specimens from LEFT arm, Monitor AV (arteriovenous a connection between an artery and a vein) shunt site for bruit and thrill as directed. Reprot any changed to dialysis center and/or physician. with an initiation date of 7/29/2025 and 8/19/2025.Review of Order Summary for Resident #11 revealed .Hemodialysis per physician order @ (at) (Name Omitted) on Tuesday, Thursday, and Saturday with a start date of 7/29/2025.Review of Dialysis Communication Forms for Resident #11 from the dates of 3/26/26 through 4/28/26 revealed communication forms were documented 7/15 times.Review of Dialysis Communication Form for Resident #11 dated 4/2/26 was noted to be blank in the area to be completed by the facility.Review of Resident #11's electronic medical record Progress Notes revealed no documentation was noted for pre or post dialysis assessment on 9/15 scheduled dialysis treatment days.In an interview on 4/29/26 at 8:31 AM, Resident #11 reported the nurses at facility did not send the dialysis form as they should, and she brings back whatever was sent with her. Resident #11 reported the nurses do an assessment before she goes for dialysis treatment, but they do not do an assessment when she gets back to the facility.On 4/29/28 at 8:31 AM, review of the dialysis binder in Resident #11's bag on the back of her wheelchair revealed one communication form dated 4/23/26.In an interview on 4/29/26 at 10:43 AM, Licensed Practical Nurse (LPN) KK reported a communication sheet including vital signs, weight, and any medication changes needed to be completed before Resident #11 went to dialysis. LPN KK reported Resident #11 should have her weight and vital signs checked when she comes back from a dialysis treatment. LPN KK reported she documented when Resident #11 left the facility and when she returned from dialysis.In an interview on 4/30/26 at 12:38 PM, Agency- LPN BBB reported Resident #11 was picked up at 11:00 AM and she was not sure what appointment she went to. Agency-LPN BBB reported there was a communication form that needed to be completed for a resident going to dialysis. When queried, Agency-LPN BBB stated I didn't send that (communication form for dialysis), I don't know where she (Resident #11) went, it might be to dialysis.In an interview on 4/30/26 at 12:46 PM, Director of Nursing (DON) B reported weight, and vital signs should be completed and documented on a communication form before a resident went to dialysis treatment. DON B reported when a resident returned from dialysis treatment, the nurse should review the communication form, check the resident, complete an assessment, and visualize the AV site. When queried, DON B reported there was no place to document a dialysis assessment, and the information should be put into a nurses note/progress note. DON B reported she did not expect to have a note related to vital signs and weight before dialysis treatment, that information should be on the communication form and they communication form was to be kept in the resident's record. DON B reported her expectations were that the nurses assessed Resident #11 for a bruit and thrill and that the communication form needed to be completed and scanned into the resident's record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamo Cove Rehab and Nursing Center	8290 W C Ave Kalamazoo, MI 49009

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to find a pharmacy recommendation for 1 resident (Resident #86) of 5 residents reviewed for medications resulting in the potential for the resident to experience avoidable medication side effects and/or receive unnecessary medications. Findings include: Resident #86 (R86)Review of the admission Record and Minimum Data Set (MDS) dated [DATE] revealed R86 admitted to the facility on [DATE] with pertinent diagnoses including depression, psychotic disorder with delusions (mental health condition by holding false beliefs), agoraphobia (intense, irrational fear of being in situations where escape might be difficult or unavoidable), anxiety and post-traumatic stress disorder (mental health condition triggered by witnessing terrifying, life threatening or violent events). Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R86 was cognitively intact.Review of R86's Medication Regimen Review completed by the pharmacist on 11/25/2025 revealed A. Criteria: See report for any noted irregularities. B. Comment: Chart reviewed, recommendations sent to the physician.Review of R86's chart revealed no pharmacy recommendation for 11/25/2025. During an interview on 4/30/2026 at 2:50 PM, Nursing Home Administrator stated that they couldn't find the pharmacy recommendation from 11/25/2025. During an interview on 4/30/2026 at 3:16 PM, Director of Nursing (DON) B stated that the pharmacist reviews resident medications monthly and then emails the recommendations to the facility and then it gets dispersed to the appropriate department head/nurse manager and they follow-up with the doctor who signs the recommendation on whether he agrees or disagrees and then it's uploaded in the chart. DON B said she is getting the pharmacy recommendations consistently now and didn't get it before. DON B reported they couldn't find the pharmacy recommendation for R86 from 11/25/2025.Review of the Medication Regimen Review (MRR) Policy dated 7/11/2018 revealed Policy:It is the policy of this facility that: 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist and 2. The pharmacist must report any irregularities to the attending physician, facility medical director and the Director of Nursing Services. 3. These reports must be acted upon. 5. Upon conducting the MRR, the pharmacist may identify and report irregularities in one or more of the following categories: The Pharmacist MRR and nursing medication documentation review reports are processed as follows: A. MRR recommendations to physician: The report is provided by the Pharmacist or facility to the responsible physicians and the Director of Nursing Services within seven (7) working days of review. The physician provides a written response to the report to the facility within one (1) month after the report is sent. A copy of the report is kept by the facility until the physician's signed response is returned. The facility maintains copies of signed reports on file in the residents medical record. B. Nursing Documentation Review: The report is provided by the Pharmacist within seven (7) working days of review. Nursing personnel provide a written response to the review within two (2) weeks after the report is received. A copy of the report is kept by the facility until the nurse's response is returned. Nursing staff response to the report is provided to the Pharmacist for review and then filed by the facility. The facility maintains copies of completed reports on file in the resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamo Cove Rehab and Nursing Center	8290 W C Ave Kalamazoo, MI 49009

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain a medication error rate of less than 5% (total error rate of 10%) in 2 of 8 sampled residents (Resident #48 and Resident #59) reviewed for medication administration, resulting in the potential for reduced medication effectiveness and increased risk of adverse reaction and/or side effects.Findings include: Resident #48Review of an admission Record revealed Resident #48 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: hypertension (high blood pressure), cerebral infarction (stroke), and vertigo (dizziness).Review of a Minimum Data Set (MDS) assessment for Resident #48, with a reference date of 1/30/26 revealed a Brief Interview for Mental Status (BIMS) score of 3/15 which indicated Resident #3 was severely cognitively impaired.During an observation and interview on 4/30/26 at 8:19 AM, Agency- Licensed Practical Nurse (LPN) BBB dispensed medications for Resident #48. Agency-LPN BBB did not dispense nor administer the ordered Lasix 40 mg (milligrams) by mouth in the morning. When queried, Agency-LPN BBB reported that Resident #48's Lasix was on hold and was not to be given.Review of Order Summary for Resident #48 revealed .Lasix Oral tablet 20 mg (furosemide) give 1 tablet by mouth two times a day for LE (lower extremity) edema, weight gain ordered on 10/17/26 and noted to be on hold.Lasix oral tablet 40 mg (furosemide) Give one tablet by mouth in the morning for fluid retention. with a start date of 4/28/26.Review of Medication Administration Record (MAR) for Resident #48 for April 2026 revealed Agency-LPN BBB documented that she had administered 40 mg of Lasix to Resident #48 as ordered on 4/30/2026 at 9:00AM. Resident #59 Review of an admission Record revealed Resident #59 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: Ileostomy (relocation of the small bowel to the surface of the abdomen creating an opening), ulcerative colitis (chronic inflammation of the bowels), peritoneal abscess (a localized collection of pus that forms within the abdominal cavity) and dehydration.Review of a Minimum Data Set (MDS) assessment for Resident #59, with a reference date of 3/6/26 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #59 was cognitively intact.During an observation and interview on 4/30/26 at 8:56 Am, Agency-LPN BBB spoke to Resident #59 who requested pain medications. Agency-LPN BBB reported that Resident #59 was out of pain medications, and she did not have access to the back up narcotic box to pull medications. Agency-LPN BBB reported Director of Nursing (DON) B would have to pull the narcotic medication from the back up box.During observation and interview on 4/30/26 at 9:35 AM, Agency-LPN BBB did not dispense lactated ringers 125 mL (milliliters) during medication administration.Review of Order Summary for Resident #59 revealed .Lactated Ringers intravenous solution.use 125 cc (ML) intravenously every hour for hydration for high output ileostomy with a start date of 4/29/2026.Oxycodone HCl oral tablet 5 Mg (milligrams) give 2 tablets by mouth every 4 hours as needed for moderate pain.with a start date of 4/7/2026.Review of MAR for Resident #59 for April 2026, printed at 11:04 AM, revealed Agency-LPN BBB documented she had administered Lactated Ringers 125 mL at 0900, and there was no documentation indicating Resident #59 had received her requested as needed pain medications two hours after requesting them.