STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265742	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakridge of Plattsburg	205 E Clay Ave Plattsburg, MO 64477

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview, the facility failed to provide a clean and home like environment for three sampled residents (Resident #4, #14 and #27), when the facility did not ensure window curtains were in good repair and air conditioning units were clean in resident rooms and failed to ensure bathrooms in resident rooms were in good repair. This affected three of 14 sampled residents (Resident #4, #14 and #27). The facility census was 55. The facility did not provide the requested policy on environment.1. Observation of the Resident #4's room on 03/04/2026 at 02:31 P.M., showed:-The vents of air conditioner were covered in dust and dirt;-The air conditioner was on and blowing cold are and dust into the room;-The bathroom door is stuck shut and was hard to open;-The bathroom door had a strip of missing paint on the top of the door;-The window curtains were torn and frayed.Observation of the resident's room on 03/05/2026 at 09:07 A.M., showed:-The vents of air conditioner were covered in dust and dirt;-The air conditioner was on and blowing cold are and dust into the room;-The bathroom door is stuck shut and was hard to open;-The bathroom door had a strip of missing paint on the top of the door;-The window curtains were torn and frayed.During an interview on 03/05/26 at 9:18 A.M. the resident said:-He/She expected her room to be comfortable and homelike-He/She would not have torn and frayed curtains in the home he/she used to live in;-He/She expected bathroom to be in good repair and the door should not stick shut;-The air conditioner should be clean and not blowing out dust. 2. Observation of Resident #14's room on 3/04/2026 at 02:30 P.M., showed:-The bottom of the doorway to the bathroom was missing a 2 inch chunk of wood;-The bottom of the door to the bathroom was had multiple black scraped areas that were missing paint;-The door to the resident's room had multiple scraped areas that were missing paint;-A 1 inch chunk of wood is missing by the door latch the resident's room;-The window curtains are torn and the lining is shredded;-The vents on the air conditioner were covered in dirt and dust;-The air conditioner was on blowing cool air and dust into the resident's room.Observation of the resident's room on 3/05/2026 at 10:03 A.M., showed:-The bottom of the doorway to the bathroom was missing a 2 inch chunk of wood;-The bottom of the door to the bathroom was had multiple black scraped areas that were missing paint;-The door to the resident's room had multiple scraped areas that were missing paint;-A 1 inch chunk of wood is missing by the door latch the resident's room;-The window curtains are torn and the lining is shredded;-The vents on the air conditioner were covered in dirt and dust;-The air conditioner was on blowing cool air and dust into the resident's room.During an interview on 3/5/26 at 10:12 A.M. the resident said:-He/She expected his/room to be clean and in good repair;-He/She did not know who was responsible for the repairs of the room;-He/She expected the air conditioner to be clean and dust free. 3. Observation of the Resident #27's room on 03/04/2026 at 02:31 P.M., showed:-The vents of air conditioner were covered in dust and dirt;-The air conditioner was on and blowing cold are and dust into the room;-The window curtains were torn and frayed.Observation of the resident's room on 03/05/2026 at 09:07 A.M., showed:-The vents of air conditioner were covered in dust and dirt;-The air conditioner was on and blowing cold are and dust into the room;-The bathroom door is stuck shut and was hard to open;-The bathroom door had a strip of missing paint on the top of the door;-The window curtains were torn and frayed.During an interview on 03/05/26 at 9:18 A.M. the (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident said:-He/She expected her room to be comfortable and homelike-The air conditioner should be clean and not blowing out dust. During an interview on 03/06/26 at 11:24 A.M. the Housekeeping Supervisor said:-She was in charge of ensuring the window curtains were in good condition;-She and the Maintenance Supervisor were in charge of cleaning the air conditioner vents;-The resident rooms should be clean and home like;-Window curtains should be in good repair and not torn or frayed.During an interview on 03/06/26 at 11:44 A.M. the Maintenance Supervisor said:-She was in charge ensuring the resident rooms were in good repair;-She is in charge of cleaning the air conditioning vents in the residents' rooms;-She is in charge of repairs to the bathrooms;-Bathroom doors in the residents' room should not stick and be hard to open;-Resident rooms should be in clean, in good repair and home like.During an interview on 03/06/26 at 12:58 P.M. the Maintenance Supervisor said:-He expected all resident to be provided a clean and home like environment;-He expected the curtains in the resident rooms to be clean and in good repair;-He expected the bathroom door to open easily and be in good repair;-He expected there to be a regular scheduled cleaning of the air conditioner in resident rooms.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review, the facility failed to provide adequate Activities of Daily Living (ADL) cares for dependent residents when the facility allowed a resident to remain in his/her wheelchair for over four hours without repositioning the resident, toileting the resident, providing oral care after meals or offering the resident a drink; affecting one resident (Resident #29). And when the facility failed to ensure proper perineal care was provided to one resident when a staff member used a disposable cleansing wipe multiple times to clean bowel movement off of a resident (Resident #25). The facility census was 54.Review of the facility's ADL Policy dated 01/31/2024, showed that the facility is to assist the resident in achieving maximum function. 1.Review of Resident #29's Quarterly Minimum Data Set (MDS, a federally mandated assessment tool completed by facility staff) dated 02/20/2026, showed:-Resident dependent on staff for eating, toileting, and all ADL's;-Always incontinent of bowel and bladder;-Diagnoses included: kidney disease, seizures and dysphagia (difficulty swallowing). Review of Resident Care Plan dated, 2/20/2026, showed:-He/She was at risk for dehydration;-Staff to offer fluids to encourage drinking during cares;-He/She was at risk for skin breakdown related to incontinence and impaired mobility;-He/She required extensive assistance with all ADLs. Continuous observation of the resident on 03/05/2026 from 8:34A.M. through 1:00P.M., showed:-He/She was in the wheelchair during the entire observation period.-At 9:15A.M., the resident was moved from the TV room to the activity room by nursing staff without repositioning, toileting, or providing oral care after meal;-At 10:55A.M., he/she was pushed from activity room to dining room by nursing staff;-At 11:43A.M., after being fed lunch, resident was pushed by staff back to the TV room;-At 12:43P.M., resident was pushed in wheelchair to resident's room by the nursing staff;-At 12:50 P.M. he/she was transferred to bed via Hoyer lift by two Certified Nurses Aids (CNA), CNA A, staff changed his/her incontinence brief, repositioned resident in bed, lowered bed, placed fall mats, clipped call light to blanket across resident's chest and left room;-There was no drink offered to resident or oral care provided. During an interview on 03/06/2026 at 12:20P.M., CNA A said:-Incontinent residents should be checked for incontinence every two hours;-Dependent residents should be offered something to drink at least every two hours;-Oral care should be provided to dependent residents after each meal;-A resident should not remain in a wheelchair without repositioning for over four hours;-Dependent residents should be repositioned and offered a drink every 2 hours;-Oral care needs to be provided to dependent residents every shift;-Poor oral care and dysphagia can lead to resident harm;-A resident should not remain in a wheelchair without repositioning for over four hours. 2.Review of the facilities Perineal Care- Male policy, dated 2/1/24, showed:- Use a clean wet wipe to clean the scrotum;- Use a clean wet wipe to clean other areas of the leg;- Wash anal area with a new wet wipe. Review of the facilities Perineal Care- Female policy, dated 2/1/24, showed:- Gently open all inner skin folds and wash inner area from front to back;- With a new wet wipe, wash the outer skin folds from front to back;- With a new wet wipe, wash inner legs and outer peri area;- With a new wet wipe, wash the anal area. Review of Resident #25's Quarterly Minimum Data Set (MDS) a federally required assessment tool (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	completed by facility staff, dated 1/2/26, showed:- The resident was cognitively intact;- The resident had an indwelling urinary catheter (a flexible tube inserted through the urethra into the bladder to drain urine into a collection bag);- The resident had diagnosis of retention of urine, urinary tract infection, and constipation. Review of Resident #25's care plan, dated 1/13/26, showed:- The resident had an indwelling urinary catheter (a thin tube inserted into the bladder through the urethral meatus to drain urine):- The resident was dependent on staff for catheter care and bowel incontinent care. Observation on 03/05/2026 at 9:07 A.M. showed:- Certified Nursing Assistant (CNA) B performed perineal care on the resident;- CNA B used a disposable cleansing wipe to clean the left side of the residents perineum, then folded the cleansing wipe and used it again to clean the right side of the resident's perineum;- CNA B used a disposable cleansing wipe to clean bowel movement off of the resident, then folded the cleansing wipe and used it again to clean the resident's right gluteal fold;- CNA B used a disposable cleansing wipe to clean bowel movement off of the resident, then folded the cleansing wipe and used it again to clean bowel movement off of the resident;- CNA B used a disposable cleansing wipe to clean bowel movement off of the resident, then folded the cleansing wipe and used it again to clean bowel movement off of the resident. During an Interview on 03/05/2026 at 9:30 A.M. CNA B said: Disposable cleansing wipes can be folded up to three times when providing perineal care to a resident. During an Interview on 03/06/2026 at 11:19 A.M. Certified Medication Technician (CMT) B said: Disposable cleansing wipes should only be used one time while providing perineal care to resident's. During an Interview on 03/06/2026 at 11:20 A.M. CNA C said: Disposable cleansing wipes should not be used more than once when providing perineal care to resident's. During an Interview on 03/06/2026 at 1:40 P.M. the Infection Control Nurse said: Disposable cleansing wipes should only be used once when providing perineal care to a resident. During an Interview on 03/06/2026 at 12:15 P.M. Licensed Practical Nurse A said: Disposable cleansing wipes should only be used once when providing perineal care to a resident. During an Interview on 03/06/2026 at 12:29 P.M. the Director of Nursing said: Disposable cleansing wipes should only be used once when providing perineal care to a resident.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents with an indwelling catheter received the appropriate care and services to prevent urinary tract infections to the extent possible when the facility failed to ensure proper catheter care was provided for two (Resident #25 and Resident #8) of the 14 sampled residents. The facility census was 55. Review of the facilities Catheter, Emptying Urinary Drainage Bag policy, dated 1/31/24, showed:- Place a paper towel beneath the drainage bag;- Position the measuring container under the drainage bag;- Remove the drainage tube from it's holder;- Open the drainage and let urine flow into the measuring container;- After the drainage bag has emptied, close the drain;- Wipe the drain with an alcohol sponge or swab;- Replace the drain back into it's holder. Review of the facilities Enhanced Barrier Precautions policy, dated 3/5/26, showed:- Enhanced barrier precautions will be implemented for resident's who have wounds or indwelling medical devices;- Staff must wear a gown and gloves during high-contact care activities including: dressing or bathing, transferring, toileting assistance, and wound care. 1. Review of Resident #25's Quarterly Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 1/2/26, showed:- The resident was cognitively intact;- The resident had an indwelling urinary catheter (a flexible tube inserted through the urethra into the bladder to drain urine into a collection bag);- The resident had diagnosis of retention of urine, urinary tract infection, and constipation. Review of the resident's care plan, dated 1/13/26, showed:- The resident required use of enhanced barrier precautions (EBP, staff are required to wear a surgical gown and gloves while providing direct care to residents with wounds and/or indwelling medical devices) due to indwelling urinary catheter;- The resident was dependent on staff for catheter care and bowel incontinent care. Review of the physician order, dated 2/9/26, showed an order for Augmentin (an antibiotic used to treat urinary tract infections) 875-125mg twice a day from 2/9/26 to 2/16/26. Observation on 03/05/2026 at 9:07 A.M. showed:- Certified Nursing Assistant (CNA) B entered the resident's room to empty the resident's catheter drainage bag;- CNA B did not put a gown on;- CNA B used a graduate (a container used to measure volume of liquid) as a container to drain the urine in from the resident's catheter drainage bag;- CNA B set the graduate on the floor without using a barrier between the floor and the graduate such as a paper towel;- CNA B drained the urine from the catheter drainage bag and secured the catheter drainage tube into the catheter drainage tube holder without cleaning the tube with an alcohol sponge or swab. During an Interview on 03/05/2026 at 9:30 A.M. CNA B said:- He/she should have worn EBP when emptying the resident's catheter drainage bag;- He/she should have put a paper towel on the floor to act as a barrier between the graduate and the floor when emptying the resident's catheter drainage bag;- He/she was not sure if the catheter drainage tube should have been cleaned after emptying the catheter bag. During an Interview on 03/06/2026 at 11:19 AM Certified Medication Technician B said:- EBP should be worn when providing direct care to residents with a catheter;- A barrier should be placed on the (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	floor between the graduate and the floor when emptying a urinary catheter drainage bag;- Catheter drainage tubing should be cleaned off with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 11:20 A.M. CNA C said: - EBP should be worn when emptying a catheter drainage bag;- A barrier should be placed on the floor between the graduate and the floor when emptying a urinary catheter drainage bag;- Catheter drainage tubing should be cleaned off with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 11:40 P.M. the Infection Control Nurse said:- A barrier should be placed on the floor between the graduate and the floor when emptying a urinary catheter drainage bag;- EBP should be worn when providing direct care to residents with a urinary catheter;- Catheter drainage tubing should be cleaned off with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 12:15 P.M. Licensed Practical Nurse A said:- EBP should be worn when providing direct care to residents with a catheter;- Catheter drainage tubing should be cleaned with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 12:29 P.M. the Director of Nursing said:- EBP should be worn when providing direct care to residents with a catheter;- A barrier should be placed on the floor, such as a paper towel, between the graduate and the floor when emptying a catheter drainage bag;- Catheter drainage tubing should be cleaned with an alcohol wipe after emptying the catheter drainage bag. 2. Review of Resident #8's admission MDS dated [DATE], showed:-Mild cognitive impairment;-Moderate assist from staff required for transfers and toileting;-Diagnoses included: seizure disorder, high blood pressure and urinary tract infection. Review of the care plan dated 02/02/2026, showed:-Staff to manage all care associated with urinary catheter;-Do not allow tubing or any part of the drainage system to touch the floor;-He/She required Enhanced Barrier Precautions;-He/She was at risk for Urinary Tract infection (UTI) related to chronic suprapubic catheter (SPC) and history of UTI. Review of resident's nursing progress notes dated 01/29/2026, showed:-LPN A spoke with resident's urology clinical staff and they stated that resident was to be seen monthly in the clinic for exchange of suprapubic catheter (SPC) and the resident had not been seen since October 2025;-The urology office did not want the facility exchanging the suprapubic catheter due to previous complications and infections. Review of resident's Electronic Medical Record (EMR) from August of 2025 through February of 2026 showed the resident was hospitalized on [DATE], 10/02/2025, 11/14/2025, 12/23/2025, 01/23/2026, and 02/25/2026 with diagnoses of UTI and urosepsis (a life-threatening inflammatory response to a severe UTI). Observation on 03/03/2026 at 11:58A.M. showed the resident being pushed into dining room, he/she had foley tubing coming from right pant leg, with tubing clipped near his/her right knee, forming a large dependent loop before connecting to dependent drainage bag; blocking gravity drainage, allowing urine to pool in tubing. During an interview on 03/06/2026 at 12:20P.M., CNA A said:-There should not be a dependent loop in (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	catheter tubing, this can cause bacteria to grow and travel up tubing back into the bladder;-Tubing should not touch or drag along ground to help prevent infection;-Catheter care is performed daily and as needed by nursing staff. During an interview on 03/06/2026 at 10:45A.M., LPN A said:-Catheter care provided by staff daily and as needed by CNAs or any nursing staff;-Resident's catheter tubing should not touch the floor;-Tubing should be free from obstructions, not have a dependent loop, and collection bag should be in a dignity bag (a device used to keep urine collection bags out of sight). During an interview on 03/06/2026 at 11:40A.M., the DON said:-Catheter care should be provided each shift and as needed by nursing staff;- Catheter tubing should not touch ground or drag along floor;-There should be no dependent loop in tubing.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to ensure medication error rate was less than five percent for two sampled residents (Resident #29 and Resident #30) out of 26 opportunities, when staff administered a rectal suppository without lubricant, withheld a prescribed medication, and additionally when staff documented a medication was administered when it was withheld; causing a 12% medication error rate. The facility census was 54.Review of the facility's Medication Administration Policy dated April 2019, showed:-Medications are administered in a safe and timely manner;-Medications are administered in accordance with prescriber orders;-If a dosage is believed to be inappropriate or excessive, the person administering the medication will contact the prescriber or facility's medical director to discuss concerns. Review of the National Library of Medicine website, dated 2021, showed the administration of a rectal suppository should be completed by use of a gloved index finger, placing the lubricated suppository into the rectum for ease of placement. 1.Review of Resident #29's Physician Order Sheet (POS) dated 03/05/2026, showed Bisacodyl suppository 10mg, one suppository rectally on Mondays and Thursdays weekly for constipation. Observation and interview on 03/05/2026 at 12:50P.M., showed Certified Medication Technician (CMT) A administered a suppository in resident's rectum. The resident moaned and moved away from CMT A as he/she was administering the suppository. CMT A said she should have used lubricant prior to inserting the suppository. During an interview on 03/06/2026 at 11:40A.M., the Director of Nursing (DON) said that lubrication is necessary for suppository administration. 2.Review of Resident #30's POS dated 03/05/2026, showed:-Administer Amlodipine (a medication used for the treatment of high blood pressure) 2.5mg by mouth daily;-Hold Amlodipine if blood pressure is less than 90/60;-Administer Med Pass nutritional supplement (a physician prescribed nutritional supplement) 120cc twice daily. Review of the resident's Medication Administration Record dated 03/05/2026, showed:- Med Pass nutritional supplement documented as administered by CMT B with morning medications;- Resident's blood pressure was 135/73 and pulse was 52;-CMT B held Amlodipine 2.5 mg on 03/05/2026 and documented the reason as resident's pulse was under 60. During an observation on 03/06/2026 at 8:49A.M.,-CMT B did not administer Med Pass nutritional supplement to the resident but should have.-He/she was given water to take with medications;-He/she drank all water provided. During an interview on 03/06/2026 at 12:20P.M., CMT B said:-All medications that are withheld should be documented as held;-He/she is not allowed to hold a medication without a physician order;-He/she does not notify nurse when he/she holds medications per ordered parameters. During an interview on 03/06/2026 at 10:45A.M., LPN A said:-CMTs should notify the nurse for the resident when medications are withheld;-He/She is responsible for contacting prescriber for additional parameters needed on medications. During an interview on 03/06/2026 at 11:40P.M., the DON stated:-Medication should have been administered to Resident #30 as the resident's blood pressure was within parameters;-CMTs are not allowed to hold a medication without an order from the physician.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure that all drugs and biologicals used in the facility were labeled in accordance with professional standards, including expiration dates, for 10 sampled residents (Residents #1, #3, #6, #8, #29, #33, #48, #52, #53, and #56) when the facility had six opened multi-use medications that were not labeled with the open date, six opened multi-use medications with open date over 28 days prior to observation date and one large, opened, undated syringe of topical medication without a medication or resident label. The facility census was 54. Review of the facility's Medication Storage policy dated 02/01/2024, showed:-No discontinued, outdated or deteriorated drugs may be retained for use;-All outdated or discontinued drugs must be returned to the issuing Pharmacy to be destroyed in accordance with established guidelines;-Medications must be stored in the container in which they were received;-No instruction on dating medications or biologicals when opening. Observation of medication cart for 300/400 hall on 03/03/2026 at 10:15A.M., showed:-Resident #1 had a large, personal bottle of Fiber lax opened on 09/22/2025, this should have been disposed on 10/20/2025;-Resident #3's Novolog insulin pen open with no open date;-Resident #6's artificial tears opened 09/05/2025, this should have been disposed on 10/03/2025;-Resident #8's artificial tears opened 11/2025, this should have been disposed on 11/29/2025;-Resident #29's artificial tears open with no open date;-Resident #33's open artificial tears, open Flonase nasal spray and open viscous lidocaine with no open dates;-Resident #48's open Flonase nasal spray with no open date;-Resident #52's artificial tears opened 03/01/2025, this should have been disposed on 03/29/2025;-Resident #53's artificial tears opened 01/28/2026, this should have been disposed on 02/25/2026;-Resident #56's open artificial tears with no open date. During an interview on 03/03/2026 at 10:30A.M., CMT B stated:-Multi-use medications are to be labeled with the date the medication was opened;-There is no scheduled cleaning or clearing out of medication carts; -He/she disposes of expired medications as he/she comes across them by throwing medications such as eye drops into the trash and there is a waste bin in the medication room for pills. During an interview on 03/06/2026 at 11:40A.M, the DON stated:-Multi-use medications should be dated when initially opened;-Expired and outdated medications should not be on medication cart or administered to residents;-Eye drops are good for use for 90 days after opening.

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	265742	A. Building B. Wing	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakridge of Plattsburg	205 E Clay Ave Plattsburg, MO 64477

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, when the facility failed to ensure staff wore enhanced barrier precautions (EBP surgical gown and gloves) while providing direct care to residents with wounds and/or indwelling medical devices for two residents, (Resident #9 and Resident #25) and when the staff failed to use an alcohol wipe to clean a insulin bottle and allow an the injection site to dry for (Resident #3), and additionally when the facility failed to ensure all staff members had tuberculin skin testing (TB), a test performed to determine if a person has been exposed to tuberculosis, performed before beginning employment this had the potential to affect all residents in the facility. The facility census was 55. Review of the facilities Enhanced Barrier Precautions policy, dated 3/5/26, showed:- Enhanced barrier precautions will be implemented for resident's who have wounds or indwelling medical devices;- Staff must wear a gown and gloves during high-contact care activities including: dressing or bathing, transferring, toileting assistance, and wound care. Review of facility policy, Tuberculosis (TB) Screening – Residents and Staff, revised 3/5/26, showed: - All employees must complete TB screening prior to employment including a TB skin test. - TB screening and testing results will be documented in the employee health file. Review of the facility's Insulin Administration Policy dated 2/1/2024, showed:-Wipe top of vial with alcohol wipe;-Cleanse injection site with alcohol;-Allow skin to dry. 1. Review of Resident #9's Quarterly Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 1/29/26, showed:- The resident was not cognitively intact;- The resident was dependent on staff for completing activities of daily living;- The resident had diagnoses of non-Alzheimer's dementia (a progressive brain disorder that affects personality, movement, and memory), anxiety, and depression. Review of the resident's care plan, dated 3/4/26, showed:- The resident required the use of EBP related to wounds;- The resident was at risk for pressure ulcers related to impaired mobility and incontinence; - The resident was not able to verbally communicate his/her needs. Observation on 03/04/2026 at 2:48 P.M. showed:- Certified Nursing Assistant (CNA) D and CNA E performed perineal care on the resident;- CNA D and CNA E did not put on a gown when providing perineal care for the resident;- No sign outside of the resident's door indicating the need for EBP. During an Interview on 03/04/2026 at 2:55 P.M. CNA D said:- The resident does not require EBP anymore;- The resident used to required EBP when he/she was receiving medication through an IV;- He/she knows when to wear EBP when there was a sign outside of the resident's room indicating that EBP is required. During an Interview on 03/06/2026 at 11:19 A.M. Certified Medication Technician (CMT) B said:- EBP should be worn when providing direct care for resident's with open wounds;- Signs indicating the need for EBP are posted outside of the resident's doors. During an Interview on 03/06/2026 at 11:20 A.M. CNA C said:- EBP should be worn when providing (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	direct care for resident's that had wounds;- Signage is posted outside of the resident's door if they require the use of EBP. During an Interview on 03/06/2026 at 11:40 P.M. the Infection Control Nurse said:- EBP should be worn when providing direct care for resident's that had wounds;- She forgot to post the sign outside of the resident's room indication that EBP needed to be worn. During an Interview on 03/06/2026 at 12:15 P.M. Licensed Practical Nurse A said:- EBP should be worn when providing direct care for resident's that had wounds;- Signs were posted outside of the resident's rooms that require EBP and gowns and gloves were kept near the resident's rooms for staff to utilize. 2. Review of Resident #25's Quarterly Minimum Data Set (MDS) a federally required assessment tool completed by facility staff, dated 1/2/26, showed:- The resident was cognitively intact;- The resident had an indwelling urinary catheter (a flexible tube inserted through the urethra into the bladder to drain urine into a collection bag);- The resident had diagnosis of retention of urine, urinary tract infection, and constipation. Review of the resident's care plan, dated 1/13/26, showed:- The resident required use of enhanced barrier precautions (EBP, staff are required to wear a surgical gown and gloves while providing direct care to residents with wounds and/or indwelling medical devices) due to indwelling urinary catheter;- The resident was dependent on staff for catheter care and bowel incontinent care. Review of the resident's prescription order, dated 2/9/26, showed the resident had an order for Augmentin (an antibiotic used to treat urinary tract infections) 875-125mg twice a day from 2/9/26 to 2/16/26. Observation on 03/05/2026 at 9:07 A.M. showed:- Certified Nursing Assistant (CNA) B entered the resident's room to empty the resident's catheter drainage bag;- CNA B did not put a gown on;- CNA B used a graduate (a container used to measure volume of liquid) as a container to drain the urine in from the resident's catheter drainage bag;- CNA B set the graduate on the floor without using a barrier between the floor and the graduate such as a paper towel;- CNA B drained the urine from the catheter drainage bag and secured the catheter drainage tube into the catheter drainage tube holder without cleaning the tube with an alcohol sponge or swab. During an Interview on 03/05/2026 at 9:30 A.M. CNA B said:- He/she should have worn EBP when emptying the resident's catheter drainage bag;- He/she should have put a paper towel on the floor to act as a barrier between the graduate and the floor when emptying the resident's catheter drainage bag;- He/she was not sure if the catheter drainage tube should have been cleaned after emptying the catheter bag. During an Interview on 03/06/2026 at 11:19 AM Certified Medication Technician B said:- EBP should be worn when providing direct care to resident's with catheters;- Barrier should be placed on the floor between the graduate and the floor when emptying a urinary catheter drainage bag;- Catheter drainage tubing should be cleaned off with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 11:20 A.M. CNA C said: - EBP should be worn when emptying a catheter drainage bag;- A barrier should be placed on the floor between the graduate and the floor when emptying a urinary catheter drainage bag;- Catheter drainage tubing should be cleaned off with (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 11:40 P.M. the Infection Control Nurse said:- A barrier should be placed on the floor between the graduate and the floor when emptying a urinary catheter drainage bag;- EBP should be worn when providing direct care to resident's with a urinary catheter;- Catheter drainage tubing should be cleaned off with an alcohol wipe after emptying the catheter drainage bag. During an Interview on 03/06/2026 at 12:15 P.M. Licensed Practical Nurse A said:- EBP should be worn when providing direct care to resident's with a catheter;- Catheter drainage tubing should be cleaned with an alcohol wipe after emptying the catheter drainage bag. During and Interview on 03/06/2026 at 12:29 P.M. the Director of Nursing said:- EBP should be worn when providing direct care to resident's with a catheter;- A barrier should be placed on the floor, such as a paper towel, between the graduate and the floor when emptying a catheter drainage bag;- Catheter drainage tubing should be cleaned with an alcohol wipe after emptying the catheter drainage bag. 3.Review of Resident #3's Comprehensive MDS assessment dated [DATE], showed:-No cognitive impairment;-Indwelling catheter;-Dependent on staff for personal and toileting hygiene;-Diagnoses of wound infection, urinary tract infection, and diabetes. Review of the care plan dated 03/02/2026, showed:-Stage three wounds to right and left buttocks;-Resident at risk for complications related to diabetes mellitus;-Required enhanced barrier precautions (EBP) related to catheter and wounds. Observation of insulin administration on 03/06/2026 at 8:20A.M., showed CMT A:-Entered the resident's room, washed his/her hands and applied gloves, touched computer, mouse, several drawer handles on medication cart;-Wiped rubber seal of multi-use insulin pen with alcohol wipe;-Turned insulin pen dose knob to two units and engaged pen, causing droplets of insulin to expel onto rubber seal;-Applied disposable, single-use needle to insulin pen;-Wiped resident's left upper arm with alcohol pad;-Fanned resident's arm with his/her hand;-Administered insulin, disposed of needle;-Removed gloves;-Capped insulin pen, placed back into medication cart. During an interview on 03/06/2026 at 8:25A.M., CMT A said:-He/She was not sure if wiping rubber seal was correct procedure;-He/She should not have fanned arm after cleansing. During an interview on 3/06/2026 at 11:40A.M., the DON said:-Each time an insulin pen is used, rubber seal should be cleaned with an alcohol wipe;-A needle needs to applied prior to priming insulin pen;-Should not fan skin with hand after cleansing skin with alcohol pad;-Insulin administration requires staff to wear gown and gloves with resident's that require EBP. 4.Review of employee health files, showed:- LPN (A) had a date of hire of 3/3/25, had his/her first step TB test administered on 8/18/25 which was read on 8/20/25 and was negative (5 months and 17 days after his/her date of hire);- Dietary Aide (A) had a date of hire of 5/28/25, had his/her first step TB test administered on 8/11/25 which was read on 8/13/25 and was negative (2 months and 14 days after his/her date of hire); During an interview on 3/5/26 at 10:10 A.M., the HR director said she schedules the initial test for new hires to get the process going and she and the Director of Nursing (DON) manage the program to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	get the second test done. The facility policy requires new hires to have their first TB test completed before coming into contact with residents. The first week is orientation for new hires which takes place before they interact with residents. During an interview on 3/5/25 at 11:25 A.M., the DON said TB tests are required for all employees prior to starting employment at the facility.

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on record review and interview, the facility failed to maintain a system to ensure the resident trust fund account was managed in accordance with proper accounting principles by not maintaining an accurate accounting of all monies held in the resident trust fund account and by not reconciling each month. The facility managed funds for 5 residents. The facility census was 54.Review of facility policy, Resident Trust Fund Account Management, revised 3/5/26, showed: - The facility will maintain accurate accounting, protect resident funds from misappropriation, and ensure residents maintain control over their personal finances.- Resident funds will be maintained separate from facility operating funds. The total balance of resident ledgers must equal the resident trust account bank balance. Record review of the facility maintained attempted reconciliation forms, for the period 2/1/25 - 1/31/26, showed the attempted reconciliations did not reconcile to the residents' current balance at the time of reconciliation. The amount of $8,559.84 was carried forward each month.During an interview on 3/5/26, at 9:30 A.M., the Business Office Manager said the $8,559.84 was carried as far back as 12 years and it has always been that way since she took the position and she just kept balancing knowing there was an extra amount in the account. During an interview on 3/5/26 at 1:15 P.M., the Administrator said he expects that the resident trust account is reconciled monthly to those (5) residents who actively have funds in this account.