

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1992 Hwy 51 S Covington, TN 38019	

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)
<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, review of the resident trust accounts, and interview, the facility failed to refund the resident's funds within 30 days of death or discharge for 1 of 1 (Resident #103) sampled residents reviewed for personal fund account statements. The findings include: 1. Review of the undated facility policy titled, .Conveyance of Funds Upon a Resident's Death., revealed .Purpose.To ensure conveyance of funds upon a resident's death are consistent with applicable legal requirements and standards of practice.Within thirty (30) days of the death of the resident, the company will convey the deceased resident's personal funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate. 2. Review of the medical record revealed Resident #103 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Diabetes Mellitus, and Dysphagia (difficulty swallowing foods or liquids). Review of the significant change Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated Resident #103 was severely cognitively impaired. Review of the medical record revealed Resident #103 expired on 1/2/2025. Review of the trust funds revealed a check was not issued until 3/12/2025, 2 months 10 days after Resident #103 expired. During an interview on 9/17/2025 at 9:52 AM, the Business Office Manager confirmed the resident's funds should have been paid out within 30 days from the date Resident #103 expired.</p>

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure the environment was free from accident hazards when unsecured sharps were in 1 of 46 (Resident #5 and #20) sampled residents' bathrooms and failed to complete fall assessment documentation for 1 of 3 (Resident #10) residents sampled for falls. The findings include: 1. Review of the facility policy titled, Accidents and Supervision, dated 6/1/2025, revealed .resident environment will remain as free of accident hazards. Environment refers to any environment or area in the facility that is frequented by or accessible to the residents, including (but not limited to) the residents' rooms, bathrooms. Hazards refers to elements of the resident environment that have the potential to cause injury. Review of the facility policy titled, Falls, dated 6/2025, revealed .Falls Management Program Guidelines .Should the Resident experience a fall the attending nurse shall complete a post fall assessment . 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Diabetes, Bipolar Disorder, Depression, and Pain. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #5 was cognitively intact. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Schizophrenia, Anxiety, and Major Depressive Disorder. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 9, which indicated Resident #20 was moderately cognitively impaired. Observations in Resident #5 and Resident #20's room on 9/15/2025 at 9:48 AM, 11:56 AM, and 12:42 PM, revealed 2 disposable blue razors were on the resident's bathroom sink. During an observation and interview in Resident #5 and Resident #20's room on 9/15/2025 at 1:12 PM, Licensed Practical Nurse (LPN) E confirmed that the razors should not be unsecured in the resident's bathroom. During an interview on 9/17/2025 at 8:17 AM, the Director of Nursing (DON) confirmed razors should not be left unsecured in the resident's bathroom. 3. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Dementia, Heart failure, Chronic Kidney Disease, Hypertension, and Diabetes. Review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 9, which indicated Resident #10 was moderately cognitively impaired. Review of the progress notes dated 9/2/2025, revealed .The aide came to the nurses [nurses'] station and reported that resident [Resident #10] slid off the toilet onto the floor . Review of the post fall event dated 9/2/2025, revealed pages 2-9 were incomplete. During an interview on 9/17/2025 at 12:37 PM, the DON confirmed the post fall event should have been completed.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to provide appropriate treatment and services when staff failed to follow physician's orders for 1 of 2 (Resident #10) sampled residents reviewed for urinary tract infections (UTIs). The findings included: Review of the medical record revealed Resident #10 was admitted to the facility on [DATE], with diagnoses including Dementia, Chronic Kidney Disease, Diabetes, and Schizophrenia. Review of the significant change Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated Resident #10 was moderately cognitively impaired. Review of the progress notes dated 9/9/2025, revealed .Resident [Resident #10] c/o [complains of] of burning when urinating, this nurse spoke to NP [Nurse Practitioner] about residents concern. NP ordered urine culture. Resident .temp. [temperature] 98.3. RP [Responsible Party] notified and agrees . Review of the Physician's Orders dated 9/9/2025, revealed .Culture, Urine; Urinalysis. Review of the Lab results dated 9/10/2025, revealed .Urine.DOB [DATE of birth] does not match cup.recollect and reorder. Observation in Resident #10's room on 9/15/2025 at 3:13 PM and 4:37 PM, revealed a strong ammonia odor. During an observation and interview in Resident #10's room on 9/15/2025 at 5:04 PM, the Director of Nursing (DON) confirmed a foul odor and stated, .not sure what that smell is.maybe BM [bowel movement] . someone is going to change [Resident #10] . Observation in Resident #10's room on 9/16/2025 at 8:34 AM and 11:53 AM, revealed a strong ammonia odor. During an interview on 9/17/2025 at 9:00 AM, the Unit Manager stated, .that [urine sample] was recollected and sent across the street to the hospital. The facility was unable to provide the lab results. During an interview on 9/17/2025 at 12:32 PM, the DON confirmed staff should follow Physician Orders. During an interview on 9/17/2025 at 12:37 PM, the DON confirmed that staff should have followed up on the lab order and the results should have been documented. The DON stated, .But I think the NP said it wasn't necessary to recollect. Review of the NP Encounter Note dated 9/17/2025 and electronically signed at 2:24 PM, revealed .Order for UA [Urinalysis] and urine culture ordered on 09/09/25 [9/9/2025] discontinued.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure staff were accurately administering medications per Physician's Orders and to meet professional standards of practice for 2 of 5 (Residents #38 and #64) residents reviewed for unnecessary medications. The findings include: 1. Review of the facility policy titled Medication Administration, dated 2/20/2024, revealed Medications are administered . as ordered by the physician .compare the medication .to the MAR [Medication Administration Record] to verify .medication dose . 2. Review of the medical record revealed Resident #38 was admitted to the facility on [DATE], with diagnoses including Anemia, Diabetes, and Arthritis due to other bacteria, unspecified joint. Review of the Physician Order Report dated 8/17/2025-9/17/2025, revealed .micafungin [antifungal] 100 mg [milligrams] . Review of the View Prescription Order, dated 9/10/2025, revealed Micafungin .Pharmacy Directions .INFUSE 100ML [milliliters] (100 MG DOSE) .OVER 60 MINUTES (RATE = [equals] 100 ML/HR [per hour]) . Observation in Resident #38's room on 9/17/2025 at 9:50 AM, revealed Registered Nurse (RN) C set the infusion rate of Micafungin at 200ml/hr. During an interview on 9/17/2025 at 12:32 PM, the Director of Nursing (DON) confirmed the Micafungin should be infused at a rate of 100ml over 1 hour and staff should follow Physician Orders. During an interview on 9/17/2025 at 12:45 PM, RN C confirmed that she had initially set the rate for the Micafungin at 200ml/hr, and it should have been 100ml/hr. 3. Review of the medical record revealed Resident #64 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Seizures, Congestive Heart Failure, and Anxiety. Review of the Prescription Order dated 5/19/2025, revealed .carvedilol [used to reduce blood pressure] .12.5 mg [milligram] .Hold for SBP [systolic blood pressure] < [less than] 90 or HR [heart rate] 60. Notify MD/NP [Medical Doctor or Nurse Practitioner] . Review of the Medication Administration Record (MAR) dated June 2025, revealed Carvedilol was administered when Resident #64's pulse was outside the ordered parameters on: a. 6/4/2025 with a pulse of 53 for the PM dose. b. 6/5/2025 with a pulse of 56 for the AM dose. c. 6/9/2025 with a pulse of 58 for the PM dose. d. 6/13/2025 with a pulse of 51 for the PM dose. e. 6/14/2025 with a pulse of 54 for the AM dose and 55 for the PM dose. f. 6/24/2025 with a pulse of 59 for the AM dose. g. 6/27/2025 with a pulse of 56 for the PM dose. h. 6/29/2025 with a pulse of 53 for the AM dose and 58 for the PM dose. Review of the MAR dated July 2025, revealed Carvedilol was administered when Resident #64's pulse was outside the ordered parameters on: a. 7/2/2025 with a pulse of 56 for the PM dose. b. 7/7/2025 with a pulse of 54 for the AM dose. c. 7/12/2025 with a pulse of 57 for the PM dose. d. 7/13/2025 with a pulse of 57 for the PM dose. e. 7/21/2025 with a pulse of 56 for the AM dose. f. 7/25/2025 with a pulse of 54 for the PM dose. g. 7/30/2025 with a pulse of 57 for the PM dose. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #64 was cognitively intact. Review of the MAR dated August 2025, revealed Carvedilol was administered when Resident #64's pulse was outside the ordered parameters on: a. 8/4/2025 with a pulse of 57 for the AM dose and 56 for the PM dose. b. 8/13/2025 with a pulse of 59 for the PM dose. During an interview on 9/17/2025 at 8:29 AM, the Director of Nursing confirmed medications should not be administered if vital signs are outside the ordered parameters and the provider should be notified.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were properly stored when expired medications were found in 1 of 9 (Medication Cart #3) medication storage areas. The findings include: 1. Review of the facility policy titled, Medication Storage, dated 2/2/2025, revealed .It is the facility policy to ensure all medications .will be stored in accordance to the manufacturer's recommendations.All drugs and biologicals will be stored in locked compartments.under proper temperature controls. 2. During an observation and interview at Medication Cart #3 on 9/17/2025 at 7:40 AM, revealed 5 unopened foil packs of Ipratropium (used to help breathing) 0.2 percent (%) with 5 vials in each pack with an expiration date of 7/2025. Registered Nurse (RN) B confirmed expired medication should not be in the medication cart. During an interview on 9/17/2025 at 8:17 AM, the DON confirmed expired medications should not be on the medication cart.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when 2 of 5 nurses (Registered Nurse (RN) A and RN D) failed to disinfect reusable resident equipment for 2 of 8 (Resident #82 and #85) residents observed and when 2 of 5 nurses (RN D and Licensed Practical Nurse (LPN) F) failed to perform hand hygiene during medication administration. The findings include: 1. Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Equipment, revealed .Reusable resident-care equipment .Reusable multiple-resident items .are items that may be used multiple times for multiple residents. Examples include stethoscopes, blood pressure cuffs .Multiple-resident used equipment shall be cleaned and disinfected after each use . Review of the facility policy titled, Medication Administration, dated 2/2024, revealed .Wash hands prior to administering medication . Review of the facility policy titled, Hand Hygiene, dated 6/9/2025, revealed .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves . 2. Review of the medical record revealed Resident #82 was admitted to the facility on [DATE] with diagnoses including Diabetes and Hypertension. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated Resident #82 was cognitively intact. Observation in Resident #82's room on 9/16/2025 at 2:00 PM, revealed RN D removed the stethoscope from around her neck and placed the bell on Resident #82's abdomen to check placement of the percutaneous endoscopic gastrostomy (PEG) tube (a feeding tube inserted through the abdominal wall into the stomach for nutrition). She then placed the stethoscope back around her neck. RN D exited the room and placed the stethoscope on the medication cart. RN D failed to clean or disinfect the stethoscope after resident contact. 3. Review of the medical record revealed Resident #85 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Diabetes and Hypertension. Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 2 which indicated Resident #85 was severely cognitively impaired. Observation in the Memory Care Unit on 9/17/2025 at 7:40 AM, revealed RN B gathered medications and the wrist blood pressure cuff and proceeded to check Resident #85's blood pressure. RN B administered Resident #85's medications, then returned to the medication cart, placed the wrist blood pressure cuff on the cart, and failed to clean or disinfect after use. During an interview on 9/17/2025 at 12:57 PM, the Director of Nursing (DON) was asked if reusable equipment should be cleaned in between use on residents. She stated, Yes. 4. Observation during medication administration on the Rehabilitation Unit on 9/16/2024 at 2:00 PM, revealed RN D administered medications, doffed Personal Protective Equipment (PPE), and failed to perform hand hygiene. Observation during medication administration on the Rehabilitation Unit on 9/16/2025 at 2:20 PM, revealed RN D performed hand hygiene for 10 seconds, donned gloves, and failed to perform hand hygiene after removing gloves. Observation in Resident #80's room on 9/16/2025 at 2:40 PM, revealed LPN F failed to perform hand hygiene, donned gloves, provided care, removed gloves, and performed hand hygiene at the sink for 15 seconds. During an interview on 9/17/2025 at 12:57 PM, the DON was asked if staff should perform proper hand hygiene when donning and doffing (removing) gloves. The DON stated, Yes.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure a safe and functional environment when toilets were not securely fastened to the floor in 4 of 46 occupied resident's bathrooms affecting 6 of 94 (Resident #5, #20, #29, #54, #61, #78) residents. The findings include: 1. Review of the facility policy titled, Safe and Homelike Environment, dated 6/1/2025, revealed .the facility will provide a safe, clean, comfortable and homelike environment.ensuring that the resident can receive care and services safely.maximizes resident independence and does not pose a safety risk. 2. Review of the medical record revealed Resident #5 was admitted to the facility on [DATE], with diagnoses including Diabetes, Bipolar Disorder, Depression, and Pain. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated Resident #5 was cognitively intact. Resident #5 required supervision or touching assistance with transfers. Review of the medical record revealed Resident #20 was admitted to the facility on [DATE], with diagnoses including Alzheimer's, Schizophrenia, Anxiety, and Major Depressive Disorder. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 9, which indicated Resident #20 was moderately cognitively impaired. Resident #20 required substantial to moderate assistance with transfers. Observation in Resident #5 and #20's shared bathroom on 9/15/2025 at 4:39 PM, revealed when gentle pressure was applied to the toilet, the toilet would move forward and backwards with movement side to side. During an observation and interview in Resident #5 and #20's shared bathroom on 9/15/2025 at 4:57 PM, the Maintenance Assistant confirmed the toilet was loose and would be an accident hazard. 3. Review of the medical record revealed Resident #29 was admitted to the facility on [DATE] with diagnoses including Diabetes, Hypertension, Muscle Weakness, and Frequency of Micturition (urination). Review of the annual MDS assessment dated [DATE], revealed a BIMS score of 15, which indicated Resident #29 was cognitively intact and required staff supervision or touching assistance for transfer. Review of the medical record revealed Resident #78 was admitted to the facility on [DATE], with diagnoses including Alzheimer's Disease, Bipolar Disorder, and Chronic Obstructive Pulmonary Disease. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #78 was cognitively intact and was independent with transferring. Observation in Resident #29 and #78's shared bathroom on 9/15/2025 at 10:06 AM and 11:35 AM, revealed the toilet was not secure to the floor and moved freely side to side with minimal effort. During an observation and interview in Resident #29 and #78's shared bathroom on 9/15/2025 at 4:03 PM, the Maintenance Assistant confirmed the toilet was unsecure and it could be an accident hazard. During an observation in Resident #29 and #78's shared bathroom on 9/16/2025 at 7:52 AM, the toilet remained unsecure to the floor and moved freely side to side with minimal effort. 4. Review of the medical record revealed Resident #54 was admitted to the facility on [DATE], with diagnoses including Dementia, Ataxic Gait, Lack of Coordination, and Vision Loss. Review of the quarterly MDS dated [DATE], revealed a BIMS score of 1, which indicated Resident #54 was severely cognitively impaired. Resident #54 required supervision for toilet transfers. During an observation and interview on 9/15/2025 at 4:57 PM, the Maintenance Assistant confirmed Resident #54's the toilet was unsteady and needed a wedge placed under it to stabilize it. 5. Review of the medical record revealed Resident #61 was admitted to the facility on [DATE], with diagnoses including Dementia, Schizophrenia, Anxiety, and Psychosis. Review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 12, which indicated Resident #61 was cognitively intact. Resident #61 was independent with toilet transfers. Observation in Resident #61's bathroom on 9/15/2025 at 4:15 PM, revealed the toilet was not securely fastened to the floor and easily moved left to right with minimal effort. During an interview on 9/15/2025 at 4:45 PM, the Maintenance Assistant confirmed that Resident #61's toilet was not secure and could be an accident hazard. During an interview on 9/16/2025 at 10:39 AM, the Maintenance Director confirmed that all toilets should be secure and safe for use and that unsecured toilets can create a fall risk for residents.</p>		