STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495247	A. Building B. Wing	04/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nans Pointe Rehabilitation and Nursing	200 West Constance Road Suffolk, VA 23434

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, staff interviews, and facility document review, the facility staff failed to maintain the fire alarm system in fully operational condition to ensure a safe and accident-free environment to protect the residents, visitors and staff on three of three units, resulting in the identification of immediate jeopardy facility-wide. This resulted in substandard quality of care. Once the IJ (Immediate Jeopardy) was removed, the scope and severity were lowered to level two, widespread.The findings include:On 4/15/26, a Life Safety Inspection was conducted revealing by observation that: (3) three exit lights were not operational, the facility failed to have credible evidence of annual testing of the fire alarm system, and the fire alarm panel was in the trouble mode. The Life Safety Inspector conducted an interview with the acting maintenance director, who reported the alarm mode had been going on for about a week. The Life Safety Inspector also identified that the facility did not have a dedicated person assigned to conduct Fire Watch, the nursing staff were making rounds. This deficient practice presented a widespread issue that jeopardized resident safety which required immediate correction. On 4/24/26 at 4:30 PM, during an on-site complaint investigation, interviews were conducted with staff from random departments on fire safety:Synopsis of Interviews: 4:30 PM According to the LPN-F (licensed practical nurse) - If I smell smoke or see evidence of a real fire, I will call 911 and pull the fire alarm, I will grab a fire extinguisher and pull, aim, squeeze and sweep. 4:33 PM According to C.N.A.-B, We are on Fire Watch now. When asked her what Fire Watch meant, she replied, Someone walks around and looks for any signs of smoke or fire. When asked who the Fire Watch person on duty currently was, she stated, I don't know. When asked why they were on Fire Watch she stated, I don't know, might be standard. When questioned if they had received training on Fire Watch procedures - No, just told us that someone needs to walk around every 15 minutes or so and make sure no fire or smoke. What would you do if you observed signs of fire or smoke? I would pull alarm, get a fire extinguisher and pull, aim, squeeze and sweep.4:36 PM According to LPN-B - When asked what is meant by facility being on Fire Watch, she responded, Someone, I think the Fire Marshall was here today and tested the alarms, someone walks around about every 15 minutes or so. Who is on Fire Watch this shift? I don't know who is doing Fire Watch tonight?4:38 PM According to (certified nursing assistant) C.N.A.-C What does it mean that the facility is on Fire Watch? Someone walks around and looks for any signs of smoke or fire and if they see anything they would contact the charge nurse, if I see fire or smell smoke, I would the pull the alarm and get a fire extinguisher. When asked if she had received any training specifically on what Fire Watch means, who does Fire Watch duties and why the facility is on Fire Watch? No, not any formal training just told us to be more alert to any signs of fire or smoke and that someone needed to walk the halls and outside the building and document the rounds on the log sheets. Nursing has been doing the Fire Watch rounds because we are here anyway 24 hours a day.4:42 PM According to the Director of Social Services (Employee-E), Yes, we are on Fire Watch, someone walks around, in and outside the building and makes sure no signs of smoke or fire. When asked who was on Fire Watch duties currently, she replied, I don't know who is doing it tonight, nursing staff has been doing it because they are here around the clock. When asked why the (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility was on Fire Watch? Employee-E responded, I don't know exactly why we are on Fire Watch.4:43 PM According to the MDS (Minimum Data Set Assessment Coordinator RN) Employee-F, the facility has been on Fire Watch for a few months now. She said she was not sure exactly what the issue was but that someone, usually it is nursing staff doing the rounds as they are here 24 hours, 7 days a week walking around the building to make sure no signs of smoke or fire.4:45 PM An interview was conducted with the Maintenance Assistant, Employee-G, who stated the facility did not have a Maintenance Director at present so he was filling in best he could. When questioned on whether the facility was on Fire Watch he responded, Yes, we are on Fire Watch, the fire panel is malfunctioning, beeps a lot. When asked who was on Fire Watch currently, he stated, I don't know who is on Fire Watch right now, nursing staff have been doing it, but we were told by the Life Safety Inspector today that it had to be a dedicated person and that was all they could do was walk around continuously. When asked how long they had been on Fire Watch and what being on Fire Watch meant he stated, Someone walks up and down the halls and make sure no signs of fire, they also walk around outside the building, the Life Safety inspector found the fire panel not functioning properly and cited us, that was about two or three weeks ago, but we have been on Fire Watch for a long time, we will be on it for at least 30 days or more because they won't be able to replace the fire panel until mid-July from what I have been told.4:49 PM According to LPN-C when interviewed on why the facility was on Fire Watch and who was on Fire Watch currently, she stated, They haven't explained why we are on Fire Watch just that everyone on the unit was responsible for Fire Watch duties. What do you do for Fire Watch? Check and make sure no signs of fire or smoke and check to make sure the alarms are working. What would you do if you saw fire or smelled smoke? She stated she would remove the resident from any danger, confine the fire and pull the alarm.On 4/24/26 at approximately 5:00 PM, an interview was conducted with the Administrator. He stated he had been Administrator since 3/30/36. According to the Administrator he confirmed the facility was on Fire Watch. When asked what being on Fire Watch meant? He stated that someone was making rounds every 15 minutes or so walking the halls and rounding outside to look for any signs of smoke or fire and Fire Watch had been done primarily by nursing staff as they were already in the building 24 hours a day, 7 days a week. When asked why the facility was on Fire Watch, he stated he was not sure of the exact issue, however the Life Safety inspector had identified the fire panel malfunctioning during a 4/15/26 Life Safety Inspection. He said, I just signed a contract yesterday (4/23/26) with (name redacted) the facility's Fire, Safety & Security vendor to replace the facility's fire alarm system, but they say it will be sometime in mid-July before the system would be fully functioning. According to the Administrator, they initiated a dedicated person to Fire Watch duties 4/24/26 per the directive from the Life Safety Inspector. When asked what the responsibilities of the person assigned to Fire Watch, he stated they walk the building every 15 minutes and look for any signs of a fire or smoke continuously and are not to perform any other duties while on Fire Watch duty. When asked who was on Fire Watch duty currently, he gave first name of receptionist (name redacted) but could not recall her last name. A request was made to see the fire maintenance book/binder. A review of the fire maintenance binder revealed Fire Watch logs dating back to 1/30/26. The Administrator was asked why the facility was on Fire Watch as far back as 1/30/26 and according to him, he was not quite sure as he had just started as administrator end of March but was told the system had been touch and go as far back as end of 2025. The Administrator said the vendor had been in recently and verified the panel was functioning. When asked for credible evidence to support that the Fire, Safety and Security vendor (name redacted) had been in and verified panel was functioning he said he did not have copy of the visit report but would try and get something from the vendor. He confirmed he had signed a contract the previous day for the replacement of the fire alarm system 4/23/26. He presented a copy of the signed contract dated 4/23/26 and a copy of the Plan of Correction for the Life Safety Inspection citing the fire panel, smoke detectors and exit signage not functioning properly. When asked if he had any evidence that the facility was conducting audits on the fire panel functionality or testing, fire (continued on next page)

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Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for the fire, but also making sure the other fire protection features of the building such as egress routes and alarms systems are available and functioning properly.Fire Watch Personnel: The Individual conducting the periodic inspections of the impairment area(s) is called the Fire Watch. The Fire Watch personnel shall continuously make rounds through all affected areas and building using the facility designated checklist/tour document. Frequency of rounds depends on the facilities policy. If circumstances demand, more frequent surveillance shall be conducted.The Fire Watch Shall: 1) Continually patrol the area, structure or facility and document the patrol. 2) Be trained in the use of a fire extinguisher and have one accessible at all times. 3) Be capable of communicating with building occupants and the fire department to notify them about fires or other emergencies. 4) Maintain a record of the Fire Watch for inspection by the Authority having jurisdiction.Fire Watch Responsibilities: 1) Searching diligently for fires. 2) Immediately addressing any hazards that are discovered. 3) Controlling fire ignition sources.4) Making sure there's adequate means of egress and removing any structures. 5) Standing ready to contact the local fire department. 6) Alerting occupants to hazardous conditions that requires evacuation. 7) Documenting patrols at the designating frequency.Fire Watch Checklist: frayed electrical wires, improperly stored flammables, trash, garbage, excess combustible materials, all exits and stairways and hallways are clear, self-closing doors are not blocked, fire extinguishers stored in proper areas, all heat-producing devices are turned off.Documentation: Fire Watch personnel document all inspections/rounds on facility tour checklist. (1).A review of the facility policy on Facility Systems Risk Assessment Procedure, revised 12/1/2022 Eastern Health Group; reads in part. Policy: It is the policy of this facility to establish criteria for categorizing various facility systems based on risk to the residents, staff or visitors in our facility. Policy Explanation and Compliance Guidelines: 1) A qualitative risk assessment using a series of yes-no questions will be utilized in performing building system risk assessments. 2) All building systems and all areas of the building will be included in the assessment. 3) The assessment will be completed by the facility leadership and the Maintenance Director with collaboration from all departments. Follow-up assessments will be completed in accordance with documentation from the previous assessment, or as needed if changes to facility systems have been made. 4) Worst-outcome scenarios will be considered when evaluating each building system, including but not limited to: a. Consideration of equipment operation, not intervention by people. b. Effect of failure, based on harm to patients or caregivers. c. Potential for failure, based on system reliability. Risk assessments will be documented and maintained in the Maintenance Office indefinitely, or for three years following a new, full assessment. (2).According to the Administrator he is not aware of any risk assessment being completed on the fire panel malfunctioning. The facility's deficient practice created a risk for potential delay in communication in the event of a fire for all residents, staff and visitors. This resulted in a determination of immediate jeopardy (IJ), and cited at level four, pattern beginning 1/30/26. On 4/24/26 at 7:36 PM, the Administrator and Director of Nursing were informed of these concerns and that the facility was in immediate jeopardy and a copy of the IJ template was provided. On 4/24/26 at 8:36 PM, the facility's IJ Immediacy Removal Plan was accepted.The Facility's Removal Plan read: Facility has put dedicated Fire Watch coverage in place. A dedicated staff member will be on duty 24/7 performing (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on staff interviews and review of facility documents, the facility staff failed to provide leadership and oversight to ensure effective systems were in place to assure the safety of the residents in the area of safety and hazardous free environment and quality assurance and performance improvement activities for three of three units.The findings included:During a complaint investigation and an extended survey conducted on 4/24/26, 4/27/26 and 4/28/26, the facility staff failed to provide evidence that fire alarm panel testing and inspections were being conducted since 1/30/26 and that staff were trained and following the facility's policy on Fire Watch Procedure.On 4/24/26 at approximately 5:00 PM, an interview was conducted with the Administrator. He stated he had been Administrator since March 30, 2026. According to the Administrator, he confirmed that the facility was on Fire Watch. When asked what being on Fire Watch meant? He stated that someone was making rounds every 15 minutes or so walking the halls and rounding outside to look for any signs of smoke or fire. He stated the Fire Watch duties had been done primarily by the nursing staff as they were already in the building 24 hours a day, 7 days a week. When asked why the facility was on Fire Watch, he stated he was not sure of the exact issue, however the Life Safety inspector had identified the fire panel malfunctioning during a 4/15/26 Life Safety Inspection. He stated he had signed a contract 4/23/26 with the facility's Fire, Safety & Security vendor (name Redacted) to replace the facility's fire alarm system, however it would be sometime in July 2026 before system was fully functioning. He also stated that the Life Safety Inspector had been in earlier that day and said the facility was required to initiate a dedicated person to Fire Watch who could not do any other tasks except to patrol the facility for fire safety. When asked who was on Fire Watch duty currently, he gave first name of receptionist (name redacted) but could not recall her last name. A review of the fire maintenance binder revealed Fire Watch logs dating back to 1/30/26. The Administrator was asked why the facility was on Fire Watch as far back as 1/30/26 and according to him, he was not quite sure as he had just started as Administrator March 30, 2026, but was told the system had been touch and go as far back as end of 2025. The Administrator said the vendor had been in recently and verified panel was functioning. When asked for credible evidence to support that the Fire, Safety and Security vendor (name redacted) had been in and verified panel was functioning he said he did not have a copy of the visit report but would try and get something from the vendor. He presented a copy of the signed contract dated 4/23/26 and a copy of the Plan of Correction for the Life Safety Inspection citing the fire panel, smoke detectors and exit signage not functioning properly. When asked if he had any evidence that the facility was conducting audits on the fire panel functionality or testing, fire alarm system inspections, maintenance program records, he did not have anything to present to surveyor. He stated the facility does not currently have a full-time maintenance director. When asked if the facility had addressed the malfunctioning of the fire panel or smoke detectors and facility being on Fire Watch since January 2026 to their (QAPI) Quality Assurance and Performance Improvement Committee, he stated that he was not aware of it. He presented a copy of the facility's QAPI Agenda/Minutes form which identified a section for Maintenance: Fire Drill Log, Disaster Drill Log, Fire Alarm test monthly, maintenance tracking report use and Elopement Drills. When asked if the issue should have been addressed in the QAPI committee, he replied, Most definitely, it should have been reported to QAPI.A copy of the facility's policy on administration or administrative duties was requested. The Administrator stated they did not have a policy addressing administrative duties.On 4/28/26 at 5:24 PM, an exit meeting was conducted with the Administrator, Regional [NAME] President of Operations, [NAME] President of Plant Operations and Owner/Partner and were offered an opportunity to present additional information. No further information or comments were provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495247	A. Building B. Wing	04/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nans Pointe Rehabilitation and Nursing	200 West Constance Road Suffolk, VA 23434

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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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and review of facility documents, the facility's governing body failed to ensure facility policies were implemented regarding management and operation of the facility to ensure effective leadership and systems were in place to ensure the safety of residents, staff and visitors in safety and hazardous free environment for three of three units.Findings included:During a complaint investigation and an extended survey conducted on 4/24/26, 4/27/26 and 4/28/26, the governing body failed to ensure effective leadership and systems in place to monitor the functionality of the fire alarm panel since 1/30/26 and that staff were trained and following the facility's policy on Fire Watch Procedure and the Local Fire Marshall recommendations dated 1/30/26. On 4/24/26 at approximately 5:00 PM, an interview was conducted with the Administrator. He stated he had been Administrator since 3/30/26. According to the Administrator, he confirmed that the facility was on Fire Watch. When asked what being on Fire Watch meant? He stated that someone was making rounds every 15 minutes or so walking the halls and rounding outside to look for any signs of smoke or fire. He stated the Fire Watch duties had been done primarily by the nursing staff as they were already in the building 24 hours a day, 7 days a week. When asked why the facility was on Fire Watch, he stated he was not sure of the exact issue, however the Life Safety inspector had identified the fire panel malfunctioning during a 4/15/26 Life Safety Inspection. He stated he had signed a contract 4/23/26 with (name redacted, the facility's Fire, Safety & Security vendor) to replace the fire alarm system, however it would be sometime in mid- July before system was fully functioning. He also stated that the Life Safety Inspector had been in earlier that day and said the facility was required to initiate a dedicated person to Fire Watch who could not do any other tasks except to patrol the facility for fire safety. When asked who was on Fire Watch duty currently, he gave first name of receptionist (name redacted) but could not recall her last name. A review of the fire maintenance binder revealed Fire Watch logs dating back to 1/30/26. The Administrator was asked why the facility was on Fire Watch as far back as 1/30/26 and according to him, he was not quite sure as he had just started as Administrator 3/30/26 but was told the system had been touch and go as far back as end of 2025. The Administrator said the vendor had been in recently and verified panel was functioning. When asked for credible evidence to support that the Fire, Safety and Security vendor (name redacted) had been in and verified panel was functioning he said he did not have a copy of the visit report but would try and get something from the vendor. He presented a copy of the signed contract dated 4/23/26 and a copy of the Plan of Correction for the Life Safety Inspection citing the fire panel, smoke detectors and exit signage not functioning properly. When asked if he had any evidence that the facility was conducting audits on the fire panel functionality or testing, fire alarm system inspections, maintenance program records, he did not have anything to present to surveyor. He stated the facility does not currently have a full-time maintenance director. When asked if the facility had addressed the malfunctioning of the fire panel or smoke detectors and facility being on Fire Watch since January 2026 to their (QAPI) Quality Assurance and Performance Improvement Committee, he stated that he was not aware of it. He presented a copy of the facility's QAPI Agenda/Minutes form which identified a section for Maintenance: Fire Drill Log, Disaster Drill Log, Fire Alarm test monthly, TELS (the facility software platform for tracking service history) use and Elopement Drills. When asked if the issue should have been addressed in the QAPI committee, he replied, Most definitely, it should have been reported to QAPI.On 4/27/26 at approximately 9:20 AM, the Regional [NAME] President of Operations and owner /partner were on-site and presented documents titled, Immediate Jeopardy Response Statement which read in part: At no time was the fire alarm system non-functioning. The system remained operational and continued to provide monitoring capabilities. The issue identified (continued on next page)

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was limited to three (3) individual smoke detectors that were not functioning, not a failure of the overall system. On 1/30/26, upon identification of the issue, the facility immediately initiated Fire Watch procedures to ensure continuous monitoring of resident safety. Fire Watch rounds were implemented without delay and maintained in accordance with Life Safety Code requirements.On the same day, 1/30/26, the facility engaged its fire protection vendor (name redacted) who responded and evaluated the affected areas. The vendor's assessment confirmed the condition of the identified devices and provided guidance for corrective action.The facility took prompt steps to current the issue. On 2/20/26, the facility's purchasing partner was engaged, and replacement smoke detectors were sourced without delay. The ordered devices were received 3/11/26, and installation/replacement was initiated promptly upon receipt to restore full detection capabilities. Additionally, the facility's further decisive action to ensure long-term compliance and system reliability. On 4/23/26, the facility executed a formal agreement with the facility's fire safety vendor (name redacted), to fully replace the fire alarm system. This proactive measure exceeds immediate corrective requirements and demonstrates the facility's commitment to maintaining a fully compliant and reliable life safety system.Based on these facts: 1) The fire alarm system remained operational, with the issue limited to specific devices. 2) Immediate and on-going actions were taken to mitigate any potential risk. 3) Resident safety was maintained at all times through continuous Fire Watch and system monitoring. The facility is currently in compliance and continues to actively monitor all life safety systems to ensure sustained compliance. This document was signed by the Administrator; the Administrator did not present this information on 4/24/26 when asked for credible evidence of why the facility had been on Fire Watch since 1/30/26 and what the issue was with the fire panel.When asked why these documents, Fire Watch Notice from local Fire and Rescue Department, Fire Safety vendor Service Report dated 1/30/26 and emails from purchasing specialist were not presented on 4/24/26 when requested any credible evidence of fire panel malfunctiong issues and the Life Safety inspection findings, the Regional [NAME] President of Operations stated that the facility was currently without a full-time Maintenance Director and the Administrator was new to the facility and not aware of the documents to support the facility's actions. When asked why the fire panel was alarming trouble mode on 4/24/26 for [NAME] Unit 300, 302, 308, he stated, it is not that the system in malfunctioning but an issue with sensitivity, when alarm button is pushed as it was by the Maintenance Assistant, it will re-set. He stated, the system is just old, and a full replacement is the best overall solution because finding parts is very challenging due to the age of the system. No evidence was provided until 4/27/26 to demonstrate communication between the governing body and administrator of the facility's fire panel malfunctioning issue and that the facility was still on Fire Watch since 1/30/26 (for three months). No evidence the governing was involved in the facility's QAPI committee activities.A review of the facility's policy titled, Governing Body, 2020, reads in part: Policy: The facility will have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.Policy Explanation: 1) The governing body will appoint an administrator who is: b. Responsible for management of the facility; c. Reports to and is accountable to the governing body. 2) The governing body is responsible and accountable for the QAPI (Quality Assurance and Performance Improvement Committee). 4. The governing body will have a process by which the administrator: a. Reports to the governing body. b. Method of communication between administrator and governing body. c. How the governing body responds back to the administrator. d. What specific types of problems and information are reported or not reported. e. How the administrator is held accountable and reports information about the facility's management and operation. f. How the administrator and the governing body are involved with the facility wide assessments.On 4/28/26 at 5:24 PM, an exit meeting was conducted with the Administrator, Regional [NAME] President of Operations, [NAME] President of Plant Operations and Owner/Partner and were offered an opportunity to present additional information. No further information or comments were provided. (continued on next page)

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference: Centers for Medicare & Medicaid Services. State Operations Manual (SOM): Appendix PP Guidance for Surveyors for Long Term Care Facilities (November 2017). F837- Governing Body S483.70(d)(1)-(3).

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on staff interviews and review of facility documents, the facility staff failed to adequately identify, keep systems functioning properly, follow facility Fire Watch procedure and implement necessary action plans to assure the safety of all residents, staff and visitors using the Quality Assurance and Performance Improvement (QAPI) committee to identify deficiencies in the area of safety and hazardous free environment for three of three units.The findings included:During a complaint investigation and an extended survey conducted on 4/24/26, 4/27/26 and 4/28/26, the facility staff failed to provide credible evidence that the fire alarm malfunctioning and facility being on Fire Watch since 1/30/26 was reported to the QAPI (Quality Assurance and Improvement) Committee for appropriate oversight to monitor and evaluate for any potential negative outcomes.On 4/24/26 at approximately 5:00 PM, an interview was conducted with the Administrator. He stated he had been Administrator since 3/30/36. According to the Administrator he confirmed the facility was on Fire Watch. When asked what being on Fire Watch meant? He stated that someone was making rounds every 15 minutes or so walking the halls and rounding outside to look for any signs of smoke or fire and Fire Watch had been done primarily by nursing staff as they were already in the building 24 hours a day, 7 days a week. When asked why the facility was on Fire Watch, he stated he was not sure of the exact issue, however the Life Safety inspector had identified the fire panel malfunctioning during a 4/15/26 Life Safety Inspection. He said, I just signed a contract yesterday (4/23/26) with (name redacted, the facility's Fire, Safety & Security vendor) to replace the fire alarm system, but they say it will be sometime in mid-July before the system would be fully functioning.According to the Administrator, they initiated a dedicated person to Fire Watch duties 4/24/26 per the directive from the Life Safety Inspector. When asked what the responsibilities of the person assigned to Fire Watch, he stated they walk the building every 15 minutes and look for any signs of a fire or smoke continuously and are not to perform any other duties while on Fire Watch duty. When asked who was on Fire Watch duty currently, he gave first name of receptionist (name redacted) but could not recall her last name. A request was made to see the fire maintenance book/binder. A review of the fire maintenance binder revealed Fire Watch logs dating back to 1/30/26. The Administrator was asked why the facility was on Fire Watch as far back as 1/30/26 and according to him, he was not quite sure as he had just started as administrator end of March but was told the system had been touch and go as far back as end of 2025. The Administrator said the vendor had been in recently and verified the panel was functioning. When asked for credible evidence to support that the Fire, Safety and Security vendor (name redacted) had been in and verified panel was functioning he said he did not have copy of the visit report but would try and get something from the vendor. He again confirmed he had signed a contract the previous day for the replacement of the fire alarm system 4/23/26. He presented a copy of the signed contract dated 4/23/26 and a copy of the Plan of Correction for the Life Safety Inspection citing the fire panel, smoke detectors and exit signage not functioning properly. When asked if he had any evidence that the facility was conducting audits on the fire panel functionality or testing, fire alarm system inspections, or maintenance program records, he did not have anything to present to the surveyor. He stated the facility does not currently have a full-time maintenance director. When asked if the facility had addressed the malfunctioning of the fire panel or smoke detectors and facility being on Fire Watch since 1/30/26 to their (QAPI) Quality Assurance and Performance Improvement Committee, he stated that he was not aware of it.On 4/28/26 at 2:35 PM, a final interview was conducted with the Administrator on the facility's QAPI (Quality Assurance and Performance Improvement) committee functions and to review the past year's QAPI activities. According to the Administrator, the facility conducts QAPI committee meetings monthly. When asked who attended the meeting, he stated the administrator, director of nursing, social services, MDS (Minimum Data Set) nurse, business office manager, medical director, pharmacist and other (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	department managers. He presented a QAPI action plan dated 3/25/26 that addressed a broken exit door and stated that the door had been repaired. When asked if he had the credible evidence to show each task/action identified on the action plan, he stated that he did not have anything except the plan. He also presented monthly QAPI meeting attendance sheets dated 3/3/26, 3/27/26 and 4/24/26 which included the signatures of the Administrator, Director of Nursing and Infection Preventionist and other department managers but no evidence the Medical Director had attended the meeting. The Administrator stated he did not have any evidence of quarterly QAPI meetings for the past year. When asked if he had credible evidence that the facility had addressed the issue of the fire panel malfunctioning and that the facility had been on Fire Watch since 1/30/26 he stated he could not locate any evidence that these issues had been addressed by the facility's QAPI committee. He presented a copy of the facility's Agenda/Minutes form which identified a section for Maintenance: Fie Drill Log, Disaster Drill Log, Fire Alarm test monthly, TELS use and Elopement Drills. When asked if the issue should have been addressed in the QAPI committee, he replied, Most definitely, it should have been reported to QAPI.A review of the facility's policy titled, Quality Assurance and Performance Improvement (QAPI) dated 2021, reads in part; Procedure: The primary goals of the QAPI committee are to: 1) Establish, maintain, and oversee facility systems and processes to support the delivery of quality care and services. 2) Promote the consistent use of facility systems and provisions of care and services. 3) Help identify actual and potential negative outcomes relative to resident care and resolve them appropriately.4) Support the use of root cause analysis to help identify where patterns of negative outcomes point to underlying systematic problems. 6) Coordinate the development, implementation, monitoring, and evaluation of performance improvements projects to achieve specific goals; Committee Reports and Records: The committee shall maintain minutes of all regular and special meetings that include date/time, attendance, summary of reports and findings, a summary of any approaches and action plans, conclusions and recommendations.On 4/28/26 at 5:24 PM, an exit meeting was conducted with the Administrator, Regional [NAME] President of Operations, [NAME] President of Plant Operations and Owner/Partner and were offered an opportunity to present additional information. No further information or comments were provided.