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Tigard Rehabilitation and Care	14145 SW 105th Avenue Tigard, OR 97224

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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 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review it was determined the facility failed to ensure the community use glucometer was properly sanitized between resident use for 2 of 2 sampled residents (#s 9 and 53) reviewed for infection control during CBG checks. This failure, determined to be an Immediate Jeopardy (IJ) situation, placed all residents who required CBG checks at significant risk for bloodborne illness. On 5/6/26 the facility was informed of the IJ situation and provided a copy of the IJ template. Findings include:The True Metrix Blood Glucose System manufacturer instructions indicated to disinfect the meter with EPA-registered wipes between each resident. The 7/2023 facility policy for Glucometer Disinfection indicated to disinfect the glucometer after each individual patient use with EPA registered wipes. On 5/6/26 at 7:39 AM Staff 3 (RN) was observed to obtain a CBG for Resident 53 in the resident's room using a True Metrix Blood Glucose System glucometer. Staff 3 exited the room, placed the glucometer on the cart and did not disinfect the glucometer. Continuous observations were made between 7:39 AM and 7:59 AM of Staff 3 completing other nursing tasks. On 5/6/26 at 7:59 AM Staff 3 gathered supplies including the same soiled (unsanitized) glucometer used for the previous resident, and prepared to enter Resident 9's room. The surveyor asked Staff 3 how often glucometers were cleaned and Staff 3 stated they were cleaned several times per shift, or when visibly soiled. Staff 3 stated he did not clean the glucometer between every patient, and within an eight hour period he probably cleaned it three times. Staff 3 proceeded into Resident 9's room without disinfecting the glucometer, and the State Surveyor intervened. When cued by the State Surveyor, Staff 3 returned to the cart and disinfected the glucometer. On 5/6/26 at 8:17 AM Staff 2 (DNS) stated staff were to use disinfecting wipes on the glucometer between each resident. On 5/6/26 at 8:35 AM Staff 2 (DNS) provided a list of 20 residents who required CBG checks, which included Resident 9 who had a diagnosis of Hepatitis C, and Resident 60 who had a diagnosis of Methicillin Resistant Staphylococcus Aureus (MRSA). According to the CDC's 9/2/25 Hepatitis C Basics document, Hepatitis C is a liver disease which ranges from mild illness to a serious, long-term illness. Most people who get infected will develop a chronic, or lifelong, infection which can cause liver failure and death. Hepatitis C is spread when blood from an infected person - even microscopic amount - enters the body of someone who is not infected. The best way to prevent contracting hepatitis C is to avoid behaviors that can spread the disease like sharing items that might come into contact with infected blood. On 5/6/26 at 10:30 AM Staff 3 stated he worked on all three of the facility's halls. (continued on next page)

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

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 5/6/26 at 3:30 PM the facility was informed that the facility's failure to disinfect the community use glucometer between residents constituted an Immediate Jeopardy situation. An IJ removal plan was requested. On 5/6/26 at 5:21 PM an acceptable facility IJ removal plan was submitted by the facility. The plan indicated the facility would implement the following actions: - All residents have the potential to be impacted by this deficient practice. All residents who were potentially exposed were put on alert charting to monitor for adverse effects. The physician was notified and is monitoring care. - All glucometers will be disinfected prior to next use. Staff 3 will receive individual counseling on the policy and risks to residents. - All licensed nurses will be in serviced on the policy prior to the start of their shift. All nurses will be observed following the policy correctly prior to being cleared to work independently. Licensed nurses will not be allowed to work until the in service is completed. - To ensure continued compliance, the DNS or designee will complete five random audits weekly for glucometer cleaning. Results will be reported to QAPI. This will be completed for one month minimum or until compliance is reached. The immediacy was removed on 5/9/26 after verification of completion of the IJ removal plan. following removal of the immediacy, the remaining noncompliance continued with no actual harm, with potential for more than minimal harm that is not immediate jeopardy. 2. Based on observation, interview and record review the facility failed to use proper PPE for residents on Enhanced Barrier Precautions for 1 of 6 sampled residents (#10) reviewed for infection control. This placed residents at risk for cross-contamination. Findings include: According to the Centers for Disease Control and Prevention (CDC) website (https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html): Use Contact Precautions for patients with known or suspected infections that present an increased risk for contact transmission. Use personal protective equipment (PPE) appropriately including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. The facility's Enhanced Barrier Precautions (EBP) policy, revised 12/2024, indicated EBP were utilized to prevent the spread of multi-drug-resistant organisms (MDROs) and included the following: - EBP infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms (MDROs) during high contact resident care activities. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	- EBP's employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. - Gloves and gown are applied prior to performing the high contact resident care activity - Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs included wound care. Resident 10 admitted to the facility in 9/2024 with diagnoses including right femur fracture and history of ESBL (extended-spectrum beta lactamases, enzymes that make any common antibiotics ineffective) infection. On 5/7/26 at 9:21 AM Staff 3 (RN) stated he was preparing the wound care treatments to bring into Resident 10's room. Staff 3 entered Resident 10's room which had a CDC Enhanced Barrier Precautions (EBP) sign prominently displayed on the door. Staff 10 had gloves and a face mask on, but did not wear a gown. Staff 3 completed wound care to Resident 10's left knee, doffed his gloves, exited the room, and returned to the treatment care. On 5/7/26 at 9:30 AM Staff 3 stated he had minimal resident contact and wore gloves and a mask when performing wound care on Resident 10. Staff 3 stated he did not feel that wearing a gown was necessary. Staff 3 reviewed the CDC EBP sign on Resident 10's door and stated he was unsure if the resident was still on precautions, or if the sign was old. On 5/7/26 at 2:07 PM Staff 14 (Corporate IP) stated she expected all staff to follow EBP when performing wound care.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review it was determined the facility failed to ensure foods and fluids were served in a manner to prevent accidental choking for 2 of 3 sampled residents (#s 28 and 30) reviewed for accidents. This failure, determined to be an Immediate Jeopardy situation (IJ), resulted in Resident 30 choking after the resident received food of the wrong texture. This failure also placed other residents at risk for choking and lack of oxygen. It was determined the IJ began on 3/26/26. On 5/6/26 the facility was notified of the IJ situation and was provided a copy of the IJ template. Findings include: a. Resident 30 admitted to the facility in 1/2026 with diagnoses including stroke and dysphagia (swallowing difficulty). A 1/23/26 admission MDS indicated Resident 30 had a BIMS score of 8 indicating moderate cognitive impairment. The MDS indicated the resident had a swallowing disorder including coughing or choking during meals. A review of Resident 30's progress notes revealed on 2/8/26 at 9:00 AM the resident was given sausage for breakfast. Resident 30 required upward pressure to abdomen by staff to dislodge a piece of sausage from the resident's throat and clear her/his airway. A review of Resident 30's current care plan for aspiration precautions, initiated on 2/16/26, indicated the resident was to receive one on one assistance for all meals. Staff were to encourage the resident to be up in the wheelchair for all meals, encourage self-feeding with taking bite size pieces on a weighted spoon and fork with meals. The care plan also indicated: Attend to left side, slow rate, small bites, upright, thin liquids and soft and bite sized diet. A review of Resident 30's progress revealed on 3/26/26 at 6:15 PM the resident requested a sandwich and was given a meat sandwich by Staff 31 (CNA). Resident 30 took several bites and began to choke. Staff 31 provided back pats to Resident 30 who coughed up pieces of food. Resident 30 continued to cough up food and choke and required the Heimlich maneuver (abdominal thrusts used in first-aid to clear upper airway obstruction caused by food, or other foreign objects in conscious individuals who cannot breathe, speak or cough effectively) from Staff 5 (Maintenance Director) who was nearby. On 5/6/26 at 9:48 AM Staff 5 stated on 3/26/26 he was moving furniture between two offices when he noticed Staff 31 and Staff 32 (LPN) racing by looking for the crash cart around the nurses station. Staff 5 stated Resident 30 looked purple and appeared to be choking. Staff 5 stated he reached behind Resident 30 and gave her/him the Heimlich maneuver and a large piece of meat flew out of her/his mouth. On 5/6/26 at 4:40 PM Staff 32 stated on 3/26/26 she was informed by Staff 31 that Staff 31 gave Resident 30 a meat sandwich and the resident was choking. Staff 32 went to retrieve the LiveVac choking device (an airway clearance device developed for resuscitating a victim with an airway obstruction when current choking protocols have been followed without success) on the crash cart. On 5/6/26 at 5:16 PM Staff 31 stated she was not the assigned CNA for Resident 30 on 3/26/26. Resident 30 requested a sandwich after dinner and Staff 31 gave the resident a meat sandwich (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	without checking the resident's current diet. Staff 31 stated she worked with Resident 30 one previous time and she/he was on a regular diet at that time, and she assumed the resident had the same diet texture as before. Staff 31 was next to the resident while she/he was eating the sandwich and provided the initial back pats to dislodge the smaller pieces when the resident began choking. Resident 30 requested water and continued to cough and then became silent. Staff 31 stated she informed Staff 32 of the incident and went to retrieve the LiveVac choking device while Staff 5 administered the Heimlich maneuver. b. Resident 28 was admitted to the facility in 6/2024 with diagnoses including a stroke and dysphagia (difficulty swallowing). Resident 28's 2/16/26 Speech Evaluation indicated the resident had clinical signs and symptoms of dysphagia while using a straw with thin liquids. Resident 28's 4/4/26 Quarterly MDS indicated the resident was at risk of choking and required a mechanically altered diet. Resident 28's 4/20/26 care plan indicated the resident was at risk for aspiration and was required to be upright during meals with distant supervision and no straws. An observation on 5/6/26 at 12:19 PM revealed a bright red sign posted above Resident 28's bed which read STOP NO STRAWS. Resident 28 was observed to have a half empty cup of grape juice on her/his overbed table which contained a straw. On 5/6/26 at 12:24 PM Staff 30 (CNA) stated residents with aspiration precautions had a bright red stop sign posted in their room, above their bed, which was an indicator the resident had a special texture diet and could not have straws. On 5/6/26 at 12:25 PM Staff 2 (DNS) and the surveyor observed Resident 28 with a straw in her/his half empty juice cup and Staff 2 acknowledged Resident 28 was an aspiration risk and it was not safe for her/him to use a straw. c. On 5/6/26 at 3:30 PM the facility was informed that the failure to ensure treatment interventions were implemented to prevent choking accidents constituted an Immediate Jeopardy situation. An IJ removal plan was requested. On 5/6/26 at 5:21 PM an acceptable facility IJ removal plan was submitted by the facility. The plan indicated the facility would implement the following actions: - All residents have the potential to be impacted by this deficient practice. The residents with orders to not use a straw will be placed on alert charting to monitor for signs of aspiration, the physician was notified, and a speech evaluation was ordered by the physician.- The aspiration orders for all residents will be compared to the aspiration signs and binders to ensure accurate precautions are in place for the residents.- All licensed nurses, CMAs, and CNAs will be inserviced on the aspiration risk and management policy and aspiration binder prior to starting their next shift. Licensed nurses, CMAs, and CNAs will not be allowed to work until the inservice is completed. - To ensure continued compliance with the aspiration policy, dining room and hallway monitoring will be conducted to ensure residents who have aspiration risk are supervised appropriately for all 3 meals. The results of these audits will be reported to the DNS, who will report this to the QAPI committee. These audits will be (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	completed for 1 month minimum or until compliance is achieved. On 5/11/26 at 9:40 AM it was determined the immediacy was removed on 5/9/26 after verification of completion of the IJ removal plan. Following removal of the immediacy, the remaining noncompliance continued at the scope and severity of no actual harm with potential for more than minimal harm that is not immediate jeopardy.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review it was determined the facility failed to ensure staff adhered to professional standards related to disinfection of common use glucometers, following physician orders, unnecessary medications, and infection control during wound care for 1 of 1 licensed nurse (Staff #3) reviewed for infection control and medication administration. This placed residents at risk for bloodborne illness, uncontrolled hypertension, and hypoglycemia. Findings include: 1. The True Metrix Blood Glucose System manufacturer instructions indicated to disinfect the meter between each person with EPA-registered wipes. The 7/2023 facility policy for Glucometer Disinfection indicated to disinfect after each individual patient use with EPA registered wipes. On 5/6/26 at 7:39 AM Staff 3 (RN) was observed to obtain a CBG for Resident 53. Staff 3 exited the room, placed the glucometer on the cart and did not disinfect it. Continuous observations were made between 7:39 AM and 7:59 AM of Staff 3 completing other nursing tasks. On 5/6/26 at 7:59 AM Staff 3 gathered supplies including the unsanitized glucometer and prepared to enter Resident 9's room. The surveyor asked Staff 3 how often glucometers were cleaned and Staff 3 stated they were cleaned several times in a shift, or if visibly soiled, but he did not clean it between every patient. Staff 3 stated within an eight hour period he probably cleaned it three times. Staff 3 proceeded into Resident 9's room without disinfecting the glucometer. The State Surveyor intervened and when cued, Staff 3 returned to the cart and disinfected the glucometer. On 5/6/26 at 8:17 AM Staff 2 (DNS) stated the expectation was for staff to use disinfecting wipes between resident use. Refer to F880. 2. Resident 5 admitted to the facility in 2022 with diagnoses including diabetes. A 2/20/26 physician order indicated the use of Novolog insulin. The order indicated 2 units of insulin was to be given before meals and was only to be administered if the CBG (capillary blood sugar) was greater than 150. Review the 4/2026 and 5/2026 DAR (Diabetic Administration Record) indicated from 4/1/26 to 5/6/26, Resident 5 was administered insulin when her/his blood sugars were below 150. Staff 3 (RN) was noted to have administered insulin to Resident 5 one or more times when her/his blood sugar level was under 150 for the following dates: 4/17/26 4/24/26 5/1/26 5/6/26 On 5/6/26 at 10:30 AM Staff 3 stated he was not aware the order indicated to only administer insulin (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for blood sugars over 150. Staff 3 stated he did not fully read the order and used his clinical judgement as the resident's blood sugar tended to run high after meals. Staff 3 acknowledged he was supposed to follow the physician's order and acknowledged he administered insulin to Resident 5 when her/his blood sugar was under 150 on the identified dates. Refer to F684. 3. Resident 10 admitted to the facility in 9/2024 with diagnoses including right femur fracture and history of ESBL (extended-spectrum beta lactamases, enzymes that make any common antibiotics ineffective) infection. On 5/7/26 at 9:21 AM Staff 3 (RN) stated he was preparing the wound care treatments to bring into Resident 10's room. Staff 3 entered Resident 10's room with a CDC Enhanced Barrier Precautions (EBP) sign prominently displayed on the resident's room door. Staff 10 had gloves and a face mask on but did not wear a gown. Staff 3 completed wound care to Resident 10's left knee, doffed his gloves, exited the room, and returned to the treatment cart. On 5/7/26 at 9:30 AM Staff 3 stated he had minimal resident contact and wore gloves and a mask when performing wound care on Resident 10. Staff 3 stated he did not feel it was necessary to wear a gown. Staff 3 reviewed the CDC EBP sign on Resident 10's door and Staff 3 stated he was unsure if the resident was still on precautions or if the sign was old. On 5/7/26 at 2:07 PM Staff 14 (Corporate IP) stated she expected all staff to follow EBP when performing wound care. Refer to F880. 4. Resident 42 was admitted to the facility in 1/2023 with diagnoses including Hypertensive Heart and Chronic Kidney Disease with Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease. (High blood pressure that has caused damage to the heart and kidneys, including heart failure and chronic kidney disease ranging from mild to severe stages). Resident 42's 2/1/24 Physician Order Hydralazine HCl Oral Tablet 25 MG (Hydralazine HCl), give 25 mg by mouth every 8 hours as needed related to ESSENTIAL (PRIMARY) HYPERTENSION for SBP greater than 160 or DBP greater than 80. Review of Resident 42's 4/2026 MAR indicated eleven instances when the blood pressure was outside of parameters, and the PRN medication was not provided. Resident 42 was not documented as receiving PRN Hydralazine HCl Oral Tablet 25 mg on the eleven instances from 4/5/26 through 5/3/26 despite blood pressure readings meeting parameters identified in the physician orders. On 5/7/26 at 2:23 PM, Staff 3 indicated he was not familiar with Resident 42. Staff 3 initially denied checking Resident 3's blood pressure. Staff 3 then reviewed the documentation and acknowledged checking Resident 3's blood pressure. Staff 3 was unable to provide a rationale for why the PRN medication was not administered. Staff 3 stated he probably rechecked the blood pressure later and it was fine. Staff 3 acknowledged no rechecks were documented. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/8/26 at 9:26 AM, Staff 2 (DNS) acknowledged Staff 3 should have administered Resident 42's PRN Hydralazine in accordance with the physician orders on the eleven instances from 4/5/26 through 5/3/26. Refer to F684

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review it was determined the facility failed to ensure appropriate medication storage temperatures were logged and maintained, failed to ensure proper labeling of biologicals and failed to ensure a medication cart was properly secured for 1 of 1 medication refrigerator, for 1 of 3 treatment carts and 1 of 4 medication carts reviewed for safe medication storage. This placed residents at risk for receiving medications with reduced efficacy and unauthorized access to medications. Findings include: 1. On 5/6/26 at 7:51 AM one open, undated vial of tuberculin (used for testing in the diagnosis of Tuberculosis) was observed in the medication room refrigerator.The manufacturer's instructions indicated to discard the medication 30 days after opening.On 5/6/26 at 7:51 AM Staff 3 (RN) acknowledged the vial of tuberculin was open and not labeled with an open date.On 5/6/26 at 8:17 AM Staff 2 (DNS) stated the expectation was for open medications to be labeled with open dates.2. On 5/6/26 at 8:17 AM the medication room refrigerator was observed to contain insulin and vaccines and the temperature log was observed to be incomplete on the following dates: 4/1/26; 4/2/26; 4/3/26; 4/4/26; 4/6/26; 4/7/26; 4/8/26; 4/9/26; 4/10/26; 4/11/26; 4/12/26; 4/13/26; 4/14/26; 4/15/26; 4/16/26; 4/17/26; 4/18/26; 4/20/26; 4/21/26; 4/22/26; 4/23/26; 4/24/26; 4/25/26; 4/27/26; 4/28/26; 4/29/26; 4/30/26; 5/1/26; 5/2/26; 5/4/26 and 5/5/26.On 5/6/26 at 8:17 AM Staff 2 (DNS) acknowledged the medication room refrigerator contained insulin and vaccines and acknowledged the temperature logs were incomplete. Staff 2 stated the expectation was for staff to complete the temperature logs twice daily.3. On 5/6/26 at 8:17 AM the medication room refrigerator temperature logs indicated the temperature was 34 F on 4/19/26 at 7:10 AM. The temperature requirements on the form indicated the temperatures were to be kept at 36 F to 46 F.On 5/6/26 at 8:17 AM Staff 2 (DNS) acknowledged the medication room refrigerator contained insulin and vaccines and acknowledged the temperature log indicated the temperature was 34 degrees on 4/19/26. Staff 2 stated the expectation was for temperatures to be kept between 36 F and 46 F.4. On 5/6/26 continuous observations were made from 11:14 AM to 11:42 AM of the medication cart on the 100 hall, the keys were hanging out of the cart and it was left unlocked and unattended.On 5/6/26 at 11:42 AM Staff 2 (DNS) acknowledged the medication cart was left unlocked and unattended, the keys were hanging out of the cart and the cart contained medications.5. On 5/8/26 at 9:27 AM the 200 hall treatment cart was observed to contain two open vials of Admelog insulin without open dates.On 5/8/26 at 9:27 AM Staff 13 (LPN) acknowledged the two vials of Admelog insulin were open without open dates.On 5/8/26 at 9:40 AM Staff 2 (DNS) stated the expectation was for open insulin to be labeled with open dates.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview it was the determined the facility failed to ensure staff wore hair restraints for 1 of 1 Staff (#6) reviewed for kitchen. This placed residents at risk for cross contamination. Findings include: The facility's 2001 Food Preparation and Service Policy indicated food and nutrition service staff were to wear hair restraints (hair net, hat, beard restraint, etc.) so that hair did not contact food.On 5/4/26 at 10:10 AM Staff 6 (Cook) was observed in the kitchen at the counter prepping food wearing a bandana around her head and her hair in a clip. Staff 6's hair was not fully covered, and she was not wearing a hair restraint.On 5/4/26 at 10:11 AM Staff 6 acknowledged she was not wearing a hair restraint. Staff 7 (Dietary Manger) stated staff were to wear hair restraints and acknowledged Staff 6 was not wearing a hair restraint.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to assess the appropriateness and effectiveness of psychotropic medication use for 1 of 5 sampled residents (#5) reviewed for medications. This placed residents at risk for receiving unnecessary psychotropic medications. Findings include: Resident 5 was admitted to the facility in 2022 with diagnoses including bipolar disorder.Review of Resident 5's physician orders indicated the use of Abilify (antipsychotic) and bupropion (antidepressant) for bipolar disorder.A 10/16/25 Psychoactive Drug Review indicated Resident 5 readmitted to the facility on [DATE] with a diagnosis of bipolar disorder and was administered Abilify and bupropion. The review indicated no changes were recommended and her/his depressive symptoms were to be monitored and reassessed the following month.Review of Resident 5's medical record indicated no psychoactive drug review was completed after 10/16/25.On 5/6/26 at 11:45 AM Staff 8 (SSD) stated psychoactive drug reviews were to be completed monthly. Staff 8 acknowledged Resident 5 was not reassessed with a psychoactive drug review since 10/16/25.On 5/8/26 at 9:04 AM Staff 2 (DNS) acknowledged Resident 5 did not have a psychoactive drug review since October of 2025.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview and record review it was determined the facility failed to ensure care plan interventions were individualized for 1 or 1 sampled resident (#42) reviewed for ADLs. This placed residents at risk for unmet needs and receiving non-individualized care interventions. Findings include: Resident 42 was admitted to the facility in 1/2023 with diagnoses including urinary incontinence.Resident 42's 1/22/26 Annual MDS revealed a BIMS score of 15, indicating the resident was cognitively intact, and the resident was always incontinent of bladder and bowel.Resident 42's 2/6/26 care plan identified the resident had episodes of bladder incontinence r/t limited mobility, and cognitive impairment and included the intervention to Ensure resident has bedside urinal within reach, Encourage usage, Check and empty at regular intervals.Observations from 5/4/26 through 5/6/26 between the hours of 11:50 AM and 4:30 PM revealed no urinal cup was present at Resident 42's bedside.An interview on 5/6/26 at 4:33 PM, Resident 42 stated she/he never had a urinal at bedside and indicated she/he was physically unable to use a urinal prior to admission to facility. An interview on 5/7/26 at 9:09 AM, Staff 17 (CNA) stated Resident 42 did not have a bedside urinal and to her knowledge never used one.An interview on 5/7/26 at 2:35 PM, Staff 16 (LPN) stated Resident 42 did not have a bedside urinal and indicated use of a urinal was impossible for the resident due to the resident's limitations.An interview on 5/8/26 at 9:26 AM, Staff 2 (DNS) stated urinal cup by the bed was listed as an option within the care plan template and a previous DNS may have selected the intervention in error. Staff 2 stated the intervention was not individualized or specific to Resident 42 and staff did not previously identify the discrepancy.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview and record review it was determined the facility failed to clarify and follow physician orders for 1 of 1 sampled resident (#42) reviewed for Activities of Daily Living (ADLs). This placed residents at risk for unmet needs and uncontrolled hypertension. Findings include:Resident 42 was admitted to the facility in 1/2023 with diagnoses including Hypertensive Heart and Chronic Kidney Disease with Heart Failure and Stage 1 Through Stage 4 Chronic Kidney Disease. (High blood pressure that has caused damage to the heart and kidneys, including heart failure and chronic kidney disease ranging from mild to severe stages).Resident 42's 1/22/26 Annual MDS revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident 42's 7/21/24 Physician Order indicated Obtain BP (Blood Pressure) see PRN Hydralazine order for DBP (Diastolic Blood Pressure) greater than 90 and SBP (Systolic Blood Pressure) greater than 140 three times a day.Resident 42's 2/1/24 Physician Order indicated Hydralazine HCl Oral Tablet 25 MG (Hydralazine HCl), give 25 mg by mouth every 8 hours as needed related to essential (primary) hypertension for SBP greater than 160 or DBP greater than 80.A review of Resident 42's clinical record revealed no indication that the discrepancy between the two physician orders was identified or clarified. Review of Resident 42's blood pressure readings from 4/1/26 through 5/7/26 revealed multiple readings outside ordered parameters, including:0700 hours:4/1/26 134/954/3/26 144/704/4/26 150/704/5/26 156/824/7/26 142/744/11/26 161/874/12/26 155/854/17/26 143/724/24/26 148/784/25/26 146/704/30/26 142/845/1/26 156/775/3/26 144/83 1500 hours:4/2/26 134/954/3/26 144/654/4/26 148/704/5/26 156/824/12/26 155/854/17/26 143/654/24/26 146/704/28/26 148/794/30/26 142/845/1/26 146/785/3/26 144/835/7/26 149/80 2300 hours:4/2/26 141/894/7/26 140/845/1/26 141/71Review of the 4/2026 and 5/2026 MARs revealed no indication the PRN Hydralazine was provided on identified dates. On 5/7/26 at 2:23 PM, Staff 3 (RN) initially he did not check Resident 42's blood pressure; however, after reviewing documentation showing he entered the readings, Staff 3 stated he probably rechecked the blood pressure 30 minutes later and it was fine, which was why the PRN Hydralazine was not administered. Staff 3 acknowledged rechecks were not documented. Staff 3 further indicated he did not identify the discrepancy between the physician orders and stated if he noticed it, he would have notified the physician.On 5/7/26 at 5:21 PM, Staff 18 (LPN) indicated she was familiar with Resident 42 and routinely obtained the resident's blood pressure readings. Staff 18 stated she did not recall the specific dates in April and did not recall administering PRN Hydralazine. Staff 18 acknowledged she was unaware of the discrepancy in physician orders and stated she would have contacted the physician had she identified it.On 5/8/26 at 9:26 AM, Staff 2 (DNS) acknowledged there were errors and discrepancies in the physician orders and the PRN Hydralazine was not administered according to the orders.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview and record review it was determined the facility failed to provide appropriate treatment and services to maintain and prevent a potential decrease in ROM or mobility for 1 of 1 sampled resident (#49) reviewed for positioning and mobility. This placed residents at risk for loss of ROM and mobility. Findings include:Resident 49 was admitted to the facility in 11/2024 with diagnoses including muscle wasting atrophy (a condition of thinning muscle tissue, resulting in weakness).A 11/14/25 Occupational Therapy Discharge Summary indicated Resident 49 was to participate in a restorative range of motion program to maintain the highest level of function for the resident's upper extremities.A 11/16/25 Annual MDS indicated Resident 49 had range of motion impairment to both upper and lower extremities on one side and required minimal assistance with upper body dressing.A 2/16/26 Quarterly MDS indicated Resident 49 had range of motion impairment to both upper and lower extremities on one side and required substantial/maximal assistance with upper body dressing.A 2/25/26 care plan indicated Resident 49 was at risk for pain related to decreased mobility and a listed interventions for staff to attempt to decrease pain was exercise. No additional information was found related to the preservation of Resident 49's mobility.On 5/4/26 at 11:05 AM Resident 49 stated she/he did not receive therapy and had concerns related to her/his mobility. Resident 49 stated she/he noticed a decrease in her/his ability to do normal daily activities which was related to the stiffness in her/his joints. Resident 49 denied pain and stated the decline in her/his ability to do things independently was related to not moving my body enough.On 5/6/26 at 9:28 AM Staff 17 (CNA) stated Resident 49 experienced a decline in range of motion over the past few months. Staff 17 stated she recently noticed the resident struggle to complete tasks like oral care without assistance due to the resident being unable to reach certain items on her/his overbed table which was something the resident did not struggled with before. Staff 17 stated Resident 49's care plan did not indicate the resident was to receive range of motion exercises.On 5/7/26 at 11:07 AM Staff 26 (Occupational Therapist) stated the last time Resident 49 was assessed by therapy was in 11/2025 and at that time the resident had some ability to dress her/his upper body with minimal assistance. Staff 26 stated the recommendation by therapy was for Resident 49 to receive range of motion exercises daily to maintain her/his current level of mobility to prevent decline.On 5/7/26 at 2:03 PM Staff 2 (DNS) stated Resident 49's care plan did not reflect the recommendations given by therapy to preserve the resident's range of motion and confirmed that led to a decline in the resident's range of motion ability.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review it was determined the facility failed to administer insulin as ordered for 1 of 5 sampled residents (#5) reviewed for medications. This placed residents at risk of receiving unnecessary medication. Findings include:A 2/20/26 physician order indicated the use of Novolog insulin. The order indicated 2 units of insulin was to be given before meals and was only to be administered if the CBG (capillary blood sugar) was greater than 150.Review the 4/2026 and 5/2026 DAR (Diabetic Administration Record) indicated from 4/1/26 to 5/6/26, Resident 5 was administered 2 units of insulin a total of 55 times when her/his blood sugars were below 150.Staff 3 (RN) was noted to have administered insulin one or more times to Resident 5 when her/his blood sugar level were under 150 for the following dates:4/17/264/24/265/1/265/6/26Staff 4 (LPN) was noted to have administered insulin one or more times to Resident 5 when her/his blood sugar level were under 150 for the following dates:4/2/264/6/264/9/264/13/264/14/264/16/264/20/264/21/264/23/264/27/264/28/265/4/265/5/26On 5/6/26 at 10:30 AM Staff 3 stated he was not aware the order indicated to only administer insulin for a blood sugar level over 150. Staff 3 stated he did not fully read the order and used his clinical judgement as the resident's blood sugar tended to run high after meals. Staff 3 further stated he should go by the physician's order and acknowledged he administered insulin to Resident 5 when her/his blood sugar was under 150 for the identified dates. On 5/7/26 at 10:14 AM Staff 4 stated he was not aware Resident 5's physician order indicated insulin was only to be administered for a blood sugar level over 150 due to the way the order was written. Staff 4 acknowledged he administered insulin to Resident 5 when her/his blood sugar was under 150 for the identified dates.On 5/8/26 at 9:04 AM Staff 2 (DNS) acknowledged Resident 5 was not administered insulin per physician orders.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview and record review it was determined the facility failed to ensure resident medical records were kept secured and confidential for 2 of 2 random observations. This placed residents at risk for lack of privacy and confidentiality. Findings include: 1. On 5/6/26 continuous observations were made from 11:14 AM to 11:42 AM of the 100 hall medication cart, it was left unattended and the computer screen was open and displayed Resident 41's name, date of birth and medication administration information.On 5/6/26 at 11:42 AM Staff 2 (DNS) acknowledged the medication cart was left unattended and the computer screen was open and displayed information including Resident 41's name, date of birth and medication administration information. Staff 2 stated the computer screen was supposed to be locked when the cart was unattended.2. On 5/8/26 continuous observations were made from 9:04 AM to 9:06 AM of the 200 hall medication cart, it was left unattended and the computer screen was open and displayed Resident 30's name, date of birth and medication administration information.On 5/8/26 at 9:06 AM Staff 12 (LPN) acknowledged the medication cart was left unattended and the computer screen was open and displayed information including Resident 30's name, date of birth and medication administration information.On 5/8/26 at 9:40 AM Staff 2 (DNS) stated the expectation was for staff to lock the computer screen when it was unattended.

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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. Based on interview and record review it was determined the facility failed to offer and obtain consent prior to administration of influenza and pneumococcal vaccinations for 2 of 5 sampled residents (#s 11 and 28) reviewed for immunizations. This placed residents at risk for pneumonia and being uninformed of the risks and benefits of vaccination. Findings include:A review of the revised 3/2022 facility Pneumococcal Vaccine policy for residents revealed the following:All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections.-Before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine.A review of the revised 3/2022 facility Influenza Vaccination policy for residents.-All residents and staff are encouraged to receive the vaccine unless there is a medical contraindication and providing education about the risk and benefits of vaccination.1. Resident 11 was admitted to the facility in 2022 with a diagnosis of Parkinsonism.A review of Resident 11's immunization record revealed she/he had received Prevnar13 on 7/2023 and was eligible but was not offered the CDC recommended pneumococcal vaccine.On 5/7/26 at 2:01 PM Staff 14 (Corporate IP) acknowledged Resident 11 was eligible for the pneumococcal vaccine but was not offered to the resident. 2. Resident 28 was admitted to the facility in 2024 with a diagnosis of stroke.A review of Resident 28 immunization record revealed the resident received the latest pneumococcal vaccine on 3/2025 and influenza vaccine on 2/2026. A review the Resident 28's EMR revealed the pneumococcal and influenza consents were not present electronically or on paper. On 5/6/26 at 11:42 AM Resident 28 did not recall receiving education regarding the risk and benefits for the pneumococcal or influenza vaccines.On 5/6/26 at 12:24 PM Staff 2 (DNS) stated he was unable to locate the pneumococcal or influenza vaccination consents for Resident 28. Staff 2 stated the previous DNS was in charge of the immunizations and kept all the files her office.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review it was determined the facility failed to ensure residents were offered the COVID-19 vaccine for 2 of 5 sampled residents (#s 11 and 62) reviewed for immunizations. This placed residents at risk for COVID-19 illness. Findings include:Review of the CDC's Staying Up To Date with COVID-19 Vaccines, dated 11/19/25, https://www.cdc.gov/covid/vaccines/stay-up-to-date.html, documented CDC recommends a 2025-2026 COVID-19 vaccine for people ages 6 months and older based on individual-based decision-making.Getting the 2025-2026 COVID-19 vaccine is especially important if you. are living in a long-term care facility.1. Resident 11 was admitted to the facility in 2022 with a diagnosis of Parkinsonism.A review of Resident 11's immunization record revealed Resident 11 was not offered the COVID-19 vaccine.On 5/7/26 at 2:01 PM Staff 14 (Corporate IP) stated Resident 11 was eligible for the COVID-19 vaccine, but it was not offered to the resident. 2. Resident 62 was admitted to the facility in 2024 with a diagnosis of osteomyelitis of the vertebrae.A review of Resident 62's immunization record revealed Resident 62 was not offered the COVID-19 vaccine.On 5/7/26 at 2:06 PM Staff 14 (Corporate IP) stated Resident 62 was eligible for the COVID-19 vaccine, but it was not offered to the resident.