

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>08/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Estates at Roseville LLC                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2727 North Victoria<br>Roseville, MN 55113 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and document review, the facility failed to ensure the proper use of beard restraints during food preparation. This practice had the potential to affect all 134 residents who received food from the kitchen. Findings include: During observation and interview on 8/5/26 at 9:33 a.m., cook (C-A) prepared carrots without wearing a beard restraint. C-A acknowledged knowing a beard restraint was required, stated management had previously instructed him to wear one, and acknowledged having been previously counseled for not wearing a beard restraint. During an interview on 8/5/26 at 9:52 a.m., the assistant director of culinary services (ADCS) stated dietary staff are expected to wear hairnets or beard restraints whenever preparing food. The ADCS confirmed C-A should have been wearing a beard restraint while preparing food. During an interview on 8/6/26 at 12:45 p.m., the administrator stated employees are expected to keep their hair covered while preparing food. A facility dietary policy dated 10/2017, directed staff to wear hair restraints, including beard restraints, while in kitchen and food preparation areas, in accordance with Minnesota Department of Health (MDH) guidelines, to prevent hair from contacting food.</p> |                                                                                         |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>245105 | Facility ID:<br><br>245105            |
|                                                                          |                         | If continuation sheet<br>Page 1 of 12 |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to implement effective and timely pest control measures to reduce and/or eliminate a roach infestation for 1 of 1 resident (R76) reviewed for environment. This had the potential to affect all 142 residents who resided in the facility. Findings include: R76's comprehensive Minimum Data Set (MDS) dated [DATE] identified R76 had diagnoses which included congestive heart failure (CHF), pulmonary edema, hyperlipidemia, and thyroid disorder. In addition, R76's MDS identified she was cognitively intact. During an interview on 8/3/26 at 11:02 a.m., R76 stated she had previously seen cockroaches in the dining room. R76 stated she had even caught some of the cockroaches about a month ago in the dining room while staff were present. R76 stated she has been seeing cockroaches in the dining room for the last year. During an observation and interview on 8/4/26 at 12:26 p.m., a roach measuring approximately 1/2 long was observed crawling across the floor by the sink in the long-term care dining room. Registered nurse (RN)-B stepped on the roach and used a paper towel to pick it up and throw it in the trash. When asked if the insect was a roach or if she had seen roaches in the dining room, RN-B shrugged and stated, Well, you know, people keep food in their rooms. During an observation on 8/4/26 at 12:50 p.m., no residents or staff were noted to be in the dining room after the lunch meal was cleared. The floor of the dining room was observed to have noodles, lettuce pieces, and carrot bits on the floor. During an observation on 8/4/26 at 12:52 p.m., inspection of the cabinets under the sink area in the dining room revealed a clear plastic bin with no cover on the lower shelf which contained a covered plate with a meal from lunch. A quarter-sized hole was noted in the top of the plate cover. Condensation was noted inside the cover. A roach measuring approximately 1/2 in length was observed crawling alongside the plate and then out of the cabinet. The floor near the adjacent refrigerator and the bases of the lower cabinets were characterized by black buildup and crumb-like debris. During an observation and interview on 8/4/26 at 3:50 p.m., the plate previously observed in the cabinet in the dining room was noted to be on the counter. Dietary aide (DA)-B stated that roaches were frequently seen in the kitchen and sometimes in the dining room. She stated that fruit fly traps were also everywhere. DA-B stated that they cleaned the counters and mopped the floors every night in the kitchen, but the roaches still came back. During an observation and interview on 8/4/26 at 3:57 p.m., a napkin, spoon and Cheerio were observed under the refrigerator in the dining room. A 6-inch long red-colored buildup was also noted under the refrigerator. Caulking was observed to be missing from around the sink and a one-foot-long section of the countertop backsplash was noted to be pulled away from the wall by 1/2. The countertop was warped and black discoloration was observed around the sink. The bottom of the cabinet underneath the sink was marked with brown coffee-colored staining. Two open boxes of cereal were found on the top shelf of one of the cabinets over the sink with the inner plastic bags unsealed and open to air. A second covered plate with remains from lunch (carrots and noodles) was found in an upper cabinet to the left of sink. When asked about this, DA-B stated, the nurses' aides hide things. She said that if the nurses' aides work a second shift, they get a free meal and so they will sometimes store meals in the cabinets in the dining room. During an observation and interview on 8/5/26 at 7:25 a.m., Housekeeper(H)-A stated that he had only seen one roach lately and had mostly been seeing fruit flies. He stated housekeeping was responsible for cleaning and mopping the floors after meals. H-A pulled out the refrigerator in the dining room and stated there was old food under the fridge and it didn't look like housekeeping had cleaned under there in a while. He also said they should be checking this every shift. During an observation on 8/5/26 at 7:27 a.m., two fruit flies were noted (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>in the sink area. Brown-colored food crumbs were noted along the baseboard near the heater and under the steam table. Three bits of wet lettuce were found on the floor near the steam table. H-A was observed cleaning behind the refrigerator. He stated, Wow, there is a lot of stuff back here. During an interview on 8/5/26 at 7:43 a.m., the Director of Maintenance (DOM) confirmed that there was significant wearing of the laminate of the countertop around the sink in the dining room and that the caulking was missing. He also stated that he has been trying to obtain a new countertop for the past year. He mentioned that the facility recently switched from one pest control company to another and that the facility did have a pest control binder available for review. During an interview on 8/5/26 at 10:12 a.m., DA-A stated that she had only noticed roaches in the last year. She stated that she thought they had been spraying, but it doesn't seem to be doing the trick. She said cleanliness in general was an issue in the dining room. Dirty dishes with food often get left on the counter. At night, there was no one there to monitor. When asked, DA-A stated that no education has been provided to staff on roach prevention and mitigation strategies, but she knew staff should not be leaving food in the cupboards and on the countertops and that housekeeping should be cleaning under the refrigerator and along the baseboards. During an interview on 8/5/25 at 12:30 p.m., the area supervisor for the new pest control company, stated that he was a brand-new vendor and was contacted by the facility on 8/4/26. His plan was to hit it hard. He stated that the first time they were at the facility was yesterday and he laid several traps for insects. The area supervisor stated that they now have a plan going forward to help the facility with their pest control issue, but because they need to use low toxicity methods, it may take some time to really minimize the presence of insects. The DOM, who was also present at this time, stated they had previously used a different pest control company, but they were unhappy with those services. An administrator for another associated facility stated she believed it was a couple weeks ago that they had consulted the pest control company. All three personnel were notified of the observations in the dining room related to plates of food being stored in the cupboards. The DOM stated he was unaware of this issue and would have to look into it. He further stated that he believed that food in the cabinets could worsen their pest control issues and staff shouldn't be doing that. Per an email correspondence from the Administrator on 8/5/26 at 1:30 p.m., We were with a pest control company for a long time but had to change to different pest control company a month ago because we were having issues with them coming out consistently. During an interview on 8/6/26 at 8:46 a.m., the Director of Housekeeping (DOH) stated that the daily cleaning of the four dining rooms in the facility included floors, tables/chairs, and sinks/countertops. He said housekeeping staff also checked the refrigerators for spills. The expectation was that the floors underneath any mobile equipment (e.g., steam tables) would be cleaned daily. Floors were supposed to be auto-scrubbed after the evening meal. Weekly deep cleaning of the dining rooms was expected to include cabinet interiors, refrigerator tops, and windowsills. The DOH stated he has not seen any roaches or noticed any other bugs in the facility. He expected his housekeeping staff to report any issues with pests to him, and he would forward that information to the DOM. During an interview on 8/6/26 at 10:45 a.m., the Director of Culinary Services (DCS) stated that he had maybe seen one or two roaches in the kitchen. He would expect that kitchen staff would notify him if they saw any roaches and he would then forward that information to the DOM. A Service Report dated 2/2/26 from the initial pest control company provided by the facility indicated that two units for straggler roaches had been spotted. Due to it being in memory care, glue boards were advised against. The document stated that the DOM has baited these rooms and all around for any roach issues. A second Service Report dated 3/23/26 provided by the facility indicated no pest activity was noted in the facility. Additional documentation regarding pest control measures taken by the facility in the last (continued on next page)</p> |                                                                                         |                                                 |

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| F 0925<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | three months was requested but not received. Facility policies on maintenance and pest control were<br>also requested but not received. |                                                                                         |                                                 |

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| <p>F 0554</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure self-administration of medications was assessed and determined to be appropriate for 1 of 1 resident (R59) reviewed for the self-administration of medications. Findings include: R59's comprehensive Minimum Data Set, dated [DATE], indicated R59 was cognitively intact and required varying levels of assistance with activities of daily living and mobility. R59 was occasionally incontinent of urine and required partial to moderate assistance with toileting. Diagnoses included bilateral subdural hematomas (bleeding between the brain and skull) related to a fall, congestive heart failure, hypertension (high blood pressure), atrial fibrillation (irregular heartbeat), and chronic kidney disease. R59's care plan dated 7/30/26, failed to identify interventions related to bedside storage or self-administration of topical medications. R59's medical record, reviewed on 8/3/26, lacked evidence of provider orders for 1% hydrocortisone cream and 2% miconazole nitrate powder. Record review also lacked evidence of an assessment to determine whether it was appropriate for R59 to self-administer these medications. During observation and interview on 8/3/2026 at 11:10 a.m., an open container of 1% hydrocortisone cream and a bottle of 2% miconazole nitrate antifungal powder were observed on R59's bedside table. The medications lacked pharmacy prescription labels. R59 stated that the cream and crotch powder were given to him by staff, and that he was allowed to use these as needed. During observation and interview on 8/4/2026 at 9:22 a.m., the container of 1% hydrocortisone cream and bottle of 2% miconazole nitrate powder were again observed on R59's bedside table. R59 reiterated that staff provided these and he could use both when he wanted. During interview on 8/5/2026 at 10:30 a.m., nursing assistant (NA)-B stated that she had seen the containers of 1% hydrocortisone cream and 2% miconazole nitrate in R59's room, but she did not know how long they had been there. NA-B stated that NAs were supposed to be helping R59 apply these medications, but R59 preferred to do this himself and refused to allow staff to assist. NA-B also stated that R59 refused to allow staff to remove these medications from the room after self-administration. NA-B stated that she thought the medications were for R59's skin due to frequent episodes of incontinence, but she was unsure about the status of R59's skin as she had not seen it. During interview on 8/5/2026 at 10:55 a.m., licensed practical nurse (LPN)-C stated that orders should be in the system for all medications, including those that are topically administered. LPN-C did not know if R59 had been assessed to determine if it was appropriate for him to self-administer medications. During observation and interview on 8/5/2026 at 11:05 a.m., LPN-B stated that the 1% hydrocortisone cream should not be in R59's room. LPN-B removed the 1% hydrocortisone cream from R59's room and told R59 that it needed to be kept in the medication cart. LPN-B examined the container of 2% miconazole nitrate and stated that this particular brand was in-house. LPN-B exited R59's room without removing the 2% miconazole nitrate. During subsequent interview on 8/5/26 at 11:15 a.m., LPN-B stated that orders should be in the system for both the hydrocortisone cream and the antifungal powder. After reviewing the orders, LPN-B stated that there was an order for nystatin powder, but no orders for the 1% hydrocortisone cream or the 2% miconazole nitrate. During third interview on 8/5/2026 at 12:29 p.m., LPN-B stated that the orders for 1% hydrocortisone cream and 2% miconazole powder may be part of the standing house orders for skin and wound management. She stated that she would inform the survey team if she was able to obtain additional clarification. LPN-B also stated that a self-administered medication form should be completed at least annually for every patient who is self-administering medications. She stated that there was not a completed self-administration form for R59 and therefore, R59 should (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>08/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Estates at Roseville LLC                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2727 North Victoria<br>Roseville, MN 55113 |                                                 |
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| F 0554<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | not be self-administering anything. On 8/5/26, a review of the facility's document Standing Orders for Nursing Facilities and Skilled Nursing Facilities signed by a provider on 01/07/26, did not list orders for 1% hydrocortisone cream or 2% miconazole. During interview on 8/6/2026 at 7:55 a.m., registered nurse (RN)-A stated that she was not aware of any form or assessment that needed to be completed for the self-administration of medications. She stated that residents were generally allowed to have lotions, creams, and antifungal powder at bedside. During interview on 8/6/2026 at 8:02 a.m., LPN-D stated that she thought there was a form for the self-administration of medications, but she was unable to locate it within the facility's electronic medical record system. LPN-D then stated that she did not know where the form was or when it should be filled out. During interview on 8/6/2026 at 11:50 a.m., the Director of Nursing (DON) stated that the expectation was that all residents be assessed prior to being able to self-administer medications. She also stated that the expectation was for provider orders to be in the system for any self-administered medications. The facility's policy titled Medication and Treatment Orders Policy dated 8/2021, stated that a written prescriber's order must be obtained for any treatment or medication administration provided to a client. A policy regarding the self-administration of medications was requested but not received. A copy of the facility's form titled MHM Self Administration of Medication Evaluation dated 2013, indicated the parameters that must be satisfied if a resident requests to self-administer medication. |                                                                                         |                                                 |

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0638<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Assure that each resident's assessment is updated at least once every 3 months.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to ensure quarterly Minimum Data Set (MDS) was completed in a timely manner for 1 of 1 residents (R39) reviewed for MDS completion. Findings include: The Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, dated 10/2025, identified a Quarterly Assessment is a non-comprehensive assessment required no later than 92 days after the previous assessment of any type to monitor gradual changes in the resident's condition between comprehensive assessments. R39's Face Sheet located in the facility's electronic medical record (EMR) indicated an initial admission date of 3/18/24. R39's MDS dated [DATE], identified moderate cognitive impairment and diagnoses that included Alzheimer's disease, dementia with agitation, type 2 diabetes with nerve damage, and high blood pressure. During document review on 8/6/26, R39's MDS assessments identified the previous quarterly assessment was dated 3/24/26. The next quarterly assessment was due by 6/24/26; however, it was not completed until 7/23/26, 29 days beyond the required timeframe. During an interview on 8/6/26, at 12:36 p.m., the director of nursing (DON) stated quarterly MDS assessments are completed every three months in accordance with the RAI schedule and are important for monitoring resident status and quality outcomes. The DON stated the facility uses PointClickCare (PCC) to track upcoming MDS assessments and acknowledged R39's quarterly assessment was not completed within the required timeframe because the facility's assessment calendar reset and the assessment was not identified as due. The DON confirmed the facility follows the RAI Manual when completing MDS assessments. |                                                                                         |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to follow provider orders for medication and failed to ensure medication administration was correctly documented for 1 of 1 resident (R59) reviewed for medication administration. Findings include: R59's comprehensive Minimum Data Set, dated [DATE], indicated R59 was cognitively intact and independent with eating and upper body dressing. R59 required moderate assistance with lower body dressing and toileting. He used a wheelchair for mobility. Diagnoses included bilateral subdural hematomas (bleeding between the brain and skull) related to a fall, congestive heart failure, and chronic kidney disease. R59's MDS indicated he was occasionally incontinent of urine. R59's nursing progress note dated 7/24/26 at 12:57 p.m., indicated a message was sent to the provider informing them of redness to the resident's groin upon skin inspection yesterday related to moisture. The resident wore a pull up and was incontinent at times with refusal of care noted. R59's provider order dated 7/25/26, specified nystatin external powder 100000 Unit/GM to be applied to the groin topically three times a day for 14 days for candidiasis related to rash and other nonspecific skin eruption. R59's medical record lacked evidence of a provider order for 2% miconazole nitrate powder. During observation and interview on 8/3/26 at 11:10 a.m., a container of 2% miconazole nitrate antifungal powder was observed on R59's bedside table. The medication lacked a pharmacy prescription label. R59 stated the crotch powder was given to him by staff, and he was allowed to use it as needed. During observation and interview on 8/4/26 at 9:22 a.m., the container of 2% miconazole nitrate powder was again observed on R59's bedside table. R59 reiterated that staff had provided this and he could use the powder whenever he wanted. During an interview on 8/5/26 at 10:30 a.m., nursing assistant (NA)-B stated she had seen the container of 2% miconazole nitrate in R59's room but did not know how long it had been there. NA-B stated that NAs were supposed to be helping R59 apply this medication, but R59 preferred to do this himself and refused to allow staff to assist. NA-B also stated R59 refused to allow staff to remove this medication from the room after self-administration. NA-B stated she thought the medication was for R59's skin due to frequent episodes of incontinence, but she was unsure about the status of R59's skin as she had not seen it. During an interview on 8/5/26 at 10:55 a.m., licensed practical nurse (LPN)-C stated orders should be in the system for all medications, including any topicals and/or self-administered medications. During observation and interview on 8/5/26 at 11:05 a.m., LPN-B examined the container of 2% miconazole nitrate and stated this brand was in-house. LPN-B exited R59's room without removing the 2% miconazole nitrate. During a subsequent interview on 8/5/26 at 11:15 a.m., LPN-B stated orders should be in the system for the antifungal powder. After reviewing the orders, LPN-B stated there was an order for nystatin powder but no order for 2% miconazole nitrate powder. A review of R59's medication administration record (MAR) on 8/5/26, indicated the nystatin powder was administered earlier that morning by trained medical assistant (TMA)-A. During an interview on 8/5/26 at 12:12 p.m., R59 stated he had not administered the 2% miconazole nitrate or any other powder today and staff had not administered anything either. R59 stated again that he applied this himself. When asked if staff had ever assessed him for the use of this powder or provided any education on it, he stated he did not remember that. During an interview on 8/5/26 at 12:19 p.m., TMA-A stated she was responsible for administering R59's medications. TMA-A pulled the bottle of nystatin powder she typically administered to R59 from the medication cart. She confirmed this was the correct medication listed in the order set. TMA-A stated the nystatin powder had remained in the (continued on next page)</p> |                                                                                         |                                                 |

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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>cart this morning and was not given. She stated it was ordered to be given three times per day. TMA-A stated R59 told her he would do it later. She said she charted it as being administered, as R59 later told her he had done it himself. TMA-A then pulled a separate bottle of 2% miconazole nitrate from the medication cart which was identical to the bottle of 2% miconazole nitrate in R59's room. When asked to examine the bottle of 2% miconazole nitrate, TMA-A stated she could not really read the label, but she thought this was the same medication as the nystatin. During an interview on 8/5/26 at 12:29 p.m., LPN-B stated the orders for the 2% miconazole nitrate powder might be part of the standing house orders for skin and wound management. She stated she would inform the survey team if she was able to obtain additional clarification. On 8/5/26, a review of the facility's document Standing Orders for Nursing Facilities and Skilled Nursing Facilities signed by a provider on 1/7/26, did not list orders for 2% miconazole nitrate. During an interview on 8/6/26 at 7:55 a.m., registered nurse (RN)-A stated residents were generally allowed to have lotions, creams, and antifungal powder at bedside and orders should be in the system for all medications. During an interview on 8/6/26 at 11:50 a.m., the Director of Nursing (DON) stated the expectation was for provider orders to be in the system for all medications, including those that are self-administered and/or kept at bedside. She stated no medications should be administered without a provider order. She also stated the expectation was for staff to document medication administration accurately in the chart. The facility's policy titled Medication and Treatment Orders Policy dated 8/2021, indicated a written prescriber's order must be obtained for any treatment or medication administration provided to a client. A policy regarding the self-administration of medications was requested but not received.</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>08/06/2026 |
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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure staff followed proper personal protective equipment was used for 2 of 3 residents (R31, R83) observed who required infection control precautions. Findings include:R31R31's comprehensive Minimum Data Set (MDS) assessment dated [DATE], was in process and was unavailable for review.R31's electronic medical record (EMR), reviewed on 8/1/26, indicated diagnoses that included acute pancreatitis (inflammation of the pancreas), acute pyelonephritis (kidney infection), and severe sepsis with septic shock.R31's provider orders dated 8/1/26, indicated the resident was on contact precautions for a methicillin-resistant Staphylococcus aureus (MRSA) infection (an antibiotic-resistant infection that spreads through contact) and staff were instructed to follow contact precaution procedures.R31's care plan dated 8/1/26, indicated the resident required contact isolation precautions. The care plan instructed all staff to follow isolation precautions, implement infection control precautions according to protocol, and ensure a contact precaution sign was posted on the resident's door.During an observation on 8/4/26 at 8:35 a.m., Licensed Practical Nurse (LPN)-E entered R31's room without performing hand hygiene or donning personal protective equipment (PPE). LPN-E removed the resident's water pitcher, filled it at the ice and water machine, returned it to the resident's room, and did not perform hand hygiene or don PPE before re-entering the room.During an observation on 8/4/26 at 8:37 a.m., Nursing Assistant (NA)-D entered R31's room without performing hand hygiene or donning PPE. NA-D delivered the resident's breakfast tray, placed it on the bedside table, exited the room, and did not perform hand hygiene upon leaving.During an observation on 8/6/26 at 8:48 a.m., LPN-D entered R31's room with a portable vital signs machine without performing hand hygiene or donning PPE. LPN-D obtained the resident's vital signs and administered medications. Upon exiting the room, LPN-D did not perform hand hygiene or disinfect the portable vital signs machine before taking it into another area.During an interview on 8/4/26 at 8:51 a.m., NA-D verified a contact precaution sign was visibly posted on the door to R31's room. NA-D acknowledged she had not followed the required contact precaution procedures. She stated PPE supply bins were in the hallway but were not positioned outside R31's room. NA-D confirmed she should have performed hand hygiene and donned PPE before entering the room.During an interview on 8/4/26 at 8:54 a.m., LPN-E acknowledged she had not followed the required contact precaution procedures despite the contact precaution sign being visibly posted on R31's door. LPN-E confirmed she had not performed hand hygiene or donned PPE. LPN-E stated staff were expected to follow each resident's care plan because it contained resident-specific care instructions. She further stated staff were expected to follow provider orders because they defined the treatments required for each resident.During an interview on 8/6/26 at 10:30 a.m., LPN-D stated all staff were expected to follow the contact precaution instructions posted on the sign outside R31's room. LPN-D acknowledged she had not followed the required contact precautions and had failed to disinfect equipment when leaving the room. LPN-D stated the purpose of contact precautions was to minimize the spread of infection.R83R83's comprehensive MDS assessment dated [DATE] indicated he was cognitively intact and required maximum assistance with personal hygiene, dressing, and oral hygiene. Diagnoses included intracranial abscess and granuloma (inflammatory lesions in the brain) and sepsis due to methicillin-susceptible Staphylococcus aureus (MSSA).R83's provider orders dated 7/27/26 indicated the resident was on contact precautions.R83's care plan dated 7/28/26 indicated contact precautions were required due to the resident's current infection.During an observation on 8/5/26 at 2:16 p.m., (continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>08/06/2026 |
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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Nursing Assistant (NA)-E entered R83's room without performing hand hygiene or donning personal protective equipment (PPE) required for contact precautions. NA-E obtained the resident's vital signs and disinfected the vital signs machine after leaving the room. During an observation on 8/6/26 at 9:22 a.m., Licensed Practical Nurse (LPN)-D entered R83's room without performing hand hygiene or donning PPE. LPN-D administered the resident's medications and exited the room without performing hand hygiene. During an interview on 8/5/26 at 2:26 p.m., NA-E stated contact precautions were only necessary when providing direct resident care. NA-E acknowledged she had not performed hand hygiene or utilized PPE before entering the room. NA-E confirmed a contact precaution sign was visibly posted on the resident's door. After reviewing the sign, NA-E stated she should have donned PPE and performed hand hygiene before entering R83's room. During an interview on 8/6/26 at 10:00 a.m., Registered Nurse (RN)-C stated all staff were expected to follow the contact precaution instructions posted on the resident's door. RN-C stated PPE was to be donned before entering the resident's room. RN-C further stated it was important to follow provider orders and the care plan to ensure resident safety and provide appropriate individualized therapeutic care. During an interview on 8/6/26 at 2:26 p.m., LPN-D acknowledged she had not worn PPE before entering R83's room. LPN-D stated that after reading the contact precaution sign, she recognized she should have followed the posted instructions by donning PPE and performing hand hygiene before entering the room. LPN-D stated contact precautions were used to reduce the risk of spreading infections. During an interview on 8/6/26 at 10:39 a.m., the Regional Nursing Consultant (RNC) stated every staff member was expected to follow all instructions posted on the contact precaution signage and understand the rationale for the precautions to help prevent the spread of infections. The RNC further stated staff received education on the different transmission-based precautions (TBP) during new hire orientation, annual skills fairs, annual training, and as needed. During an interview on 8/6/26 at 10:46 a.m., the Director of Nursing (DON) stated staff were expected to follow transmission-based precaution (TBP) protocols. The DON further stated staff were expected to follow provider orders as part of their scope of practice and provide the care necessary for each individual resident. The DON stated care plans were expected to be followed by each discipline to ensure residents received individualized care necessary for their well-being. A policy titled Contact Precautions, dated 7/31/23, directed staff to implement contact precautions to prevent the transmission of infectious agents, including epidemiologically important microorganisms spread through direct or indirect contact with the resident or the resident's environment. The policy instructed staff to perform hand hygiene, noting that multidrug-resistant organisms (MDROs) were primarily transmitted by contaminated hands of healthcare personnel. The policy further stated the single most effective method of reducing the transmission of MDROs was hand antisepsis before and after resident contact, including after glove removal. Additionally, the policy directed staff to don gloves and a gown upon entering the resident's room and to remove the gown and perform hand hygiene before leaving the resident care area.</p> |                                                                                         |                                                 |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure resident rooms were kept in good working condition for 1 of 1 resident (R45) reviewed for a safe, clean, comfortable, and homelike environment. Findings include: R45's quarterly Minimum Data Set (MDS) dated [DATE], identified R45 was severely cognitively impaired. R45's diagnoses included Alzheimer's dementia, chronic kidney disease, hypertension, and depression. During an observation on 8/3/26 at 2:50 p.m., R45 was lying in bed. The bed was positioned with the long side against the wall. Next to R45's bed at the height of the bed, the wallpaper seam was loose to the wall light and approximately 2 feet of the wallpaper was peeling away from the seam exposing a beige wall and some loose white matter on the wall where the wallpaper had been affixed. During an interview on 8/5/26 at 11:36 a.m., the maintenance director (M)-A observed R45's room and stated the wallpaper needed to be repaired. M-A stated loose wallpaper may be a safety issue due to the possibility of lead paint in buildings but they did not believe the facility had lead paint. They stated the normal process was for staff to put in a maintenance work order for repairs. During an interview on 8/5/26 at 11:46 a.m., nursing assistant (NA)-A stated the wallpaper in R45's room had been damaged for a few months, and they had observed R45 pulling at the wallpaper and removing pieces. NA-A stated they let the nurse know when repairs are needed and the nurse enters a maintenance request on the computer. During an interview on 8/6/26 at 8:39 a.m., licensed practical nurse (LPN)-A stated they had not been told of the wallpaper damage in R45's room and they were not aware that R45 was pulling on the wallpaper. LPN-A was concerned that R45 removed pieces but stated R45 did not usually put things in their mouth. LPN-A expected staff to let nurses know when repairs were needed so a maintenance request could be entered. LPN-A stated they do not have a process to go room to room looking at the walls. During an interview on 8/6/26 at 9:31 a.m., interim director of nursing (DON) and regional nursing consultant (RNC) stated resident rooms should not have peeling wallpaper. RNC stated they needed to make sure the resident could not rip the wallpaper off and expressed a concern that anything nonedible could be a problem. RNC stated M-A informed them of R45's wallpaper, had secured the wallpaper with tape, and was working with nursing to make the room available for the painter. Maintenance work orders for R45's room were reviewed for 1/1/26 through 8/5/26. No maintenance requests were placed for wallpaper repair in R45's room. Facility maintenance policy was requested but not received.</p> |                                                                                         |                                                 |