STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395431	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Oaks Rehabilitation and Nursing Center	333 Newtown Road Warminster, PA 18974

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with residents and staff, and review of the facility policy, it was determined that the facility failed to provide a clean, safe, comfortable and homelike environment in one of the three nursing units observed (4th floor Nursing Units).Findings include: A review of the facility policy titled Homelike Environment revised February 2021, revealed Residents are provided with a safe, clean and comfortable and homelike environment and encouraged to use their personal belongings to the extend possible. It further states, these characteristics include clean, sanitary and orderly environment, clean bed, bath linens that are in good condition, pleasant, neutral scents. On March 2, 2025, at 10:41 a.m., observation was conducted with the Maintenance Director, Employee E12 who confirmed the following observations: -room [ROOM NUMBER]: Bathroom baseboard coming off; ceiling tile was damage. -room [ROOM NUMBER]: Call bell wire came off; not functioning per maintenance staff. -room [ROOM NUMBER]: No toilet paper bar; Resident R129 had no privacy curtain; middle drawer missing from door bed. -room [ROOM NUMBER]: Baseboard missing around sink bathroom. -room [ROOM NUMBER]: Bathroom door needed sanding; bathroom had holes present allowing visibility; no baseboard; exposed sheetrock near toilet and bottom of wall. -room [ROOM NUMBER]: Wall near door peeling. -room [ROOM NUMBER]: Bathroom call bell ripped out with exposed wires in the bathroom; baseboard damaged. -room [ROOM NUMBER]: Musty odor present. -room [ROOM NUMBER]: Bathroom had holes in the wall and damage to sheetrock; missing baseboards; exposed wires, two ceilings water-stained; wall around sink damaged; missing soap dispenser; hole behind toilet. -room [ROOM NUMBER]: missing toilet paper bar. -room [ROOM NUMBER]: missing bottom drawer. -room [ROOM NUMBER]: Both bedside drawers were broken; one of the two bedside drawers was missing a drawer. -room [ROOM NUMBER]: Both bedside drawers/tables broken; no toilet paper bar. -room [ROOM NUMBER]: Call bell not functioning. 28 Pa Code 201.18(b)(1)(3)Management

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on clinical record reviews, interviews with residents and staff and reviews of residents' menus and dietary policies and procedures, it was determined that the facility failed to ensure that a suitable nourishing snack was provided in the evening for 10 of 10 residents reviewed. (Residents: R26, R65, R23, R66, R84, R81, R104, R26, R121 and R112)Findings include: A review of the facility policy and procedure titled snacks, between meal and bedtime dated September 2001 revealed that the facility staff were responsible for providing the residents with adequate nutrition. The policy indicated that a staff member was responsible for recording the date and time that the snack was given to the resident, the amount of snack eaten by the resident, any special requests for snacks and if the resident refused the snack the reason for the refusal. The policy indicated that the supervisor was to be notified of the snack refusal. A group meeting held with alert and oriented residents (R65, R23, R66, R84, R81, R104, R26, R121 and R112) at 11:00 a.m., on March 3, 2026, revealed that residents were requesting to be offered a suitable nourishing snack in the evening. Clinical record review for Resident R121 revealed that this resident was not offered an evening snack regularly from February 3, 2026, through March 2, 2026. Clinical record review for Resident R104 revealed that this resident was not offered an evening snack regularly from February 4, 2026, through March 3, 2026. Clinical record review for Resident R23 revealed that this resident was not offered a suitable evening snack from February 2, 2026, through March 3, 2026. Interview with Resident R23 at 11:15 a.m., on March 3, 2026, revealed that this resident preferred variety of foods or fluids for an evening snack. Clinical record review for Resident R26 revealed that this resident was not offered an evening snack routinely from February 3, 2026, through March 4, 2026. Clinical record review for resident R81 revealed that this resident was not offered an evening snack regularly from February 3, 2026, through March 4, 2026. A review of the residents' menus as planned and approved, by the registered dietitian, for regular, mechanically altered and therapeutic diets revealed that there was no evening snacks planned outside the traditional meal service times. Interview with the registered dietitian, Employee E14, at 11:00 a.m., on March 3, 2026, confirmed that there were no preplanned menus for residents with regular, mechanically altered and therapeutic diets to include snack foods and fluids. The dietitian also confirmed that foods and fluids preferred as a suitable nourishing snack in the evening for each resident was not assessed and implemented into the nutritional care plan. Interview with the director of dietary services, Employee E13, at 11:15 a.m., on March 3, 2026, confirmed that there was no formal plan for nourishing evening snacks for residents receiving regular, mechanically altered and therapeutic diets. The director of dietary services said that bulk food items were set to the nursing stations based on food supplies in the kitchen. 28 PA. Code 211.10(a)(b)(c)(d) Resident care policies 28 PA. Code 211.12(d)(2)(3)(5) Nursing services 28 PA. Code 211.6(a) Dietary services

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure that advanced directives were accurately reflected in residence records for two of 31 residents reviewed (Resident R6 and Resident R9).Findings:Review of facility policy titled Advance Directives, revised [DATE], states If the Resident Has an Advance Directive: 1. If the resident or the residents representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff. 2. The director of nursing services (DNS) or designee notifies the attending physician of advance directives (or changes in advance directives) so that appropriate orders can be documented in the resident's medical record and plan of care. Review of Resident R9's clinical record revealed that resident was admitted to the facility on [DATE], with the diagnosis of intracerebral hemorrhage (a disease that occurs when blood vessels in brain burst). Review of Resident R9's physician order, dated February 28, 2026, indicates DNR/DNI (Do not resuscitate/ Do not intubate) and active order. Further review of Resident R9's physician order, dated [DATE], indicates Full code/ DNI and remained active through [DATE]. Review of Resident R9's comprehensive care plan, dated [DATE], indicates Resident's code status is Full Code/ DNI. Review of Resident R9's Pennsylvania orders for life sustaining treatment (POLST) Section A. Cardiopulmonary Resuscitation (CPR): CPR/ attempt resuscitation was checked. Section B. Medical Interventions: Person has pulse and/or is breathing Limited additional interventions: Do not use intubation, advanced airway interventions or mechanical ventilation was checked. Section C. Antibiotics: Use antibiotics if life can be prolonged was checked. Section D. Artificially Administered Hydration/Nutrition. Long term artificial hydration and nutrition by tube was checked. Section E. Discuss with patient was checked. Further review of Resident R9's POLST form revealed that the form was signed by the physician and signed by Resident R9's responsible party, dated [DATE]. Interview with Director of Nursing, on [DATE], at 11:32 a.m. confirmed that Resident R9 maintained 2 conflicting orders in clinical record. Confirmed no updated POLST (Pennsylvania orders for life sustaining treatment), family to sign upon coming to facility. Confirmed resident R9's care plan reflects that resident is a full code/DNI. Review of Resident R6's clinical record revealed that resident was admitted to the facility on [DATE], with diagnosis of chronic kidney disease and Heart Failure.Review of Resident R6's physician order, dated [DATE], indicated Full code/ DNI, with an end date of [DATE]. No active order related to code status. Review of Resident R6's Pennsylvania orders for life sustaining treatment (POLST) Section A. Cardiopulmonary Resuscitation (CPR): CPR/ attempt resuscitation was checked. Section B. Medical Interventions: Person has pulse and/or is breathing Limited additional interventions: Do not use intubation, advanced airway interventions or mechanical ventilation was checked. Section C. Antibiotics: Determine use or limitation of antibiotics when infection occurs with comfort as goal was checked. Section D. Artificially Administered Hydration/Nutrition. No hydration and artificial nutrition by tube was checked. Section E. Discuss with patient was checked. Further review of Resident R6's POLST form revealed that the form was signed by the physician and signed by Resident R6, dated [DATE]. 28 Pa Code 211.12(d)(3) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, interviews with staff, observations of care and services, reviews of policies and procedures, it was determined that the facility failed to revise and implement the comprehensive person center care plan for one of five residents reviewed related to sexually inappropriate behavior. (Residents R139). Findings include: A review of the policy and procedure titled reporting and investigating abuse, neglect, exploitation or misappropriation of property dated April 2021, revealed that the facility staff was responsible for reporting abuse, neglect, exploitation or misappropriation of property to local and state agencies. The policy also indicated that the facility management staff was responsible for conducting a thorough investigation into abuse, neglect, exploitation or misappropriation of property maintaining documentation of the investigation. The policy indicated that all suspected abuse was to be reported by facility staff to management staff immediately. Upon receiving any allegation of abuse, neglect, exploitation or misappropriation of property the administrator of the facility was responsible for determining what actions are needed for the protection of each resident. The policy indicated that if the investigation revealed the allegation of abuse was founded, the employee was terminated. A review of the policy and procedure titled comprehensive person-centered care plan dated March 2022 revealed that the comprehensive person-centered care plan was to include measurable objectives and time frames to meet each resident's physical, psychosocial, medical and functioning needs. The policy indicated that the interdisciplinary care team was responsible to develop and implement a comprehensive person-centered care plan with interventions that were derived from a thorough analysis of information gathered as part of a comprehensive assessment of each resident. The comprehensive person-centered care plan was to include measurable objectives and goals. The comprehensive person-centered care plan was to describe the services to be furnished to obtain or maintain each resident's highest practicable physical, mental and psychosocial well-being. The comprehensive person-centered care plan for each resident was to reflect standards of practice for problem areas and conditions to be addressed. The comprehensive person-centered care was to provide services by qualified persons who were competently trained to meet each resident's needs and trauma informed. The policy indicated that the care plan and assessment of each resident was an ongoing and revised as needed to meet the resident's highest practicable physical, mental and psychosocial well-being while protecting each resident from abuse. Review of Resident R139's quarterly assessment dated [DATE], revealed that the resident was usually understood by others, usually understands others and cognition was moderately impaired with a brief interview of mental status (BIMS score of 3). The assessment indicated that this resident's functional range of motion had no impairment of upper and lower extremities and that the resident used a mobility device (wheelchair). The assessment indicated that Resident R139 was non-ambulatory. The assessment also indicated that Resident R139 had a diagnosis of schizophrenia (a severe mental disorder that affects how a person thinks, feels and behaves often leading to disorganized thinking). Review of Resident R41's quarterly assessment dated [DATE], revealed that the resident had memory impairment and that cognition was severely impaired. The assessment indicated that the resident had diagnoses of Alzheimer's disease (is a progressive neurodegenerative disease that destroys memory, thinking and behavior) aphasia (a disorder that affects language abilities due to brain damage). The MDS indicated that this resident was dependent on the assistance of two staff members for all activities of daily living, could walk ten feet with staff supervision and touching assistance. A review of information dated January 15, 2026, submitted by the facility to the State Survey Agency on January 15, 2026, revealed that Resident R139 with severe cognitive impairment was witnessed by staff in the dining room seated in the wheelchair. Resident R139 propelled the wheelchair to another table in the dining room. Resident R139 (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lifted the shirt of Resident R41, a severely impaired resident and grabbed the resident's breast. The information indicated that staff redirected Resident R139 and placed the resident in a separate area out of the dining room. An investigation was completed by the facility's administrative staff who determined that the incident was substantiated for sexual abuse. A review of Resident R139's care plan, revealed that Resident R139 had a history of inappropriate sexual behavior prior to admission to the facility in 2018. Review of Resident R139's care plan revealed no updated or revised behavioral care plan for Resident R139 related to supervise, monitor and protect the other female residents of the facility from inappropriate sexual behavior exhibited by Resident R139. 28 PA. Code 211.10(d) Resident care policies28 PA. Code 201.29(a)Resident rights28 PA. Code 201.14(a) Responsibility of licensee28 PA. Code 201.18(b)(1) Management28 PA. Code 211.12(d)(1)(3)(5) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident's clinical record, observation and interview with staff, it was determined that the facility failed to ensure the safety of the resident's environment related to razors and large accumulations of personal items which impaired mobility of residents around the room for three of 31 residents reviewed. (Resident R83, Resident R12 and Resident R5)Findings include: A review of the facility policy titled Hazardous Area, Devices and Equipment undated, revealed All hazardous areas, devices and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. Review of Resident R12's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses including Adjustment Disorder with Depressed Mood, (where a person has an excessive emotional and behavioral reaction, like sadness and hopelessness, to a specific stressor, such as job loss or divorce, causing significant problems in daily functioning), Bipolar Disorder (a chronic mental health condition characterized by extreme mood swings, alternating between intense highs (mania/hypomania) and lows (depression), and unsteadiness in feet. On March 2, 2026, at 10:04 a.m., and on March 3, 2026, at 1:04 p.m., observation of Resident R12's room revealed an accumulation of clothes, jackets, shoes, pants and various personal items which hindered the mobility and safety of Resident R12 around the room. At the time of the finding on March 3, 2026, at 1:04 p.m., the same was confirmed with a licensed nurse, Employee E 21. Review of Resident R5's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses including Puckering of Macula, Right Eye (scarring of the macula, causing blurry or distorted central vision), Orthostatic Hypotension (a sudden drop in blood pressure upon standing; common symptoms include dizziness, lightheadedness, and fainting, caused by gravity pulling blood to the legs and inadequate compensation), and Anxiety Disorder (a mental health conditions characterized by excessive, persistent fear or worry that interferes with daily life, functioning, and relationships). On March 2, 2026, at 10:14 a.m., and on March 4, 2026, at 2:01 p.m., observation of Resident R5's room revealed an accumulation of clothes, jackets, shoes, pants and various personal items which obstructed the mobility and safety of Resident R5. At the time of the finding on March 4, 2026, at 2:01 p.m., the same was confirmed with a licensed nurse, Employee E 21. A review of Resident R13's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnosis of Wernicke's encephalopathy (neurological disorder the classic triad of confusion or altered mental status, loss of coordination and eye movement abnormalities), dementia with mood disturbance. Continued review of Resident R83's MDS assessment revealed a BIMS (Brief Interview of Mental Status) score of 13, indicating that the resident was cognitively intact. Further review of the MDS assessment indicated that Resident R83 requires supervision or hands-on assistance with toileting hygiene. Review of Resident R83's comprehensive care plan dated December 23, 2025, revealed that under grooming/bathing, Resident R83 demonstrated a decline in the ability to perform the following ADLs: inability to sequence or self-initiate ADLs and short-term memory loss. On March 2, 2026, at 12:00 p.m., an interview with Resident R83 revealed that the resident shaves his/her facial hair independently. When asked how this is done, Resident R83 indicated that he/she does it himself/herself and retrieved six disposable razors from the bedside table drawer. Resident R83 then demonstrated by applying a razor to his/her facial hair. When asked where the razors were obtained, the resident stated that they were provided by the facility. On March 2, 2026, at 12:03 p.m., an observation that Resident R83 had six shaving razors was confirmed by the unit manager, Employee E15. Employee E15 confirmed that Resident R83 should not have shaving razors at his/her bedside. On March 3, 2026, at 2:21 p.m., an interview with Resident R83 was conducted. The resident had no facial hair and was asked if he/she had shaved. Resident R83 reported that he/she had shaved (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	him/herself using the shaving razors and retrieved two razors for demonstration. This observation was confirmed by the Unit manager, Employee E15. 28 Pa. Code 211.10 (d) Resident Care Policies28 Pa. Code 211.12 (d)(5) Nursing Services

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and the review of clinical records, it was determined that the facility failed to maintain complete and accurate records related to dialysis communication for one of one resident reviewed receiving hemo-dialysis (Resident R5).Findings include:Review of Resident R5's clinical record revealed that the resident was admitted to the facility on [DATE], and with the diagnoses of End-Stage Renal Disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), and Dependence on Renal Dialysis (Renal Dialysis is the process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). Review of Resident R5's physician order, dated May 8, 2025, revealed Resident R5 received dialysis treatment at an outpatient dialysis facility on Mondays, Wednesdays, and Fridays. Review of Resident R5's Hemodialysis Communication Record named as Resident Facility + Dialysis Center Information Exchange, revealed that on uncountable days, in the months of February 2026, January 2026, and December 2025, it was lacking the signature of the Dialysis Facility Nurse on Part II portion of the communication log. Interview with the Director of Nursing, on March 3, 2026, at 11:14 a.m., confirmed incomplete Dialysis Communication Log of Resident R5. 28 Pa Code 211.5(f) Clinical records 28 Pa Code 211.12(d)(3) Nursing services

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on a review of the facility's nursing staff competencies and skills required to provide resident care, the facility failed to ensure complete competency documentation for four of the five nursing staff reviewed. (Employees E5, E7, E8, and E10) Findings Included: According to the facility policy titled Staffing, Sufficient and Competent Nursing, (revised August,2022) under the section Competent Staff, a competency is defined as a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. A review of the facility policy Staffing, Sufficient and Competent Nursing confirmed that competencies are intended to measure the knowledge, skills, and abilities necessary for staff to perform their roles effectively. A review of the facility's nursing staff competency records revealed that a Registered Nurse was hired on March 14, 2023. The competency records completed on June 6, 2023, were incomplete and did not show validation that the required tasks had been assessed, as neither the Met nor the Not Met column was checked. The incomplete competencies included Medication Observation, Hand Hygiene, Personal Protective Equipment (PPE), and Catheter Care, of Enteral Tubes, Wound Dressing, Resident Right, Tracheostomy, Tube Change, Lift Competency, and Shower Bath. On March 5, during an interview, the Educator, Employee E6, confirmed that the competency records were incomplete, as the required tasks were not checked as either Met or Not Met for Employees E5, E7, E8, and E10, indicating that validation of the competencies could not be verified. Due to the absence of documented determinations for these competency items, the facility was unable to demonstrate that the identified staff had successfully met the required competencies necessary to perform their assigned duties. 28 Pa. Code S 201.20 (6)(b) Staff Development.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on a review of the facility assessment and staff interviews, the facility failed to ensure active involvement of direct care staff and input from residents, resident representatives, and family members in the development and revision of the facility assessment. Additionally, the facility failed to identify within the facility assessment a resident population with inappropriate sexual behaviors. The facility census was 154.Findings Included: Review of the facility's Facility Assessment revealed the most recent revision date was January 2026. The document did not indicate that direct care staff, residents, resident representatives, or family members were involved in the development or revision of the assessment. There was no documentation demonstrating that input from these individuals was obtained during the process. Further review of the facility assessment revealed that the document did not identify or address a resident population with inappropriate sexual behaviors, despite the presence of a resident in the facility who demonstrated sexually inappropriate behaviors. During an interview conducted on March 4, 2026, at 1:00 p.m., with the Nursing Home Administrator stated that the facility assessment was developed and revised by the leadership team. When asked whether direct care staff, residents, resident representatives, or family members provided input during the meetings in which the facility assessment was revised, the Nursing Home Administrator did not provide documentation or other evidence demonstrating their participation in the process. On March 5, 2026, at 11:46 a.m., facility Nursing Home Administration confirmed that the facility had a resident with inappropriate sexual behaviors and acknowledged that this resident population had not been identified or addressed within the facility assessment. 28 Pa. Code S 201.18(b)(3) Management.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to implement enhanced barrier precautions for one of five residents reviewed with an indwelling suprapubic urinary catheter (Residents R13) and failed to disinfect a medical equipment on two of the three residents observed during medication administration (Resident R2, and Resident R3).Findings include: Review of facility policy, undated, on Cleaning and Disinfection of Environmental Surfaces, indicated that environmental and medical equipment surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne Pathogens Standard. Review of the facility policy titled Enhanced Barrier Precautions, dated December 2024, revealed: Enhanced Barrier Precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multidrug-resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high-contact resident care activities when contact precautions do not otherwise apply. On March 2, 2026, at 9:09 a.m. Licensed Practical Nurse (LPN), Employee E22, was observed using a Sphygmomanometer (an instrument for measuring Blood Pressure), without disinfecting it, before and after checking Resident R2's blood pressure. Observation of on March 2, 2026, at 9:37 a.m., during medication administration of Resident R3, Employee E22, used the Sphygmomanometer, without disinfecting it, before and after checking the resident's blood pressure. On March 2, 2026, at 9:39 a.m., Employee E22 confirmed the above findings. Review of Resident R13's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnosis of gastrointestinal hemorrhage (bleeding occurs anywhere in the gastrointestinal tract). A physician's order dated July 10, 2025 for an indwelling suprapubic urinary catheter. The clinical record also included a physician's order dated April 21, 2025, for enhanced barrier precautions. Observation conducted on March 3, 2026, at 2:14 p.m., revealed nursing aide, Employee E4 providing direct care to Resident R13 without wearing personal protective equipment (PPE). On March 3, 2026, at 2:17 p.m., the observation was confirmed by the infection preventionist, Employee E5, who verified that nurse aide, Employee E4 was providing direct care without implementing enhanced barrier precautions. 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services. 28 Pa Code 211.12 (d)(1)(5) Nursing services