STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255328	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Care Center of Marion	6434 A Dale Dr Marion, MS 39342

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on observation, interview, record review, and facility policy review, the facility failed to ensure appropriate pain management when nursing staff continued performing wound care to a resident's Stage 4 pressure ulcer after the resident verbalized pain and requested pain medication, resulting in the resident experiencing pain during the treatment for one (1) of three (3) residents reviewed for pain management. (Resident #7).Findings include:A review of the facility's policy, Pain Assessment/Management, revised 6/2005, revealed, .It is the policy of the facility to provide guidelines for the identification and treatment of residents at risk for acute and chronic pain.If possible the nurse will discuss with the resident the severity and quality of pain using the pain reference scale.On 3/11/26 at 8:42 AM, during an observation of wound care for Resident #7, Registered Nurse (RN) #3 and Certified Nursing Assistant (CNA) #2 washed their hands and applied personal protective equipment prior to beginning the wound care treatment. During the treatment, RN #3 removed the dressing from the resident's pressure ulcer to the sacrum/coccyx area. The resident began moaning and stated he was hurting. When asked if he was hurting, the resident responded, yes. When asked if he needed something for pain, the resident responded, yes. RN #3 turned on the call light and continued performing the wound care treatment. During the remainder of the procedure, the resident continued to moan and groan and used explicit words stating he was in pain while RN #3 completed the wound care treatment.On 03/11/26 at 8:57 AM, during an interview, RN #3 confirmed the resident complained of pain during the wound care treatment. RN #3 stated she turned on the call light to notify the medication nurse. RN #3 stated the resident normally says the wound care tickles, but acknowledged she should have stopped the procedure and waited until the resident received pain medication before continuing the treatment.On 03/11/26 at 8:58 AM, during an interview, CNA #2 confirmed the resident moaned and groaned while the wound care treatment was being provided and confirmed the nurse continued performing the treatment.On 03/11/26 at 9:19 AM, during an interview, the Director of Nursing (DON) stated when a resident expresses pain during wound care the nurse should stop the procedure, administer pain medication, and allow time for the medication to take effect (approximately 30 minutes) before resuming treatment.On 03/11/26 at 9:31 AM, during an interview, the Administrator stated he expects nursing staff to follow the facility's pain management policy when providing wound care to residents.A record review of the admission Record revealed the facility initially admitted Resident #7 on 11/9/22 with diagnoses including Pressure Ulcer of the Sacral Region.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/19/26 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 99, indicating the interview could not be completed and a staff assessment for cognition was required. The staff assessment revealed the resident had short-term and long-term memory problems and his cognitive skills for daily decision making were moderately impaired, with decisions described as poor and cues or supervision required.A record review of the Care Plan Report revealed Resident #7 had a Focus of Update stage 4 coccyx. with an intervention revised on 2/3/26 for wound care treatment to Stage 4 Pressure Ulcer to coccyx.A record review of the Order Summary Report with active orders as of 3/12/26 revealed Resident #7 had a physician order, dated 12/9/25, for Hydrocodone-Acetaminophen Tablet 7.5-325 milligrams (mg), Give one (1) tablet every four (4) hours (continued on next page)

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

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

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F 0697 Level of Harm - Actual harm Residents Affected - Few	as needed for pain. A record review of the Medication Administration Record (MAR) for March 2026 revealed Resident #7 received Hydrocodone-Acetaminophen for pain on 3/11/26 at 9:06 AM, after the wound care treatment was observed at 8:42 AM, documenting the pain intensity level as a six (6) out of ten (10) pain scale.

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to manage his or her financial affairs. Based on interview, record review, and facility policy review, the facility failed to safeguard and ensure residents had access to their personal funds entrusted to the facility when the facility failed to deposit resident trust funds into an interest-bearing account and failed to ensure residents could access their funds following the change of ownership on 1/1/26 for three (3) of three (3) residents reviewed for resident funds (Resident #62, Resident #65, and Resident #74) and had the potential to affect all forty-three (43) residents with facility-managed trust funds.Findings include:A review of the facility's Resident Personal Funds policy, dated 6/2022, revealed, .Policy: The resident has a right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's personal funds. Policy Explanation and Compliance Guidelines .2. If the resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. Deposit of Funds 1. The facility will deposit any resident's personal funds in excess of $100 in an interest-bearing account .and will credit all interest earned on resident funds to that account .Accounting of Records 1. The facility will establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf .3. The individual financial record must be available to the resident .upon request .A record review of the facility's list Residents with Trust Funds revealed forty-three (43) residents had facility-managed trust funds.A record review of two undeposited checks issued by the previous owner during the change of ownership revealed one check in the amount of $55,638.16, dated 12/31/25, and another check in the amount of $506.94 dated 12/31/25, representing resident trust funds.Resident #62A record review of the admission Record revealed the facility admitted Resident #62 on 04/25/18 with diagnoses including Peripheral Vascular Disease.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/12/26 revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of twelve (12), which indicated the resident's cognition was moderately impaired.A record review of the Resident Statement Landscape for October, November, and December 2025 revealed Resident #62 had a balance of $3,921.48 and withdrew funds for personal use four (4) times during the quarter.On 03/09/26 at 2:00 PM, during an interview with Resident #62, the resident reported being informed by the facility that personal funds were not available following the change of ownership on 01/01/26. Resident #62 explained he had wanted to withdraw funds to avoid exceeding Medicaid asset limits but reported not being given a timeframe for when the funds would be available.Resident #65A record review of the admission Record revealed the facility admitted Resident #65 on 03/13/24 with diagnoses including Diabetes Mellitus.A record review of the Quarterly MDS with an ARD of 02/03/26 revealed Resident #65 had a BIMS score of fifteen (15), which indicated the resident was cognitively intact.A record review of the Resident Statement Landscape for October, November, and December 2025 revealed Resident #65 had a balance of $88.00 and had not withdrawn funds for personal use during the quarter.On 03/09/26 at 12:56 PM, during an interview Resident #65, reported living at the facility for approximately two years and stated that since the change of ownership in January the resident had been unable to access personal funds. Resident #65 reported staff explained the facility was waiting to receive funds from the previous ownership.Resident #74A record review of the admission Record revealed the facility admitted Resident #74 on 09/22/23 with diagnoses including Chronic Atrial Fibrillation.A record review of the Quarterly MDS with an ARD of 01/05/26 revealed Resident #74 had a BIMS score of fifteen (15), which indicated the resident was cognitively intact.A record review of the Resident Statement Landscape for October, November, and December 2025 revealed Resident #74 had a balance of $2,227.81 and withdrew funds for personal use one (1) time during the quarter.On 03/09/26 at 1:36 PM, during an interview with Resident #74, the resident (continued on next page)

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	reported being unable to access personal funds since the facility changed ownership. Resident #74 explained the previous owner reported the funds would transfer within approximately one week; however, the resident reported the funds had not been available for approximately three (3) months.On 03/10/26 at 1:00 PM, during an interview with the Local Ombudsman, she reported that Resident #74 informed her the facility was not allowing residents to access personal trust funds. The Ombudsman explained contacting the Administrator and being informed the facility was working to establish an account and that resident funds were not currently available.On 03/10/26 at 1:32 PM, during an interview with the Administrator, he reported serving as Administrator since the change of ownership on 01/01/26. The Administrator explained the previous owner issued a check representing resident trust funds; however, the facility did not establish a new interest-bearing resident trust account until 03/06/26. He confirmed the check had not yet been deposited and acknowledged the funds were not available to residents during that time. The Administrator explained the facility maintained $500 in petty cash and reported residents were informed during a January Resident Council meeting they could request funds from petty cash if needed. The Administrator confirmed the funds had not been placed in an interest-bearing account and residents had not accrued interest during that time.On 03/10/26 at 2:00 PM, during a Resident Council meeting with twelve (12) residents present, Residents #62, #65 and #74 reported being unable to access their personal funds since the change of ownership.On 03/10/26 at 2:50 PM, during an interview with the Social Worker, she reported attending the January 2026 Resident Council meeting and explained the Administrator informed residents it could take approximately two (2) to three (3) months to resolve issues related to resident trust funds following the change of ownership. She reported residents were informed the facility did not currently have funds available for resident trust accounts during that time. The Social Worker stated she had received multiple complaints from residents regarding access to personal funds and had directed those residents to the Business Office. She stated she was unaware residents could obtain money through petty cash and confirmed the January Resident Council meeting minutes did not document the discussion regarding resident trust funds.

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on interview, record review, and facility policy review, the facility failed to provide residents with account statements upon request for two (2) of three (3) residents reviewed for resident funds (Resident #65 and Resident #74), with the potential to affect all (43) residents with facility-managed trust funds.Findings include:A review of the facility's Resident Personal Funds policy, dated 6/2022, revealed, .Policy: The resident has a right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's personal funds . Accounting and Records .3. The individual financial record must be available to the resident .upon request .A record review of the facility's list Residents with Trust Funds revealed (43) residents had facility-managed trust funds.Resident #65A record review of the admission Record revealed the facility admitted Resident #65 on 03/13/24 with diagnoses including Diabetes Mellitus.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/03/26 revealed Resident #65 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.On 03/09/26 at 12:56 PM, during an interview with Resident #65, the resident stated that since the change of ownership in January, he was unable to access personal funds. He also reported that he had requested a statement from his account, but he never received it.Resident #74A record review of the admission Record revealed the facility admitted Resident #74 on 09/22/23 with diagnoses including Chronic Atrial Fibrillation.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/26 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.On 03/09/26 at 1:36 PM, during an interview with Resident #74, the resident reported being unable to access personal funds since the facility changed ownership on 1/1/26 and had asked for a statement but was given the balance of his account on a piece of paper.On 03/10/26 at 1:32 PM, during an interview, the Administrator stated residents received a quarterly trust fund statement for the fourth quarter from the previous ownership and the next quarterly statement would be issued by 4/10/26. The Administrator stated the facility provides statements quarterly and upon request; however, when residents requested their account balances, he did not provide a printed statement and instead wrote the balance amount on a sticky note. The Administrator stated several residents requested their account balances and he provided the amounts on sticky notes rather than providing printed statements.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep residents' personal and medical records private and confidential. Based on observation, interviews, record review, and facility policy review, the facility failed to ensure residents' rights to personal privacy and confidentiality of their medical records when resident charts containing identifying information were stored in hallways near the nurses' stations for two (2) of (2) nurses stations observed. Findings include:A review of the facility's policy, Resident Rights updated 04/04/25, revealed, .Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to.d. Privacy and confidentiality.A record review of the facility's Confidentiality and Non-Disclosure Agreement, dated revised 05/16/22, revealed staff are not to leave workstations unattended without securing hard copy information so that it may not be disclosed to unauthorized persons and that staff must abide by Health Insurance Portability and Accountability Act (HIPAA) policy and procedures and current regulations governing privacy issues.On 03/09/26 at 3:00 PM, during an observation of the hallway areas near the nurses" stations, multiple resident medical charts were stored in the hallway with resident names and room numbers visible on the chart labels. The medical charts contained information such as resident Face Sheets, Physician's Orders, Care Plans, Labs, Advance Directives, History and Physicals, and hospital records. On 03/10/26 at 2:00 PM, during the Resident Council meeting, Resident #74 expressed concern that resident medical record charts were stored in the hallway where anyone could access them. Resident #74 reported obtaining a medical record chart from the hallway shelf and keeping the chart in the resident's possession for a period of time without staff noticing or addressing the removal.On 03/10/26 at 3:40 PM, during an interview with Licensed Practical Nurse (LPN) #2, she reported that resident medical charts were moved to the hallway approximately (2) weeks ago after a new company assumed management of the facility. She explained that the charts were temporarily placed in the hallway and that a designated storage location for resident medical records was expected to be built later.On 03/11/26 at 11:35 AM, during an observation of the hallway areas near the nurses' stations on Dogwood Hall and Magnolia Hall, resident medical charts were observed stored in gray plastic folders in the hallway. The charts were easily accessible from the hallway, and chart labels were turned toward the wall.On 03/11/26 at 11:42 AM, during an interview with the Director of Nursing (DON), she confirmed resident medical charts were previously kept in the medical records office and explained the medical charts were moved to the hallway so nursing staff and the medical director could access the records more quickly. She acknowledged staff had been able to access and document in the charts while they were kept in the medical records office and reported that a chart cubby was planned to be constructed at a later time.On 03/11/26 at 11:50 AM, during an interview with Unit Manager Registered Nurse (RN) #1, she reported that resident medical records had previously been stored in the medical records room behind a locked door. She explained that the charts had been moved to the hallway approximately one and one-half to (2) weeks earlier and reported she was unsure why the records were relocated from the secured medical records room to the hallway.On 03/11/26 at 12:01 PM, during an interview with LPN #1 in Medical Records, she explained that prior to the facility buyout the facility did not maintain paper charts. She reported that after the buyout, resident medical charts were created and assembled and were initially stored in the medical records office. She explained the medical charts were later moved to the hallway so that nurses could access them during care. She reported staff were instructed to monitor the charts to prevent resident access and stated staff had discussed confidentiality and HIPAA requirements. After being informed that a resident reported retrieving a chart from the hallway shelf and keeping it without staff noticing, she acknowledged the charts had previously been secured in the medical records room and that a permanent chart storage location was expected to be constructed later.On 03/12/26 at 2:53 PM, during an interview with the Administrator, he explained the resident medical charts were temporarily placed in the hallway to allow quicker access for nursing staff and the physician to review information such as code status. He reported the (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	medical charts had been moved from the medical records room approximately (2) weeks earlier and stated staff were expected to monitor the medical charts and safeguard resident information. He explained the current cart location was intended as a temporary solution until a permanent medical chart storage cubby could be constructed and reported he expects staff to comply with HIPAA requirements and ensure resident health information remains protected and confidential.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident's right to reasonable accommodation of individual needs when the facility failed to ensure soap was available in the resident's bathroom to allow the resident to maintain personal hygiene after the installation of a wall-mounted soap dispenser for one (1) of (20) residents reviewed for resident rights. Resident #50.Findings include:A review of the facility's policy, Resident Rights, dated 4/4/25, revealed, .Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation.2. Residents are entitled to exercise their rights and privileges to the fullest extent possible.A record review of the admission Record revealed the facility admitted Resident #50 on 7/18/23 with diagnoses including Bipolar Disorder.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/16/26 revealed Resident #50 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. Section GG he required supervision or touching assistance for toileting and personal hygiene.On 3/9/26 at 11:35 AM, during an observation and interview, Resident #50 reported he did not have any hand soap available in his bathroom. Resident #50 stated a wall-mounted soap dispenser had been installed approximately one month earlier but no soap had been placed in the dispenser. Resident #50 reported staff had told him the facility did not order enough soap for the new dispensers and stated his wife had purchased a bottle of soap for him to use. During the observation, the wall-mounted soap dispenser in the resident's bathroom was empty. A small bottle of soap was observed on the sink, which the resident reported his wife had brought to the facility because he did not have soap available in the dispenser.On 3/10/26 at 2:06 PM, during an observation and interview, Resident #50 reported the soap dispenser in his bathroom still did not contain soap. The wall-mounted dispenser was observed to remain empty.On 3/10/26 at 2:13 PM, during an interview, Certified Nursing Aide (CNA) #1 stated the new soap dispensers had been installed approximately one month earlier. CNA #1 confirmed Resident #50 had not had soap available in the dispenser since the dispenser was installed.On 3/10/26 at 2:25 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated Resident #50 spent most of his time in his room and preferred privacy. LPN #1 confirmed the soap dispenser in the resident's room had not contained soap since it was installed approximately one month earlier.On 3/10/26 at 2:46 PM, during an interview, Housekeeping/Maintenance Staff #1 stated housekeeping services were provided through a contracted company, and the facility had recently replaced the previous soap and towel dispensers with new wall-mounted dispensers. The staff member confirmed the facility currently did not have soap available for the dispensers and was unsure how long the dispensers had been empty.On 3/11/26 at 9:15 AM, during an observation and interview, Resident #50 again reported that the soap dispenser in his bathroom did not contain soap. The wall-mounted dispenser was observed to remain empty.On 3/11/26 at 3:10 PM, during an interview, Housekeeping/Maintenance Staff #2 stated the facility replaced all soap and towel dispensers with a single type of dispenser used by the contracted company. The staff member confirmed the new dispensers had been installed in February, but the facility did not have enough soap available for the dispensers. The staff member stated the soap had been on back order and the facility had only recently received additional soap.On 3/11/26 at 4:00 PM, during an interview, Housekeeping/Maintenance Staff #3 stated maintenance staff were instructed to remove the previous dispensers and install the new dispensers throughout the facility approximately two (2) to three (3) weeks earlier. The staff member confirmed the facility did not have enough soap available for the newly installed dispensers.On 3/12/26 at 2:25 PM, during an interview, the Administrator stated the facility replaced several different types of soap dispensers with one standardized dispenser throughout the facility. The Administrator stated Resident #50's dispenser may have been overlooked when soap was distributed to the dispensers and stated his expectation was that residents have access to soap at all times.

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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. Based on observation, interview, and record review, and facility policy review the facility failed to ensure residents were allowed to make choices regarding food preferences when dietary staff continued to serve pureed bread to Resident #68 after the resident had requested not to receive it and when the facility failed to accommodate Resident #49's preference for fried eggs after the facility stopped ordering eggs, affecting two (2) of (20) residents reviewed for resident choices.Findings include:A review of the facility's policy, Resident Rights, dated 4/4/25, revealed, .Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation.2. Residents are entitled to exercise their rights and privileges to the fullest extent possible.Resident #68On 3/9/26 at 2:02 PM, during an observation and interview, Resident #68 reported she had complained to staff that she did not want pureed bread served on her meal trays. Resident #68 stated the pureed bread was too thick and she believed she could choke on it. Resident #68 reported she had informed both nursing staff and dietary staff that she did not want bread served on her tray.On 3/10/26 at 2:45 PM, during an interview, Licensed Practical Nurse (LPN) #3 stated Resident #68 usually ate meals in the dining room and confirmed she had observed the resident's tray containing pureed bread. LPN #3 stated the resident had complained the bread was too thick to eat. LPN #3 reported she had not notified dietary staff that the resident disliked the bread.On 3/11/26 at 7:55 AM, during an observation and interview, Resident #68 was served oatmeal and grits on the same plate with both food items touching. A record review of the meal tray ticket revealed the resident's breakfast likes were oatmeal and grits and the only documented dislike was cheese. Resident #68 reported she had informed staff she did not want cheese or bread served on her tray.On 3/12/26 at 3:40 PM, during an interview, Dietary Department Staff #1 stated Resident #68 had been assessed for likes and dislikes on admission. Dietary Department Staff #1 reviewed the resident's Dietary New Admit Questionnaire and tray cards and confirmed bread was not listed as a dislike. Dietary Department Staff #1 stated the resident had recently informed her she did not want bread served and acknowledged the information should have been updated on the resident's preference list.A record review of the admission Record revealed the facility admitted Resident #68 on 1/13/26 with diagnoses including Hemiplegia.A record review of the Order Summary Report revealed Resident #68 had Physician's Orders, dated 1/13/26 for a pureed diet.A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26 revealed Resident #68 had a Brief Interview for Mental Status (BIMS) score of (13), which indicated the resident was cognitively intact. Section K revealed she received a mechanically altered diet.A record review of Resident #68's tray card for breakfast, lunch, and dinner revealed .Dislikes cheese. listed for all meals. Bread was not listed under the Dislikes portion of the meal tray card.A record review Resident #68's Dietary New Admit Questionnaire dated 01/15/26 revealed . puree . breakfast likes: oatmeal and grits . food dislikes: cheese . Resident #49On 3/9/26 at 12:40 PM, during an observation and interview, Resident #49 reported dissatisfaction with the breakfast meals and stated she disliked the powdered eggs served at breakfast. Resident #49 reported she had requested fried eggs on several occasions but had been told they were not available.On 3/10/26 at 8:30 AM, during an interview, Resident #49 stated she continued to receive powdered eggs for breakfast despite requesting fried eggs. Resident #49 reported she had voiced this concern multiple times and stated she did not recall whether dietary staff had spoken with her since the new dietary company began providing services.On 3/10/26 at 1:10 PM, during an interview, Certified Nursing Aide (CNA) #1 stated Resident #49 had complained about the breakfast meals and confirmed the resident had requested fried eggs but had been told the kitchen only had powdered eggs available.On 3/10/26 at 2:45 PM, during an interview, LPN #2 stated Resident #49 had complained about the food since the new dietary company began providing services.On 3/11/26 at 12:23 PM, during an interview, Dietary Department Staff #1 confirmed the (continued on next page)

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Bedford Care Center of Marion	6434 A Dale Dr Marion, MS 39342

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility had been instructed by the new owners of the facility to discontinue ordering eggs used for frying. Dietary Department Staff #1 stated approximately (15) residents previously received fried eggs and confirmed the facility currently only had powdered eggs available for breakfast. Dietary Department Staff #1 stated the facility still had pre-boiled eggs available for residents who requested boiled eggs.On 3/12/26 at 2:34 PM, during an interview, the Administrator stated he expected staff to honor residents' choices and preferences whenever possible and stated staff should notify the appropriate department if a resident's preference could not be accommodated.A record review of the admission Record revealed the facility admitted Resident #49 on 11/25/25 with diagnoses including Type 2 Diabetes Mellitus.A record review of the Comprehensive MDS with an ARD of 12/2/25 revealed Resident #49 had a BIMS score of fifteen (15), which indicated the resident was cognitively intact. Section K revealed the resident had no swallowing problems and was on a therapeutic diet.A record review of the Order Summary Report revealed Resident #49 had a Physician's Order, dated 12/1/25, for a Low Concentrated Sweets (LCS)/No salt packet (No Salt Packet) diet, regular texture.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview, record review and facility policy review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment when the facility coded an antipsychotic medication on the MDS despite no physician orders or Medication Administration Record (MAR) documentation for an antipsychotic medication for one (1) of (20) residents reviewed for MDS accuracy. (Resident #12).Findings include:A review of the facility's policy, MDS Assessment, dated 5/2006, revealed, .The facility will follow direction per federal and state guidelines for resident assessment protocol and will refer to the MDS RAI (Resident Assessment Instrument) manual.A record review of the admission Record revealed the facility admitted Resident #12 on 2/18/2022 with diagnoses including Alzheimer's Disease.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/28/26 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident's cognition was severely impaired. A review of Section N revealed Resident #12 was coded as receiving an antipsychotic medication during the last seven (7) day lookback period.A record review of the Order Summary Report revealed there were no active physician orders for an antipsychotic medication for Resident #12.A record review of the Medication Administration Record (MAR) for January 2026 revealed there were no antipsychotic medications administered to Resident #12.On 03/12/26 at 12:16 PM, during an interview and record review with Registered Nurse (RN) #2, she reviewed the MDS for Resident #12 and confirmed the assessment was coded to indicate the resident received an antipsychotic medication. After reviewing the physician orders and Medication Administration Record (MAR), she acknowledged there were no physician orders for an antipsychotic medication, and none had been administered to Resident #12 during the lookback period. She explained the MDS nurse is responsible for ensuring the MDS is coded accurately using the physician orders and medication administration records as the source documents.On 03/12/26 at 12:28 PM, during an interview and record review with the Director of Nursing (DON), she compared the MDS for Resident #12 to the resident's physician orders and confirmed the assessment was coded incorrectly to reflect the resident as receiving an antipsychotic medication. She reported that both she and RN #2 were responsible for monitoring MDS assessments quarterly to ensure the information was accurate. She explained that the facility would correct Resident #12's MDS and implement more frequent monitoring to ensure the accuracy of future MDS assessments.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to provide an ongoing activities program designed to meet the interests and preferences of residents when scheduled weekend activities were not conducted and residents reported limited opportunities for activities on weekends, for one (1) of (20) residents reviewed for activities (Resident #74), which affected all residents who participate in activities.Findings include:A record review of the facility's policy, Activity Program, dated 01/21/2022, revealed, .An ongoing program of activities is designed to meet the needs of each resident. Policy Interpretation and Implementation.2. Activities are scheduled daily and residents are given the opportunity to contribute to the planning, preparation, conducting, cleanup, and critique of the program. 3. Our activity program consists of individual, and small and large group activities which are designed to meet the needs and interests of each resident and includes.b. Indoor and outdoor activities.6. Individualized and group activities are provided that a. Reflect the schedules, choices and rights of the residents; b. Are offered at hours convenient to the residents, including evenings, holidays and weekends.A record review of the Activities Calendar for January 2026 listed Activity Cart each Saturday and Devotion and Bingo for each Sunday of the month.A record review of the Activities Calendar for February 2026 listed Activity Cart each Saturday and Devotion and Bingo for each Sunday of the month.A record review of the Activities Calendar for March 2026 listed 2:00 Outdoor Day for 3/7/26.A record review of the admission Record revealed Resident #74 was admitted by the facility on 9/22/2023 with diagnoses including Atrial Fibrillation. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/2026 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.A record review of the Annual Comprehensive MDS with an ARD of 07/17/2025 Section F Preferences for Routine and Activities for Resident #74 revealed that it was Very Important to do things with groups of people, do favorite activities, and go outside to get fresh air when the weather is good. On 03/09/26 at 1:41 PM, during an interview with Resident #74, the resident reported the facility does not allow residents to go outside as much as when the previous owners operated the facility because there are not enough staff members available to monitor residents. Resident #74 reported not liking being inside the facility all day and wanting to enjoy the sunshine.On 03/09/26 at 3:45 PM, during an interview with Activities Director (AD) #1, she reported that prior to the company buyout activity staff rotated weekend hours to ensure activities were provided on Saturdays and Sundays. AD #1 reported that since the buyout there has not been an AD or assistant scheduled on weekends. She explained residents are provided access to an activities cart located in the dining room and may use items from the cart when activity staff are not present Monday through Friday. AD #1 reported a Certified Nursing Aide (CNA) is expected to accompany residents for outdoor activities on weekends. AD #1 explained that prior to 03/01/26 there was no documentation system to verify whether scheduled weekend activities were completed. AD #1 reported the scheduled weekend activity for February 2026 involved the use of the activities cart but she could not confirm whether those activities were completed. AD #1 further reported an outdoor activity scheduled for 03/07/26 did not occur despite no weather conditions preventing the activity and that during a visit to the facility on [DATE] residents were observed in the dining room watching a movie with a CNA present. AD #1 said that prior to the company takeover residents were allowed to go outside both the front and back of the building with supervision. AD #1 reported that since the takeover residents are only permitted to go outside in the back of the building with supervision.On 03/10/26 at 2:00 PM, during the Resident Council meeting conducted in the facility dining hall, there were (12) residents in attendance (Resident #14, #8, #38, #42, #48, #61, #63, #64, #65, #9, #68, and #74). The residents expressed concerns regarding the lack of weekend activities. Resident #74 stated that during February, Activity Cart was scheduled every Saturday and the residents reported staff assistance (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was required to access the activity cart; however, staff were not available on Saturdays to assist residents in accessing the activities. Residents explained weekends were boring and that they usually remained in their rooms watching television. Residents further reported that since the facility was taken over by new management they are no longer allowed to go outside independently and may only access the back porch when staff supervision is available. Residents reported that on 03/07/26 the activity calendar listed an outdoor activity; however, residents instead watched a movie in the dining room despite favorable weather conditions.On 03/11/26 at 3:30 PM, during an interview with the Administrator, he reported he was aware that weekend activity staff were not scheduled and acknowledged residents did not have organized weekend activities. The Administrator explained residents are not supposed to participate in activities without staff present and reported that staff were in-serviced after learning weekend activities were not being conducted.On 03/11/26 at 3:51 PM, during a follow up interview with AD #1, she confirmed the activity calendar used in January appeared similar to the February calendar, indicating that weekend activities primarily consisted of the activities cart.On 03/12/26 at 11:42 AM, during an interview with the Director of Nursing (DON), she stated her expectation for the Activity Department was to ensure nursing and CNA staff were available on weekends to assist residents with activities. On 03/12/26 at 2:35 PM, during a follow up interview with the Administrator, he reported his expectation for the Activity Department is to ensure activities are conducted with residents and that staff are available to facilitate those activities. The Administrator explained the Activities Director is expected to follow up to ensure scheduled activities are completed.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to follow the posted menu as written and failed to ensure alternate menu items were available as listed on the menu for two (2) of (20) residents reviewed for food services. Residents #65 and #74.Findings include:A review of the facility's policy, Alternative Foods For Food Preferences or Menu Changes, dated 10/23, revealed, .Procedure: 1. The food and nutrition services departments prepares an alternate food choice that is available for residents who refuse food or beverages at meals. 2. Alternate foods and beverages are prepared or are available at each meal.7.Menu changes will be posted.On 03/09/26 at 11:15 AM, during an observation and record review of the posted menu, the menu for Monday Lunch revealed Red Beans and Rice, Mustards, Cornbread or Country Fried Steak, French Fries, and Seasoned Cabbages. The dessert was Banana Pudding with Whip Cream.On 03/09/26 at 11:20 AM, during an observation of the lunch meal preparation, country fried steak was not prepared or available on the steam table as an alternate entree for the lunch meal as listed on the posted menu.A record review of the posted menu for Tuesday Dinner revealed Barbeque Pork Chop, Mashed Sweet Potatoes, Seasoned Cabbage, Buttered Cornbread or Beef Tips, Buttered Rice, and Spinach, with dessert listed as [NAME] or Peach Slices.Resident #65On 03/09/26 at 12:28 PM, during an observation and interview with Resident #65, the resident reported the menu is frequently not followed and residents do not always receive the items listed on the menu. Resident #65 reported staff sometimes state the kitchen has run out of food and explained there is not always an alternate meal available even when residents request another option.On 03/11/26 at 10:00 AM, during an interview with Resident #65, the resident reported the dinner menu for 03/10/26 included an alternate meal of beef tips, rice, and spinach and a main entree of baked pork chop with mashed sweet potatoes. Resident #65 reported requesting the alternate meal but instead received (2) turkey sandwiches which were not requested.A record review of the admission Record revealed the facility admitted Resident #65 on 03/13/2024 with diagnoses including Type 2 Diabetes Mellitus.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/03/26 revealed Resident #65 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.Resident #74On 03/09/26 at 1:00 PM, during an interview with Resident #74, the resident reported that since the new company assumed management of the facility in January the food has changed and the menus are often not followed. Resident #74 explained that previously menus were provided daily and residents could select the items they wanted. Resident #74 reported the menus are now only posted in the dining room and residents must write down their meal selections and provide them to the kitchen staff, but residents do not always receive the items requested and alternate meals are not consistently available.On 03/11/26 at 10:13 AM, during an observation and interview with Resident #74, the resident reported requesting the alternate meal of beef tips, buttered rice, and spinach listed on the menu for dinner on 03/10/26. Resident #74 reported receiving the regular meal of pork chop, cabbage, and a sweet potato patty instead of the requested alternate meal.A record review of the admission Record revealed the facility admitted Resident #74 on 09/22/2023 with diagnoses including Chronic Atrial Fibrillation.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/26 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.On 03/12/26 at 10:25 AM, during an interview with the Dietary Manager, she confirmed the facility did not have the alternate entree of country fried steak available for lunch on 03/09/26 and did not have the alternate entree of beef tips, buttered rice, and spinach available for dinner on 03/10/26. She reported she had been instructed by supervisors not to serve the alternate meals. She acknowledged it was her responsibility to ensure foods listed on (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the menu were available and to notify residents when menu items were not available.On 03/12/26 at 3:30 PM, during an interview with the Administrator, he confirmed that menu alternates are expected to be available at each meal. He explained the Dietary Manager is responsible for ensuring foods listed on the menu are available and that residents are informed of menu changes when items are unavailable.