STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285160	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph's Rehabilitation and Care Center	401 North 18th Street Norfolk, NE 68701

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11 (E)Based on observation, record review, and interview; the facility failed to ensure food safety through safe food holding temperatures and evidence of dishwasher temperature checks for adequate sanitation. This practice had the potential to affect all residents. The facility census was 62. Findings are:A.Review of the facility policy Dishwasher Temperature Policy revised 8/18 revealed the following:-High Temperature Dishwashers (Heat Sanitization) machines relied on extreme heat rather than chemicals to kill pathogens.-Wash cycle was to reach between 150 degrees and 165 degrees,-Dual temperature machine final rinse cycle was to reach a temperature of at least 180 degrees to ensure the dishes themselves reach the 160 degrees.-The facility must maintain a daily temperature/chemical log (often three times a day) signed by staff to prove compliance.-Staff must use test strips or maximum registering thermometers to verify that dish surfaces actually hit required temperatures.-All items must be air-dried, towel-drying is prohibited as it can reintroduce bacteria.Review of the February 2026 Dishwasher Temperature Log revealed staff were to document the dishwasher temperatures with each meal. Dishwasher temperatures were to be between 150 degrees and 165 degrees and the rinse cycle was to be 180 degrees. If the temperatures were below the manufacturers' recommendation, the staff were to stop using the machine until the temperatures reached the required range. If the desired temperatures were not reached, then staff were to notify the maintenance department or the manufacturer. Further review revealed the staff failed to document dishwasher temperatures at the breakfast meal on 2/7, 2/8, 2/9, 2/10, 2/12, 2/13, 2/14, 2/16, 2/18, 2/20, 2/27 and on 2/28 (12 out of 28 days).The staff failed to document dishwasher temperatures for the noon meal on 2/3, 2/4, 2/6 to 2/12, 2/16, 2/18 to 2/20, 2/22, to 2/24, and 2/26 to 2/28 (20 out of 28 days).No dishwasher temperatures were documented for the evening meal on 2/1-2/4, 2/6-2/9, 2/11, 2/12, 2/14, 2/17-2/22, and 2/25-2/28 (21 out of 28 days).Further review revealed dishwasher temperatures were out of range at the breakfast meal on 2/3-2/5, 2/19, 2/21, 2/22 and 2/23; at the noon meal on 2/21; and at the evening meal on 2/5, 2/13, 2/23 and on 2/24. An observation on 2/25/26 at 7:35 AM revealed the Certified Dietary Manager (CDM-M) placed dishes in the dishwasher and started the dishwasher. The water temperature during the wash cycle was 158 degrees and the rinse cycle temperature reached 186 degrees. An observation on 2/26/26 at 1:45 PM revealed the CDM-M placed dishes in the dishwasher, and the dishwasher was started. The water temperature during the wash cycle was 154 degrees and the rinse cycle temperature reached 186 degrees. An interview with CDM-M on 2/26/26 at 2:00 PM confirmed that the dishwasher was a high temperature dishwasher, the wash cycle was to reach a temperature between 150 degrees and 165 degrees, the rinse cycle was to reach a temperature of at least 180 degrees. A representative from the company that maintained and serviced the dishwasher was in the facility on the evening of the 24th due to water temperatures being out of range. The facility was unable to provide a report of services provided to the dishwasher on the evening of the 24th. CDM-M confirmed that the dishwasher temperatures for the month of February 2026 were not being completed and logged after each meal and there were water temperatures logged that were not at the correct temperature range. There was no evidence that staff notified maintenance or the (continued on next page)

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dishwasher Manufacturer when the temperatures were out of range until 2/24/26. B.Review of the facility policy Checking Food Temperatures revised 8/18 revealed the following:-Meals would be served at the appropriate temperatures to ensure food safety and to prevent cross contamination.-Hot foods would be held at or above 135 degrees.-Cold foods would be held at or below 41 degrees.-Food temperatures should be taken periodically to ensure hot foods stay above 135 degrees and cold foods stay below 41 degrees during the portioning, transporting and serving process until received by the customer. An observation on 2/26/26 at 1:40 PM revealed the following observations:-Chicken Fried Chicken temperature was 116.1 degrees. An interview on 2/26/26 at 1:40 PM with Cook-L confirmed that the chicken fried chicken would have been delivered to the resident with the food being served at incorrect temperatures, the food would have been served cold. An interview with CDM-M on 2/26/26 at 2:00 PM confirmed that the chicken on the meal tray at 1:40 PM would have been served at temperatures that were not palatable.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Licensure Reference Number 175 NAC 1-005.06CBased on record review and interview; the facility failed to have evidence of an active Antibiotic Stewardship Program this had the potential to effect all residents. The facility census was 62. Findings are:Review of the facility policy Antibiotic Stewardship with a revision date of 1/2022 revealed the facility implemented an Antibiotic Stewardship Program that was incorporated in the overall infection Prevention and Control Program which promoted appropriate use of antibiotics while optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. The policy had the potential to limit antibiotic resistance in the post-acute care setting, while improving treatment efficacy and resident safety, and reducing treatment-related costs. Nursing home ASP activities at a minimum, included the basic elements of leadership, accountability, drug expertise, and actions to implement recommended policies or practices, tracking measures, reporting data, education of clinicians, staff, residents, and families about antibiotic resistance and opportunities for improvement. This included monitoring antibiotic use and assessing residents for infections using McGreer's criteria (standardized definitions used for infection surveillance in long-term care to consistently identify infections and ensure accurate reporting and determining true infections). Feedback was provided to physicians on their prescribing patterns of cultures ordered and antibiotics prescribed. Review of the facility Infection Surveillance from January 2025 through February 2026 revealed no evidence the facility had identified culture information for infections treated with antibiotics and/or any criteria to determine if antibiotics were being prescribed in accordance with the facility ASP. During an interview 3/3/26 from 11:09 AM through 11:17 AM the facility Infection Preventionist confirmed the facility had not used any criteria or tracking of/or determination of offending organisms to determine if the antibiotics ordered were meeting prescribing standards outlined through an ASP. In addition, the facility had not provided information to prescribing providers as to whether or not the antibiotics ordered had met the criteria of the ASP.

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Licensure Reference Number 175 NAC 12-006.06B Based on record review and interviews; the facility failed to address repeat grievances, and to ensure sustainable resolutions of concerns related to long call light response times and cold food temperatures. The total sample size was 26 and the facility census was 62. Findings are:Review of the Resident and Family Concerns/Grievances Policy with a revision date of 11/2019 revealed it was the policy of the facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Explanation and Compliance Guidelines:-Social Service Director (SSD), was designated as the grievance official.-The grievance official was responsible for overseeing the grievance process and receiving and tracking grievances through to their conclusion. -A resident or family member could voice a grievance with respect to care and treatment which was furnished as well as that which had not been furnished, the behavior of staff and other residents, and other concerns regarding the facility. -Information on how to file a grievance or concern was to be furnished to the resident and was to include: the contact information of the grievance official with whom a grievance can be filed; the time frame that a resident could expect completion of the review of a grievance and a written decision regarding their grievance. Procedure:-The staff receiving a grievance was to record the nature and the specifics of the grievance on the designated grievance form or assist with completion of form. -Take any immediate action needed to prevent further potential violations of any resident rights.-Report allegations involving neglect, abuse, injuries of unknown origin, and/or misappropriation of resident property immediately to the Director of Nursing (DON), or designee.-Forward the form to the grievance official as soon as possible. -The grievance official to take steps to resolve the grievance and record information about the grievance and those actions on the grievance form. -Steps to resolve the grievance may involve forwarding the grievance to the appropriate department head for follow up. -All staff involved in the investigation or resolution were to make prompt efforts to resolve the grievance and return the grievance form to the grievance official.-In accordance with the resident's rights, right to obtain a written decision regarding his or her grievance, the grievance official will issue a written decision regarding their decision at the end of the investigation. Review of the facility Grievances from 1/16/25 to 12/1/25 revealed the facility received 13 grievances involving call light response times and 8 grievances related to cold food temperatures. There was no evidence that the facility had implemented corrective actions or sustained resolutions to the grievances to prevent repeated concerns from occurring. Review of Resident Council Meeting minutes from 2/5/25 to 2/6/26 revealed the following concerns: -2/5/25 the residents voiced concerns regarding call light response times.-3/5/25 the residents indicated the call lights were still taking a long time to be answered. 4/2/25 the residents voiced complaints of long call light response times in the evenings.-5/5/25 the residents complained of call light response times in the morning.-7/11/25 the residents agreed call lights continued to be long at times. -8/8/25 concerns by residents related to long call lights in the early mornings and in the evenings.-9/15/25 continued concerns related to call light response times in the early mornings and in the evenings. -10/3/25 call lights in the evenings and the early mornings remained long but did show improvement.-11/14/25 concerns voiced about cold food temperatures. -12/12/25 continue to work on cold food temperatures. -1/2/26 concerns regarding the amount of time it was taking to get food delivered at meals and of continued cold food. -2/6/26 continue to voice concerns about cold food and the amount of time to it was taking to serve the meals. On 3/3/2026 at 11:16 AM, a Resident Council meeting was conducted with Residents 23, 32, 36, 42 and 51 and the following concerns were identified:-The residents had filed grievances related to long call light response times and to cold food temperatures.-The residents were told the staff would look into their concerns but no further interventions were identified to address their concerns. -The staff continue to ask about cold food temperatures and call light response times every month at the Resident Council meetings, but the residents continued to have the same concerns (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	which remained unresolved. During an interview on 3/3/2026 at 12:40 PM, with the Administrator, the Director of Nursing (DON), and the Registered Nurse Consultant the following was confirmed:-The facility was aware of ongoing concerns from the Resident Council and from facility grievances related to call light response times and food temperatures.-Grievances were to be addressed by the department heads and then the grievances were to be given to the administrator for review. Each grievance was to have a documented resolution and in addition, the staff were to document a follow up with the resident to ensure continued resolution of the concerns.-Review of the Resident Council meeting minutes and the grievances revealed the staff failed to ensure a resolution and a follow up of the resolutions were documented. -The facility was able to print a report with the call light response times, but the facility had failed to review response times despite continued complaints of long call lights.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Licensure Reference Number 175 NAC 12-006.09(J)(i)Based on observation, interview and record review; the facility failed to ensure food was served at palatable (pleasant to taste) temperatures. The total sample size was 26 and the facility census was 62. Findings are:Review of the facility policy Checking Food Temperatures revised 8/18 revealed the following:-Meals would be served at the appropriate temperatures to ensure food safety and to prevent cross contamination.-Hot foods would be held at or above 135 degrees.-Cold foods would be held at or below 41 degrees.-Food temperatures should be taken periodically to ensure hot foods stay above 135 degrees and cold foods stay below 41 degrees during the portioning, transporting and serving process until received by the customer. Review of the Food Temperature Log revealed the following:-Poultry was to be cooked to 165 degrees.-Seafood, Eggs, Beef and Pork was to be cooked to 145 degrees.-Holding temperature of food was 135 degrees.An observation on 2/26/26 from 11:45 AM to 1:40 PM revealed the following observations:-12:40 PM Dietary Manager (DM-K) grilled 4 hamburger patties and 3 hotdogs. Temperature of the hamburgers and hot dogs were not checked when removed from the grill.-12:50 PM Hotdogs and hamburgers were placed in a metal container and placed on the steam table. 1 hamburger and 1 hot dog was served for noon meal.-12:50 PM DM-K Heated cold chicken noodle soup in the microwave and served bowl of soup directly after removed from the microwave (did not check the temperature of the soup).-1:40 PM Temperature of food on meal tray to be served revealed the following:-Chicken Fried Chicken temperature was 116.1 degrees.-Mashed Potatoes temperature was 112.0 degrees.-Brussel Sprouts/Squash temperature was 109.0 degrees. An interview on 2/26/26 at 1:40 PM with Cook-L confirmed that the meal tray would have been delivered to the resident with food being served at incorrect temperatures, the food would have been served cold. An interview with Certified Dietary Manager-M on 2/26/26 at 2:00 PM confirmed that the chicken, potatoes and vegetables on the meal tray at 1:40 PM would have been served at temperatures that were not palatable. Temperature of foods were to be checked after foods were cooked to determine foods were at proper temperatures - poultry was to be cooked to 165 degrees, beef and pork were to be cooked to 145 degrees. The chicken noodle soup, hamburgers and hot dogs temperature were not checked to make sure the temperatures were at or above the minimum cooking temperatures.

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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. Licensure Reference Number 175 NAC 006.18(B)(D)Based on observations, interviews and record review; the facility failed to perform hand hygiene at appropriate intervals during the provision of care and medication provision, failed to ensure proper use of Personal Protective Equipment (PPE-equipment such as gowns and gloves used by health care workers to minimize exposure to potential hazards including infectious materials, blood-borne pathogens and/or hazardous substances to create a barrier to reduce transmission between patients/residents) for Residents 2, 9, 39, and 41, and failed to implement Enhanced Barrier Precaution (EBP-targeted use of PPE during high-contact care provision for those resident identified as being at high risk for acquiring or transmitting Multi-Drug-Resistant Organisms (MDRO's-bacteria or germs resistant to major classes of antibiotic (often known as super-bugs) to staff's hands and clothing then indirectly transferring the MDRO from resident to resident) during the care of Resident 3. The sample size was 26 and the facility census was 62. Findings are: A. Review of the facility policy Infection Control with a revision date of 12/2025 revealed the facility had a facility-wide effort involving all disciplines and QAPI Quality Assurance Performance Improvement (QAPI) involvement. The program consisted of coordination/surveillance, data analysis, education, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. The program was carried out by the facility Infection Preventionist (IP). The facility provided the necessary supplies, education, and oversight to ensure healthcare workers performed hand hygiene based on accepted standards. The goal was to decrease infection risk, recognize infection control patterns while providing care, ensuring compliance with regulations, and promoting resident's rights and well-being all while trying to prevent the spread of infection. B. Review of the facility policy Standard and Transmission Based Precautions with a revision date of 12/2025 revealed the facility implemented infection control measures to prevent the spread of communicable diseases and conditions. The facility individualized decisions regarding resident placement, balancing infection risk, likelihood of infection transmission, and the potential for adverse psychological impact on the infected resident. EBP was the expanded use of PPE during high contact resident care activities that provided opportunities for indirect transfer of MDRO's to staff hands and clothing then indirectly transferring the MDRO from resident to resident. Residents with wounds and or indwelling medical devices were at an especially high risk of acquiring or transmitting the MDRO's. -The use of gown and gloves for high-contact resident care activities was indicated when more stringent measures did not apply. This included residents with wounds or indwelling medical device/s. -Examples of high-contact resident care included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs and/or toileting, device care, and wound care. C. Review of the undated facility policy Handwashing revealed the stated purpose was for good hygiene, infection control, and promotion of a healthy environment. The facility staff washed or sanitized with hand sanitizer before and after each glove use and between all glove changes. D. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 3's Care Plan with a revision date of 2/12/26 revealed the resident had impaired cognitive function related to Alzheimer's Disease. The resident had a deficit in self-care and required the assistance of 1 staff member for bathing, dressing, transfers, toilet use, hygiene needs, and bed mobility. The resident used a wheelchair for mobility. In addition, the resident was incontinent of bladder, had impaired skin integrity, and fragile skin. Further review revealed no evidence the resident was on EBP's. Review of Resident 3's Progress Notes dated 2/24/26 at 1:49 PM revealed that the resident had a Stage 3 Pressure Ulcer (wound/ulcer involving full thickness skin loss that extends through the dermis and fat layer) to the resident's coccyx (tail-bone area) which had healed. During an interview on 2/26/26 at 9:50 AM with Nurse Aid (NA)-I revealed having worked in the facility for around 9 months. NA-I had no knowledge of Resident 3 ever being on EBP. In addition, NA-I confirmed being aware the resident had a recently healed pressure ulcer. During an interview on 2/26/26 at 9:52 AM NA-F reported working in the facility for a little less than 2 months. NA-F had no knowledge of Resident 3 having ever been on EBP. During an interview on 3/3/26 from 11:09 AM through 11:17 AM the Infection Preventionist (IP) confirmed EBP's should be in place for all residents with open wounds, catheters, indwelling medical devices and for all residents with an active and/or a history of infection with a MDRO. In addition, the IP confirmed Resident 3 required EBP due to the presence of a pressure ulcer prior to the ulcer healing, however, was unsure if EBP had been implemented for Resident 3. Further interview on 3/4/26 at 4:00 PM the IP confirmed Resident's 3 Care Plan did not indicate the resident was on EBP during the course of treatment of the pressure ulcer. E. Review of Resident 39's Care Plan revealed the resident had a diagnosis of Extended Spectrum Beta Lactamase Resistance (ESBL-an MRDO). The resident had a self-care deficit that required the assistance of 1-2 staff members for toilet use/hygiene, transfers, bed mobility, bathing, and dressing. In addition, Resident 39 required some set-up assistance with oral hygiene. During an interview on 2/26/26 at 8:00 AM NA-I confirmed being aware Resident 39 was on EBP's and reported receiving training in the implementation of EBP. During an observation of care provision for Resident 39 on 2/26/26 at 8:10 AM NA's (G and I) donned gowns and gloves and entered the resident room to assist the resident to get up for the day. While lying in bed the resident's brief was changed, and perineal care was provided. NA-I then removed and discarded the gloves, did not perform hand hygiene, gathered supplies (clothing, comb, washcloth and items for oral cares) all while not wearing gloves. NA-I then put on the resident's socks and assisted the resident from lying to sitting while not wearing gloves. After assisting the resident to sit on the edge of the bed, NA-I then put on clean gloves without performing any hand hygiene and assisted the resident to dress. Again NA-I removed the gloves, did not perform hand hygiene and set the resident up for oral care. NA-I then placed a gait belt on the resident and provided assist to stand and transfer while not wearing gloves. During an interview on 3/3/26 from 11:09 AM through 11:17 AM the IP confirmed the following:-Hand (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	hygiene needed to be completed each time disposable gloves are removed. -Enhanced Barrier Precautions were to be in place for all residents with open wounds, catheters, indwelling medical devices and for all residents with active and a history of infection with an MDRO.-Gloves should be worn during the care of a resident on EBP during high contact care such as transfers and assisting with dressing and hygiene needs. F. Review of Resident 2's Care Plan with a revision date of 2/4/26 revealed the resident had a self-care deficit, was severely obese, had limited mobility and required assistance with toilet use and toilet hygiene, bathing, bed mobility, hygiene, dressing, and transfers. There was no evidence the resident had any conditions, devices, or diagnoses that indicated the implementation of EBP were needed. Review of a facility list for Enhanced Barrier Precautions revealed no evidence Resident 2 was on EBP's. During an observation of the provision of care for Resident 2 on 2/26/26 at 8:35 AM NA-I entered Resident 2's side of the shared room and removed the gloves worn while caring for Resident 39 (who was on EBP) but did not remove the gown, completed hand hygiene and put on clean gloves. NA-I then awakened Resident 2 and assisted the resident to a sitting position, applied a gait belt and walked with the resident to the bathroom about 10 feet using a wheeled walker. NA-I removed the resident's wet incontinence brief and assisted the resident to sit. NA-I then removed the gloves and performed hand hygiene, and then without putting on gloves assisted the resident to dress. During the entire care provision NA-I continued to wear the same gown worn while caring for Resident 39. During an interview on 3/3/26 from 11:09 through 11:17 AM the IP confirmed the following: -When one resident in a room is on EBP and the roommate is not, staff should not wear a gown used for the resident on EBP for the Resident who was not on EBP. G. During an observation of Medication Administration on 3/2/25 between 7:45 AM and 9:30 AM the following was observed. -Medication Aide (MA)-Q entered a resident room and provided oral medications to the resident, then applied a gait belt to the resident and assisted the resident to transfer from the bedside to a recliner, exited the room, did not complete hand hygiene, returned to the medication cart and without completing hand hygiene opened the cart and prepared medication for another resident. -Licensed Practical Nurse (LPN)-S obtained insulin pens and a blood glucose monitor from the medication cart, prepared the medications for administration, and the Blood Glucose Meter (BGM) for testing, placed both insulin pens and the BGM on the resident's roommate over the bed table without cleaning the surface or placing a clean barrier and performed to test the resident's blood glucose, and administered the insulin. Then without cleaning any of the items, LPN-S exited the room without performing hand hygiene and returned both pens and the blood glucose monitor to the medication cart. During an interview on 3/3/26 between 11:09 and 11:17 AM the IP confirmed that-during the provision of medications staff should complete hand hygiene after providing hands on care to residents and when using equipment such as Blood Glucose Meters and insulin pens. Further interview confirmed staff needed to create a clean barrier prior to setting insulin pens and/or BGM down in residents room to assure they were clean when returned to the medication cart. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	H. Review of Resident 9's Care Plan with a revision date of 10/07/25 revealed the resident had a self-care deficit and required the assistance of one staff member for toilet use, transfers, bathing, bed-mobility, dressing and hygiene needs. The resident used a wheelchair for mobility. Review of Resident 9's Medication Administration Record dated February 2026 revealed an order for EBP required for high resident contact care activities due to dialysis port to right chest. During an interview on 2/26/26 at 11:10 AM NA-G revealed having worked in the facility for over 20 years. NA-G had no knowledge of Resident 9 being on EBP. During an interview on 2/26/26 at 11:10 AM NA-F reported worked in the facility for less than 2 months. NA-F had no knowledge of Resident 9 being on EBP. During an observation of care provision for Resident 9 on 2/26/26 at 11:10 AM there was not an EBP sign on Resident 9's door or PPE for Resident 9's room. The Director of Nursing (DON) confirmed that Resident 9 was in EBP due to dialysis port. Licensed Practical Nurse (LPN)-E, NA-G and NA-F confirmed that Resident 9's toileting cares and skin treatments would have been completed without the use of PPE due to staff being unaware that resident was in EBP and no EBP sign or PPE on Resident 9's door. An interview with the facility IP on 3/3/26 at 11:20 AM confirmed that Resident 9 was in EBP related to a dialysis port and Resident 9's Care Plan did not indicate the resident was on EBP. I. Review of Resident 41's Care Plan with a revision date of 2/25/26 revealed the resident had a self-care deficit and was dependent on staff for toileting cares, transfers, bed-mobility, bathing and dressing. The resident required one assist with personal hygiene. Resident 41 had an indwelling catheter and had an intervention to use EBP with high contact cares and catheter cares. An interview on 2/25/26 at 8:45 AM with the DON confirmed that Resident 41 was in EBP related to having a catheter. During an observation of care provision on 2/26/26 at 8:06 AM NA-I pivot transferred Resident 41 from the bed to the wheelchair, NA-I did not have a gown or gloves on. An interview with the DON on 2/26/26 at 8:10 AM confirmed that staff were to wear gowns and gloves when transferring the resident from the bed to the wheelchair. An interview on 2/26/26 at 8:15 AM with NA-I revealed having worked in the facility for approximately 9 months. NA-I confirmed that Resident 41 was in EBP and staff were to wear gowns and gloves when doing high contact cares as listed on the sign on the resident's door. NA-I confirmed that when transferring Resident 41 no gown or gloves were worn.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(B)Based on interview and record review; the facility failed to ensure the Minimum Data Sets (MDS-federally mandated assessment used to develop resident care plans) were coded accurately regarding Resident 8's Preadmission Screening and Resident Review (PASRR-federally mandated screening completed prior to Nursing Facility admission, to determine if residents had Major Mental Illness (MMI), Intellectual Disability (ID) or a Related Disorder (RD) to determine appropriate placement or the need for special services) and Resident 2's Major Mental Illness Diagnoses. The sample size was 30 and the facility census was 62. Findings are:A.Review of the Resident Assessment Instrument (RAI-manual for accurate completion of MDS assessments) Section A. revealed PASRR review identifies that all individuals admitted to nursing facilities and who have or are suspected to have Major Mental Illness (MMI), Intellectual Disability (ID) or Related Disorders (RD) may require certain care and services provided by the nursing facility and/or specialized services provided by the State. Further review revealed Section I was intended to code diseases that had a direct relationship to the resident's current functional status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. B.Review of Resident 8's PASRR level 2 screen dated 11/26/25 revealed the resident had a Major Mental Illness. Review of Resident 8's MDS dated [DATE] indicated the resident had not been determined by the state PASRR level 2 process to have a serious mental illness, intellectual disability or related disorder. During an interview on 3/2/25 at 2:35 PM Registered Nurse (RN)-B confirmed Resident 8's MDS dated [DATE] was not accurately coded to reflect that Resident 8 had been determined by a level 2 PASRR screen to have a Major Mental Illness. C.Review of Resident 2's MDS dated [DATE] revealed diagnoses including Depression, Anxiety Disorder, and a Psychotic disorder.Review of Resident 2's Care Plan dated 2/4/26 revealed mental health diagnoses including Major Depressive Disorder, Anxiety Disorder, Hallucinations, and Mood (affective) Disorder but no diagnoses of a Psychotic Disorder. During an interview on 3/2/25 at 2:35 PM, RN-B confirmed Resident 2's MDS completed on 12/30/25 was not coded accurately to reflect diagnoses directly related to the resident's current status and the resident did not have a diagnosis of a Psychotic Disorder.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(B)Licensure Reference Number 175 NAC 12-006.09(E) Based on interview and record review; the facility failed to ensure Resident 2's Preadmission Screening and Resident Review (PASRR-federally mandated screening completed prior to Nursing Facility admission, to determine if residents had Major Mental Illness (MMI), Intellectual Disability (ID) or a Related Disorder (RD) to determine appropriate placement or the need for special services) level 1 was completed accurately and failed to care plan Resident 25's PASRR results related to MMI. The sample size was 3 and the facility census was 62. Findings are:A.Review of the facility Policy for Resident Assessment, Preadmission Screening for MI/DD with a revision date of 4/2021 revealed the facility ensured each resident was properly screened using the PASRR specified by the State and the facility did not admit residents with MI or DD to ensure proper referral to appropriate agencies for the provision of specialized services, to ensure the care plan reflected any specialized services. B.Review of Resident 2's Minimum Data Set (MDS-federally mandated assessment used in the development of care plans) revealed the resident was admitted to the facility of 1/30/26 and the PASRR screen did not indicate the resident had a level 2 PASRR determination (level 2 screening conducted based on the level 1 screening and is completed for those residents determined to have a MMI, ID, or RD to establish appropriate placement and specialized services). The resident had diagnoses including Anxiety, Depression, and a Psychotic Disorder. Review of Resident 2's PASRR (level 1) dated 1/29/26 revealed that the resident had no signs of serious mental illness, intellectual disability, or a related disorder found during the level 1 screen. Further review revealed the screen indicated the resident had no known or suspected mental health diagnosis. Review of Resident 2's Care Plan dated 2/4/26 revealed diagnoses including Major Depressive Disorder, Generalized Anxiety Disorder, Unspecified Mood (affective) Disorder and Hallucinations. The resident had depression and anxiety that could affect activity participation and took psychotropic (drugs that affect a person's mental state) medications for treatment of the depression and anxiety. Mood and behavior were monitored, including monitoring for hallucination, delusions, and self-isolation. In addition, the care plan indicated the need for monitoring for adverse effects of psychotropic medication. During an interview on 3/2/26 at 2:45 PM Registered Nurse (RN)-B confirmed Resident 2's PASRR level 1 screen did not accurately contain the mental health diagnosis present to determine if a level 2 screening was needed. C.Review of Resident 8's MDS dated [DATE] revealed the resident was admitted to the facility on [DATE] and had diagnoses including Anxiety, Depression, and Schizophrenia. Review of Resident 8's PASSR dated 11/21/25 revealed the resident had signs of a serious mental illness, intellectual disability, and/or related disorder and Level 2 evaluation was to be completed. Further review revealed the level 2 evaluation determination (11/26/25) found the resident did have a serious mental illness, was appropriate for nursing facility services and did not currently require specialized services. In addition, the resident had a history of psychiatric hospitalization 3 times in the past and had seen psychiatry while at the nursing facility on a regular basis. The resident had a history of noncompliance with medications resulting in delusions and hallucinations. Review of Resident 8's Care Plan with a revision date of 12/18/25 revealed the resident had Schizophrenia, Bipolar Disorder, Anxiety, and Depression, however there was no evidence a Level 2 PASRR screen had been completed and no evidence the resident had been hospitalized 3 times in the past for treatment of the MMI. During an interview on 3/2/25 at 2:35 PM, RN-B confirmed Resident 8's Care Plan did not include Resident 8's PASRR level determination.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(i)(3)Based on observation, interview, and record review; the facility failed to provide routine hygiene (shaving) for Resident's 3, 10, and 14. The facility census was 62. Findings are:A. Review of the facility policy Activities of Daily Living (ADL)'s, Services to Carry Out with a revision date of 7/2021 revealed the facility provided treatment and services to attain and maintain the highest practicable physical, mental, and psychological well-being of each resident in accordance with the plan of care. If residents were unable to carry out ADL's, the necessary services to maintain good nutrition, grooming, mobility, and personal oral hygiene was provided by qualified staff. The residents' needs were outlined in the plan of care. B. Review of Resident 3's Minimum Data Set (MDS-federally mandated assessment used to develop resident care plans) dated 12/23/25 revealed the resident had severe cognitive impairment and staff completed all hygiene needs, dressing, transferring and provided substantial assistance with bed mobility. In addition, the resident was frequently incontinent of bladder. Review of Resident 3's Care Plan with a revision date of 3/2/26 revealed the resident had self-care deficits and required assistance of staff for personal and oral hygiene. There was no documented resident preference for frequency of shaving. Observations of Resident 3 from 2/26/26 through 3/3/26 revealed the following:-On 2/26/26 at 6:45 AM the resident was lying in bed and noted to be unshaven (facial and upper neck) with several days of beard growth.-On 2/26/26 at 9:18 AM the resident was assisted with morning care, with staff providing substantial assistance. The resident was dependent for changing an incontinence brief, perineal care, and dressing. Substantial assistance was provided for oral care and the resident was dependent for personal hygiene (face washing and applying deodorant). The resident was not shaved despite several days of beard growth. -On 2/26/26 at 2:40 PM the resident was sitting in a public area in a wheelchair and remained unshaven. -On 3/2/26 at 11:00 AM the resident was sitting in a wheelchair in the resident's room. The resident was not shaven, and the facial hair was substantially longer than when observed on 2/26/26.-On 3/3/26 at 2:50 PM The resident was lying in bed and continued to be unshaven. -On 3/3/26 at 6:54 AM the resident was sitting up in a wheelchair. Face was shaven, however the upper neck area remained unshaven. C. Review of Resident 10's MDS dated [DATE] revealed the resident was provided with set-up and/or supervision with personal hygiene. Review of Resident 10's Care Plan with a revision date of 11/20/25 revealed the resident needed assistance for personal and oral hygiene. There was no documented resident preference for frequency of shaving. Observations of Resident 10 from 2/25/26 through 3/3/26 revealed the following:-On 2/26/26 at 9:50 AM the resident was unshaven (face and neck).-On 2/27/26 at 12:30 AM the resident was sitting in (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the dining room and remained unshaven. -On 3/2/26 at 10:00 AM the resident was walking in the hallway with staff providing supervision. The resident was still unshaven and facial and neck hair were very long. -On 3/2/26 at 12:20 PM the resident was sitting in the dining room and ate independently. The resident continued to be unshaven. -On 3/2/26 at 3:00 PM the resident was sitting in a recliner in the resident's room and still was unshaven.-On 3/3/26 at 7:59 AM the resident was self-motivating using a wheelchair down a facility hallway and remained unshaven. During an interview on 3/2/26 at 11:10 AM Resident 10's daughter voiced a concern with lack of nursing staff sufficient to get things done timely. Further interview revealed Resident 10's electric razor cord had come up missing through multiple room changes, and a new cord was ordered by family, however family was unsure why the facility hadn't found an alternate way to ensure Resident 10 was being shaved. D. During an interview on 3/3/26 at 8:20 AM with Nurse Aide (NA)-I revealed never being informed that men needed to be shaven daily and/or was based on the plan of care. NA-I reported the residents were only shaved when they are bathed. During an interview on 3/3/26 at 9:25 AM the Director of Nursing (DON) confirmed residents should be shaved per their preference, which should be included in the plan of care. In addition, confirmed the shaving once weekly which was the average frequency of bathing in the facility, in most cases would not meet resident preference. E. Review of Resident 14's MDS dated [DATE] revealed the resident was admitted on [DATE]; had moderate cognitive impairment; had diagnoses of High Blood Pressure, Wound Infection, and Malnutrition; and required staff assistance with dressing, bathing, toileting, bed mobility and personal hygiene. Review of Resident 14's Care Plan (undated) revealed the resident was admitted on [DATE] with diagnoses of weakness and need for assistance with personal care; has impaired cognition; and required staff assistance with toileting, oral cares, personal hygiene, dressing, transfers and toileting. Observations of Resident 14 included the following: -On 2/26/26 at 7:35 AM the resident was lying in bed under the covers with several days of beard growth.; -On 2/26/26 at 8:30 AM the resident was in the dining room awaiting the breakfast meal and the resident was noted to not have been shaven with several days of beard growth visible.; -On 2/26/26 at 2:05 PM the resident was lying in bed with they eyes closed and continued to be unshaven.; -On 3/2/26 at 7:30 AM the resident was in the dining room and was unshaven and had several days of growth; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/2/26 at 12:30 PM the resident was in the dining room and had not been shaved with several days of growth.; -On 3/2/26 at 2:50 PM the resident was sitting in a straight back chair in the resident room and the resident continued to be unshaven.; and -On 3/326 at 9:35 AM the resident was lying in bed on their left side watching tv and continued to be unshaven with several days of beard growth. F. Interview on 3/2/26 at 2:05 PM with NA-M and Assistant DON-D confirmed residents should be shaved every day. Interview on 3/3/26 at 9:35 AM with Resident 14 revealed the resident had not been shaven for several days, the resident needed to be shaved and the resident preferred to be shaved at least every 2 days. Interview on 3/3/26 at 1:00 PM with Registered Nurse (RN)-B confirmed the resident was not getting shaved per the resident's preference.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(J)(i)1Based on record review and interview; the facility failed to prevent weight loss for 1 (Resident 67) of 3 sampled residents. The facility census was 62. Findings are:Review of the facility policy Weight Policy last revised 5/2007 revealed the resident's weight would be recorded monthly unless otherwise indicated by the physician. Weight changes of 5% within a 30-day period, 7.5% within a 90-day period, and 10% in a 180-day period would be reported to the physician. The resident's weight would be taken and recorded at the time of admission. If the resident could not be weighed on admission due to condition, this would be documented and the weight would be obtained as soon as the resident was able to be weighed. If the resident was unable to be weighed, the reason would be recorded and other provisions to monitor the resident's nutritional status would be taken. The resident's weight would be taken monthly in accordance with the weighing schedule and recorded in the electronic health record. The Registered Dietician (RD) would review and oversee weights and nutritional status quarterly and as needed with a significant change.Review of the facility policy Nutritional Status Management, last revised 4/2025 it is the policy of this facility to assess each resident's nutritional status and needs, including medications and medical conditions to ensure that all residents maintain acceptable parameters of nutritional status. Each resident's nutritional status would be assessed on admission and at least quarterly thereafter. Each resident was to be weighed upon admission, then weekly for four weeks and monthly thereafter. The weight would be entered into the electronic health record. Monthly weights were to be taken starting the first day of the month and would be reviewed by the Director of Nursing (DON)/designee. Dietary evaluations would include determining ideal body weight range, usual body weight, current diet order, percentage of food eaten, possible dental problems, current illness, resident likes and dislikes, psychological needs, and any other change in medical condition that may impact weight gain or loss. If there was a significant change in the residents condition related to weight or nutrition, the RD would make recommendations to offer additional nutrition to those residents including all high-risk residents. Options include, but are not limited to, fortified cereal, large portions, between meal snacks, and commercial nutritional supplements. The Interdisciplinary Team (IDT) and/or RD would monitor and evaluate the resident's response or lack of response to the interventions and revising or discontinuing the approaches or justifying the continuation of current approaches. Nutritional Assessment may include: weighing and weight changes, oral intake of floods/fluids, IV therapy, nutrition prescriptions/macronutrients, functional status (assistive devices), medications (affecting taste, causing anorexia, increasing appetite), oral health (oral cavity lesions, mouth pain, decayed teeth, poorly fitting dentures), chewing and swallowing problems, affective and behavioral disorders, relevant conditions, hypermetabolic states (continuous wandering, skin breakdown), abnormal labs, overall prognosis/condition, resident choice (advanced directives).Any resident weight that varied from the previous reporting by more than 5% in 30 days, 7.5% in 90 days, and 10% in 180 days will be evaluated by the IDT to determine cause of weight loss/gain with interventions. Any resident meeting criteria for weight loss and any resident at risk would be weighed weekly with the weight entered into the electronic health system. Weekly weights would be reviewed by the RD. The IDT would update the care plan as appropriate. Review of Resident 67's Minimum Data Set (MDS-a federally mandated assessment tool used in care planning) dated 1/16/26 revealed the following: the resident was admitted on [DATE] with diagnoses of Hip Fracture, Anemia, and Depression; had severe cognitive impairment; no known weight loss or gain; and was dependent with eating, oral hygiene, transfers, dressing and bed mobility. Review of Resident 67's Care Plan (undated) revealed the resident was a nutritional risk with interventions of 2Cal (nutritional supplement that is high in calories) 60 cubic centimeters (cc) three times a day started 2/24/26, mechanical soft diet, if the resident consumed less than 50% the staff were to offer a meal (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	replacement, the resident was to eat meals in the dining room if they were agreeable, and weights as ordered.Review of the facility form RD-Nutrition Risk Review dated 1/20/26 for Resident 67 revealed the resident consumed 50-100% of meals. admission weight was 192 pounds (lbs.) and some weight loss was desirable. Intakes were adequate to meet estimated caloric needs. No new recommendations and the RD would follow up as needed.Review of the facility form Weights and Vital Summary dated 3/3/26 revealed the following weights for Resident 67:-1/13/26 (day of admission) 194 lbs;-1/16/26 (3 days after admission) 192 lbs;-2/4/26 (22 days after admission) 173 lbs (21 lb weight loss from admit weight which was a loss of 10.8%);-2/5/26 167.5 lbs;-2/13/26 168 lbs;-2/17/26 165 lbs;-2/18/26 162.5 lbs;-2/24/26 162 lbs; and-3/2/26 (48 days after admission) 159.2 lbs (34.8 lb weight loss from admit which was a 17.9% loss). There was no documentation to show the resident was weighed weekly for the first 4 weeks per the facility policy. Review of the Progress Notes for Resident 67 revealed the following entries:-On 1/27/26 at 12:33 PM a skilled note that said the resident has 2+ edema (moderate swelling on a scale of 1-4) to both feet.;-On 1/30/26 a Weight Change Note documented by the RD revealed the residents weight was 172 lbs which was an 11.3% loss since admit and the RD was requesting a re-weigh to be completed (review of the residents weights revealed no re-weigh documented in the electronic health record until 2/4/26).;-On 2/9/26 at 12:47 PM by the RD revealed the resident's weight was 167.5 lbs which was a decrease of 13.7%. The RD recommended to start 2Cal 60cc twice per day related to weight loss.;-On 2/23/26 at 7:27 PM by the RD revealed the resident's weight was 162.5 lbs which was a significant weight loss of 15.4% in 30 days. The resident on average was consuming 50-100% of meals and was receiving 60cc of 2Cal twice per day with a recommendation to increase the 2Cal to 60cc three times per day related to the weight loss.; and-On 3/3/26 at 10:59 AM a skilled note reported no edema. Review of the Medication Administration Record for January and February 2026 revealed the resident received the following medications: Furosemide (a diuretic medication) 20 milligrams (mg) daily and once daily as needed (no documentation of as needed administrations) for swelling; Mounjaro (a medication for diabetes which can reduce appetite and slow digestion) 10mg injection weekly for Diabetes; and Spironolactone (a diuretic medication) 25mg daily for swelling. 2Cal 60cc twice per day was started on 2/24/26 at 8:00 PM and was increased on 2/24/26 at 3:00 PM. Review of Resident 67's meal intakes for 2/3/26 through 3/2/26 revealed the resident refused meals on 2/27/26 (Breakfast, Lunch, and Dinner) and 2/28/26 (Breakfast and Lunch), consumed 25% on 2/14/26 at Dinner and 2/28/26 at Dinner and consumed 50-100% of the rest of the meals.Review of Resident 67's meal replacement intakes revealed the resident no evidence the resident was offered a meal replacement when the resident consumed less than 50% on 2/14/26 at Dinner, 2/18/26 at Dinner, 2/27/26 at Breakfast, Lunch and Dinner, 2/28/26 at Breakfast and Lunch, and 3/1/26 at Lunch.Review of the email dated 3/3/26 at 1:49 PM from the RD to the RN Consultant revealed nursing was unsure when the resident was admitted if the 1st two weights were accurate. The RD was unsure of the reason for the initial 20 lb weight loss and thought the first weight was not accurate but could not verify that.An interview on 3/3/26 at 9:15 AM with the Director Of Nursing (DON) revealed the facility does have a weight loss committee but the DON did not think the resident was being looked at by the committee. Further interview revealed the resident had not been re-weighed (as of this interview) after the weight of 159.5 was obtained on 3/2/26. The DON confirmed the IDT had not evaluated the residents weight loss to determine a causal factor and assess the effectiveness of current interventions to determine the need for revision or additional interventions.An interview on 3/3/26 at 2:25 PM with the RN Consultant confirmed a re-weigh was not documented after the weight warning on 1/30/26 (a 22 lb difference from admission) until 2/4/26 and no interventions were put into place to prevent further weight loss from 1/13/26 through 2/9/26.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(G)Based on observation, interview, and record review; the facility failed to have sufficient staff to meet the hygiene needs of Residents 3, 10, and 14 and to ensure timely call light response. This had the potential to affect all facility residents. The facility census was 62. Findings are: A. Review of the facility policy Activities of Daily Living (ADL)'s, Services to Carry Out with a revision date of 7/2021 revealed the facility provided treatment and services to attain and maintain the highest practicable physical, mental, and psychological well-being of each resident in accordance with the plan of care. If residents were unable to carry out ADL's, the necessary services to maintain good nutrition, grooming, mobility, and personal oral hygiene was provided by qualified staff. The residents' needs were outlined in the plan of care. B. Review of Resident 3's Minimum Data Set (MDS-federally mandated assessment used to develop resident care plans) dated 12/23/25 revealed the resident had severe cognitive impairment and staff completed all hygiene needs, dressing, transferring and provided substantial assistance with bed mobility. In addition, the resident was frequently incontinent of bladder. Review of Resident 3's Care Plan with a revision date of 3/2/26 revealed the resident had self-care deficits and required assistance from staff for personal and oral hygiene. There was no documented resident preference for frequency of shaving. Observations of Resident 3 from 2/26/26 through 3/3/26 revealed the following: -On 2/26/26 at 6:45 AM the resident was lying in bed and was noted to be unshaven (facial and upper neck) with several days of beard growth.-On 2/26/26 at 9:18 the resident was assisted with morning care, with staff providing substantial assistance. The resident was dependent for changing an incontinence brief, perineal care, and dressing. Substantial assistance was provided for oral care, and the resident was dependent for personal hygiene (face washing and applying deodorant). The resident was not shaved despite several days of beard growth. -On 2/26/26 at 2:40 PM the resident was sitting in a public area in a wheelchair and remained unshaven. -On 3/2/26 at 11:00 AM the resident was sitting in a wheelchair in the resident's room. The resident was not shaven, and the facial hair was substantially longer than when observed on 2/26/26.-On 3/3/26 at 2:50 PM The resident was lying in bed and continued to be unshaven. -On 3/3/26 at 6:54 AM the resident was sitting up in a wheelchair. Face was shaven, however the upper neck area remained unshaven. C. Review of Resident 10's MDS dated [DATE] revealed the resident was provided with set-up and/or supervision with personal hygiene. Review of Resident 10's Care Plan with a revision date of 11/20/25 revealed the resident needed assistance for personal and oral hygiene. There was no documented resident preference for frequency of shaving. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph's Rehabilitation and Care Center	401 North 18th Street Norfolk, NE 68701

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observations of Resident 10 from 2/25/26 through 3/3/26 revealed the following:-On 2/26/26 at 9:50 AM the resident was unshaven (face and neck).-On 2/27/26 at 12:30 AM the resident was sitting in the dining room and remained unshaven. -On 3/2/26 at 10:00 AM the resident was walking in the hallway with staff providing supervision. The resident was still unshaven and facial and neck hair were very long. -On 3/2/26 at 12:20 PM the resident was sitting in the dining room and ate independently. The resident continued to be unshaven. -On 3/2/26 at 3:00 PM the resident was sitting in a recliner in the resident's room and still was unshaven.-On 3/3/26 at 7:59 AM the resident was self-motivating using a wheelchair down a facility hallway and remained unshaven. D. During an interview on 2/26/26 at 9:10 AM Nurse Aide (NA)-F reported having worked at the facility for less than 2 months. NA-F has concerns about the number of nurse aides staffed and the amount of care required by the residents. NA-F reported that often staff were too few to get the residents up in time for a timely breakfast, and often after 2:00 PM there were only 3 nurse aides to provide care until at least 6:00 PM for nearly 70 residents. In addition, long call lights responses happened daily. E. During an interview on 3/2/26 at 11:10 AM Resident 10's daughter voiced a concern with lack of nursing staff sufficient to get things done timely. Further interview revealed Resident 10's electric razor cord had come up missing through multiple room changes, and a new cord was ordered by family, however family was unsure why the facility didn't find an alternate way to ensure Resident 10 was being shaved. F. Review of Resident Council Meeting minutes from 2/5/25 to 2/6/26 revealed the following: -2/5/25 the residents voiced concerns regarding call light response times. -3/5/25 the residents indicated the call lights were still taking a long time to be answered. -4/2/25 the residents voiced complaints of long call light response times in the evenings. -5/5/25 the residents complained of call light response times in the morning. -7/11/25 the residents agreed call lights continued to be long at times. -8/8/25 concerns by residents related to long call lights in the early mornings and in the evenings. -9/15/25 continued concerns related to call light response times in the early mornings and in the evenings. -10/3/25 call lights in the evenings and the early mornings remained long but did show improvement. G. Review of the facility Grievances from 1/16/25 to 12/1/25 revealed the facility received 13 grievances involving call light response times. There was no evidence that the facility had implemented corrective actions or sustained resolutions to the grievances to prevent repeated (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	concerns from occurring. H. Review of the facility Device Activity Report (record of call light activations and responses) from 2/27/26 through 3/2/26 revealed the following call light response times greater than 15 minutes: -2/27/26 at 4:12 AM call light was on in resident room [ROOM NUMBER] for 18.20 minutes. -2/27/26 at 5:00 AM call light was on in resident room [ROOM NUMBER] for 17.30 minutes. -2/27/26 at 5:11 AM call light was on in resident room [ROOM NUMBER] for 16.58 minutes. -2/27/26 at 5:32 AM call light was on in resident room [ROOM NUMBER] for 30.40 minutes. -2/27/26 at 5:32 AM call light was on in resident room [ROOM NUMBER] for 26.14 minutes. -2/27/26 at 6:12 AM call light was on in resident room [ROOM NUMBER] for 132.13 minutes. -2/27/26 at 6:17 AM call light was on in resident room [ROOM NUMBER] for 16.28 minutes. -2/27/26 at 6:19 AM call light was on in resident room [ROOM NUMBER] for 28.9 minutes. -2/27/26 at 6:26 AM call light was on in resident room [ROOM NUMBER] for 29.25 minutes. -2/27/26 at 6:34 AM call light was on in resident room [ROOM NUMBER] for 34.49 minutes. -2/27/26 at 6:39 AM call light was on in resident room [ROOM NUMBER] for 41.53 minutes. -2/27/26 at 7:00 AM call light was on in resident room [ROOM NUMBER] for 34.6 minutes. -2/27/26 at 7:00 AM call light was on in resident room [ROOM NUMBER] for 22.34 minutes. -2/27/26 at 7:05 AM call light was on in resident room [ROOM NUMBER] for 59.54 minutes. -2/27/26 at 7:08 AM call light was on in resident room [ROOM NUMBER] for 26.47 minutes. -2/27/26 at 7:08 AM call light was on in resident room [ROOM NUMBER] for 35.40 minutes. -2/27/26 at 7:13 AM call light was on in resident room [ROOM NUMBER] for 25.22 minutes. -2/27/26 at 7:24 AM call light was on in resident room [ROOM NUMBER] for 66.30 minutes. -2/27/26 at 7:27 AM call light was on in resident room [ROOM NUMBER] for 75.4 minutes. -2/27/26 at 7:49 AM call light was on in resident room [ROOM NUMBER] for 59.16 minutes. -2/27/26 at 7:53 AM call light was on in resident room [ROOM NUMBER] for 37.20 minutes. -2/27/26 at 7:57 AM call light was on in resident room [ROOM NUMBER] for 17.34 minutes. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/27/26 at 8:14 AM call light was on in resident room [ROOM NUMBER] for 32.50 minutes. -2/27/26 at 8:14 AM call light was on in resident room [ROOM NUMBER] for 17.23 minutes. -2/27/26 at 8:22 AM call light was on in resident room [ROOM NUMBER] for 18.5 minutes. -2/27/26 at 8:34 AM call light was on in resident room [ROOM NUMBER] for 72.42 minutes. -2/27/26 at 8:43 AM call light was on in resident room [ROOM NUMBER] for 17.22 minutes. -2/27/26 at 8:44 AM call light was on in resident room [ROOM NUMBER] for 18.20 minutes. -2/27/26 at 8:44 AM call light was on in resident room [ROOM NUMBER] for 32.52 minutes. -2/27/26 at 8:48 AM call light was on in resident room [ROOM NUMBER] for 53.43 minutes. -2/27/26 at 8:50 AM call light was on in resident room [ROOM NUMBER] for 39.16 minutes. -2/27/26 at 8:51 AM call light was on in resident room [ROOM NUMBER] for 57.37 minutes. -2/27/26 at 9:04 AM call light was on in resident room [ROOM NUMBER] for 45.32 minutes. -2/27/26 at 9:04 AM call light was on in resident room [ROOM NUMBER] for 18.1 minutes. -2/27/26 at 9:16 AM call light was on in resident room [ROOM NUMBER] for 21.28 minutes. -2/27/26 at 9:18 AM call light was on in resident room [ROOM NUMBER] for 36.59 minutes. -2/27/26 at 9:19 AM call light was on in resident room [ROOM NUMBER] for 36.35 minutes. -2/27/26 at 9:31 AM call light was on in resident room [ROOM NUMBER] for 26.43 minutes. -2/27/26 at 9:34 AM call light was on in resident room [ROOM NUMBER] for 21.45 minutes. -2/27/26 at 9:54 AM call light was on in resident room [ROOM NUMBER] for 18.3 minutes. -2/27/26 at 11:36 AM call light was on in resident room [ROOM NUMBER] for 25.23 minutes. -2/27/26 at 11:44 AM call light was on in resident room [ROOM NUMBER] for 26.36 minutes. -2/27/26 at 1:15 PM call light was on in resident room [ROOM NUMBER] for 21.37 minutes. -2/27/26 at 1:53 PM call light was on in resident room [ROOM NUMBER] for 36.29 minutes. -2/27/26 at 2:05 PM call light was on in resident room [ROOM NUMBER] for 28.57 minutes. -2/27/26 at 2:05 PM call light was on in resident room [ROOM NUMBER] for 37.13 minutes. -2/27/26 at 2:05 PM call light was on in resident room [ROOM NUMBER] for 41.22 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/27/26 at 2:41 PM call light was on in resident room [ROOM NUMBER] for 31.58 minutes. -2/27/26 at 3:20 PM call light was on in resident room [ROOM NUMBER] for 25.3 minutes. -2/27/26 at 3:23 PM call light was on in resident room [ROOM NUMBER] for 27.55 minutes. -2/27/26 at 3:48 PM call light was on in resident room [ROOM NUMBER] for 24.40 minutes. -2/27/26 at 4:23 PM call light was on in resident room [ROOM NUMBER] for 36.25 minutes. -2/27/26 at 4:24 PM call light was on in resident room [ROOM NUMBER] for 28.49 minutes. -2/27/26 at 4:38 PM call light was on in resident room [ROOM NUMBER] for 54.13 minutes. -2/27/26 at 4:42 PM call light was on in resident room [ROOM NUMBER] for 35.7 minutes. -2/27/26 at 4:46 PM call light was on in resident room [ROOM NUMBER] for 84.43 minutes. -2/27/26 at 4:54 PM call light was on in resident room [ROOM NUMBER] for 19.49 minutes. -2/27/26 at 4:58 PM call light was on in resident room [ROOM NUMBER] for 58.31 minutes. -2/27/26 at 5:04 PM call light was on in resident room [ROOM NUMBER] for 44.7 minutes. -2/27/26 at 5:18 PM call light was on in resident room [ROOM NUMBER] for 17.27 minutes. -2/27/26 at 5:42 PM call light was on in resident room [ROOM NUMBER] for 28.53 minutes. -2/27/26 at 5:58 PM call light was on in resident room [ROOM NUMBER] for 25.53 minutes. -2/27/26 at 6:09 PM call light was on in resident room [ROOM NUMBER] for 18.25 minutes. -2/27/26 at 6:24 PM call light was on in resident room [ROOM NUMBER] for 21.19 minutes. -2/27/26 at 6:24 PM call light was on in resident room [ROOM NUMBER] for 20.25 minutes. -2/27/26 at 6:33 PM call light was on in resident room [ROOM NUMBER] for 23.42 minutes. -2/27/26 at 6:37 PM call light was on in resident room [ROOM NUMBER] for 44.31 minutes. -2/27/26 at 6:45 PM call light was on in resident room [ROOM NUMBER] for 36.23 minutes. -2/27/26 at 7:02 PM call light was on in resident room [ROOM NUMBER] for 38.24 minutes. -2/27/26 at 7:12 PM call light was on in resident room [ROOM NUMBER] for 17.30 minutes. -2/27/26 at 7:20 PM call light was on in resident room [ROOM NUMBER] for 28.7 minutes. -2/27/26 at 7:23 PM call light was on in resident room [ROOM NUMBER] for 24.34 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/27/26 at 7:25 PM call light was on in resident room [ROOM NUMBER] for 19.54 minutes. -2/27/26 at 7:27 PM call light was on in resident room [ROOM NUMBER] for 31.9 minutes. -2/27/26 at 7:43 PM call light was on in resident room [ROOM NUMBER] for 41.54 minutes. -2/27/26 at 7:45 PM call light was on in resident room [ROOM NUMBER] for 36.23 minutes. -2/27/26 at 7:50 PM call light was on in resident room [ROOM NUMBER] for 69.13 minutes. -2/27/26 at 7:57 PM call light was on in resident room [ROOM NUMBER] for 23.3 minutes. -2/27/26 at 8:03 PM call light was on in resident room [ROOM NUMBER] for 32.48 minutes. -2/27/26 at 8:14 PM call light was on in resident room [ROOM NUMBER] for 20.30 minutes. -2/27/26 at 8:28 PM call light was on in resident room [ROOM NUMBER] for 23.19 minutes. -2/27/26 at 8:30 PM call light was on in resident room [ROOM NUMBER] for 64.27 minutes. -2/27/26 at 8:32 PM call light was on in resident room [ROOM NUMBER] for 26.54 minutes. -2/27/26 at 8:47 PM call light was on in resident room [ROOM NUMBER] for 27.54 minutes. -2/27/26 at 8:48 PM call light was on in resident room [ROOM NUMBER] for 33.27 minutes. -2/27/26 at 8:48 PM call light was on in resident room [ROOM NUMBER] for 68.36 minutes. -2/27/26 at 8:54 PM call light was on in resident room [ROOM NUMBER] for 16.50 minutes. -2/27/26 at 8:59 PM call light was on in resident room [ROOM NUMBER] for 21.1 minutes. -2/27/26 at 9:34 PM call light was on in resident room [ROOM NUMBER] for 28.29 minutes. -2/27/26 at 9:34 PM call light was on in resident room [ROOM NUMBER] for 50.33 minutes. -2/27/26 at 9:35 PM call light was on in resident room [ROOM NUMBER] for 39.50 minutes. -2/27/26 at 10:43 PM call light was on in resident room [ROOM NUMBER] for 27.28 minutes. -2/27/26 at 10:49 PM call light was on in resident room [ROOM NUMBER] for 20.30 minutes. A total of 92 call lights exceeded 15 minutes from 4:00 AM until 11:00 PM on 2/27/26. The longest call light response time was on 2/27/26 at 6:12 AM when the resident in room [ROOM NUMBER] had to wait 1 hour and 32 minutes for the staff to respond to their call light. -2/28/26 at 3:13 AM call light was on in resident room [ROOM NUMBER] for 19.34 minutes. -2/28/26 at 5:56 AM call light was on in resident room [ROOM NUMBER] for 21.29 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/28/26 at 6:37 AM call light was on in resident room [ROOM NUMBER] for 37.54 minutes. -2/28/26 at 6:38 AM call light was on in resident room [ROOM NUMBER] for 16.22 minutes. -2/28/26 at 6:42 AM call light was on in resident room [ROOM NUMBER] for 21.32 minutes. -2/28/26 at 7:02 AM call light was on in resident room [ROOM NUMBER] for 32.36 minutes. -2/28/26 at 7:04 AM call light was on in resident room [ROOM NUMBER] for 47.32 minutes. -2/28/26 at 7:10 AM call light was on in resident room [ROOM NUMBER] for 17.42 minutes. -2/28/26 at 7:14 AM call light was on in resident room [ROOM NUMBER] for 41.55 minutes. -2/28/26 at 7:34 AM call light was on in resident room [ROOM NUMBER] for 39.16 minutes. -2/28/26 at 7:38 AM call light was on in resident room [ROOM NUMBER] for 20.54 minutes. -2/28/26 at 7:43 AM call light was on in resident room [ROOM NUMBER] for 16.1 minutes. -2/28/26 at 7:45 AM call light was on in resident room [ROOM NUMBER] for 57.30 minutes. -2/28/26 at 7:53 AM call light was on in resident room [ROOM NUMBER] for 22.23 minutes. -2/28/26 at 8:25 AM call light was on in resident room [ROOM NUMBER] for 41.31 minutes. -2/28/26 at 8:38 AM call light was on in resident room [ROOM NUMBER] for 25.23 minutes. -2/28/26 at 9:33 AM call light was on in resident room [ROOM NUMBER] for 20.49 minutes. -2/28/26 at 9:58 AM call light was on in resident room [ROOM NUMBER] for 25.34 minutes. -2/28/26 at 10:08 AM call light was on in resident room [ROOM NUMBER] for 22.29 minutes. -2/28/26 at 10:12 AM call light was on in resident room [ROOM NUMBER] for 18.53 minutes. -2/28/26 at 10:39 AM call light was on in resident room [ROOM NUMBER] for 28.33 minutes. -2/28/26 at 10:43 AM call light was on in resident room [ROOM NUMBER] for 25.14 minutes. -2/28/26 at 11:30 AM call light was on in resident room [ROOM NUMBER] for 29.54 minutes. -2/28/26 at 11:32 AM call light was on in resident room [ROOM NUMBER] for 39.12 minutes. -2/28/26 at 11:33 AM call light was on in resident room [ROOM NUMBER] for 24.52 minutes. -2/28/26 at 11:48 AM call light was on in resident room [ROOM NUMBER] for 18.59 minutes. -2/28/26 at 11:49 AM call light was on in resident room [ROOM NUMBER] for 20.56 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/28/26 at 2:35 PM call light was on in resident room [ROOM NUMBER] for 28.49 minutes. -2/28/26 at 2:35 PM call light was on in resident room [ROOM NUMBER] for 28.40 minutes. -2/28/26 at 2:46 PM call light was on in resident room [ROOM NUMBER] for 26.6 minutes. -2/28/26 at 2:52 PM call light was on in resident room [ROOM NUMBER] for 18.45 minutes. -2/28/26 at 4:39 PM call light was on in resident room [ROOM NUMBER] for 17.45 minutes. -2/28/26 at 4:45 PM call light was on in resident room [ROOM NUMBER] for 21.32 minutes. -2/28/26 at 5:18 PM call light was on in resident room [ROOM NUMBER] for 23.54 minutes. -2/28/26 at 6:18 PM call light was on in resident room [ROOM NUMBER] for 21.49 minutes. -2/28/26 at 6:22 PM call light was on in resident room [ROOM NUMBER] for 50.7 minutes. -2/28/26 at 6:23 PM call light was on in resident room [ROOM NUMBER] for 90.31 minutes. -2/28/26 at 6:25 PM call light was on in resident room [ROOM NUMBER] for 24.7 minutes. -2/28/26 at 6:26 PM call light was on in resident room [ROOM NUMBER] for 53.46 minutes. -2/28/26 at 6:29 PM call light was on in resident room [ROOM NUMBER] for 28.31 minutes. -2/28/26 at 6:39 PM call light was on in resident room [ROOM NUMBER] for 52.5 minutes. -2/28/26 at 6:44 PM call light was on in resident room [ROOM NUMBER] for 59.38 minutes. -2/28/26 at 6:46 PM call light was on in resident room [ROOM NUMBER] for 17.57 minutes. -2/28/26 at 6:51 PM call light was on in resident room [ROOM NUMBER] for 28.20 minutes. -2/28/26 at 6:52 PM call light was on in resident room [ROOM NUMBER] for 22.7 minutes. -2/28/26 at 7:01 PM call light was on in resident room [ROOM NUMBER] for 33.5 minutes. -2/28/26 at 7:02 PM call light was on in resident room [ROOM NUMBER] for 83.8 minutes. -2/28/26 at 7:12 PM call light was on in resident room [ROOM NUMBER] for 17.46 minutes. -2/28/26 at 7:13 PM call light was on in resident room [ROOM NUMBER] for 20.48 minutes. -2/28/26 at 7:18 PM call light was on in resident room [ROOM NUMBER] for 66.57 minutes. -2/28/26 at 7:23 PM call light was on in resident room [ROOM NUMBER] for 34.16 minutes. -2/28/26 at 7:25 PM call light was on in resident room [ROOM NUMBER] for 16.1 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/28/26 at 7:27 PM call light was on in resident room [ROOM NUMBER] for 17.4 minutes. -2/28/26 at 7:29 PM call light was on in resident room [ROOM NUMBER] for 83.21 minutes. -2/28/26 at 7:35 PM call light was on in resident room [ROOM NUMBER] for 37.28 minutes. -2/28/26 at 7:45 PM call light was on in resident room [ROOM NUMBER] for 28.49 minutes. -2/28/26 at 7:48 PM call light was on in resident room [ROOM NUMBER] for 50.18 minutes. -2/28/26 at 7:51 PM call light was on in resident room [ROOM NUMBER] for 17.34 minutes. -2/28/26 at 7:53 PM call light was on in resident room [ROOM NUMBER] for 44 minutes. -2/28/26 at 7:59 PM call light was on in resident room [ROOM NUMBER] for 32.43 minutes. -2/28/26 at 7:59 PM call light was on in resident room [ROOM NUMBER] for 18.44 minutes. -2/28/26 at 8:04 PM call light was on in resident room [ROOM NUMBER] for 80.39 minutes. -2/28/26 at 8:04 PM call light was on in resident room [ROOM NUMBER] for 92.57 minutes. -2/28/26 at 8:07 PM call light was on in resident room [ROOM NUMBER] for 31.9 minutes. -2/28/26 at 8:14 PM call light was on in resident room [ROOM NUMBER] for 25.34 minutes. -2/28/26 at 8:24 PM call light was on in resident room [ROOM NUMBER] for 26.26 minutes. -2/28/26 at 8:27 PM call light was on in resident room [ROOM NUMBER] for 103.21 minutes. -2/28/26 at 8:30 PM call light was on in resident room [ROOM NUMBER] for 43.43 minutes. -2/28/26 at 8:33 PM call light was on in resident room [ROOM NUMBER] for 26.46 minutes. -2/28/26 at 8:38 PM call light was on in resident room [ROOM NUMBER] for 24.32 minutes. -2/28/26 at 8:48 PM call light was on in resident room [ROOM NUMBER] for 52.50 minutes. -2/28/26 at 8:53 PM call light was on in resident room [ROOM NUMBER] for 73.31 minutes. -2/28/26 at 8:59 PM call light was on in resident room [ROOM NUMBER] for 53.53 minutes. -2/28/26 at 9:01 PM call light was on in resident room [ROOM NUMBER] for 39.27 minutes. -2/28/26 at 9:06 PM call light was on in resident room [ROOM NUMBER] for 25.26 minutes. -2/28/26 at 9:08 PM call light was on in resident room [ROOM NUMBER] for 26.50 minutes. -2/28/26 at 9:10 PM call light was on in resident room [ROOM NUMBER] for 20.57 minutes. (continued on next page)

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	285160	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Joseph's Rehabilitation and Care Center	401 North 18th Street Norfolk, NE 68701

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/28/26 at 9:11 PM call light was on in resident room [ROOM NUMBER] for 24.41 minutes. -2/28/26 at 9:12 PM call light was on in resident room [ROOM NUMBER] for 60 minutes. A total of 79 call lights exceeded 15 minutes from 3:00 AM until 10:00 PM on 2/28/26. The longest call light response time was on 2/28/26 at 8:27 PM when the resident in room [ROOM NUMBER] had to wait 103.21 minutes for the staff to respond to their call light. -3/1/26 at 5:22 AM call light was on in resident room [ROOM NUMBER] for 16.48 minutes. -3/1/26 at 6:06 AM call light was on in resident room [ROOM NUMBER] for 41.15 minutes. -3/1/26 at 6:33 AM call light was on in resident room [ROOM NUMBER] for 20.57 minutes. -3/1/26 at 7:08 AM call light was on in resident room [ROOM NUMBER] for 25.9 minutes. -3/1/26 at 7:34 AM call light was on in resident room [ROOM NUMBER] for 20.19 minutes. -3/1/26 at 7:42 AM call light was on in resident room [ROOM NUMBER] for 44.35 minutes. -3-/1/26 at 7:51 AM call light was on in resident room [ROOM NUMBER] for 24.35 minutes. -3/1/26 at 7:52 AM call light was on in resident room [ROOM NUMBER] for 21 minutes. -3/1/26 at 8:01 AM call light was on in resident room [ROOM NUMBER] for 28.26 minutes. -3/1/26 at 8:20 AM call light was on in resident room [ROOM NUMBER] for 33.10 minutes. -3/1/26 at 8:31 AM call light was on in resident room [ROOM NUMBER] for 16.26 minutes. -3/1/26 at 8:37 AM call light was on in resident room [ROOM NUMBER] for 16.1 minutes. -3/1/26 at 8:38 AM call light was on in resident room [ROOM NUMBER] for 16.34 minutes. -3/1/26 at 8:53 AM call light was on in resident room [ROOM NUMBER] for 17.7 minutes. -3/1/26 at 8:55 AM call light was on in resident room [ROOM NUMBER] for 17.3 minutes. -3/1/26 at 9:04 AM call light was on in resident room [ROOM NUMBER] for 17.2 minutes. -3/1/26 at 12:42 PM call light was on in resident room [ROOM NUMBER] for 25.36 minutes. -3/1/26 at 2:20 PM call light was on in resident room [ROOM NUMBER] for 16.36 minutes. -3/1/26 at 2:23 PM call light was on in resident room [ROOM NUMBER] for 16.51 minutes. -3/1/26 at 2:58 PM call light was on in resident room [ROOM NUMBER] for 25.52 minutes. -3/1/26 at 3:26 PM call light was on in resident room [ROOM NUMBER] for 95.42 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-3/1/26 at 3:49 PM call light was on in resident room [ROOM NUMBER] for 23.19 minutes. -3/1/26 at 5:12 PM call light was on in resident room [ROOM NUMBER] for 19.46 minutes. -3/1/26 at 6:16 PM call light was on in resident room [ROOM NUMBER] for 20.10 minutes. -3/1/26 at 6:59 PM call light was on in resident room [ROOM NUMBER] for 20.36 minutes. -3/1/26 at 7:07 PM call light was on in resident room [ROOM NUMBER] for 18.2 minutes. -3/1/26 at 7:09 PM call light was on in resident room [ROOM NUMBER] for 51.33 minutes. -3/1/26 at 7:23 PM call light was on in resident room [ROOM NUMBER] for 37.52 minutes. -3/1/26 at 7:26 PM call light was on in resident room [ROOM NUMBER] for 28.32 minutes. -3/1/26 at 7:26 PM call light was on in resident room [ROOM NUMBER] for 26.9 minutes. -3/1/26 at 7:34 PM call light was on in resident room [ROOM NUMBER] for 20.33 minutes. -3/1/26 at 7:36 PM call light was on in resident room [ROOM NUMBER] for 30.32 minutes. -3/1/26 at 7:38 PM call light was on in resident room [ROOM NUMBER] for 23.19 minutes. -3/1/26 at 7:38 PM call light was on in resident room [ROOM NUMBER] for 26.10 minutes. -3/1/26 at 8:27 PM call light was on in resident room [ROOM NUMBER] for 54.44 minutes. -3/1/26 at 8:28 PM call light was on in resident room [ROOM NUMBER] for 38.17 minutes. -3/1/26 at 8:35 PM call light was on in resident room [ROOM NUMBER] for 18.50 minutes. -3/1/26 at 8:49 PM call light was on in resident room [ROOM NUMBER] for 22.32 minutes. -3/1/26 at 10:18 PM call light was on in resident room [ROOM NUMBER] for 17.40 minutes. A total of 38 call lights exceeded 15 minutes from 5:00 AM until 10:30 PM on 3/1/26. The longest call light response time was on 3/1/26 at 3:26 PM when the resident in room [ROOM NUMBER] had to wait 95.42 minutes for the staff to respond to their call light. -3/2/26 at 4:20 AM the call light in resident room [ROOM NUMBER] was on for 16.47 minutes. -3/2/26 at 5:16 AM the call light in resident room [ROOM NUMBER] was on for 17.11 minutes. -3/2/26 at 5:43 AM the call light in resident room [ROOM NUMBER] was on for 24.27 minutes. -3/2/26 at 5:49 AM the call light in resident room [ROOM NUMBER] was on for 17.35 minutes. -3/2/26 at 6:52 AM the call light in resident room [ROOM NUMBER] was on for 43.10 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-3/2/26 at 6:59 AM the call light in resident room [ROOM NUMBER] was on for 58.28 minutes. -3/2/26 at 7:02 AM the call light in resident room [ROOM NUMBER] was on for 18.58 minutes. -3/2/26 at 7:14 AM the call light in resident room [ROOM NUMBER] was on for 42.27 minutes. -3/2/26 at 7:18 AM the call light in resident room [ROOM NUMBER] was on for 40.28 minutes. -3/2/26 at 7:22 AM the call light in resident room [ROOM NUMBER] was on for 52.35 minutes. -3/2/26 at 7:30 AM the call light in resident room [ROOM NUMBER] was on for 46 minutes. -3/2/26 at 7:45 AM the call light in resident room [ROOM NUMBER] was on for 29.19 minutes. -3/2/26 at 7:51 AM the call light in resident room [ROOM NUMBER] was on for 20.41 minutes. -3/2/26 at 8:07 AM the call light in resident room [ROOM NUMBER] was on for 18.15 minutes. -3/2/26 at 8:09 AM the call light in resident room [ROOM NUMBER] was on for 32.9 minutes. -3/2/26 at 8:17 AM the call light in resident room [ROOM NUMBER] was on for 25.22 minutes. -3/2/26 at 8:40 AM the call light in resident room [ROOM NUMBER] was on for 40.39 minutes. -3/2/26 at 8:42 AM the call light in resident room [ROOM NUMBER] was on for 25.20 minutes. -3/2/26 at 8:43 AM the call light in resident room [ROOM NUMBER] was on for 25.59 minutes. -3/2/26 at 9:08 AM the call light in resident room [ROOM NUMBER] was on for 35.19 minutes. -3/2/26 at 9:33 AM the call light in resident room [ROOM NUMBER] was on for 26.9 minutes. -3/2/26 at 9:56 AM the call light in resident room [ROOM NUMBER] was on for 24.49 minutes. -3/2/26 at 10:49 AM the call light in resident room [ROOM NUMBER] was on for 30.16 minutes. -3/2/26 at 10:55 AM the call light in resident room [ROOM NUMBER] was on for 56.53 minutes. -3/2/26 at 10:56 AM the call light in resident room [ROOM NUMBER] was on for 28.13 minutes. -3/2/26 at 10:56 AM the call light in resident room [ROOM NUMBER] was on for 28.4 minutes. -3/2/26 at 10:59 AM the call light in resident room [ROOM NUMBER] was on for 27.21 minutes. -3/2/26 at 11:08 AM the call light in resident room [ROOM NUMBER] was on for 22.5 minutes. -3/2/26 at 11:23 AM the call light in resident room [ROOM NUMBER] was on for 18.49 minutes. -3/2/26 at 11:41 AM the call light in resident room [ROOM NUMBER] was on for 32.47 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-3/2/26 at 12:47 AM the call light in resident room [ROOM NUMBER] was on for 26.2 minutes. -3/2/26 at 1:10 PM the call light in resident room [ROOM NUMBER] was on for 17.3 minutes. -3/2/26 at 1:43 PM the call light in resident room [ROOM NUMBER] was on for 25.36 minutes. -3/2/26 at 12:59 PM the call light in resident room [ROOM NUMBER] was on for 42.49 minutes. -3/2/26 at 1:14 PM the call light in resident room [ROOM NUMBER] was on for 38.10 minutes. -3/2/26 at 1:16 PM the call light in resident room [ROOM NUMBER] was on for 21.19 minutes. A total of 36 call lights exceeded 15 minutes from 4:00 AM until 2:00 PM on 3/2/26. The longest call light response time was on 3/2/26 at 6:59 AM when the resident in room [ROOM NUMBER] had to wait 58.28 minutes for the staff to respond to their call light. I. During a Resident Council meeting conducted on 3/3/2026 at 11:16 AM, with Residents 23, 32, 36, 42 and 51 the following concerns were identified:-The residents had filed grievances related to long call light response times. -The residents were told the staff would look into their concerns but no further interventions were identified to address their concerns. -The staff continue to ask about call light response times every month at the Resident Council meetings, but the residents continued to have the same concerns which remained unresolved. J. During an interview on 3/3/2026 at 12:40 PM, with the Administrator, the Director of Nursing (DON), and the Registered Nurse Consultant the following was confirmed: -The facility was aware of ongoing concerns from the Resident Council and from facility grievances related to call light response times. -Grievances were to be addressed by the department heads and then the grievances were to be given to the administrator for review. Each grievance was to have a documented resolution and in addition, the staff were to document a follow up with the resident to ensure continued resolution of the concerns. -Review of the Resident Council meeting minutes and the grievances revealed the staff failed to ensure a resolution and a follow up of the resolutions were documented. -The facility was able to print a report with the call light response times, but the facility had failed to review response times despite continued complaints of long call lights.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Licensure Reference Number 175 NAC 12-006.18(A)Based on record review and interview; the facility failed to provide Resident 8 with the pneumococcal vaccine that was consented to at the time of admission. The sample size was 5 and the facility census was 62. Findings are:Review of the facility Immunization policy with a revision date of 4/2025 revealed the facility offered and administered influenza, pneumococcal, and COVID-19 immunizations to eligible residents after providing education on the risks and potential side effects of the vaccines and obtaining consent. The purpose was to minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza, pneumococcal disease, or COVID-19 by ensuring that each resident was informed about the benefits and risks of immunization; and had the opportunity to receive those immunizations unless clinically contraindicated. Review of the facility admission Packet revealed a Resident Consent for Influenza, Pneumococcal and COVID-19 Form that was presented to residents and/or their responsible party at the time of admission. In addition, the admission packet included a copy of the facility Infection Prevention and Control Program that revealed the facility maintained a facility wide effort involving all disciplines and individuals as an integral part of the quality assurance and performance improvement program. The elements of the program included coordination/oversight, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and an employee health program. The was comprehensive and addressed detection, prevention and control of infections among residents and personnel. Review of the Resident 8's Consent for Influenza, Pneumococcal, and COVID-10 Vaccination Form dated 10/9/25 revealed the resident received education regarding the Pneumococcal vaccine and reviewed the risks, benefits, and potential side effects of receiving the vaccine, understood there were different types of Pneumococcal vaccines that could be reviewed with the resident's physician and the resident wished to receive the vaccine according the Center to Disease Control (CDC) recommendations. Review of Resident 8's Care Plan with a revision date of 1/6/26 revealed the resident had diagnoses including Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Anemia, Chronic Kidney Disease, and was to be monitored for signs and symptoms of respiratory insufficiency. Review of Resident 8 Electronic Medical Record revealed no evidence the Pneumococcal vaccine had been administered. During an interview on 3/2/26 at 3:00 PM the facility Infection Preventionist confirmed Resident 8 had not received the Pneumococcal vaccine the resident consented to on 10/9/25.

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F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(G)(i)Based on interview and record review; the facility failed to complete Ombudsman notifications and/or comprehensive discharge summaries for Residents 71, 72, and 74. Findings are:A. Review of the facility policy Discharge Summary last revised 4/2025 revealed when the facility anticipated a resident discharge, the discharge summary would include, but not be limited to the following:-a recapitulation of the resident's stay that includes diagnoses, course of illness/treatment or therapy, any pertinent lab, radiology and consultation results;-a final summary of the residents status to include a description of the resident's: identification and demographic information, customary routine, cognitive patterns, communication, vision, mood and behavior patterns, psychological well-being, physical functioning and structural problems, continence, disease diagnosis and health conditions, dental and nutritional status, skin conditions, activity, medications, special treatments, and discharge planning.-a reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over the counter); and-a post-discharge plan of care was developed with the participation of the resident and with the resident's consent, the resident representatives assisted the resident to adjust to his or her new living environment and would indicate where the individual planned to reside, any arrangements that had been made for the resident's follow up care, and any post-discharge medical and non-medical services. -the resident, and/or their representative signed a release indicating the information contained on the discharge summary could be provided to the receiving facility. -a final summary of the resident's status at the time of discharge would be filed in the resident's medical record and available for release to authorized persons and agencies, with the consent of the resident or resident's representative. -for residents discharged home: the facility would document in the medical record that written discharge instructions were provided to the resident/resident representative, instructions were discussed with the resident/resident representative, and discharge information was conveyed in a language and manner the resident understood. Review of the facility admission Packet, undated revealed the facility provided written notification to the Resident and the Resident Representative with a copy sent to the representative of the Office of the State Long-Term Care Ombudsman at least 30 days in advance of a transfer or discharge, or if necessary as soon as practicable as permitted under applicable law. B. Review of Resident 71's Minimum Data Set (MDS- federally mandated assessment used to develop resident care plans and provide tracking for residents) Discharge assessment dated [DATE] revealed the resident admitted to the facility on [DATE] and discharged to home/community on 1/17/26. Review of Resident 71's Discharge Summary and Post Discharge Plan of Care dated 1/14/26 revealed no evidence the facility completed the assessment. There was no evidence of a recapitulation of the resident's care and services, no final summary of the resident's status, no evidence of a discharge plan of care, and no evidence of reconciliation of the resident's medication. Review of Resident 71's Electronic Medical Record revealed no evidence the State Ombudsman was notified of the Resident's discharge. (continued on next page)

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F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 3/3/26 at 12:55 PM Registered Nurse (RN)-B confirmed the facility had no evidence the facility had completed a Discharge Summary and Post Discharge Plan of Care. During an interview on 3/3/26 at 1:21 PM the Social Services Director (SSD) confirmed the facility had not notified the State Ombudsman of Resident 71's discharge. C. Review of Resident 72's Discharge MDS dated [DATE] revealed the resident was admitted on [DATE] and discharged with a return anticipated on 8/23/25. Review of Resident 72's Electronic Medical Record revealed no evidence a Discharge Summary was completed and no evidence the State Ombudsman was notified of the Resident's discharge. D. Review of Resident 74's MDS dated [DATE] revealed the resident was admitted on [DATE] and discharged on 1/23/26. Review of Resident 74's Discharge Summary and Post-Discharge Plan of Care dated 1/20/26 revealed no evidence the facility completed the assessment. There was no evidence of a recapitulation of the resident's care and services, no final summary of the resident's status, no evidence of a discharge plan of care, and no evidence of a reconciliation of the resident's medication. Review of Resident 74's Electronic Medical Record revealed no evidence the State Ombudsman was notified of the Resident's discharge. E. During an interview on 3/3/26 at 12:55 PM RN-B confirmed the facility had no evidence the facility had completed Discharge Summaries and Post-Discharge Plan of Care for Residents 72 and 74. Interview on 3/3/26 at 1:21 PM with the SSD confirmed the facility had not notified the State Ombudsman of Resident 72 and 74's discharge.