STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425104	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Bamberg	439 North Street Bamberg, SC 29003

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to store food properly in one of two designated resident refrigerators on the hallways and failed to serve milk at a temperature of 41 degrees Fahrenheit (F) or below from the kitchen's lunch tray line. These failures had the potential to create an environment for food-borne illnesses which could affect the 42 residents who resided on the 100 hallway and/or who were served milk during the lunch meal. Findings include: Review of the facility's policy titled, . Patients/Residents' Personal Food, with a revised date of 05/12/23, indicated, Policy Statement: It is the policy of PruittHealth to allow the patient/resident's family to provide food items for patient/resident consumption. The patient/resident's personal food will be maintained in a clean environment to ensure sanitary storage, appropriate food handling and safe consumption of foods brought into the facility by residents' family, and visitors . Procedure . 4. Food item(s) will be labeled with the resident's name, contents, the date it was prepared (if known) and a discard/use by date . 6. Foods requiring refrigeration must be stored in the nursing unit's nourishment refrigerators or in existing individual in-room refrigerators. These items stored in the nursing units' nourishment refrigerators must be kept to a minimum due to limiter space. The main facility kitchen food storage refrigerators will not be used. All food items requiring refrigeration must be labeled and dated. Any opened (non-condiment) foods will be discarded after 48 hours. Condiments will be discarded per the manufacturer's expiration date . Review of the facility's policy titled, Food Temperatures, with a revised date of 10/21/25, indicated, . Policy Statement: It is the policy of PruittHealth that the Dietary Manager or designee be responsible for ensuring that all food has reached and continues to maintain proper temperature prior to tray assembly . Procedure . 2. All potentially hazardous cold foods must be held at 41 degrees or less . 12. Potentially hazardous cold food should be held on the line in an ice bath at 41 degrees or below . Temperature Monitoring Tips: . 3. Cold foods should not be set up on meal trays longer than 15 minutes prior to meal service, and must be kept on ice or chilled during the tray line/meal service . During an observation on 05/27/26 at 9:30 AM, the resident refrigerator on the facility's 100 hall, with the Dietary Manager (DM) present, revealed a sign was posted on the front of the refrigerator which read, Every Monday and Thursday, this refrigerator will be cleaned out (All items must be labeled with a name/date). An observation of the inside of this refrigerator revealed the following: - one previously opened eight-ounce package of shredded [NAME] jack cheese, which was hard to the touch and had an expired manufacturer's use by date of 12/13/25. - one previously opened 15-ounce container of a margarine spread had an expired manufacturer's use by date of 01/08/26. (continued on next page)

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

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- one container dated 02/26/26 with a resident's name written on it contained rice, carrots, meat, and potatoes which had visible mold growth on the food. - one previously opened 32-ounce container of coffee creamer had an expired manufacturer's use by date of 04/12/26. - one Styrofoam container dated 05/11/26 with a resident's name written on it contained macaroni and cheese, lima beans, chicken, and ribs. - one undated plastic container with a resident's name written on it contained lima beans, okra, and rice. - one small undated Styrofoam container which contained rutabagas which had mold growth on the food. - one large undated Styrofoam container with a resident's name written on it contained an unidentifiable food which had mold growth on it. During an interview on 05/27/26 at 9:45 AM, the DM confirmed each of the above outdated, undated, and/or spoiled food that was observed stored in the 100-hall resident refrigerator. The DM stated it was the housekeeping staff's responsibility to check the food stored in this refrigerator. During an interview on 05/27/26 at 9:48 AM, the Administrator observed and confirmed the outdated, undated, and/or spoiled food that was observed stored in the 100-hall resident refrigerator. The Administrator stated that it was the housekeeping department's responsibility to check the food stored in this refrigerator twice a week on Monday and Thursday and to discard any food with an expired expiration date, signs of spoilage, and/or that was not labeled or dated. During an interview on 05/28/26 at 8:30 AM, the facility's Environmental Service Manager (EVSM) stated she was not aware her staff were to check the food stored inside the 100-hall resident refrigerator. The EVSM stated she thought the housekeeping staff only needed to check the internal temperatures of the residents' refrigerators on the hallways, not the food stored inside. During an observation on 05/28/26 at 12:10 PM, [NAME] (C)1 was using a calibrated thermometer to monitor the internal temperature of food that was going to be served to residents from the kitchen tray line during the lunch meal. No milk was observed on the lunch tray line for staff to monitor its internal temperature. During an interview on 05/28/26 at 12:15 PM, C1 stated during the lunch meal only a few residents requested milk to be served, so staff had placed a carton of milk on their meal trays which were already placed in the meal delivery carts. During an observation on 05/28/26 at 12:15 PM, resident meal trays which contained silverware, napkins, condiments, tray slip, and beverages (including milk) were placed in meal delivery carts. At this time, (Resident (R)4's) meal tray, which had a carton of milk on it, was observed in a meal delivery cart. During an observation on 05/28/26 at 12:45 PM, the kitchen staff prepared R4's hot meal from the tray line and placed the covered meal on the resident's tray which was still on the meal delivery cart. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At this time, the DM was requested to use the kitchen's calibrated thermometer to monitor the internal temperature of R4's carton of milk that was to be served with her lunch meal. The DM was observed to use a calibrated thermometer to monitor the milk's temperature, and it registered at 56.1 degrees Fahrenheit (F). During an interview on 05/28/26 at 12:50 PM, the DM stated milk should be served from the kitchen at a temperature of 41 degrees F or below. During an interview on 05/29/26 at 1:25 PM, the DM stated two residents who resided on the 100 hall (including R4) and one resident who resided on the 200 hall, were the only three residents who requested milk to be served during the lunch meal. The DM explained that many residents requested milk to be served during breakfast and evening meals, so the kitchen staff who served these meals from the tray line placed cartons of milk in ice prior to serving them on resident trays to keep it cold at these meals.

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, review of the monthly resident council meeting minutes, and interviews, the facility failed to ensure reports with respect to the most recent Federal or State survey inspection results, certifications, complaint investigations, and any plans of correction during the three preceding years were readily accessible to residents and/or family members. The facility failed to ensure this information was posted in areas of the facility that are prominent and accessible to the public. This failure had the potential to affect all 80 residents residing in the facility. This had the potential to cause residents and visitors to be uninformed of survey, certification, and complaint investigation findings. Findings include: Review of the past six months of the Resident Council Meeting Minutes, dated 12/03/25, 01/21/26, 02/25/26, 03/25/26, 04/25/26, and 05/20/26, revealed no documentation that the State survey inspection results, certifications, complaint investigations, or plans of correction were discussed with residents as to where the information was posted for residents to review. During an observation on 05/27/26 at 11:30 AM, of the front entrance of the facility, including the front entrance sitting area, front reception area, nursing station on the 100-and 200-unit, activity room, and all dining rooms revealed there was no evidence of the State survey results posted. During this time, an observation was made of a brown box cabinet labeled Annual Survey Results Inside which was located mounted on the wall by the left side of 100 nurses' station. Once the cabinet door was opened, it was empty. During an observation on 05/28/26 at 7:52 AM, the same brown box cabinet located mounted on the wall by the left side of the 100 nurses' station and labeled Annual Survey Results Inside was observed. When the cabinet door was opened, it was empty. During an interview with the Resident Council president (Resident (R)71) on 05/28/26 at 10:03 AM, when asked if the resident(s) knew where the State survey inspection results, certifications, complaint investigations, or any plans of correction were posted, R71 stated, No. I don't know where that information is posted or any other whereabouts where that information is posted. When R71 was asked if this information was reviewed with residents during the monthly resident council meeting, she stated, No. During a third observation on 05/28/26 at 11:45 AM, the brown box cabinet located mounted on the wall by the left side of the 100 nurses' station and labeled Annual Survey Results Inside was again observed to be empty. During an interview on 05/28/26 at 11:50 AM, the Activity Director (AD) stated she oversaw the Resident Council meetings each month. When asked if she knew where the Federal or State survey inspection results, certifications, complaint investigations, or any plans of correction results were posted, the AD stated, I'm not sure where those are. I'm assuming at the front entrance, but I'm not sure. I have never seen those. When the AD was asked if she has ever reviewed this information with residents during the resident council meetings, or with any residents, she stated, No. I don't cover that in resident council. I was never told that is something I should be doing. (continued on next page)

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 05/28/26 at 11:58 AM, the Director of Nursing (DON) stated, There is survey book box on the wall next to the 100 nurses' station. That has the survey information in it. During an observation with the DON, the brown box cabinet located mounted on the wall by the left side of the 100 nurses' station and labeled Annual Survey Results Inside was observed to be empty. At this time, the DON stated, This is where the survey binder should be. I can see it's not here. I will have to ask the Administrator. That would be the only place I know where the survey results would be posted. During an interview on 05/28/26 at 12:20 PM, the Administrator stated, There is a brown box on the wall near the nurses' station where that information should be. She then stated, I have the book in my office, and I will need to put it out there. However, at this time, the Administrator then asked the corporate nurse to assist her in locating the binder with the Federal and State inspection results which could not be located in the Administrator's office. During this interview, the Administrator stated her expectation was that the information was reviewed with residents and posted and available for anyone to review.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure two resident's Minimum Data Set (MDS) assessments were accurately coded regarding having a feeding tube and receiving intake by an artificial route for one resident (Resident (R)67), and having a pressure ulcer over a boney prominence for R77 out of 23 sampled residents. This failure had the potential to affect the care planning and provision of needed services.Review of the Long-Term Care Facility Resident Assessment Instrument [RAI] Instrument 3.0 User's Manual, dated October 2025 and located at https://www.cms.gov/files/document/final-mds-3-0-rai-manual-v1-20-1-october-2025.pdf indicated, . In addition, an accurate assessment requires collecting information from multiple sources, some of which are mandated by regulations. Those sources must include the resident and direct care staff on all shifts, and should also include the resident's medical record, physician, and family, guardian, and/or other legally authorized representative, or significant other as appropriate or acceptable. It is important to note here that information obtained should cover the same observation period as specified by the MDS items on the assessment and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT [Interdisciplinary Team] completing the assessment. As such, nursing homes are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment . 1. Review of R67's Face Sheet, located under the Resident tab of the electronic medical record (EMR), indicated R67 was admitted to the facility on [DATE]. Review of R67's undated Continuity of Care Document (CCD), provided by the facility, indicated active diagnoses which included parkinsonism, dysphagia, and altered mental status. Review of R67's quarterly MDS, with an assessment reference date (ARD) of 04/10/26 and located under the RAI tab of the EMR, revealed the assessment specified the resident did not have a feeding tube, and had not received any intake by an artificial route. Review of R67's Medication Administration Report (MAR), from 04/04/26 to 04/10/26, provided by the facility, indicated the resident received an enteral feeding at 50 milliliters (ml) per hour continuously via a gastrostomy tube on each of these days. Review of R67's current Physician orders, located under the Resident tab of the EMR, revealed an order to receive an enteral feeding at a rate of 50 ml per hour via a gastrostomy tube with a start date of 08/17/25. During an observation on 05/27/26 at 3:50 PM, R67 was in bed with an enteral feeding being administered via a feeding pump and gastrostomy tube at a rate of 50 ml per hour. During an interview and record review on 05/29/26 at 9:30 AM, the Minimum Data Set Coordinator (MDSC) reviewed R67's quarterly MDS with an ARD of 04/10/26 and confirmed the MDS was inaccurate because it did not reflect that the resident had a feeding tube and did not reflect the resident received intake by an artificial route. The MDSC stated she would submit a correction for the coding error. 2. Review of R77's undated Face Sheet, located under the Resident tab of the EMR, indicated R77 (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was admitted to the facility on [DATE] with diagnoses including but not limited to, chronic kidney disease and anxiety disorder. Review of R77's Wound Management, report, provided by the facility, indicated the resident had a pressure ulcer on her sacrum when she was admitted on [DATE]. The report also specified this sacrum pressure ulcer was still present on 05/27/26. Review of R77's admission MDS, assessment with an ARD of 05/13/26 and located under the RAI tab of the EMR, indicated the resident did not have a pressure ulcer on a boney prominence. During an interview and record review on 05/29/26 at 9:21 AM, the MDSC reviewed R77's admission MDS with an ARD of 05/13/26 and confirmed the MDS was inaccurate because it did not reflect the presence of a pressure ulcer over a boney prominence. The MDSC stated the resident had a pressure ulcer on her sacrum when admitted on [DATE] and when the assessment was completed, but the assessment did not reflect the presence of a pressure ulcer over a boney prominence. The MDSC stated she would submit a correction for this coding error. The MDSC also stated the facility did not have a policy for the accurate completion of MDS assessments but utilized the RAI manual for any MDS issues.

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure ongoing communication was taking place and documentation was provided regarding updates, referrals made to other skilled nursing facilities regarding the potential discharge, placement, and transition of care for one resident (Resident (R)71) in attaining and maintaining the resident's highest practicable well-being out of 23 sampled residents. This failure had the potential to affect the resident in a negative way by not receiving information from the Social Services Director (SSD) regarding her requests. Findings include: Review of the facility's policy titled, Discharge Planning, revised 02/24/25, indicated, . Discharge planning will begin with each patient/resident and patient/resident's representative upon admission. The process is coordinated by Social Services.Definitions: Community resources are services and agencies that have the potential to improve the quality of life in the community and to assist in the transition of care, including but not limited to: Rehabilitation Centers, Social Services Agencies. The policy then indicated, . For patients/residents for whom discharge to the community has been determined to not be feasible, the medical record must contain information about who made that decision and the rational for that decision. Review of the facility's Social Services Director Position Description, modified 12/2016 indicated, . Job Purpose: Responsible for coordinating, and directing Social Services in accordance with federal, state, and local regulations. It further indicated, Key Responsibilities.coordinates discharge plans with residents and families. Review of R71's Face Sheet, located under the Resident tab of the electronic medical record (EMR) indicated R71 was admitted to the facility on [DATE], with diagnoses including but not limited to, quadriplegia, C1-C4 complete, anxiety disorder, major depressive disorder, and epilepsy. It further indicated an extensive history of contractures of the right ankle, left ankle, left knee, right knee, and muscle wasting and atrophy. Review of R71's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of 03/05/26 and located under the RAI tab of the EMR, revealed R71 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated no cognitive impairment. The MDS indicated R71 required total assistance for all Activities of Daily Living (ADLs) and was completely dependent on staff. Further review of the quarterly MDS indicated R71 participated in the MDS and goal setting. It indicated there was no active discharge planning already occurring for the resident to return to the community. Review of the Social Services Progress Notes, dated 03/14/24 and located under the Progress Notes tab of the EMR, indicated, Spoke with resident again on today regarding desire to transfer to [name of another skilled nursing facility]. SSD made aware by [name of skilled nursing facility] that admission would soon resume at which time the resident was placed on list of needed transfers with top priority. Further review of the Social Services progress notes revealed no ongoing documentation of communication; referrals made on behalf of R71 or the SSD communicating with R71 regarding her wishes to be transferred to another skilled nursing facility since 03/14/24. Review of R71's Care Conference Report, dated 12/31/25 and located under the Documents tab the (continued on next page)

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	EMR, indicated, IDT [Interdisciplinary Team] met with resident for care plan meeting.Would like some referrals sent to areas close to [name of another county] so she can see her children more. Review of R71's Care Conference Report, dated 03/19/26 and located under the Documents tab in the EMR, indicated, Care plan meeting held in room with resident.she [referring to R71] also asked SSD to try some of the facilities in the low country for bed availability since she would like to be closer to her family. Review of R71's EMR indicated no documentation since 03/14/24 of any referrals made by the SSD or any communication by the SSD to R71 regarding discharge planning of her wishes to transfer to another facility to be closer to her family. There were two documented care plan conferences held on 12/31/25 and 03/19/26 in which R71 expressed her wishes to move to other nursing facilities to be closer to her family. The EMR did not contain documentation of any referrals made by the SSD, or communication given to R71. During an observation and interview on 05/27/26 at 10:30 AM, R71 was observed lying in bed unable to move on her own. R71 was observed with both hands and legs contracted with splints and braces in place. During interview R71 stated, I'm very frustrated because I've been here for three years and I'm trying to get to [name of another skilled nursing facility]. I've talked to Social Services many times. She will tell me she will send off a referral, and I don't ever hear anything back from her. That is where my family is, and I've been waiting and wanting to be in another nursing facility. R71 then stated, When I talked to [name of the Social Services Director-SSD] she gives me no updates whatsoever. I'm paralyzed and need help doing everything. I would like to get closer to an area near my home. I have young kids and would like to see them. It's been very frustrating. During an interview on 05/28/26 at 8:04 AM, the SSD stated, We haven't been able to find placement for her due to her history. She is from [name of county] and that is where she wants to go. That is where her family is. The SSD stated, Over the past several years, I have reached out to [name of other nursing facilities] and asked about transfers. She stated, I've sent referrals to other facilities since then with no luck. When the SSD was specifically asked if she could show any documentation of communications she has had with R71 since her last documented social services progress note dated 03/14/24, the SSD stated, It's been a while since we've talked about the transfer thing. I can go in today and talk with her again. The SSD stated, I would say it's been a couple of months at least since I've communicated with any facilities and that has been through emails. When the SSD was asked if she could provide any documentation of corresponding emails, she submitted to other facilities regarding R71, the SSD stated, They have not been saved. The SSD stated, Most of my communication with her [regarding R71] has just been verbal. I don't have any recent progress notes or documentation. The SSD confirmed R71 made the requests during the last care plan conference on 03/19/26 to be closer to her family and wanted to know any updates or referrals made to other nursing facilities and stated, We just talk about it during her care conferences. Honestly, I have not done anything with that. There is no reason why I have not. During an interview on 05/28/26 at 9:53 AM, the Administrator stated, Any documentation regarding discharge or transfer would be what social services has. I would expect there to be more documentation and ongoing communication with [name of R71] regarding this and from now on, I will also ask to be included in any communications.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, record review, interview, and review of the Academy of Nutrition and Dietetics Diet Manual, the facility failed to provide food in a form to meet the needs for one resident (Resident (R)23) out of two reviewed for nutritional status out of 23 sampled residents. This failure had the potential to cause nutritional needs to go unmet for residents who had a physician's diet order to be served finger food prepared from the facility's kitchen.Findings include: Review of the Academy of Nutrition and Dietetics Diet Manual, provided by the facility, indicated, . Finger Foods Some patients may be able to feed themselves, eat adequately, and be more independent if they are able to use their fingers to pick up foods. Utensils may become harder to use for some patients depending on their condition and/or age. Allowing patients to be as independent as possible during mealtime may improve their nutritional intake. Most foods can be eaten without utensils, but this requires creativity and planning. Review of R23's Face Sheet, located under the Resident tab of the electronic medical record (EMR), revealed an original admission date of 11/27/24 and diagnoses which included but was not limited to, type 2 diabetes mellitus, lack of coordination, and vascular dementia. Review of R23's quarterly Minimum Data Set (MDS),with an assessment reference date (ARD) of 03/26/26 and located under the RAI [Resident Assessment Instrument] tab of the EMR, indicated the resident received a mechanically altered and therapeutic diet. The assessment also specified R23 had a Brief Interview for Mental Status (BIMS) score of five out of 15, which indicated the resident was severely cognitively impaired. Review of R23's current undated Physician Orders, located in the EMR under the Resident tab, revealed an order for a controlled carbohydrate (CCHO), no added salt (NAS), and a mechanical soft diet with Special Instructions: please send finger foods. This order had a start date of 12/11/24. Review of R23's current Care Plan, provided by the facility, contained a Problem, which indicated, Nutritional Status [R23's name] requires a therapeutic diet and mechanically altered as order [sic] . A care plan Approach indicated, Diet as ordered. 12/11/24 CCHO/NAS/Mech[anical] Soft Diet, please send finger foods. This nutritional status care plan was noted as being most recently reviewed/revised by staff on 03/30/26. During an observation on 05/27/26 at 1:06 PM, R23 was in her room eating her lunch meal without staff present. Review of the tray slip served with R23's meal revealed she was to receive a CCHO, NAS, mechanical soft diet with finger foods. The resident was observed to have no problems eating a biscuit with her fingers. An observation of R23's plate revealed she also received a serving of ground chicken which she did not attempt to eat. During an observation on 05/28/26 at 1:35 PM, R23 was in her room eating her lunch meal without staff present. Review of the tray slip served with R23's meal revealed she was to receive a CCHO, NAS, mechanical soft diet with finger foods. The resident was observed to have no problems eating a dinner roll with her fingers. R23 was also observed to utilize a spoon in her right hand to eat her dessert, which was a cherry pie with whipped topping, and on two occasions spilled some of the dessert onto her left hand as she brought a spoonful of the dessert from the bowl to her mouth. R23 was also served ground pork on her meal tray which she did not attempt to eat. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425104	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Bamberg	439 North Street Bamberg, SC 29003

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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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 05/28/26 at 1:45 PM, the Dietary Manager (DM) came to R23's room at the request of this surveyor. The DM observed R23's meal tray and confirmed she received ground pork which she did not eat and received cherry pie with whipped topping for dessert. The DM stated R23 enjoyed eating sandwiches and should have been served sliced bread with this meal and with her lunch meal of 05/27/26, so staff could place the ground meat served at these two meals on the bread, so R23 could use her fingers to eat the ground meat as part of a sandwich. During an interview on 05/29/26 at 11:50 AM, the DM stated R23 was the only resident who currently had a physician's order to be served finger foods at meals. The DM explained during the lunch meal on 05/28/26, R23 should have received a donut in place of the cherry pie with whipped topping, so she could have picked up the donut with her fingers to eat it. The DM also stated the facility did not have a policy for serving finger foods or therapeutic diets. During a phone interview on 05/29/26 at 1:45 PM, the facility's Registered Dietitian (RD) stated the facility did not have a policy for finger foods, but the Diet Manual utilized by the facility addressed the issue.