STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396144	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Exton Post Acute	501 Thomas Jones Way Exton, PA 19341

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interview, it was determined that the facility failed to ensure that food stored in the walk-in freezer were properly stored and labeled to prevent contamination and ensure safe storage in accordance with professional standards for food service safety in one of one kitchen areas. (Main Kitchen)Findings include:Observations in the kitchen on April 6, 2026 at 9:45 a.m., in the presence Food Service Director Employee E7 revealed the following: one bag of frozen cookie dough in a cardboard box; a bag of mixed frozen vegetables in cardboard box; one bag of frozen peas in a cardboard box; one box of frozen hamburger patties; one box of frozen turkey burgers; and one bag of frozen French toast in a cardboard box. Additional observation revealed that the above-mentioned frozen foods in the plastic bags were not sealed and the box that they were in was not closed.Observations on April 8, 2026, at 9:15 a.m., in the presence of Employee E7 revealed the following: a bag of unsealed frozen chicken nuggets; an open box of frozen hamburger patties; an unsealed bag of cookie dough.Interview with Employee E7 on April 9, 2026, at 12:51 p.m., confirmed that the above-mentioned foods observed on April 7, 2026, and April 8, 2026, were not properly stored and labeled.The above findings were conveyed with the Nursing Home Administrator (NHA) on April 9, 2026, at 2:00 p.m.The facility failed to ensure that food stored in the walk-in freezer in the main kitchen was properly stored and labeled to prevent contamination and ensure safe storage in accordance with professional standards for food service safety. 28 Pa. Code 211.6(f) Dietary services.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records review and staff interview, it was determined that the facility failed to develop a care plant for residents on Dialysis (A process of purifying the blood of a person whose kidneys are not working normally) in a timely manner for two of three residents reviewed (Resident 1 and 38).Findings: Review of Resident 1 admission record revealed Resident 1 was admitted to the facility on [DATE], with diagnosis of ESRD and dependence on dialysis. A review of Resident 1 physician's order date March 11, 2026, revealed an order for dialysis every Tuesday, Thursdays, and Saturdays. A review of Resident 1 active care plan revealed care plan for dialysis was not developed until April 2, 2026. An interview was conducted with Employee 5 on April 9, 2026, at 2:30 p.m. and confirmed that Resident 1 dialysis care plan was not developed until April 2, 2026. The facility failed to ensure comprehensive dialysis care plan for Resident 1 was timely developed. A review of Resident 38's admission records dated March 11, 2026, revealed resident was admitted to the facility with diagnosis of End Stage Renal Disease (ESRD – Is the final, permanent stage of chronic kidney disease where kidneys have lost most of its function, making them unable to sustain life) and Dependence on Dialysis. A review of Resident active care plan revealed resident Dialysis care plan was not developed until April 8, 2026. An interview was conducted with Employee E5 on April 8, 2026, at 1:30 p.m. Employee E5 confirmed Resident 38's dialysis care plan was not developed until April 8, 2026. The facility failed to ensure Resident 38's comprehensive care plan for dialysis was developed timely. 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(c) 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 review of facility policy, clinical records, and staff interview, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for one out of six residents reviewed (Resident 115).Findings Include:Review of facility policy for Care Plans, Comprehensive Person-Centered, revised March 2022, revealed assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change.Review of Resident 115's admission Minimum Data Set assessment (MDS- a mandated assessment of a resident's abilities and care needs), dated March 5, 2026, indicated the resident had no cognitive impairment, was dependent on staff for daily care needs, and had an active diagnosis of cancer, heart failure (a chronic condition where the heart cannot pump enough blood to meet the body's needs), and diabetes (a chronic condition characterized by high blood sugar).Review of Resident 113's nursing progress notes revealed an entry dated March 12, 2026 at 5:17 a.m., Stating (Resdient 113) transported to (hospital) ER via EMS (Emergency Medical Services) at 5:04 a.m.Review of the hospital Discharge summary dated [DATE], revealed that the resident tested positive for C. difficile (Clostridioides difficile - a bacteria that causes severe diarrhea), was placed on special contact precautions (an infection control measure required for patients infected with bacteria spread by direct/indirect contact, such as C. difficile) and was discharged with an order for Vancomycin (an antibiotic) 125MG (milligrams) capsule, take 1 capsule by mouth 4 (four) times a day for 10 days.Review of Resident 113's progress notes revealed a provider note dated March 18, 2026 at 4:10 p.m., stating an assessment and plan for C. difficile infection - likely secondary to prolonged exposure to antibiotic use. Will discontinue systemic antibiotics in the absence of fever and leukocytosis (high white blood cell count) and urine culture (a laboratory test that indicates if urine contains an infection-causing bacteria). Start oral vancomycin.Review of Resident 113's care plan initiated on readmission on [DATE], revealed that a c-difficile care plan was not added until April 2, 2026.An interview with the Infection Preventionist on April 9, 2026 at approximately 1:30PM, revealed that when a resident develops an infection or is admitted with an infection, nursing is to notify Infection Prevention so they can initiate the appropriate care plan.The above findings were shared with the Director of Nursing on April 9, 2026 at approximately 2:15PM.28 Pa. Code 211.12(d)(5) Nursing services.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of the facility's policy, clinical records review and resident and staff interviews, it was determined the facility failed to ensure physicians' orders were followed for two of 21 residents reviewed (Residents 1 and 38).Findings: A review of the facility's policy titled End Stage Renal Disease (ESRD - Is the final, permanent stage of chronic kidney disease where kidneys have lost most of its function, making them unable to sustain life), undated, revealed residents with ESRD will be cared for according to currently recognized standards of care. A review of Resident1's diagnosis list includes ESRD, Dependence on Dialysis (A process of purifying the blood of a person whose kidneys are not working normally), and Diabetes (A group of metabolic disorder characterized by a high blood sugar level over a prolonged period of time). A review of Resident 1's physician order dated March 11, 2026, revealed Dialysis Schedule [Name of dialysis facility] Tuesdays, Thursdays, and Saturdays. An interview with licensed nurse Employee E4 was conducted on April 9, 2026, at 2:06 p.m. Employee E4 confirmed that Resident 1 goes out for Dialysis every Tuesday, Thursday, and Saturday. Employee E4 further reported that the resident usually leaves around 7:30 a.m. and returns to the facility around 3:30 p.m. A review of Resident 1's physician order dated March 11, 2026, revealed an order of Sevelamer Carbonate (A phosphate-binding medication used to manage high blood phosphate levels in patients with chronic kidney disease on dialysis) oral tablet 800 mg. Give one tablet by mouth with meals. The medication was scheduled for 8:00 a.m., 12:00 noon, and 5:00 p.m. A review of Resident 1's March 2026 Administration Record (MAR) revealed Sevelamer medication was not administered to the resident at 12:00 noon on the following days: March 14, 17, 19, 21, 24, 26, and 28. The MAR revealed 3 on March 14 and 28, 2026, indicating hold and 5 on March 17, 19, 21, 24, 26, and 28, indicating absent from facility. A review of Resident 1's physician's order dated March 11, 2026, revealed an order of Insulin Lispro (A rapid-acting insulin) 100 unit/ml inject as per sliding scale: 151-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; [PHONE NUMBER] = 8 units; 351-400 = 10 units, call the physician for blood sugar below 70 and above 401 before meals and at bedtime. The blood sugar check was scheduled for 6:30 a.m., 11:30 a.m., 4:30 p.m., and 9:30 p.m. A review of Resident 1's March 2026 MAR revealed the resident's blood sugar from March 12, 2026, until March 31, 2026, ranges from 80 mg/dl- 397 mg/dl. Further March 2026 MAR review revealed Resident 1's blood sugar check was not done at 11:30 a.m., on the following dates: March 14, 17, 19, 21, 24, 26, 28, and 31. MAR revealed 3 on March 14, 17, 19, 21, 24, 26, and 31, indicating absent from facility, and 5 on March 28, indicating hold. Blood sugar check on the above-mentioned dates/times were not done, thus unable to determine if Lispro insulin medication was indicated based on the sliding scale order. Resident 1's physician's order did not reveal an order to hold Sevelamer medication and blood sugar check with Lispro sliding scale during Resident 1's dialysis days/time. A review of Resident 38's diagnosis list includes ESRD and Dependence on Dialysis, Hypertension (high blood pressure, and Depression (A mood disorder that causes a persistent feeling of sadness and loss of interest). An interview with Resident 38 was conducted on April 9, 2026, at 2:10 p.m. Resident 38 reported that their dialysis schedule is every Monday, Wednesday, and Friday. The resident further reported that pick up time was usually 6:30 a.m., and returns to the facility around 1:00 p.m. A review of Resident 38's physician order dated March 11, 2026, revealed the following orders: Amlodipine (A medication to lower high blood pressure) 10 mg, give one tablet by mouth one time daily; and Prozac (A medication to treat depression) 40 mg, give one capsule by mouth two times daily. A review of Resident's April 2026, MAR revealed that residents' 9:00 a.m., Amlodipine, and Prozac were not administered on the following dates: April 1, 3, 6, and 8. MAR review revealed 5 on April 1 and 3, 2026, indicating hold, and 3 on April 6 and 8, 2026, indicating absent from facility. A review of Resident 28's physician's order did not reveal an order to hold the Amlodipine and Prozac during dialysis day/time. An interview with the Director of Nursing (DON) was conducted on April 9, 2026, at 2:30 p.m. and confirmed that above (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications were not administered because residents were out for dialysis. There were no documents indicating that Resident 1 and Resident 38 physicians were notified of the missed medications. The facility failed to ensure Resident 1's and Resident 38's medication orders were followed. 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(c) Nursing services

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, clinical records review, and resident and staff interview, it was determined the facility failed to follow the physician's order for PICC (a peripherally inserted central catheter with two lines that allows the provider to deliver more than one therapy directly into the blood stream) line care by not changing the PICC dressing within 7 days for one of two residents reviewed (Resident 26).Findings include:Review of Resident 26's admission dated March 10, 2026, revealed resident was admitted to the facility with a diagnosis of Osteomyelitis (infection to the bone) to the vertebra, lumbar region (the five largest bones L1-L5 of the vertebral column located in the lower back between the thoracic spine in the pelvis).A review of Resident 26's physician order dated March 11, 2026, revealed Ceftriaxone (antibiotic) Sodium Solution Reconstituted two grams use two grams intravenously (administered through vein) every 12 hours for infection for 100 administrations.A review of Resident 26 physicians order dates March 11, 2026, revealed change PICC transparent dressing on admission and then every 7 days; caps to be changed during dressing change one time a day every seven days.Review of Resident 26's March 2026 and April 2026 medication administration record (MAR) revealed this order was signed off and completed every seven days.Observation on April 6, 2026, at 9:30 a.m. revealed Resident 26 was seated on a chair in his room. Further observation revealed right upper arm PICC line transparent dressing halfway detached. The date on the transparent dressing was observed March 16, 2026.An interview with Resident 26 was conducted on April 6, 2026, at 9:32 a.m. Resident 26 reported that transparent dressing has not been changed since March 16, 2026.An observation conducted on April 6, 2026, at 1:30 p.m. in the presence of Employee E8 revealed that Resident 26 transparent dressing on the right arm PICC line was still halfway detached and was not changed.An interview conducted with Employee E8 on April 6, 2026, at 1:30 p.m. confirmed that Resident 26's PICC line dressing should have been changed every seven days.An interview with the Director of Nursing on April 9, 2026, at 2:30 p.m. confirmed the PICC line dressing should have been changed every seven days.The facility failed to ensure Resident 26 Physician order to change PICC line dressing was followed.28 Pa. Code 211.12 (d)(1)(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. Based on observations, clinical records review and interview with staff, it was determined that the facility failed to ensure fluid restriction orders for dialysis residents were followed for two of three dialysis residents reviewed. (Residents 31 and Resident 38).Findings: A review of the facility's policy titled End Stage Renal Disease (ESRD – Is the final, permanent stage of chronic kidney disease where kidneys have record lost most of its function, making them unable to sustain life), undated, revealed residents with ESRD will be cared for according to currently recognized standards of care. A review of the facility's policy titled Encouraging and Restricting Fluids, undated, revealed the following guidelines: Be accurate when recording fluid intake; Record fluid intake on the intake side of the intake and output. Record fluid intake in ml (milliliter) ; When a resident has been placed on restricted fluids, remove the water pitcher and cup from the room; and be sure an intake and output record is maintained in the resident's room. A review of the same policy revealed that the information should be recorded in the resident's medical record: The amount (in ml) of fluid consumed by the resident during the shift. Review of Resident 31's diagnosis list includes End Stage Renal Disease (ESRD- failure of kidney function to remove toxins from blood), and dependence on renal Hemodialysis (A process of purifying the blood of a person whose kidneys are not working normally). Review of Resident 31's physician orders dated April 2,2026 revealed an order for Fluid Restriction1200ml Serve 720 ml for dietary/day Serve480 ml for Nursing/day Nursing Amount per shift: 7-3Shift= 180ml,3-11shift = 180ml,11-7shift = 120 ml. Review of Resident 31's April 2026's Medical Administration Record (MAR) reveal there was no evidence of the amount of fluid Resident 31 was receiving each shift from the date of the order on April 2, 2026. Interview with Director of Nursing on April 9, 2026, at approximately 11:55am confirmed the above findings. A review of Resident 38's diagnosis list includes ESRD and Dependence on Dialysis. A review of Resident 38's physician's order dated April 1, 2026, revealed an order for Fluid restriction 1500 ml serve 840 ml dietary/day, served 660 ml for nursing/day. Amount per shift: 7-3 shift = 270 ml, 3-11 shift = 270 ml, 11-7 shift = 120 ml. A review of Resident 38, April 2026, Medication Administration Record (MAR) revealed that the fluid amount consumed by the resident during the shift was not recorded. Observations were conducted on the following dates/times: April 6, 2026, at 1:18 p.m., April 7, 2026, at 9:20 a.m., and April 8, 2026, at 2:05 p.m. All three observations revealed that a big white cup filled with water was on the resident's bedside table. An interview with Resident 38 was conducted on April 8, 2026, at 2:05 p.m. The resident reported that staff placed a big cup of water on their bedside table. The resident further stated, It just appears. The (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident was not sure how much fluid/water they were allowed to consume each day. An interview with the Director of Nursing on April 10, 2026, at 1:00 p.m., confirmed that fluid consumed by the resident every shift was not recorded. The facility failed to ensure Resident 38's ordered fluid restriction of 1500 ml/day were properly monitored and followed. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.5(f) Clinical records 28 Pa. Code 211.12(c) Nursing services

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview it was determined the facility failed to respond to recommendations made by the consultant pharmacist during monthly medication reviewed for three of five residents reviewed. (Residents 3, 1, and 115)Findings include:Review of facility policy, titled Medication Regimen Reviews last revised July 2025 revealed that a licensed consultant pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication.the MRR includes a review of the medical record to prevent, identify, report, and resolve medication related problems.or other irregularities such as ordered without clinical indication.Review of Resident 3's admission Minimum Data Set assessment (MDS- a mandated assessment of a resident's abilities and care needs), dated January 16, 2026, revealed that the resident was cognitively intact, required extensive assistance with care needs, had an indwelling Foley catheter (a tube placed into the bladder that drains urine into an attached drainage bag) related to a neurogenic bladder (a dysfunction of the lower urinary tract caused by nerve damage), received antipsychotic medications, antidepressant medications, diuretic medications, opioid medications, and anticonvulsant medications and had a diagnoses of bipolar disorder (a chronic mental health disorder), fracture of the lower end of the right humerus (the long, upper bone of the arm) resulting from an automobile accident, and obesity.Review of Resident 3's progress notes revealed a pharmacy consultant note dated January 10, 2026, at 10:24 p.m. stated see report for complete information in monthly review.Review of Resident 3's recommendations for January 10, 2026 revealed, Resident previously had orders for Pantoprazole (a medication that decreases stomach acid) 40MG (milligrams), Tamsulosin (a medication that improves urine flow) 0.4MG, and Zolpidem (a sleep medication) 10MG. Re-evaluate if resident still needs these medications and reconcile. The provider checked the agree box for this recommendation.Review of Resident 3's physician orders and provider notes revealed the facility failed to address the recommendations of the January 2026 MRR.Revie of Resident 10's admission Minimum Data Set assessment for Resident 10 dated February 14, 2026 revealed that the resident had significant cognitive impairment, relied on assistance from staff for personal care, had a diagnosis of heart failure, hypertension, non-Alzheimer's dementia, and anxiety disorder, and received antipsychotic medications, antianxiety medications, diuretic medications, antiplatelet medications, and anticonvulsant medications.Review of Resident 10's progress notes revealed a pharmacy consultant note dated February 8, 2026 at 11:06 p.m. revealed recommendations from the MRR: 1: Resident was admitted on Lorazepam (a medication used to treat anxiety disorders) which need a supporting diagnosis to support use. Clarify the indication use of the medication; and 2: Resident is receiving Seroquel (a medication used to treat schizophrenia, bipolar disorder, and depressive episodes) but lacks an appropriate diagnosis to support its use. Clarify the indication use of the medication.Review of Resident 10's physician orders as of April 3, 2026 revealed the facility failed to address the pharmacy recommendations of the February 8, 2026 MRR.Review of Resident 10's progress notes revealed a pharmacy consultant note dated March 4, 2026 at 8:20 p.m. stating recommendationsThe facility was asked to provide the recommendation for Resident 10 on March 4, 2026 MRR. Interview with the Director of Nursing (DON) on April 9th, 2026, at approximately 1:00 p.m. confirmed they were unable to provide the recommendations from the Pharmacist of March 4, 2026.Review of Resident 115's admission MDS dated [DATE], indicated that the resident had little cognitive impairment, was dependent on staff for daily care needs, had an active diagnosis of cancer, heart failure, and diabetes, and received antidepressant medications, anticoagulant medications, antibiotic medications, diuretic medications, and insulin.Review of Resident 115's progress notes revealed a pharmacy consultant note dated March 4, 2026 at 9:33PM stating the following recommendations: Voltaren Gel (a topical gel used to relieve joint pain): Clarify order to include (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dose.Review of Resident 115's current physician orders revealed an active order for Voltarin Gel without a dose.Review of Resident 115's pharmacy consultant note dated March 18, 2026, at 7:34PM revealed the following recommendations: 1: Resident was admitted on Potassium chloride (a mineral that supports heart function), which need (sic) a supporting diagnosis to support use. Clarify the indication use of the medication. Review of the MRR revealed the physician agreed with the recommendation and wrote hypokalemia(a condition where low blood potassium levels cause irregular heart rhythms).Review of Resident 115's orders active as of April 8, 2026, revealed a physician's order dated March 23, 2026, for Potassium Chloride Crys ER Oral Tablet Extended Release 20MEQ, without a diagnosis listed.Interview with the DON on April 9, 2026, at approximately 2:15PM confirmed that the recommendation had not been addressed for Resident 3, 10, and 115.28 Pa Code 211.5(f) Clinical records 28 Pa Code 211.12(d)(3) Nursing Services

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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. Based on review of facility policy, resident's clinical records, staff interviews, and observations, it was determined the facility failed to follow transmission-based precautions for one of 24 residents reviewed. (Resident 12)Findings Include:Review of facility policy Clostridioides (Clostridium) Difficile (a bacterium causing diarrhea), last revised December 2024, states, Residents with diarrhea and suspected CDI (Clostridium Difficile infection) are placed on contact precautions (measure of infection control requiring gloves and gown to be worn during patient care, as well as hand washing with soap and water) while awaiting laboratory results.Review of Resident 12's Nurse Practitioner Notes revealed that on April 6, 2026, at 9:30 a.m., the resident complained of having multiple liquid stools and an order was placed to collect a stool sample to rule out Clostridium Difficile. The Nursing Progress notes further revealed that on April 6, 2026, at 1:14 p.m., a stool sample was collected from the resident. Further review Resident 12's progress notes revealed a nursing note dated April 7, 2026, at 12:07 p.m. stating that the resident continued to experience diarrhea. On April 8, 2026, at 8:08 a.m., a Health Status note reveals that the resident was experiencing loose stools, chills, and aches. Review of physician orders for Resident 12 revealed an order for Enhanced Barrier Precautions (measure of infection control requiring gloves and gown to be worn during high contact patient care) on March 12, 2026. Further review of Resident 12's physician orders revealed no order for contact precautions.Observation of Resident 12's room on April 6, 2026 at 10:20 a.m., April 7, 2026 at 11:00 a.m., April 8, 2026 09:30 a.m. and April 9, 2026 at 11:15 a.m. and 1:00 p.m. revealed there was no signage indicating contact precautions were in place and no personal protective equipment available in Resident 12's room. Results of laboratory testing on the stool sample for Resident 12 were pending at the time of exit at 3 p.m. on April 9, 2026.Interview with facility Infection Preventionist on April 9, 2026, at 12:05 p.m. confirmed that Resident 12 was tested for c-diff and should have been on contact precautions while the results were pending. 28 Pa Code 201.18(b)(1)(3) Management 28 Pa Code 207.2(a) Administrator's responsibility 28 Pa. Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services