STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455855	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennedy Health & Rehab	504 N John Redditt Dr Lufkin, TX 75904

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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 - Few	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 observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and home like environment for 1 of 2 dining rooms (the main dining room did not have adequate lighting) observed for environment. The facility failed to ensure there were adequate lighting in the main dining room. This failure could place the residents, who eat in the dining room at risk of injury, and a non-home like dining experience due to inadequate lightening. Finding included: During an observation on 06/23/2025 at 11:30am there were 3 of 8 florescent lights not working in the main dining room. Record review of a facility's face sheet dated 6/23/25 for Resident #21 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: Cervical spinal stenosis (narrowing of the vertebra in the neck), muscle weakness and diabetes (too much glucose in the blood). Record review of a Quarterly MDS assessment dated [DATE] for Resident #21 indicated that he had a BIMS score of 13 indicating he was cognitively intact. Assessment also indicated that he was totally dependent with transfers. Record review of a comprehensive care plan dated 6/18/25 indicated that Resident #21 was totally dependent of 2 persons for transfers and at risk for falls. Record review of a facility's face sheet dated 6/25/25 for Resident #39 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: Type 2 diabetes mellitus, depression, chronic diastolic(congestive) heart failure, muscle wasting and atrophy and unsteadiness on feet. Record review of a Quarterly MDS assessment dated [DATE] for Resident #39 indicated that he had a BIMS score of 13 indicating he was cognitively intact. Assessment also indicated that he was totally dependent with transfers. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a comprehensive care plan dated 6/04/25 indicated that Resident #39 was independent/dependent on staff etc.) for meeting emotional, intellectual, physical, and social needs. During an interview on 6/23/2025 at 11:45 AM, Resident #21 said it was dark and dreary in the dining room, he said the lights had not worked properly in a long time. During an interview on 6/23/2025 at 11:50 AM, Resident #39 said it was always dim with some lights out. He said he does not think all the lights ever worked in the dining room. He said some days the lighting seems better than other days, but it never lit up bright like it should be. During an interview with CNA-J on 6/25/2025 at 9:00am she said she has not had a resident complain about the lights being dim in the dining room. She said the lights have been the same for a long time. She said she did not notice the lights were out in the dining room. During an interview with the MA on 6/25/2025 at 9:15am said she has not had a resident complain about it being dim or dark in the dining room. She said she has noticed some of the light bulbs being out and did not report the lights out to maintenance or the administrator. She said maintenance checks the building and thought they would eventually replace the light bulbs. During an interview with LVN-H at 9:30am on 06/25/2025 she said the residents seems content and has not complained about the lighting in the dining room to her. She said she has not noticed the lights being out in the dining room. She said she have not worked at the facility long and it always looks the same as far as lighting and did not notice a low lighting level. During an interview with the Maintenance Director on 6/25/2025 at 9:55am she said she has not noticed, nor has it been reported to her that the lights were out in the dining room. During an interview the with the DON on 6/25/2025 at 1:45pm she said she has noticed the lighting in the dining room being dim. She said she did not notice the lights were out and knows the facility being dim in areas was a problem when she began working at the facility. She said she thought the facility being old and having repairs the lighting was normal for the building. She said no resident or other staff members have reported or complained of dim or inappropriate lighting. During an interview with the Administrator on 6/25/2025 at 2:25pm she said she did notice some lights being out and have since asked her maintenance to walk the building and replace all light bulbs and report any issues they find. She said no one has reported any issues about the lighting in the building. She said low lightening could cause a resident to fall and not enjoy their meal in a home like environment. Record review of a Quality of Life-homelike Environment Policy dated (Revised 2024) Policy Statement reads Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. Policy Interpretation and Implementation reads: 4. Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable, and homelike environment. The lightening design emphasizes: a. Sufficient general lighting in resident-use areas; b. Task lighting as needed; d. Even light levels;

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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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to complete a significant change MDS assessment within 14 days after a significant change in the resident's mental and physical condition for 1 of 6 residents (Resident #56) reviewed for assessments. The facility failed to reassess Resident #56 following a hospice admission (specific care for the sick or terminally ill) on 05/27/25. This failure could place residents at risk for not having their individual needs met due to inaccurate assessments. The findings included: Record review of facility face sheet dated 6/25/25 for Resident #56 indicated that he was an [AGE] year-old male admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnosis of traumatic hemorrhage of cerebrum (brain bleed). Record review of a Quarterly MDS assessment dated [DATE] for Resident #56 indicated that he had a BIMS score of 99, which indicated he was unable to complete the interview. He had severely impaired cognition. Record review of a comprehensive care plan dated 5/30/25 for Resident #56 indicated that he was receiving hospice services. Record review of a physician's order summary report dated 6/25/25 for Resident #56 indicated he had the following order dated 5/27/25: .Resident may admit to Hospice . Record review of a nurse note dated 5/27/25 for Resident #56 indicated he had a nursing progress note which read: .Resident admitted to [name of hospice] Hospice Dx Alzheimer's Disease . and was signed by LVN . MDS nurse was unavailable for interview during survey. During an interview on 6/25/25 at 1:43 pm the DON said she was not aware that a significant change MDS was required when a resident admitted to hospice until today (6/25/25). She said her MDS nurse was responsible for MDS assessments, and she was unavailable right now due to hospitalization. She said if MDS assessments were not completed appropriately, it could affect the residents' care plan interventions as the MDS was where the care plan triggers were generated. During an interview on 6/25/25 at 2:07 pm the Administrator said she expected all significant change MDS's to be done timely. She said residents could be at risk for not having changes in their condition recognized. She said she would in service the MDS nurse when she returned to work to ensure MDS assessments were completed appropriately going forward. (continued on next page)

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a facility policy titled Assessment - Comprehensive Resident dated 5/2017 read: .It is the policy of this home that staff will upon admission, annually and with significant change of condition conduct an accurate comprehensive assessment of the resident's functional ability utilizing the R.A.I. process . Record review of the CMS RAI version 2.0 revised December 2002 indicated, .A Significant Change in Status Assessment must be completed within 14 days after a determination has been made that a significant change in the resident's status from baseline occurred. A Significant Change in Status MDS is required when: a resident enrolls in a hospice program .

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the residents' environment remains as free of accident hazards as possible for 2 of 11 residents reviewed for quality of care, (Residents #21 and #2) in that: The facility failed to remove worn and damaged mechanical lift slings from service for Resident's #21 and #2. This failure could result in a loss of quality of life due to injuries. Findings included: Record review of a facility's face sheet dated 6/23/25 for Resident #21 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: cervical spinal stenosis (narrowing of the vertebra in the neck), muscle weakness and diabetes (too much glucose in the blood). Record review of a Quarterly MDS assessment dated [DATE] for Resident #21 indicated that he had a BIMS score of 13 indicating he was cognitively intact. Assessment also indicated that he was totally dependent with transfers. Record review of a comprehensive care plan dated 6/18/25 indicated that Resident #21 was totally dependent of 2 persons for transfers and at risk for falls. Record review of a facility's face sheet dated 6/25/25 for Resident #2 indicated that he was a [AGE] year-old male re-admitted to the facility on [DATE] with diagnoses including: cerebral infarction (blockage of blood flow to the brain leading to death of tissue), cerebral palsy (a congenital disorder of movement, muscle tone or posture), and anxiety. Record review of a Quarterly MDS assessment dated [DATE] for Resident #2 indicated that he had a BIMS score of 99 indicating he was severely cognitively impaired. Assessment also indicated that he was totally dependent with transfers. Record review of a comprehensive care plan dated 4/10/25 indicated that Resident #2 was totally dependent of 2 persons for transfers and at risk for falls. During an observation and interview 06/23/25 at 12:30 PM Resident #21 was sitting in his wheelchair on a mechanical lift sling. The mechanical lift sling had one of the 4 black main straps loop that was torn in half, the other loops were frayed, and stitching was loose. The care tag was not legible. Resident #21 said he had no falls during use of the mechanical lift during transfers. Resident #21 said they didn't always use the lift during his transfers but today he was feeling weak. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 06/23/25 at 12:45 PM the Administrator observed the mechanical lift sling under Resident #21. She said the risk to the resident was injury if the sling broke during transfer and caused a fall. The Administrator said she would remove the damaged sling from service, and she would order replacements. During an observation on 06/25/25 10:45 AM, Resident #2 had a mechanical lift sling underneath him. The mechanical lift sling had 2 green colored loops and a blue loop that were frayed almost worn in half and one of the 4 black main straps was torn in half. There was a hole in the mesh body of the sling and the stitching was loose. There was no care tag on the mechanical lift sling. During an interview on 06/25/25 at 11:21 AM, the ADON said she had worked at the facility since 5/16/2025. The ADON said she would remove the sling under Resident #2 and replace with a new one. She said the straps could break and cause a fall with resulting injuries. She said she would do a facility sweep to remove any worn mechanical lift slings from service and start servicing staff. The ADON said there were 11 residents living in the facility that used the mechanical lift for transfers. During an interview on 06/25/25 at 11:40 AM, the DON said had worked at the facility since 5/15/2025. She said the straps could break and cause a fall with resulting injuries. During an Interview on 06/25/25 at 12:45 PM, CNA E, CNA G and LVN F said they had received training on 6/25/25 on when to remove mechanical lift slings from service. LVN F said the resident could be seriously injured if the straps broke on the mechanical lift sling and the resident fell during a transfer. Record review of a revised facility's policy titled Lifting Machine, using a Mechanical dated 2024 reads .Sling care .3. Discard any worn, frayed, or ripped slings Record review of manufacture guidelines Full Body Slings - Instructions for use accessed at www.medline.com on 06/14/25 read .Always inspect slings prior to each use. Signs of rips, tears, or frays indicate sling wear which is unsafe and could result in injury. Signs of color fading, bleached areas, or permanent wrinkles on the straps indicate improper laundering which is unsafe and could result in injury. Any slings with signs of wear or improper laundering should be immediately removed from use .

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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. Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food safety requirements and kitchen sanitation. 1. The facility failed to ensure the dietary manager, dietary aide and cook effectively wore a hair net to cover all hair. 2. The facility failed to ensure foods stored in the refrigerator and freezer were labeled and dated. 3. The facility failed to ensure foods stored in the refrigerator were sealed or in a sealed container. 4. The facility failed to ensure 2 beverage dispensers located in the dining room were dated and labeled. These failures could place residents at risk of foodborne illness and food contamination. Findings Include: During an observation on 06/23/2025 at 9:00am and 06/24/2025 at 10:25am, the DA's, DS, cook (all kitchen staff had hair from under hair covering on the front, sides, and backs of their heads. During an observation on 06/23/2025 at 8:51am-9:45am, the following undated, unlabeled, and unsealed items were identified by the Dietary Supervisor in the sink, freezer, refrigerator, and Dining room: Observation: SINK *2-10-12lb whole ham logs sitting in water/thawing. The ham was not under running water. *1 2lb bag of sliced ham sitting in water/thawing. The ham was not under running water. REFRIGERATOR *10 premade turkey sandwiches with no date or label. *1 gallon bag of pasteurized cheese slices unsealed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*1 large bag of salad mix, open-unsealed with no date or label. *1 gallon Ziploc bag of cook pan sausage prepared date 4/23/2025 and used by date 4/26/2025(out of date). FREEZER A *No thermometer in freezer. *2 large bags of half thawed French fries with no date or label. *2 large bags of half thawed steak fingers no date or label. *Water sitting in the bottom of the freezer due to temperature not at freezing level. FREEZER B *Large spill of red frozen substance in the bottom of the freezer unidentified by the Dietary Supervisor. DINING ROOM *Water and Tea Dispenser in the dining room with no label or date. During an interview with DA-L on 06/25/2025 at 2:09pm she said food should be dated and labeled the day its prepared/stored and also when food was delivered to the facility. She said staff should check for expired foods every day and discard on the expiration date. She said meats should be thawed in a container with cold water dripping or running over the meat. She said the refrigerator could cause a problem if it's not sealed. She said food could lose appropriate temperature and spoil causing consumption of the food to become dangerous to the residents. She said freezers and refrigerators should have thermometers in them at all times and temperatures should be logged on every shift. She said she has not had any in-services on kitchen duties since being hired about 5 months ago. She said all hair should be covered at all times when in the kitchen. She said a piece of hair could fall into the food and make the food contaminated and not eatable. She said if staff spills something or see a spill, they should clean it up right then and not ignore it. She said if the food was not stored properly the food could become a route for illness to the residents. During an interview with the [NAME] on 06/25/2025 at 2:32pm She said food should be dated and labeled as soon as possible when it's delivered to the kitchen. She said a new open and expiration date should be placed on any item when its opened/restored or prepared. She said staff should notice a spill at some point during their shift in all areas of the kitchen including the refrigerator and freezers. She said any spill should be cleaned up as soon as possible. She said any staff in the kitchen should wear a hair net and all hair should be covered. She said hair could fall into food or drinks and contaminate the food or drink item. She said if the refrigerator was not sealed tight food could spoil bugs or cleaning substance could get inside, get on the food, and make residents sick. She said meats should be thawed by running cold water over it in a container in the sink or sit it in the refrigerator. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with DA-K on 06/25/2025 at 2:59pm She said hair nets should be worn at all times when in the kitchen and should cover all hair. She said hair could get into the resident's food and on the dishes. She said the residents could swallow the hair and get choked and the food is no longer servable. She said the refrigerator should always have a good seal. She said the food could get hot and spoil. She said a thermometer should always be in the freezer and refrigerator. She said refrigerator or freezer temps should be logged daily. She said staff notices a spill in the refrigerator or freezer it should be cleaned up immediately. She said foods should be dated and labeled the day it comes into the facility and when its opened or prepared. She said every open item should be in a sealed bag or container when opened. During an interview with the Dietary Supervisor on 06/25/2025 at 3:09pm she said food items should be dated and labeled when it comes in the kitchen and items should be dated with an open date and a used by date. She said all items should be sealed when in the refrigerator or freezer. She said the staff should check for expired foods every day. She said if expired foods were consumed by the residents, they could get sick. She said hair nets should be worn anytime you are in the kitchen and all hair should be covered to prevent the hair from falling into food or drinks and contaminate the items. She said when thawing meat, it should be under cool running water or in the refrigerator on the bottom shelf below all other foods. She said issues with essential equipment should be reported immediately. She said the refrigerator door has been reported as broken and not being sealed properly in the past but never was fixed. She said a thermometer should always be visible in every refrigerator and freezer. She said the temperatures should be monitored daily. She said the staff go into the freezers and refrigerators daily and should have noticed the spills in the freezers. She said staff should have cleaned the spills as soon as possible if not immediately. Record review of a Refrigerators and Freezers Policy dated (revised June 2024) Policy Statement reads This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation reads 3). Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily with first opening and at closing in the evenings. 6). All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Used by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and used by dates indicated once food is opened. 9). Refrigerators and freezers will be kept clean, free of debris, and mopped with sanitizing solution on a scheduled basis and more often as necessary. Record review of a Food and Receiving and storage Policy dated (Revised 2024) Policy Interpretation and Implementation reads: 1. Food Services, or other designated staff, will maintain clean food storage areas at all times. 7. Dry foods that are stored in bins will be removed from original packaging, labeled, and dated (use by date) Such foods will be rotated using a first in-First out system. 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). Record review of the Food and Drug Code dated 2022 indicated. 3-602 Labeling 3-602.11 Food Labels. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers. (B) Label information shall include: (1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement; 3-201.11 Compliance with Food Law. (C) PACKAGED FOOD shall be labeled as specified in LAW, including 21 CFR 101 FOOD Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under § 3-202.18 3-501.13 Thawing. Except as specified in (D) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be thawed: (A) Under refrigeration that maintains the FOOD temperature at 5oC (41oF) or less Pf; or (B) Completely submerged under running water: (1) At a water temperature of 21oC (70oF) or below Pf, (2) With sufficient water velocity to agitate and float off loose particles in an overflow Pf, and (3) For a period of time that does not allow thawed portions of READY-TO-EAT FOOD to rise above 5oC (41oF) Pf, or (4) For a period of time that does not allow thawed portions of a raw animal FOOD requiring cooking as specified under 3-401.11(A) or (B) to be above 5oC (41oF), for more than 4 hours including: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(a) The time the FOOD is exposed to the running water and the time needed for preparation for cooking Pf, or (b) The time it takes under refrigeration to lower the FOOD temperature to 5oC (41oF) Pf; 2-402.11 Effectiveness. (Hair Restraints) 1. Code of Federal Regulations, Title 21, Sections 110.10 Personnel. (b) (1) Wearing outer garments suitable to the operation (4) Removing all unsecured jewelry (6) Wearing, where appropriate, in an effective manner, hair nets, head bands, caps, beard covers, or other effective hair restraints. (8) Confining .eating food, chewing gum, drinking beverages or using tobacco and (9) Taking other necessary precautions

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items, per facility policy, for 1 of 3 resident's (Resident #40) personal refrigerators reviewed for food and nutrition services. The facility failed to ensure a personal refrigerator for Resident #40 was clean, defrosted and did not contain unidentifiable food items in the freezer on 6/23/25. These failures could place residents at risk for food borne illnesses. Findings included: Record review of a facility face sheet dated 7/24/25 for Resident # 40 indicated that he was a [AGE] year-old male originally admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnosis of congestive heart failure (a long-term condition in which the heart is unable to pump enough blood to meet the body's needs). Record review of a Comprehensive MDS assessment dated [DATE] for Resident #40 indicated that he had a BIMS score of 13, which indicated he was cognitively intact. He required setup or clean-up assistance with eating. Record review of a comprehensive care plan dated 6/16/25 for Resident #40 indicated that he had a personal refrigerator in his room and was at risk for illness related to food-borne illness. Care plan included an intervention that read: .deep clean fridge as needed . and .monitor the fridge temp daily to ensure proper temp is maintained . During an observation on 6/23/25 at 10:03 am a freezer section in a personal refrigerator in Resident #40's room was observed with thick ice buildup and the ice was red in color on the bottom and a drip tray underneath the freezer section was observed with red tinged ice accumulated in it. Inside the freezer compartment was an unidentifiable plastic container with a green substance inside that was unable to be removed from the ice buildup. During an interview on 6/23/25 at 2:30 pm Resident #40 said he would not eat anything inside the refrigerator, and it needed to be cleaned and defrosted. He said it was gross. During an interview on 6/25/25 at 1:43 pm DON said if a resident's personal refrigerator was not properly cleaned and defrosted, it could lead to illness if a resident were to eat bad food. She said housekeeping staff was responsible for personal refrigerators. During an interview on 6/25/25 at 1:50 pm Housekeeping supervisor said she tried to clean out the refrigerators at least once per week. She said some residents would not allow her to but Resident #40 had never given her any trouble. She said she was unsure how his refrigerator had gotten missed, but she said she and her staff would keep a better eye on it going forward. She said residents could get sick if their refrigerators were not cleaned out. (continued on next page)

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	455855	A. Building B. Wing	06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennedy Health & Rehab	504 N John Redditt Dr Lufkin, TX 75904

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/25/25 at 2:07 pm Administrator said housekeeping was responsible for personal refrigerators in resident's rooms. She said residents could be at risk for foodborne illnesses and pests if refrigerators were not cleaned appropriately. Record review of a facility policy titled Bedrooms dated 6/2024 read: .Residents are allowed to have refrigerators as long as they are considerate of diet and roommates. Housekeeping will be responsible for checking temps and cleanliness of the fridges .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 residents (Resident #15) and 3 of 4 staff (CNA B, CNA C, and CNA D) reviewed for infection control. The facility failed to ensure CNA B sanitized her hands between the passing and setting up of residents' meal trays on 6/23/25. The facility failed to ensure CNA C and CNA D wore appropriate PPE for EBP during foley and incontinent care for Resident #15 on 6/24/25. These failures could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings included: Record review of a facility face sheet dated 6/24/25 for Resident #15 indicated that he was a [AGE] year-old male originally admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnosis of intellectual disabilities. Record review of a Quarterly MDS assessment dated [DATE] for Resident #15 indicated that he was rarely/never understood and was unable to complete BIMS assessment. He had severely impaired cognition. He was dependent with all ADLs. Record review of a comprehensive care plan dated 6/4/25 for Resident #15 indicated that he required enhanced barrier precautions related to indwelling catheter and G-tube. Interventions included to ensure enhanced barrier signage was on the door and for staff to wear proper PPE when entering the room following enhanced barrier precautions. During an observation on 6/24/25 at 2:30 pm CNA C and CNA D were observed to perform foley care and incontinent care on Resident #15. There was no sign on door indicating Resident #15 required EBP. Neither staff member wore appropriate PPE for EBP while performing care. During an observation on 6/23/25 at 12:10 pm CNA B was observed passing trays on 300 hall. She was not observed to wash or sanitize hands between the setting up of residents' meal trays and passing of the next trays. During an interview on 6/23/25 at 12:15 pm CNA B said she did not sanitize her hands between the passing of the trays on 300 hall. She said she sanitized prior to starting of passing trays, but not in between each tray. She said she did not think about needing to use sanitizer between the passing and set up of trays. She said she could understand going into a room and setting up a tray, possibly touching things in the room and then passing the next tray to a resident could possibly cause an infection control risk. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/24/25 at 3:01 pm CNA C and CNA D both said they were not aware Resident #15 required EBP. CNA D said, There is a sign up on the door when residents require EBP. Both staff members said not using appropriate precautions could put the resident at increased risk of infections. During an interview on 6/25/25 at 1:43 pm DON said if staff did not use appropriate hand hygiene while passing trays and did not wear appropriate PPE for residents requiring EBP, that it could put the residents at risk for spreading germs. She said the PPE was needed to protect both residents and staff. During an interview on 6/25/25 at 2:07 pm Administrator said she expected her staff to follow policy and procedures regarding infection control. She said she would continue providing education for nursing and direct care staff. She said residents could be at risk for spreading infection if staff did not use proper hand hygiene while passing and setting up trays. Record review of a facility policy titled Infection Control - Enhanced Barrier Precautions dated 12/2024 read: . Resident with device care use and wound care are required to be placed on enhanced barrier precautions . and .Enhanced barrier precaution sign must be posted on resident doors that meet the requirements for enhanced barrier precautions . and .Wear gloves and a gown for the following high contact resident care activities .Providing Hygiene .Changing briefs or assisting with toileting . and .Device Care or use: .urinary catheter, feeding tube . Record review of a facility policy titled Handwashing/Hand Hygiene dated August 2024 read: .Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situation: .o. Before and after eating or handling food; p. Before and after assisting a resident with meals .

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation, interview, and record review the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition in 1 of 1 refrigerator in the facility kitchen. The facility failed to assure a refrigerator door latch adequately closed and sealed in the kitchen on 06/23/2025. These failures could affect residents who eat food from the kitchen placing them at risk of food borne illness. Findings included: During an observation on 6/23/2025 at 9:00 a.m., of the only refrigerator in the kitchen revealed the door would not latch or seal. The latch was broken, and the refrigerator door would not close properly. The refrigerator door stayed slightly open due to the broken latch. Interview with DA-L at 2:09pm on 6/24/2025 who said the refrigerator could cause a problem if it's not sealed. She said food could lose appropriate temperature and spoil. She said inappropriate temperatures could make consumption of the food dangerous to the residents. Interview with [NAME] at 2:32pm on 6/24/2025 who said if the refrigerator was not sealed tight food could spoil, bugs or cleaning substances could get inside the refrigerator, get on the food, and make the residents sick. Interview with DA-K at 2:59pm on 6/24/2025 who said the refrigerator should always have a good seal. She said the food could get hot and spoil quicker. She said if food was not held at the right temperature, it could make the residents ill. Interview with Dietary Supervisor at 3:09pm on 6/24/2025 who said issues with essential equipment should be reported to maintenance and the administrator immediately. She said the refrigerator door has been reported for not being sealed and able to close tightly in the past but never have been fixed. She said the refrigerator should be sealed to assure it's held at the appropriate temperature and to keep food from spoiling. She said if the food spoils if could make the residents sick. During an interview with the administrator on 6/25/2025 at 2:25pm who said the refrigerator should be closed tightly at all times unless dietary staff is getting food items out or putting food items in the refrigerator. She said the door latch was reported to her as of 6/23/2025 but the kitchen staff did not report to broken refrigerator latch prior to the state inspection. She said parasites could easily enter the refrigerator, the food could be of an inappropriate temperature causing bacteria to grow, and the food could spoil and possibly make the residents ill. Record review of a Refrigerators and Freezers Policy dated (revised June 2024) Policy Statement reads This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation reads. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. Supervisors will inspect refrigerators and freezers monthly for gasket condition, fan condition, presence of rust, excess condensation, and any other damage or maintenance needs. Necessary repairs will be initiated immediately.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to be adequately equipped to allow residents to call for staff through a communication system which relayed the call directly to a staff member or to a centralized staff work area from toilet and bathing facilities for 1 of 6 residents (Resident #12) reviewed for call lights. The facility failed to ensure Resident #12's bathroom call light pull string was not wrapped up and inaccessible from the floor on 06/23/2025. This failure could place residents at risk of injury, pain, hospitalization, and a diminished quality of life. Findings included: Record review of a facility face sheet dated 6/24/25 for Resident #12 indicated that she was a [AGE] year-old female originally admitted to the facility on [DATE] and subsequently readmitted on [DATE] with diagnosis of type 2 diabetes. Record review of a quarterly MDS assessment dated [DATE] for Resident #12 indicated that she had a BIMS score of 15, indicating that she was cognitively intact. She was independent with toileting hygiene and toileting transfers. Record review of a comprehensive care plan dated 5/30/25 for Resident #12 indicated that she was at risk for falls and had an intervention to ensure call light was in reach. During an observation on 6/23/25 at 10:10 am the bathroom call light in Resident #12's restroom was observed to be wrapped up and was inaccessible from floor in event of resident fall. During an interview on 6/24/25 at 9:15 am Resident #12 said she did use the restroom independently and she denied having had any falls in the restroom. During an interview on 6/25/25 at 1:40 pm Maintenance said she had only been employed here a couple of weeks and was still learning all of her responsibilities. She said she was responsible for call lights and would fix the call light in Resident #12's restroom. She said if a resident were to fall in the bathroom and could not reach the call light string, they would be unable to call for help. During an interview on 6/25/25 at 1:43 pm DON said maintenance was responsible for ensuring call lights were in working order and strings were long enough. She said if a resident fell in the bathroom and could not reach the light, they would be unable to call for help. During an interview on 6/25/25 at 2:07 pm Administrator said she would ensure all call lights were checked and fixed. She said residents could be at risk of injury if they could not call for help. Record review of a facility policy titled Call Light - Use of dated 5/2017 read: .It is the policy of this home to ensure residents have a call light within reach that they are physically able to access and that they have been instructed on its use .

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 1 of 9 resident hallways (Hallway 900 secured unit) reviewed for environmental concerns, in that: 1. The facility failed to ensure the secured unit common area, dining room, shower and the 900 hallway did not have soiled floors, soiled walls, chipped paint and holes in the sheetrock on 6/23/25. 2. The facility failed to ensure resident rooms 901, 902, 904, 906, 908, 909 and 910 did not have soiled floors, uncovered electrical outlets, broken faucets, broken paper towel dispensers and broken light covers on 6/23/25. These failures could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, and unsafe. Findings included: During an observation on 06/23/25 at 9:22 am the secured unit was observed with chipped paint, soiled walls, soiled floors, and buildup of thick black residue to the floors in the common area, dining room, and hallways. During an observation on 06/23/25 at 9:31 AM of room [ROOM NUMBER] reflected the bedroom floors were dirty with dirt and old food. There was black residue buildup around the entire perimeter and tiles had a thick black residue on them. During an observation on 6/23/25 at 9:52 AM of room [ROOM NUMBER] reflected the entire room floor tiles had a thick black residue that was darker around the perimeter of the room. There were spills and particles throughout the room. During an observation on 06/23/25 at 9:57 AM room [ROOM NUMBER] reflected it had a black residue on the tiles and the bathroom floor was black with a thick orange and black residue around the toilet. The room had a urine odor. During an observation on 6/23/25 at 10:01 AM of room [ROOM NUMBER] reflected the entire perimeter had a thick black substance, and the substance extended approximately 2 feet inward. The substance was sticky and had dirt and food particles mixed in. During an observation on 6/23/25 at 10:03 AM room [ROOM NUMBER] reflected it had a buildup around the perimeter with black substance and bathroom floor had a black buildup. There was an electrical outlet missing a cover. During an observation on 6/23/25 at 10:13 AM room [ROOM NUMBER] reflected it had an over bed light with no cover and light did not work. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 6/23/25 at 10:15 AM room [ROOM NUMBER]'s bathroom reflected the sink faucet and paper towel dispenser was broken. During an observation on 6/23/25 at 10:42 AM of the common area for dining and gathering had black residue on the floors throughout the area. The black residue was thicker around the walls and columns. The floor was sticky and had spills throughout the area. The walls had chipped paint, holes in the sheetrock, a white sticky substance stuck to the walls, spills on the walls and floors. The shower room was observed with a black residue on the floors and around the edges of the shower. During an interview on 6/23/25 at 10:44 AM Housekeeper A said she was responsible for cleaning, and she was to sweep and mop the dining room after meals, empty the trash, sweep, and mop each resident room once a day and mop the shower room. She said maintenance oversaw the deep cleaning of the floors, walls, and showers. She said if she lived here, she would want it clean and having an unclean area could make the residents upset. During an interview on 6/23/25 at 10:49 AM the Maintenance Director who said that the floor technician was responsible for the deep cleaning of the floors and housekeeping was responsible for all other cleaning. She said she was responsible for fixing any broken items and was not aware of the broken issues on the secured unit. She said she started 2 weeks ago and currently don't have a floor technician. She said if a resident's environment was not kept clean, in working condition and sanitary it could affect the resident's well-being. During an interview on 6/23/25 at 10:54 am the Housekeeping Supervisor who said she was responsible for oversight of all housekeeping task, and she expected her staff to be more thorough with their cleaning. She said she would monitor weekly and ensure cleaning was done. She said if resident areas and the facility were unclean and unkept it could make the residents feel bad. During an interview on 6/23/25 at 11:00 am the Administrator who said the facility has had a turnover of management staff and the maintenance director would be responsible for deep cleaning floors and general repairs needed in the facility. She said corporate maintenance had been the one responsible for oversight and would see that the areas of concern were addressed and handled. She said an unclean and unkept environment could affect the resident's well-being. Record review of a facility policy titled Quality of Life - Homelike Environment dated June 2024 indicated, . Residents are provided with a safe, clean, comfortable and homelike environment. 2. the facility staff and management shall maximize to the extent possible the characteristics of the facility that reflect a personalized setting; a. clean, sanitary, and orderly environment; daily cleaning and monthly deep cleaning .