STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	405033	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centro DE Cuidado Prolongado San Lucas	Carr 844 Km 0 5 Cupey Rio Piedras, PR 00928

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation and interview the facility failed to provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. This affected all residents.Findings include: No dietary manager was available at the moment of survey, when questioned clinical dietician stated that the dietary manager came sometimes for a couple of hours, some days. The day of the survey a kitchen employee came to work and had to leave because he was sick, this delayed breakfast serving and lunch serving, for this reason clinical dietician had to help in kitchen. This affected all residents.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview with Clinical Manager (employee # 1) and document review performed on 3/27/2026 at 10:00 AM, it was determined that the facility failed to ensure proper transmission of Payroll Based Journal-PBJ data. 1.During an interview performed on 3/27/2026, 10:00 AM with Clinical Manager (employee # 1), she stated that she submitted all quarterly reports as requested and that the system return a confirmation report with status submission as completed. She provided a document named Submission List (see attachment), which indicates that on 10/17/2025 at 11:08 AM a report was received, identified by the clinical manager as the fourth quarterly report of 2025 and on 02/09/2026 at 9:16 AM as the first quarterly report of 2026.2. During Offsite prep performed on 03/24/2026 at 11:00 AM, the regulation in iQIES platform identifies staffing concerns based on five metrics included on the CASPER PBJ Staffing Data Report, as follows:Failed to submit data for the quarter 1 2025 (October 1 - December 31)One star staffing ratingExcessively low weekend staffingNo RN hoursFailed to have licensed nursing coverage 24 hours/day3. During documents review performed on 3/27/2026 at 10:00 AM (working programs and task assignments), it was determined that every working shift was covered with registered nurses.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation and interview the facility failed to maintain all mechanical in safe and operational condition. Findings include: During kitchen observation on 03/25/2026, it was noticed that the vapor pressure gauge on serving tray steam cleaning machine was observed broken, this being broken does not assure that the proper sanitization is performed. This can affect all residents.

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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 of the physical environment and facility staff interviews performed on 03/25/2026 through 03/27/2026 from 8:00 AM through 5:00 PM, it was determined that the facility failed to promote the resident right to receive service in a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. This deficient practice was observed on 3 out of 8 rooms at the facility visited.Findings include: 1. During the observations performed in the residents' rooms with Institutional Program Manager (employee #2) , the following was observed: a) On 03/25/2026 at 10:01 AM it was observed in room [ROOM NUMBER]: - Broken ceiling panel.- Damp ceiling panel. - Dusty window.- Broken ceiling panel in the toilet area.- Broken light fixture cover in the toilet area.- Mold on the shower door lock and frame. b) On 03/25/2026 at 10:52 AM it was observed in room [ROOM NUMBER]:- Unsafe and loose safety grab bar is observed in the bathroom. This deficient is corrected during the survey process. c) On 03/25/2026 at 11:08 AM it was observed in room [ROOM NUMBER]:- Mold on the lamp base.- Dampness and dirt on the bathroom wall. This deficient is corrected during the survey process.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical records reviewed (RR) and staff interviews, it was determined that the facility failed to ensure that the baseline care plan for each resident includes the instructions, services and treatments needed to provide effective person-centered care for 2 out of 14 records reviewed (R.R #10 and #34).Findings include: 1. Resident #34 it a [AGE] year-old male admitted on [DATE] with a diagnosis of Deconditioning, Diabetes and Hypertension. During the initial pool it was observed that the resident use diaper and a Foley catheter, urine was yellow clear no sedimentation. During interview with the care giver on 03/25/2026 at 9:36 AM that on Monday 21, 2026 at 8:00 am she requests the nurse help to change the diaper due to was evacuated, the care giver stated that at 11:00 am the nurse did not arrive to help her, and she must change and provide the change of the resident diaper. Since the admission the resident used diaper and has a Foley catheter since the other hospital and was bed rest. During the record review performed on 03/26/2026 at 2:10 pm it was found that the Baseline care was developed on 03/20/2026 at 10:05 pm and did not include resident need for diaper change and the use of Foley catheter in the residents' recommendation. The initial nurse assessment performed on 03/20/2026 at 10:05 pm identified that resident has a urine catheter inserted on 03/12/2026, do not indicate the Foley number, appearance and urine color. The nurse reassessed notes. Accordance with resident classification reviewed on 03/26/2026 at 4:00 pm the resident was classification Level III, need assistance due to fecal incontinence, In the nursing assignment and duty did not include change of the diaper change. On 03/21/2026 at 16:10 pm resident physician placed an order for Foley Catheter care but did not write the Foley catheter number and the nurses note did not specify the number of the Foley catheter. On 03/24/2026 the physician placed an order to remove urinary catheter; no evidence was found in the nurse's progress note that the nurse executes the physician order. Registered Nurse #12 state on 03/26/2026 2:40 PM that Foley catheter was removed on 03/25/2026 at pm but no evidence was found in the documentation. The resident care giver state at 03/26/2026 2:41 PM that resident was urine in the diaper. 2. Resident (10) is a [AGE] year-old male admitted on [DATE] due to Decondition / Weakness. During the interview performed on 3/25/2026 at 9:00 AM, resident stated that he has weaknesses on both upper and lower extremities and needs assistance during meals. a. Clinical record shows a document named Baseline Care Plan, documented upon admission [DATE]) but it does not include information of any initial goal related to resident needs in activities of daily living, including nutrition and assistance during meals.

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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 - Some	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 records reviewed (RR) and staff interviews, it was determined that the facility failed to ensure that facility personnel develop and implement a comprehensive person-centered care plan for each resident according with resident needs for 6 out of 14 records review (R.R #1, #3, #10, #11, #33 and #34). Findings include: 1. Resident #1 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Hypertension, Diabetes Mellitus, Right Hip Infection and Lumbar Osteomyelitis. During the RR performed on 03/26/2026 3:27 PM, it was found that the pharmacist performed the Drug Regimen Review and identified the resident physician ordered on 03/02/2026 at 9:00 pm Desyrel 25 milligram (mg) by mouth (PO) at bedtime (HS), the pharmacist identified this medication as an psychotropic drug due to Mayor Depressive Disease (MDD) and monitoring mental status. However, no evidence was found that the nursing staff develop and implement a comprehensive person-centered care plan for Psychotropic Medication Use from admission until 03/26/2026. The facility nursing personnel failed to develop and implement comprehensive person-centered care plan according to residents' needs. 2. Resident #3 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Deconditioning, L4 Fracture, Diabetes Mellitus Type II, Hight Blood Pressure (HBP), Major Depressive Disease (MDD), Parkinson, Chronic Meningioma. During the RR performed on 03/26/2026 4:13 PM, it was found that the pharmacist performed the Drug Regimen Review and identified the resident physician ordered on 02/28/2026 at 9:00 am Buspar 10 mg PO daily, the pharmacist identified this medication as a psychotropic drug due to MDD and monitoring mental status. However, no evidence was found that the nursing staff develop and implement a comprehensive person-centered care plan for Psychotropic Medication Use from admission until 03/26/2026. The facility nursing personnel failed to develop and implement comprehensive person-centered care plan according to residents' needs. 3. Resident #33 is [AGE] years old female admitted on [DATE] with a diagnosis of Infection Sacral Ulcer Stage IV and Decondition. The nurse initial assessment performed on 01/02/2026 at 4:00 pm identified that resident urine spontaneous. On 03/21/2026 at 3:03 pm the physician places an order for Foley Catheter place now, the physician failed to place a complete order with Foley size and how many ways and the justification for place the catheter. No evidence was found that the nurse documented that place the catheter, the time and the Foley (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	size, amount of urine and the urine color and appearance However, no evidence was found that the nursing staff would develop and implement a comprehensive person-centered care plan for the Foley catheter . The facility nursing personnel failed to develop and implement comprehensive person-centered care plan according to residents' needs. 4. Resident #34 it a [AGE] year-old male admitted on [DATE] with a diagnosis of Deconditioning, Diabetes Mellitus Type II and Hypertension. During the initial pool it was observed that the resident use diaper and a Foley catheter, urine was yellow clear no sedimentation. Was observed with 3 out of 4 bed rails up. During the R.R performed on 03/26/2026 1:53 PM it was found that the resident was oriented related to the Consent of authorization by the resident to raise the upper right and left rails and the lower right bed rail. The resident signs the consent on 03/20/26 at 10:05 pm. The evaluation for the use of the lateral bed was signed by the nurse, physician and the resident was performed on 02/20/2026 and provide benefit and risk for the use of bed rail. Physician identified during the initial evaluation that resident has history of Major Depressive Disorder. The physician ordered Ativan 1 mg PO HS and Seroquel 50 mg PO at HS. Since the admission the residents use diapers and have a Foley Catheter. Accordance with resident classification reviewed on 03/26/2026 at 4:00 pm the resident was classification Level III, need assistance due to fecal incontinence, In the nursing assignment and duty did not include change of the diaper. However, no evidence was found that the nursing staff develop and implement a comprehensive person-centered care plan for the physical Restraint due to the use of 3 bed rail up, Psychotropic Medication Use and fecal incontinence from admission until 03/26/2026. The facility nursing personnel failed to develop and implement comprehensive person-centered care plan according to residents' needs. 5. Resident #11 is a [AGE] year-old female resident admitted to the facility on [DATE], with diagnosis of Guillan Barre Syndrome, Decondition, Hypertension, diabetes mellitus and Sleep Apnea. During the RR performed on 03/26/2026 at 10:34 AM, it was identified that the resident has a medical order to insert a urinary catheter and provide catheter care on 03/17/2026 at 12:11 AM; which was discontinued on 03/24/2026 at 9:00 AM, however, no evidence was found that the nursing staff would develop and implement a comprehensive person-centered care plan for the Foley catheter. During the interview with the resident on 03/25/2026 at 11:50 AM, the resident was observed with a urinary catheter. She stated that after having the urinary catheter removed on 03/24/2026 in the morning, at 10:00 PM she could not urinate, so the urinary catheter was inserted again, however, no evidence was found that the nursing staff would develop and implement a comprehensive person-centered care plan for the Foley catheter. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the interview with the Director of Nursing (employee #8), on 03/26/2026 at 11:10 AM, she confirmed that the care plan related to the urinary catheter had not been activated, implement and was not in the medical record. No evidence was found that the nursing staff develops and implements the plan of care for urinary catheter in two occasions. 6. Resident (10) is a [AGE] year-old male admitted on [DATE] due to Decondition / Weakness. During the interview performed on 3/25/2026 at 9:00 AM, resident stated that he has weaknesses on both upper and lower extremities and needs assistance during meals. a. Clinical record review was performed 03/26/2026 at 11:00 AM. It shows a document named Plan de Cuidado Interdisciplinario - Estado Nutricional (Interdisciplinary Care Plan, Nutritional Status) that includes (as part of the actions plan) the assessment of the resident functional capacity to achieve food intake. It does not include measurable objectives and timeframes to meet residents' needs as identified in the comprehensive assessment nor evidence of the execution by means of the documentation of assistance during meals and final intake in each instance. b. Clinical record shows a document named Hidratación [NAME] Residente (Resident Hydration) who is documented daily. Data includes intake of the resident per hour (in milliliters), but it does not specify the kind of meal (breakfast, lunch, dinner, snack), type of food (e.g. liquids or solids) nor level of assistance per meal (Ex. Minimal, moderate or complete) needed to meet food intake.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 medical records reviewed (RR) and staff interviews, it was determined that the facility failed to ensure that facility personnel developed within 7 days after completion of the comprehensive assessment and reviewed and revised by the interdisciplinary team after each assessment according with resident needs for 5 out of 14 records review (R.R #1, #3, #11, #33 and #34). Findings include: 1. Resident #1 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Hypertension, Diabetes Mellitus, Right Hip Infection and Lumbar Osteomyelitis. During the record review performed on 03/26/2026 3:27 PM, it was found that the pharmacist performed the Drug Regimen Review and identified the resident physician ordered on 03/02/2026 at 9:00 pm Desyrel 25 milligram (mg) by mouth (PO) at bedtime (HS), the pharmacist identified this medication as an psychotropic drug due to Mayor Depressive Disease (MDD) and monitoring mental status. However, no evidence that the nursing staff personnel developed within 7 days after completion of the comprehensive assessment, reviewed and update nursing care plan for Psychotropic Medication Use from admission until 03/26/2026. according to resident needs. The facility nursing personnel failed to develop and implement within 7 days after completion of the comprehensive assessment, reviewed and revised nursing care plan according to resident needs. 2. Resident #3 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Deconditioning, L4 Fracture, Diabetes Mellitus Type II, Hight Blood Pressure (HBP), Major Depressive Disease (MDD), Parkinson, Chronic Meningioma. During the record review performed on 03/26/2026 4:13 PM, it was found that the pharmacist performed the Drug Regimen Review and identified the resident physician ordered on 02/28/2026 at 9:00 am Buspar 10 mg PO daily, the pharmacist identified this medication as a psychotropic drug due to MDD and monitoring mental status. However, no evidence that the nursing staff personnel developed within 7 days after completion of the comprehensive assessment, reviewed and revised nursing care plan for Psychotropic Medication Use from admission until 03/26/2026. according to resident needs. The facility nursing personnel failed to develop and implement within 7 days after completion of the comprehensive assessment, reviewed and revised nursing care plan according to resident needs. 3. Resident #33 is [AGE] years old female admitted on [DATE] with a diagnosis of Infection Sacral Ulcer Stage IV and Decondition. The nurse initial assessment performed on 01/02/2026 at 4:00 pm identified that resident urine spontaneous. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/21/2026 at 3:03 pm the physician places an order for Foley Catheter place now, the physician failed to place a complete order with Foley size and how many ways and the justification for place the catheter. No evidence was found that the nurse documented that placed the catheter, the time and the Foley size, amount of urine and the urine color and appearance. No evidence that the nursing staff personnel developed, reviewed and update Foley catheter care plan according to resident needs. The facility nursing personnel failed to develop, reviewed and update nursing care plan according to resident needs. 4. Resident #34 it a [AGE] year-old male admitted on [DATE] with a diagnosis of Deconditioning, Diabetes Mellitus Type II and Hypertension. During the initial pool it was observed that the resident use diaper and a Foley catheter, urine was yellow clear no sedimentation. Was observed with 3 out of 4 bed rails up. During the record review performed on 03/26/2026 1:53 PM it was found that the resident was oriented related to the Consent of authorization by the resident to raise the upper right and left rails and the lower right bed rail. The resident signs the consent on 03/20/26 at 10:05 pm. The evaluation for the use of the lateral bed was signed by the nurse, physician and the resident was performed on 02/20/2026 and provide benefit and risk for the use of bed rail. Physician identified during the initial evaluation that resident has history of Major Depressive Disorder. The physician ordered Ativan 1 mg PO HS and Seroquel 50 mg PO at HS. Since the admission the residents use diapers and have a Foley Catheter. Accordance with resident classification reviewed on 03/26/2026 at 4:00 pm the resident was classification Level III, need assistance due to fecal incontinence, In the nursing assignment and duty did not include change of the diaper. No evidence was found that the nursing staff developed, reviewed and update nursing care plan for the physical Restraint due to the use of 3 bed rail up, Psychotropic Medication Use and fecal incontinence from admission until 03/26/2026, according to resident needs. The facility nursing personnel failed to develop, reviewed and update nursing care plan according to resident needs. The facility policy named Plan de Cuidado Integral y Centrado en el Residente- Comprehensive and Resident-Centered Care Plan was reviewed on 03/26/2026 at 11:32 AM and states that the comprehensive care plan must be completed within seven days of the resident's comprehensive assessment, or sooner if the condition requires it. This plan must include measurable goals with defined timeframes, specific interventions, assigned responsibilities, and services to maintain or achieve the resident's physical, mental, and psychosocial well-being. 5. Resident #11 is a [AGE] year-old female resident admitted to the facility on [DATE], with (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diagnosis of Guillan Barre Syndrome, Decondition, Hypertension, diabetes mellitus and Sleep Apnea. During the record review performed on 03/26/2026 at 10:34 AM, it was identified that the resident has a medical order to insert a urinary catheter and provide catheter care on 03/17/2026 at 12:11 AM; which was discontinued on 03/24/2026 at 9:00 AM, however, no evidence that the nursing staff personnel developed, reviewed, and update Foley catheter care plan according to resident needs. During the interview with the resident on 03/25/2026 at 11:50 AM, the resident was observed with a urinary catheter. She stated that after having the urinary catheter removed on 03/24/2026 in the morning, at 10:00 PM she could not urinate, so the urinary catheter was inserted again. However, no evidence that the nursing staff personnel developed, reviewed, and update Foley catheter care plan according to resident needs. During the interview with the Director of Nursing (employee #8), on 03/26/2026 at 11:10 AM, she confirmed that the care plan related to the urinary catheter had not been developed, reviewed, update by the nursing staff and was not in the medical record. No evidence was found that the nursing staff develops, reviewed, and update the plan of care for urinary catheter according to residents needs in two occasions.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of the Skilled Nursing Facility (SNF) Beneficiary Notification of four (4) resident discharge, it was determined that the facility failed to ensure to inform each Medicare-eligible resident, in writing, at 48 hours previous to be discharge the Notice Medicare Non- Coverage in 1 out of 4 supplemental sample Resident (R) #38. Findings include: 1. Resident # 38 is a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Deconditioning, the resident was oriented related to the important messages of Medicare on 10/24/2025 at 20:13 pm, resident was discharged home on [DATE] and the Notice Medicare Non- Coverage was not provided to the resident due to the resident was a Medicare Advantage. 2. On 03/26/2026 at 8:04 am during interview with the Social Worker and discharge Planning Supervisor employee #7 state that the important messages of Medicare were provide during the admission to all residents. To resident with traditional Medicare, 2 days previously to the discharge the resident was oriented related to the Notice Medicare Non-Coverage Form CMS-10123. To the Medicare Advantage resident, they don't provide this notification form due to is the insurance plan who determined the number of days of the hospitalization. 3. The facility policy and procedure reference number: 013 title: Right to appeal to discharge in CCP reviewed on 03/26/2026 at 10:00 am refer in the item number 6, 10 and 11 that #6. For residents with a traditional Medicare plan, the social worker/discharge planner will be responsible for providing the resident with a second document titled Medicare Notification of Non-Coverage two days prior to the discharge date set by the physician. 10. For residents with a Medicare Advantage plan, the medical plan will be responsible for arranging the delivery of the Medicare Notification of Non-Coverage notice. 11. Social work staff will not be responsible for delivering this document to residents with Medicare Advantage plans because it could present conflicts of interest during an appeal, particularly if the resident requests social work representation. 7. However, no evidence was found that the Medicare Advantage plan representative oriented and provided the document to the residence. 8. The facility failed to ensure and promote the residents' right to know their rights to appeal the discharge 48 hour previous to be discharged .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	405033	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centro DE Cuidado Prolongado San Lucas	Carr 844 Km 0 5 Cupey Rio Piedras, PR 00928

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed (R.R), resident and staff interviews, it was determined that the facility failed to ensure that sign and date the medical orders in the medical record, related to the urinary catheter insertion for 1 out of 14 records reviewed (R.R #11).Findings include: 1.Resident #11 is a [AGE] year-old female resident admitted to the facility on [DATE], with diagnosis of Guillan Barre Syndrome, Decondition, Hypertension, diabetes mellitus and Sleep Apnea. During the interview with the resident on 03/25/2026 at 11:50 AM, the resident was observed with a urinary catheter. She stated that after having the urinary catheter removed on 03/24/2026 in the morning, at 10:00 PM she could not urinate, so the urinary catheter was inserted again. During the record review performed on 03/26/2026 at 10:34 AM, it was identified a nursing note dated on 03/24/2026 at 10:00 PM documenting that the resident reported that she had not been able to urinate after her catheter was removed in the morning. On 03/25/2026 at 12:00 AM documenting that establishes communication by phone call with patient doctor who orders the urinary catheter to be inserted again to the resident, however, the written or electronic medical order was not found in the medical record.During the interview with the Director of Nursing (employee #8), on 03/26/2026 at 11:10 AM, she confirmed that the medical order was not documented in the electronic and/or written system.

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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 records reviewed (R.R) and staff interviews, it was determined that the facility failed to ensure that a monthly drug regimen review was complete by a consultant pharmacist for 1 out of 14 records review (R.R # 2).Findings include: The facility policy named Manejo de la Revision de Regimen de Medicamentos- Medication Regimen Review was reviewed on 03/26/2026 at 2:59 PM and states that the pharmacist performs and documents the Medication Regimen Review or Drug Regimen Review process at least once a month. 1. Resident #2 is a [AGE] year-old female admitted to the facility on [DATE], with a diagnosis of decondition, hypertension and diabetes mellitus. During the record review performed on 03/26/2026 at 1:35 PM, reveled that the drug regimen review was complete by pharmacist on the date of admission on [DATE] at 4:35 PM. However, there was no evidence in the medical record that a subsequent monthly drug regimen review was conducted within 30 days, following the initial review, as required. Further review of the record did not identify documentation of a pharmacist review for the period of February 2026. During the interview conducted on 03/26/2026 at 2:45 PM with Pharmacist (employee #10), who confirmed that did not complete a drug regimen review for the resident within the required 30 days timeframe and has pending to be carried out.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview with director of nursing (employee # 8) and record review performed on 3/27/2026 at 11:20 AM, it was determined that the facility failed to ensure reasonable efforts to review or adjust the individual resident's food plan to meet the specific needs of assistance during meals.Findings include:Resident (#10) is a [AGE] year-old male admitted on [DATE] due to Decondition / Weakness. During the interview performed on 3/25/2026 at 9:00 AM, resident stated that he has weakness on both upper and lower extremities and needs assistance during meals. Clinical record shows a document named Hidratacion [NAME] Residente (Resident Hydration) who is documented daily. Data includes intake of the resident per hour (in milliliters), but it does not specify the kind of meal (breakfast, lunch, dinner, snack), type of food (e.g. liquids or solids) nor level of assistance per meal (Ex. Minimal, moderate or complete) needed to meet food intake.

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F 0725 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview with director of nursing (employee # 8) and document review performed on 3/27/2026 at 10:20 AM, it was determined that the facility failed to ensure the designation of a charge nurse in each shift to perform the specific responsibilities designated by the facility. Findings include:During an interview with the director of nursing DON (employee # 8) on 3/27/2026 at 10:20 AM, she stated that facility general supervisor acts as the charge nurse in each working shift. During a document review (staff work assignment for the three working shifts of 3/25/26 through 3/27/26) performed with the director of nursing DON (employee # 8) on 3/27/2026 at 10:20 AM, it was identified that the document does not formally designate the registered nurse as a Charge Nurse, nor specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.

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F 0868 Level of Harm - Potential for minimal harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on review of Quality Assessment Performance Improvement- QAPI and interview with facility director of institutional program (employee #2) on 03/27/2026, it was determined that the facility failed to maintain a QAPI committee with the participation of the Medical Director or his/her designee; and Infection Control Officer in each QAPI committee meeting.Findings include:1.During review of monthly QAPI committee meeting of year 2025 and the months of January and February of year 2026 on 03/27/2026 at 11:00 AM, the following was identified:A. QAPI monthly committee meeting performed on July 18, 2025, June 20, 2025 and April 28, 2025 did not evidence the participation of the Medical Director or his/her designee.B. QAPI monthly committee meeting performed on May 20,2025 did not evidence the participation of the Infection Control Officer or his/her designee.C. Review of QAPI rules and regulation updated on August 2025 with facility director of institutional program (employee #2) on 03/27/2026 at 10:50 AM evidence that the medical director or his/her designee and Infection Control Officer must be active members required to participate in each QAPI committee meeting.D. During interview on 03/27/2026 at 11:55 AM facility director of institutional program (employee #2) stated that the Medical Director and Infection Control Officer must participate in each monthly QAPI committee meeting as established in the QAPI rules and regulation.