STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335040	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Forest Care Center for Rehab & Healthcare	9 Hilaire Drive Huntington, NY 11743

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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

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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in S483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in S483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in S483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). Based on record review and interviews during the Abbreviated Survey (Intake ID 2645865) the facility did not ensure it consulted with the resident's physician when there was a significant change in the resident's physical status for one (Resident #1) of twelve residents reviewed. Specifically, the facility did not ensure Resident #1's physician was consulted when Resident #1 was transferred to the hospital after they fell from the facility's third story window.The finding is:The facility's policy titled, Notification of Changes reviewed by the facility in August 2024 documented the purpose of the policy was to ensure the facility promptly informed the resident, consulted the resident's physician; notified, consistent with their authority, the resident's representative when there was a change requiring notification. Compliance guidelines included but were not limited to, to consult with the resident's physician when there was an accident that resulted in injury or had the potential to require a physician's intervention.Resident #1 had diagnoses that included Dementia, Strange and Inexplicable Behavior, and Homelessness. Resident #1's Minimum Data Set assessment dated [DATE] documented Resident #1 had moderate cognitive impairment, required supervision/ touch assistance for ambulation, and was at risk for wandering behavior.Resident #1's Comprehensive Care Plan for Falls initiated on 07/17/2025 documented Resident #1 had the potential for falls related to cognitive impairment, psychoactive drug use, and confusion (due to a diagnosis of Mild Dementia). A Comprehensive Care Plan note dated 10/17/2025 documented Resident #1 was observed sitting on the ground at the back of the building. An intervention dated 10/17/2025 documented Resident #1 was sent to the hospital via 911.A Nursing Progress Note dated 10/17/2025 written by Registered Nurse Supervisor #4 documented at approximately 7:10 AM they were informed that Resident #1 was outside on the ground at the back of the building. Registered Nurse Supervisor #4 went outside and observed Resident #1 to be awake and verbal and 911 was called. The Medical Director was made aware.During an interview on 10/30/2025 at 11:57 AM, the Medical Director stated they were the Primary Care Physician for Resident #1, and they were not made aware of Resident #1's transfer to the hospital on [DATE] until Resident #1 was readmitted to the facility on [DATE] with multiple fractures. The Medical Director stated they should have been informed on 10/17/2025.During an interview with Registered Nurse Supervisor #4 stated they wrote the progress note that the Medical Director was made aware of Resident #1's transfer to the hospital on [DATE]. Registered Nurse Supervisor #4 stated they made the Medical Director aware via a message on a messaging application. Registered Nurse Supervisor #4 stated they did not follow up to ensure the Medical Director received the message and they should have. Registered Nurse Supervisor #4 stated they did not have documented evidence of the message being sent because the messages disappeared after a certain period of time. Registered Nurse Supervisor #4 stated they should have ensured the Medical Director was informed.During an interview on 11/06/2025 at 11:07 AM, the Director of Nursing Services stated the Primary Care Physician should be informed when there is a change in a resident's condition. The Director of Nursing Services stated they used messaging service to send a message to the Medical Director and they (the Director of Nursing Services) saw the message Registered Nurse Supervisor #4 sent. The Director of Nursing Services stated it was documented in the Nursing Progress Note that the Medical Director was informed and they (the Director of Nursing Services) recalled speaking to the Medical Director on 10/17/2025

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** NTENT The intent is for the facility to develop and implement policies and procedures that: Provide annual notification to each covered individual of their obligation to comply with the reporting requirements under section 1150B(b) of the Act; Ensure reporting reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with Section 1150B of the Act; and Ensure that all covered individuals, i.e., the owner, operator, employee, manager, agent or contractor, report reasonable suspicion of crimes, as required by Section 1150B of the Act. The facility should provide oversight and monitoring to ensure that implement the required policies and procedures, per 42 CFR S483.12(b). In addition, the facility must report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the proper authorities within prescribed timeframes. S483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: S483. 12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. S483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on record review and interviews conducted during an abbreviated survey (Intake ID 2633011 and 2645865), the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown sources, were reported to the New York State Department of Health. This was evident for two (2) residents (Resident #1 and Resident #2) of twelve sampled residents. 1) Specifically, Resident #1 and Resident #2 went out on pass on 09/30/2025 and did not return to the facility at the expected documented time of 3:00PM. Resident #1 and Resident #2 were located on the morning of 10/01/2025. The incident was not reported to the New York State Department of health until 10/01/2025 5:01 PM. 2) On 10/17/2025 at approximately 7:10 AM Resident #1 exited the building from a third story window and was found on the ground below the window and was transferred to the hospital. The incident was not reported to the New York State Department of Health until 2:23 PM on 10/17/2025.The findings are:The facility's policy titled Accident/ Incident reviewed in June 2025 documented, it is the policy of this facility to maintain the safety of all residents, in as much as possible. In compliance with the New York State Department of Health regulation, the resident environment remains as free of accident hazards as it is possible, and at this facility, each resident receives adequate supervision and assistive devices to prevent accidents. The facility's policy titled Reporting to Outside Agencies reviewed 02/07/2025 documented, the New York Stated Department of Health will be notified of an elopement incident if a resident with a pass fails to return from an outing. 1) Resident #1 had diagnoses that included dementia, strange and inexplicable behavior, and homelessness. Resident #1's minimum data set assessment dated [DATE] documented Resident #1 had moderate cognitive impairment, required supervision/touch assistance for ambulation, and was at risk for wandering behavior.A facility document titled, Resident Release Form: Out on Pass documented on 09/30/2025 at 10:13 AM Resident #1 left the facility to go to neighboring town and their expected return was 09/30/2025 at 3:00 PM. Resident #2 was listed as the responsible party.There was no documented evidence Resident #1 was assessed for the capacity to go out on pass, had a physician's order to go out on pass, or had a Comprehensive Care Plan for Out on Pass.Resident #2 had diagnoses that included bipolar disorder (a mental health condition characterized by significant mood swings that include emotional highs and lows), Type 2 diabetes, chronic multifocal osteomyelitis (an inflammatory bone disease that causes pain and inflammation) of the right foot and ankle, and difficulty walking. Resident #2 was admitted to the facility for post-operative care after a right great toe (the big toe) amputation. Resident #1's Minimum Data Set assessment dated [DATE] documented Resident #2 had an intact cognition, used a walker for ambulation

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. (continued on next page)

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** INTENT S483.30(a) The intent of this regulation is to ensure the medical supervision of the care of each resident by a physician and that orders for the resident's immediate care and needs are provided throughout the resident's stay. DEFINITIONS S483.30(a) Attending physician refers to the primary physician who is responsible for managing the resident's medical care. This does not include other physicians whom the resident may see periodically, such as specialists. Non-physician practitioner (NPP) is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA). Nurse practitioner is a registered professional nurse currently licensed to practice in the State and who meets the State's requirements governing the qualification of nurse practitioners. Clinical nurse specialist is a registered professional nurse currently licensed to practice in the State and who meets the State's requirements governing the qualifications of clinical nurse specialists. Physician assistant is a person who meets the applicable State requirements governing the qualifications for assistants to primary care physicians.Based on record review and interviews conducted during the Abbreviated Survey (Intake 2645865) the facility did not ensure each resident was under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. This was identified for one resident (Resident #1) of twelve residents reviewed for accidents. Specifically, Resident #1 repeatedly refused Quetiapine (Seroquel, an antipsychotic) and the prescribing Psychiatric Nurse Practitioner stated they were aware of the refusals but provided no intervention plan and did not notify the Primary Care Physician. Based on record review and interviews conducted during the Abbreviated Survey (Intake 2645865) the facility did not ensure each resident was under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. This was identified for one resident (Resident #1) of twelve residents reviewed for accidents. Specifically, Resident #1 repeatedly refused Quetiapine (Seroquel, an antipsychotic) and the prescribing Psychiatric Nurse Practitioner stated they were aware of the refusals but provided no intervention plan and did not notify the Primary Care Physician.The finding is:The facility's policy titled, Physician Oversight reviewed by facility in August 2024 documented, it is the policy of the facility to ensure the physician took an active role in the supervision of resident care. Compliance guidelines included but were not limited to, a physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. Resident #1 had diagnoses that included Dementia, Strange and Inexplicable Behavior, and Homelessness. Resident #1's Minimum Data Set assessment dated [DATE] documented Resident #1 had moderate cognitive impairment, required supervision/ touch assistance for ambulation, and was at risk for wandering behavior.There was no documented evidence that Resident #1 had a Comprehensive Care Plan for psychiatric medication.Resident #1's Comprehensive Care Plan Titled Resistance was initiated on 07/19/2025 and documented Resident #1 was at risk for resistance to care and/or medication administration related to adjusting to nursing home, dementia, and mental health issues. Interventions included but were not limited to, to document incidents of behavior and notify the social worker and the medical doctor of significant increases in behaviors and psychiatric evaluation as needed.Resident #1's Comprehensive Care Plan titled Mood was initiated on 07/24/2025 and documented Resident #1 had a mood problem related to Disease Process (Dementia). Interventions included but were not limited to monitor/record mood to determine if problems seemed to be related to external causes, to administer medications as ordered and to monitor/document for side effects and effectiveness. Resident #1's physician order dated 07/16/2025 documented to administer Quetiapine Fumarate (Seroquel, an antipsychotic medication used to treat mental health conditions) oral tablet 25 milligrams three (3) times a day for a diagnosis of Mild Dementia.Resident #1's Medication Administration Record dated July 2025 documented of 42 opportunities for the administration of the Quetiapine Fumarate 25 milligrams Resident #1 refused 12 doses.Resident #1's Medication Administration Record dated August 2025 documented of 93 opportunities for the administration of the Quetiapine Fumarate 25 milligrams Resident #1 refused 40 doses.Resident #1's Medication Administration Record dated September 2025 documented of 90 opportunities for the administration of the Quetiapine Fumarate 25 milligrams Resident #1 refused 65 doses.Resident #1's Medication Administration Record dated 10/01/2025 to 10/17/2025 documented 70 opportunities for the administration of the Quetiapine Fumarate 25 milligrams Resident #1 refused 23 doses.Psychiatric Progress Notes dated

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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 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. (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 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the abbreviated survey (Intake ID 2645865) initiated on 10/17/2025 and completed on 11/06/2025, the facility failed to ensure that a resident who displayed or was diagnosed with a mental disorder or psychosocial adjustment difficulty, or who had a history of trauma and/or post-traumatic stress disorder, received appropriate treatment and services to correct the assessed problem or attain the highest practicable mental and psychosocial well-being. This was identified for one (1) (Resident #1) of twelve (12) sampled residents. Specifically, Resident #1 was assessed as having wandering and exit seeking behavior. Resident #1 had a significant emotional experience after which there was an increase in wandering behavior. There was no documented evidence that a psychosocial assessment was completed for Resident #1 following their significant emotional experience. On 10/17/2025, Resident #1 was observed on the ground below their third story room window. This resulted in Resident #1 sustaining multiple fractures that required hospitalization that is Immediate Jeopardy.The finding is:The facility's policy titled, Behavioral Health Policy, reviewed in July 2025 defined Mental disorder as usually associated with significant distress or disability in social, occupational, or other important activities. The facility would ensure that the necessary behavioral health care services are person-centered. Behavioral health encompasses a resident's whole emotional and mental well-being, which included, but is not limited to, the prevention and treatment of mental and substance abuse disorders, psychosocial adjustment difficultly, and trauma or post-traumatic stress disorders.The facility's policy titled, Suicide Prevention Policy reviewed in June 2025 documented the facility's policy was to act quickly and appropriately if a resident expressed thoughts of suicide. Compliance guidelines included, but were not limited to, to objectively and thoroughly document the resident's mood and behavior, as well as actions taken in the medical records and to immediately notify the resident's physicians if the resident presented with suicidal ideation.Resident #1 had diagnoses that included dementia, strange and inexplicable behavior, and homelessness. Resident #1's Minimum Data Set (resident assessment tool) dated 07/23/2025 documented Resident #1 had moderate cognitive impairment and required supervision, touch assistance for ambulation, and was at risk for wandering behavior.Resident #1's hospital Discharge summary dated [DATE] documented on 07/07/2025, Resident #1 was brought to the hospital after they were found walking along the highway looking for their boyfriend (Resident #2). The hospital discharge summary documented Resident #1 was alert and confused, weepy at times about wanting to see their boyfriend. Resident #2 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental health condition characterized by significant mood swings that include emotional highs and lows), type 2 diabetes, chronic multifocal osteomyelitis (an inflammatory bone disease that causes pain and inflammation) of the right foot and ankle, Resident #2 was identified by the facility as the boyfriend of Resident #1. There was facility documentation that Resident #1 and Resident #2 knew each other prior to admission. An Electronic Medical Record census report dated 07/31/2025 documented Resident #1 was moved into Resident #2's room the day Resident #2 was admitted to the facility.Resident #1's Comprehensive Care Plan for Wandering/Exit Seeking initiated on 07/17/2025, documented Resident #1 wandered related to cognitive impairment and was at risk for injury related to adjustment issues, mild dementia, and mental illness. Interventions included, but were not limited to, to attempt to determine any pattern or cause of wandering, administer medications as ordered and to monitor and document for effectiveness and potential adverse side effects.Resident #1's Comprehensive Care Plan for Psychosocial Wellbeing initiated on 10/02/2025, documented Resident #1 had a psychosocial wellbeing problem, little interest or pleasure in doing things. The intervention was to provide assistance, encouragement and support to identify problems that cannot be controlled. Resident #1's physician order dated 07/16/2025 documented to administer quetiapine fumarate (Seroquel, an antipsychotic medication used to treat mental health conditions) oral tablet 25 milligrams three (3) times a day for mild dementia.Resident #1's Medication Administration Record dated July 2025 documented of 42 opportunities for the administration of the quetiapine fumarate 25 milligrams, Resident #1 refused 12 doses.Resident #1's Medication Administration Record dated August 2025 documented of 93 opportunities for the administration of the quetiapine fumarate 25 milligrams, Resident #1 refused 40 doses. Resident #1's Medication Administration Record dated September 2025 documented of 90 opportunities for the administration of the quetiapine fumarate 25 milligrams, Resident #1 refused 65 doses.Resident #1's Medication Administration Record dated 10/01/2025 to 10/17/2025 documented of 70 opportunities for the

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, record review, and interviews during the Abbreviated Survey (Intake ID 2633011 and 2645865) the facility did not ensure all drugs and biologicals were stored in a locked compartment and accurately labeled. This was identified for one (1) of two (2) facility treatment carts. Specifically, the treatment cart on the first floor was noted to be unlocked with the second drawer open in the hallway without any staff members present. The finding is: The facility policy titled Medication Storage reviewed in June 2024 documented all drugs and biologicals will be stored in locked compartments under proper temperature controls. Only authorized personnel will have access to the keys to locked compartments. During a medication pass, medications must be under the direct observation of the person administering medication or locked in the medication storage area/cart.During an observation on 11/04/2025 at 2:00PM a treatment cart was observed outside Resident #12's room. The treatment cart was unlocked, and the second drawer was open about three inches and treatment medications were visible to the surveyors. Registered Nurse #2 exited Resident #12's room and stated they were using the treatment cart.During an interview on 11/04/2025 at 2:06 PM, Registered Nurse #2 stated that the treatment cart was unlocked, and the lock was broken. Registered Nurse #2 stated they accepted the treatment cart with the broken lock at the beginning of their shift and that the lock had been broken for a while. Registered Nurse #2 stated they should not have accepted a treatment cart without a functioning lock because residents could get into the treatment cart and take a medication.During an interview on 11/04/2025 at 4:08PM, with Director of Nursing Services they stated that all treatment carts should be locked and if they are unlocked the nurse should be present at the cart. The Director of Nursing Services stated that if the lock was not working, the cart should not have been in use because a resident could potentially obtain and ingest a treatment medication from the cart. 10 NYCRR 415.18(e)(1-4)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** S483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. S483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: S483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to S483.71 and following accepted national standards; S483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. S483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. S483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. S483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.Interpretive GuidelinesINTENT The intent of this regulation is to ensure that the facility: Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection to the extent possible and reviews and updates the IPCP annually and as necessary. This would include revision of the IPCP as national standards change; Establishes facility-wide systems for the prevention, identification, reporting, investigation and control of infections and communicable diseases of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases and infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections. NOTE: For purposes of this guidance, staff includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. Develops and implements written policies and procedures for infection control that, at a minimum: o Define standard precautions to prevent the spread of infection and explain their application during resident care activities; o Define transmission-based precautions and explain how and when they should be utilized, including but not limited to, the type and duration of precautions for particular infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident's ability to follow the precautions; o Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and o Require staff to follow hand hygiene practices consistent with accepted standards of practice. Requires staff to handle, store, process, and transport all linens and laundry in accordance with accepted national standards in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible.Based on observations, record review, and interviews during the abbreviated survey (Intake ID: 2633011), the facility did not ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. This was identified for one (resident #12) of twelve residents. Specifically, resident #12 was on contact precautions for methicillin resistant staphylococcus aureus infection (type bacteria not treatable by most antibiotics, contagious) for a foot wound infection, without donning and doffing personal protective equipment as per physicians medical order. The findings are:The facility policy titled 'Infection Prevention and Control Policy and Prevention: Infection Prevention and Control Program' effective 12/2024, revised