STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495359	A. Building B. Wing	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dogwood Village of Orange County Health and Rehab	120 Dogwood Lane Orange, VA 22960

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to maintain dignity for one of 46 residents in the survey sample, Resident #246. The findings include: For Resident #246 (R246), the facility staff failed to provide dignity for the resident's urinary Foley catheter bag (1). A review of R246's clinical record revealed a physician's order dated 2/17/25 for a urinary catheter for a diagnosis of urinary retention. On 3/4/25 at 10:18 a.m., R246 was observed sitting in a wheelchair in the bedroom. The resident's Foley catheter bag was attached under the wheelchair. There was no privacy cover on the bag, urine was observed in the bag, and the bag was visible from the hall. On 3/4/25 at 3:23 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated Foley catheter bags should be covered for privacy and dignity. On 3/4/25 at 4:57 p.m., ASM (administrative staff member) #1 (the chief executive officer) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Quality of Life- Dignity documented, 1. Residents shall be treated with dignity and respect at all times. Reference: (1) A urinary catheter is a tube placed in the body to drain and collect urine from the bladder. This information was obtained from the website: https://medlineplus.gov/ency/article/003981.htm

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on resident interview, staff interview, facility document and clinical record review, the facility staff failed to implement the baseline care plan for one of 47 residents in the survey sample, Resident #147. The findings include: For Resident #147 (R147), the facility staff failed to implement her baseline care plan for medication administration. Based on resident interview, staff interview, facility document review, and clinical record review, the facility staff failed to follow a physician's order for one of 46 residents in the survey sample, Resident #147. The findings include: On 3/4/25 at 8:55 a.m., R147 was observed sitting up in a chair beside her bed. She stated she has Parkinson's disease (1) and has not received her Sinemet (medication to treat Parkinson's) on time the past few days. She stated when she does not receive the medication timely, she experiences increased pain. A review of R147's clinical record, including physician orders and March 2023 MARs (medication administration records), revealed the following medication due times/administration times: Sinemet (to treat Parkinson's) 3/2/25 2:00 a.m./given at 5:29 a.m. Metoprolol (to treat high blood pressure) 3/2/25 at 6:00 p.m./given at 8:00 p.m. Sinemet 3/3/25 at 9:00 a.m./given at 12:27 p.m. Metoprolol 3/3/25 at 9:00 a.m./given at 12:25 p.m. Baclofen (a muscle relaxant) 3/3/25 at 9:00 a.m./given at 10:51 a.m. Celcoxib (to treat pain) 3/3/25 at 9:00 a.m./given at 11:21 a.m. Sinemet 3/4/25 at 2:00 a.m./given at 3:46 a.m. A review of R12's care plan dated 3/2/25 revealed, in part: Give meds (medications) per MD orders. On 3/5/25 at 10:43 a.m., LPN (licensed practical nurse) #3 was interviewed. She stated care plans tell the staff to make sure residents get what they need. She stated all the staff is responsible for making sure the care plans are implemented. On 3/5/35 at 1:15 p.m., ASM (administrative staff member) #1, the executive director, and ASM #2, the director of nursing, were informed of these concerns. (continued on next page)

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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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility policy, Comprehensive Person-Centered Care Planning, revealed, in part: To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within 48 hours of admission .The baseline care plan will be used while the comprehensive admission . assessment is being conducted .The resident will receive the services and/or items included in the plan of care. No additional information was provided prior to exit. Reference (1) Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families. This information is taken from the website https://medlineplus.gov/parkinsonsdisease.html.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, resident interview, clinical record review and facility document review, it was determined the facility staff failed to review/revise the care plan for two of 46 residents in the survey sample, R126 and R346. The findings include: 1. The facility failed to revise the comprehensive care plan to include weight loss for R126. R126 was admitted to the facility on [DATE] with diagnosis that included but were not limited to osteomyelitis, spina bifida, DM (diabetes mellitus), scoliosis, RBKA (right below the knee amputation) and colostomy. The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 1/23/25, coded the resident as scoring a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring max assist for mobility/transfers/bathing/hygiene and independent for eating. A review of the comprehensive care plan dated 1/19/25 revealed, FOCUS: Resident has risk for alteration in nutritional status related to DM, anemia, obesity and therapeutic diet. GOAL: Resident will be free from significant weight changes over the next review. INTERVENTIONS: Monitor height and weight per physician order. On 01/20/2025, the resident weighed 209.6 lbs. On 02/25/2025, the resident weighed 170.5 pounds which is a -18.65 % Loss. No revision of care plan after weight loss. A review of the RD (registered dietician) note dated 1/21/25 at 12:33 revealed, 52 y/o Female resident admitted w/urosepsis, stage IV PI to sacrum. PMH includes UTI, colon cancer, R AKA, scoliosis, spina bifida, chronic lower back pain, migraines, VP shunt, anxiety, hydrocephalus, L hemicolectomy, type 2 DM. BIMS 14. Res is on a No Added Sugar diet + daily HS snack w/variable, 50-100% po intake. Height=60 W=208.2 pounds (1/21) BMI 40.7 (class III obesity). Rx methylprednisolone, linezolid (for wound infection), insulin. Will continue to monitor and f/u prn. A review of the progress note dated 2/21/25 at 1:11 PM revealed, Resident has had weight loss due to fluid. She had fluid built up on admission which has improved. Added wound healing supplements at this time. She is own RP and has agreed to try. She eats well for all meals. An interview was conducted on 3/5/25 at 10:30 AM with RN (registered nurse) #2. When asked what the care plan is based on, RN #2 stated, it is based on the resident assessment. When asked if the care plan should be revised if there is a weight loss, RN #2 stated, yes, it should be updated. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 3/5/25 at 1: 30 PM with ASM (administrative staff member) #2, the director of nursing. When asked the purpose of the care plan, ASM #2 stated, the purpose is to identify the resident's needs. When asked if there is an approximately 30-pound weight loss within 1-2 weeks, should the care plan be revised, ASM #2 stated, yes, it should be revised. On 3/5/25 at approximately 2:00 PM, ASM #1, the administrator and ASM #2, the director of nursing was made aware of the above concern. A review of the facility's Comprehensive Centered Care Planning policy reveals, The Care Planning/Interdisciplinary Team is responsible for updating the care plan when there is significant change in the resident's condition. No further information was provided prior to exit. 2. The facility failed to revise the comprehensive care plan to include weight loss for R346. R346 was admitted to the facility on [DATE] with diagnosis that included but were not limited to cellulitis, venous stasis ulcers and morbid obesity. The most recent MDS (minimum data set) assessment, a significant change assessment, with an ARD (assessment reference date) of 11/15/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring moderate assist for mobility/transfers/bathing/hygiene and independent for eating. A review of the comprehensive care plan dated 9/16/24 revealed, FOCUS: Resident is at risk for alteration in nutrition related to morbid obesity, hypokalemia, hyponatremia, hyperthyroidism, anemia and pre-diabetes. 9/16/24 triggers for significant fluid-related weight loss related to diuresis, treatment- diet, obesity. Further fluid related weight changes anticipated. GOAL: Resident will be free from significant weight changes over the next review. INTERVENTIONS: Monitor height and weight per physician order. On 09/04/2024, the resident weighed 216.2 lbs. On 03/03/2025, the resident weighed 178.2 pounds which is a -17.58 % Loss. Resident's weight on 1/27/25 was 212 pounds and weight on 2/21/25 was 187.6 pounds. No revision of care plan after weight loss from January 2025 to February 2025. A review of the RD (registered dietician) note dated 8/19/24 at 11:33 AM revealed, Age: 72 Assessment: admission 8/11/24. Diagnoses include cellulitis, HTN, venous ulcers, anemia, hyponatremia, pre-DM, pain, edema, hypokalemia, CVI, thyrotoxicosis, anxiety, hyperthyroid. Food Allergies: NKFA. Diet Order/date: no added salt or sugar packets, 8/11/24-Intake average: >50%. Weight: 63, 220#, BMI 39, obese. IBW: 115#, 52kg Estimated needs: 1550cal (30cal/kg IBW), 65g pro (1.3g/kg IBW), and one ml/calorie fluid needs. Labs values: 8/11 reviewed. Skin status: cellulitis BLE, rash to groin. Dietary religious practices: Follows Lent (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Happy with CBW: I don't like weighing that .want to slim down. No goal weight. Accepting of diet as ordered: yes followed NAS diet at home. An interview was conducted on 3/5/25 at 10:30 AM with RN (registered nurse) #2. When asked what the care plan is based on, RN #2 stated, it is based on the resident assessment. When asked if the care plan should be revised if there is a weight loss, RN #2 stated, yes, it should be updated. When asked if the care plan should be revised after each significant weight loss, RN #2 stated, yes. An interview was conducted on 3/5/25 at 1: 30 PM with ASM (administrative staff member) #2, the director of nursing. When asked the purpose of the care plan, ASM #2 stated, the purpose is to identify the resident's needs. When asked if there is an approximately 30-pound weight loss within 1-2 weeks, should the care plan be revised, ASM #2 stated, yes, it should be revised. On 3/5/25 at approximately 2:00 PM, ASM #1, the administrator and ASM #2, the director of nursing was made aware of the above concern. A review of the facility's Comprehensive Centered Care Planning policy reveals, The Care Planning/Interdisciplinary Team is responsible for updating the care plan when there is significant change in the resident's condition. No further information was provided prior to exit.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on resident interview, staff interview, facility document review, and clinical record review, the facility staff failed to follow a physician's order for one of 46 residents in the survey sample, Resident #147. The findings include: On 3/4/25 at 8:55 a.m., R147 was observed sitting up in a chair beside her bed. She stated she has Parkinson's disease (1) and has not received her Sinemet (medication to treat Parkinson's) on time the past few days. She stated when she does not receive the medication timely, she experiences increased pain. A review of R147's clinical record, including physician orders and March 2023 MARs (medication administration records), revealed the following medication due times/administration times: Sinemet (to treat Parkinson's) 3/2/25 2:00 a.m./given at 5:29 a.m. Metoprolol (to treat high blood pressure) 3/2/25 at 6:00 p.m./given at 8:00 p.m. Sinemet 3/3/25 at 9:00 a.m./given at 12:27 p.m. Metoprolol 3/3/25 at 9:00 a.m./given at 12:25 p.m. Baclofen (a muscle relaxant) 3/3/25 at 9:00 a.m./given at 10:51 a.m. Celcoxib (to treat pain) 3/3/25 at 9:00 a.m./given at 11:21 a.m. Sinemet 3/4/25 at 2:00 a.m./given at 3:46 a.m. A review of R12's care plan dated 3/2/25 revealed, in part: On 3/5/25 at 10:43 a.m., LPN (licensed practical nurse) #3 was interviewed. She stated nurses are required to administer medications within an hour of its due time. On 3/5/35 at 11:41 a.m., ASM (administrative staff) #2, the director of nursing, was interviewed. She stated medications should be administered from an hour before up through an hour after its due times. She stated: It's what we've always done. On 3/5/35 at 1:15 p.m., ASM #1, the executive director, and ASM #2 were informed of these concerns. A review of the facility policy, Medication Administration: General Guidelines, revealed, in part: Medications are administered within 60 minutes before or after the scheduled time .Unless otherwise specified by the physician, routine medications are administered according to the established medication administration schedule for the healthcare center. No additional information was provided prior to exit. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reference (1) Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families. This information is taken from the website https://medlineplus.gov/parkinsonsdisease.html.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, staff interview, and clinical record review, the facility staff failed to provide respiratory care and services for two of 46 residents in the survey sample, Residents #2 and #102. The findings include: 1. For Resident #2 (R2), the facility staff failed to clarify the physician's order for a specific rate of oxygen. A review of R2's clinical record revealed a physician's order dated 8/8/24 for continuous oxygen 2.5 to 3.5 liters via nasal cannula. On 3/4/25 at 8:10 a.m. and 3:15 p.m., R2 was observed receiving oxygen at a rate of three liters per minute. On 3/4/25 at 3:45 p.m., an interview was conducted with RN (registered nurse) #1. RN #1 stated the facility uses parameters for oxygen orders. RN #1 stated oxygen is a medication, and parameters aren't used for dosage of medications. RN #1 stated she personally thought parameters should not be used for oxygen orders and the orders should be clarified. On 3/4/25 at 4:57 p.m., ASM (administrative staff member) #1 (the chief executive officer) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Oxygen Administration failed to document information regarding the above concern. 2. For Resident #102 (R102), the facility staff failed to clarify the physician's order for a specific rate of oxygen. A review of R102's clinical record revealed a physician's order dated 2/26/25 for continuous oxygen 1.5 to 2. 5 liters via nasal cannula. On 3/4/25 at 8:13 a.m. and 3:16 p.m., R102 was observed receiving oxygen at two liters per minute. On 3/4/25 at 3:45 p.m., an interview was conducted with RN (registered nurse) #1. RN #1 stated the facility uses parameters for oxygen orders. RN #1 stated oxygen is a medication, and parameters aren't used for dosage of medications. RN #1 stated parameters should not be used for oxygen orders and the orders should be clarified. On 3/4/25 at 4:57 p.m., ASM (administrative staff member) #1 (the chief executive officer) and ASM #2 (the director of nursing) were made aware of the above concern.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and staff interview, it was determined that the facility staff failed to serve food at a palatable temperature for one of six facility units observed, South Ground unit. The findings include: On 03/04/2025 at t approximately 12:50 p.m. a test tray consisting of pork, stewed tomatoes, lima beans and chicken noodle soup were placed in a food cart and sent to the South Ground unit. The cart was followed by another surveyor and OSM, (other staff member)#2, Director of Dining Services OSM # 4 and , Dietary Supervisor. At approximately 1:05 p.m., the last lunch tray was served to a resident on South Ground unit and OSM #2 was asked to remove the test tray from the food cart, and OSM #4 proceeded to take the temperatures of the food. The pork was 126° (degrees) F (Fahrenheit), lima beans at 120° F, stewed tomatoes at 114° F, and chicken noodle soup at 130° F., OSM #2 and OSM #4 sampled the food on the test tray and stated, The food was not palatable due to the low temperatures. On 03/04/2025 at approximately 4:55 p.m., ASM (administrative staff member) #1, Chief Executive Officer, and ASM #2, Director of Nursing, were made aware of the above findings. No further information was provided prior to exit. Complaint deficiency

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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, staff interview, and facility document review, facility staff failed to store food in a sanitary manner in one of one facility kitchens and failed to maintain clean dishware, food storage containers and food serving pans in a sanitary manner in one of one facility kitchens. The findings include: 1. On 03/03/25 at approximately 6:15 p.m., an observation of the kitchen's walk-in refrigerator revealed a two-pound bag of Swiss cheese cubes on a shelf available for use. Further observation revealed a Use-By date on the bag of 1/31/25. 2. On 03/03/2025 at approximately 6:30 p.m., an observation of the kitchen's dish washing room revealed two 20-inch electric fans mounted on wall on the left side of the room above a table blowing down on two dish racks of clean dining plates. Observation of the fans revealed the fan blades, and the front and back fan guards were coated in dust. On 03/04/25 at approximately 9:10 a.m., an observation of the kitchen's dish washing room revealed two 20-inch electric fans mounted on wall on the left side of the room above a table blowing down on three dish racks of clean pans and food storage containers. Observation of the fans revealed the fan blades, and the front and back fan guards were coated in dust. On 03/04/2025 at approximately 9:15 a.m., an interview and observation of the fans in the kitchen's dish washing room was conducted with OSM (other staff member) #2, director of dining services. OSM #2 stated the fans were not clean and were blowing on the clean pans and food storage containers. She stated the fans were cleaned one time a week. OSM #2 had the clean pans and food storage containers removed and sent to be rewashed and turned off the fans. When asked why the fans should be kept clean, she stated to prevent the clean dishes from becoming contaminated. On 03/04/2025 at approximately 1:10 a.m., an interview was conducted with OSM #2 regarding the observation of the bag Swiss cheese cubes without a Use-By date. She stated the bag should have had a use-by date and all food items that had been opened should have a use-by date. The facility's policy Food Storage it documented in part, 13.f. All foods should be covered, labeled and dated and routinely monitored at assure that foods (including leftovers) will be consumed by their use by dates, or frozen (where applicable) or discarded. On 03/04/2025 at approximately 4:55 p.m., ASM (administrative staff member) #1, chief executive officer, and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and clinical record review, the facility staff failed to implement infection control practices for one of four residents in the medication administration observation, Resident #8. The findings include: For Resident #8 (R8), the facility staff failed to prepare and administer medication in a sanitary manner. A review of R8's clinical record revealed a physician's order dated 11/6/23 for one multivitamin tablet once a day for supplement. On 3/4/25 at 7:55 a.m., LPN (licensed practical nurse) #1 was observed preparing R8's medications. While preparing medications, LPN #1 dropped a multivitamin tablet on top of the medication cart then picked the pill up (with a glove) and placed the pill in a medication cup. After LPN #1 finished preparing medications, she administered the medications (including the multivitamin tablet) to R8. On 3/4/25 at 3:23 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated she should have thrown the multivitamin tablet away. On 3/4/25 at 4:57 p.m., ASM (administrative staff member) #1 (the chief executive officer) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, Medication Administration: General Guidelines failed to document information regarding the above concern.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495359	A. Building B. Wing	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dogwood Village of Orange County Health and Rehab	120 Dogwood Lane Orange, VA 22960

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 0910 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure resident rooms meet each resident's needs. Based on observation, resident interview, staff interview, and clinical record review, the facility staff failed to provide privacy in 71 of 88 resident rooms. The findings include: For 71 of 88 rooms, the facility staff failed to provide closets in each resident's designated area of semi-private rooms. Residents had to enter other residents' side of the room to obtain personal belongings from their closets. Observations of resident rooms were conducted during the survey. In the semi-private rooms where two residents resided, built-in closets for both residents were located on Resident A's side of the room. Resident B had to pull the privacy curtain and enter Resident A's space to obtain personal belongings from his or her closet. On 3/4/25 at 2:11 p.m., an interview was conducted with OSM (other staff member) #1 (the director of maintenance). OSM #1 stated each resident does not have a closet on his or her side of the room. OSM #1 stated that in the semi-private rooms, residents have to enter the other resident's space/side of the room to get into their closet if the privacy curtain is closed. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/26/24, Resident #121 (R121) scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/21/25, Resident #103 (R103) scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. On 3/5/25 at 8:20 a.m., an interview was conducted with R121 and R103 (roommates). R121 stated she has to go past the privacy curtain and enter R103's side of the room to enter her closet. R103 stated R121 has to enter her side of the room to get into her closet. On 3/5/25 at 9:01 a.m., an interview was conducted with CNA (certified nursing assistant) #4. CNA #4 stated a resident on one side of a semi-private room has to go past the privacy curtain to the other resident's side of the room to obtain clothes from his or her closet, but some residents aren't able to or don't choose to get into the closet. CNA #4 stated she didn't know how to answer if privacy is being maintained in the room for residents who don't have their closet on their side of the room, but she offers to obtain their clothes from their closet. On 3/5/25 at 1:23 p.m., ASM (administrative staff member) #1 (the chief executive officer) and ASM #2 (the director of nursing) were made aware of the above concern. No policy regarding privacy in resident rooms was provided.