STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515120	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Oaks Healthcare Center	100 Parkway Drive Clarksburg, WV 26301

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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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on resident interview, observation and staff interview facility failed to ensure meals are prepared and served in methods to conserve nutritive value, flavor, appearance and in a pleasing, palatable presentation. This was found during the annual facility survey process. This failed practice had the potential to affect more than a limited number of residents. Resident identifiers: #61, #72, #33, #81, #28, #11, #66, #15, #80, #87, #94 and #74. Facility census: 110. Findings included: a) Review of the food preparation policy revealed the following: All staff will practice proper handwashing techniques and glove use. Dining services staff will be responsible for food preparation procedures that avoid potentially harmful physical, biological, and chemical contamination. Cooks will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperatures greater than 41 degrees Fahrenheit and or less than 130 degrees Fahrenheit. Review of policy for meal preferences. Policy statement reads: Individual dining, food and beverage preferences are identified for all residents/patients. Review of procedures reads in part: The dining service director, or designee, will interview the resident or resident representative to complete a Food Preference Interview within (72) hours of admission. Food allergies, food intolerance, food dislikes, and food and fluid preferences will be entered into the resident profile in the menu management software system. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order, allergies and intolerances, and preferences. Upon meal service, any resident/patient who expresses or shows refusal of food and/or beverage will be offered an alternate selection of comparable nutritional value. Observations and resident interviews on 05/26/26 around 12:00 PM in the dining room revealed: b) Resident #61 The surveyor observed Resident #61 sitting at the table not eating the meal, who reported, If I could chew the pork I would but it's too tough. The ticket says I was supposed to have gravy on the meat but there is none. Observation of the plate revealed no gravy on the pork. c) Resident #72 The surveyor observed Resident #72 sitting at the table not eating the meal, reporting, The pork is always tough, and without gravy I can't eat it. c) Resident #33 The sureveyor observed Resident #33 not eating the meal served, reported, This meat is too tough; we can't eat this slop. I like gravy but never get it. Observation of the plate revealed no gravy on the pork. d) Resident #81 The surveyor observed Resident #81 not eating the meal served, reporting, This food is slop, they never add gravy to the meats.Observation of the plate revealed no gravy on the pork e) Resident #28 The surveyor observed Resident #28 sitting at the table not eating the meal, who reported, No one can eat this mess. There is no gravy on our food. Observation of the meal revealed no gravy on the pork Staff interview with the District Manager for Food and Nutrition DMFN# 131 verified there should have been gravy on the pork per recipe and meal ticket. Reporting I will re-educate them to ensure they are following recipes and meal tickets. f) Resident #11 On 05/26/26 at around 3:30 PM during an interview with Resident #11, they reported, This food is really bad, it used to be good up until about six or seven months ago. When I ask for alternates sometimes they get me something sometimes they don't, I could not eat the pork today it was too tough, the ticket said we were to have gravy but did not g) Resident #66 On 05/26/26 at around 1:30 PM during an interview with Resident #66, they reported, The food is not good, they don't season the food. (continued on next page)

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

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Today, this pork chop was too tough, and there was no gravy on it to help. h) Resident #15 and #80 On 05/27/26 at around 12:10 PM during dining room observations, Resident #15 and Resident #80 were served their meal in the dining room. The meal ticket read: Cranberry orange chicken. Garlic & rosemary roasted red skin potatoes. Seasoned cabbage with dinner roll. Both residents replied I do not like chicken, I wish they would stop sending it. Nurse assistant (11) reported that the residents dislike chicken and the kitchen has been told. Staff interview with the dietary manager reported, I do not remember if anyone told me, I will update their preferences. Questioned the dietary manager how often meal preferences are obtained. Dietary manager reports We do them upon admission, and the dietician reviews with them when she does assessments. I will go talk with some one if nursing tells me they want to talk g) Resident #87 On 05/27/26 at around 1:30 PM during an interview with Resident #87, they reported, This chicken is too tough, very bland. I can't chew it. Resident #87 reported, I am so sick of chicken, I told them this but I still get it. This surveyor questioned if someone from dietary came to talk with her, she reports No, not for a while. h) Resident #94 On 05/27/26 at around 2:00 PM during an interview with Resident #94, they reported, I have told the nurses and kitchen I am tired of this chicken, they can't cook too well, especially chicken and pork. This surveyor asked Resident #94 if someone from the kitchen came to update preferences, they reported, No, no one has yet. i) Resident #74 On 05/27/26 at around 2:30 PM during an interview with Resident #74, they reported, I really don't like chicken anymore, they serve it all the time. This surveyor questioned if anyone had updated the meal preferences, she reported, No, not for a while. The surveyor interviewed the dietary manager and District Manager #131 regarding updating meal preferences for the above residents. The dietary manager reported, I will begin working on updating the preferences.

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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 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 resident interview, observation and staff interview facility failed to ensure meals are prepared and served in methods to conserve nutritive value, flavor, appearance and in a pleasing, palatable presentation. This was found during the annual facility survey process. This failed practice had the potential to affect more than a limited number of residents. Resident identifiers: #61, #72, #33, #81, #28, #11, #66, #15, #80, #87, #94 and #74. Facility census: 110. a) Review of the food preparation policy revealed the following: All staff will practice proper handwashing techniques and glove use. Dining services staff will be responsible for food preparation procedures that avoid potentially harmful physical, biological, and chemical contamination. Cooks will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperatures greater than 41 degrees Fahrenheit and or less than 130 degrees Fahrenheit. Review of policy for meal preferences. Policy statement reads: Individual dining, food and beverage preferences are identified for all residents/patients. Review of procedures reads in part: The dining service director, or designee, will interview the resident or resident representative to complete a Food Preference Interview within (72) hours of admission. Food allergies, food intolerance, food dislikes, and food and fluid preferences will be entered into the resident profile in the menu management software system. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order, allergies and intolerances, and preferences. Upon meal service, any resident/patient who expresses or shows refusal of food and/or beverage will be offered an alternate selection of comparable nutritional value. Observations and resident interviews on 05/26/26 around 12:00 PM in the dining room revealed: b) Resident #61 The surveyor observed Resident #61 sitting at the table not eating the meal, who reported, If I could chew the pork I would but it's too tough. The ticket says I was supposed to have gravy on the meat but there is none. Observation of the plate revealed no gravy on the pork. c) Resident #72 The surveyor observed Resident #72 sitting at the table not eating the meal, reporting, The pork is always tough, and without gravy I can't eat it. c) Resident #33 The sureveyor observed Resident #33 not eating the meal served, reported, This meat is too tough; we can't eat this slop. I like gravy but never get it. Observation of the plate revealed no gravy on the pork. d) Resident #81 The surveyor observed Resident #81 not eating the meal served, reporting, This food is slop, they never add gravy to the meats.Observation of the plate revealed no gravy on the pork e) Resident #28 The surveyor observed Resident #28 sitting at the table not eating the meal, who reported, No one can eat this mess. There is no gravy on our food. Observation of the meal revealed no gravy on the pork Staff interview with the District Manager for Food and Nutrition DMFN# 131 verified there should have been gravy on the pork per recipe and meal ticket. Reporting I will re-educate them to ensure they are following recipes and meal tickets. f) Resident #11 On 05/26/26 at around 3:30 PM during an interview with Resident #11, they reported, This food is really bad, it used to be good up until about six or seven months ago. When I ask for alternates sometimes they get me something sometimes they don't, I could not eat the pork today it was too tough, the ticket said we were to have gravy but did not g) Resident #66 On 05/26/26 at around 1:30 PM during an interview with Resident #66, they reported, The food is not good, they don't season the food. Today, this pork chop was too tough, and there was no gravy on it to help. h) Resident #15 and #80 On 05/27/26 at around 12:10 PM during dining room observations, Resident #15 and Resident #80 were served their meal in the dining room. The meal ticket read: Cranberry orange chicken. Garlic & rosemary roasted red skin potatoes. Seasoned cabbage with dinner roll. Both residents replied I do not like chicken, I wish they would stop sending it. Nurse assistant (11) reported that the residents dislike chicken and the kitchen has been told. Staff interview with the dietary manager reported, I do not remember if anyone told me, I will update their preferences. Questioned the dietary manager how often meal preferences are obtained. Dietary manager reports We do them upon admission, and the dietician reviews with them when she does assessments. I will go talk with some one if nursing tells (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	me they want to talk g) Resident #87 On 05/27/26 at around 1:30 PM during an interview with Resident #87, they reported, This chicken is too tough, very bland. I can't chew it. Resident #87 reported, I am so sick of chicken, I told them this but I still get it. This surveyor questioned if someone from dietary came to talk with her, she reports No, not for a while. h) Resident #94 On 05/27/26 at around 2:00 PM during an interview with Resident #94, they reported, I have told the nurses and kitchen I am tired of this chicken, they can't cook too well, especially chicken and pork. This surveyor asked Resident #94 if someone from the kitchen came to update preferences, they reported, No, no one has yet. i) Resident #74 On 05/27/26 at around 2:30 PM during an interview with Resident #74, they reported, I really don't like chicken anymore, they serve it all the time. This surveyor questioned if anyone had updated the meal preferences, she reported, No, not for a while. The surveyor interviewed the dietary manager and District Manager #131 regarding updating meal preferences for the above residents. The dietary manager reported, I will begin working on updating the preferences.

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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 observation and staff interviews, 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 with regards to the resident's personal products and unsanitary practices. This failed practice was a random opportunity of discovery. Resident identifiers: #128, and #128. Facility census: 110.a) Resident Wheelchairs:On 05/26/26 at approximately 2:12PM, a facility walk-through revealed Resident # 128 's wheelchair sitting in her room with cracks in the front left seat pad and right arm pad exposing the inner padding.On 05/26/26 at approximately 2:16PM, a facility walk-through revealed Resident # 2 's wheelchair sitting in his room with cracks in the front left hand rest, exposing the inner padding. 05/26/26 10:46 AM 2 wheelchairs and 1 Geri-chair had holes with exposed inner padding. An interview was conducted on 05/26/26 at 2:25PM, with the facility Director Of Nursing with the Chief Executive Officer present. She acknowledged and confirmed the wheelchairs in Resident #2 and #128's room had exposed padding. During the facility walk-through on 05/27/26 at approximately 2:25 PM, the surveyor observed that the [NAME] Hall clean linen cart had opened pouches/wipes, trash bags, and an opened bag of briefs mixed with clean linen on the top shelf. A further observation of the clean linen cart on the [NAME] Fort Hall revealed an opened plastic container of Sani-Cloth wipes with one wipe exposed on the top shelf. The second shelf held 3 tubes of hydro-shield barrier creme inside a plastic bag, 2 open boxes of plastic gloves and a loose roll of clear plastic trash bags.In an interview with the Infection Control Preventionist on 05/27/26 at 2:25 PM, she confirmed the items were found on both of the clean linen cart shelves and stated that only clean linen and Hoyer slings were to be stored on the hallway linen carts. During a facility walk-through on 06/01/26 at 3:00 PM, a wound patch was observed left on the drain underneath the shower chair in the Long Hall shower room. An Interview with Registered Nurse (RN) #61 was conducted on 06/02/26 at 1:55 PM and RN #61 confirmed the wound patch left on the drain and stated it was left there after the last resident's shower then removed it. During an interview with Resident #129 in room [ROOM NUMBER] on 06/03/26 at 2:40PM, upon resident's request to check her closet for returned laundry, a Hoyer lift Sling was found on the floor in the corner of the shared closet. An Interview was conducted with Registered Nurse(RN) Employee #32 on 06/03/26 at 2:55 PM. She confirmed the Hoyer lift sling was on the floor in the corner of room [ROOM NUMBER]'s shared closet and stated it definitely should not have been left there. She also stated lift slings should be returned to dirty linen once used for residents. In an interview with Nurse Aide (NA) Identifier #101 on 06/03/26 at 2:55 pm, she stated she had left the Hoyer lift sling in the closet floor, apologized and began to remove it.

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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. Based on observation and staff interviews, the facility failed to provide a safe, clean, comfortable, and homelike environment relating to disrepair in the resident's dining room. This was a random opportunity for discovery. Facility census: 110.Findings Included: On 06/01/26 at 11:15AM the following issues were observed in the Resident Dining Room:The right-side wall had peeling paint. There were three deep unrepaired gouges in approximately 2 to 2 1/2 inches long in the sheet rock between each of the floor to ceiling windows PTAC (Packaged Terminal Air Conditioner) Units:The PTAC units were cracked and missing caulking around the 2 units. There was water damage with loose and peeling paint approximately 3 inch round hole in the lower left door facing. In an interview with the Dietician #134 on 06 /01/26 at approximately 11:25 AM, she acknowledged the peeling paint, sheet rock gouges, cracked/missing caulking, water damage and hole at the back exit door, and stated she would make a report to the maintenance department. On 06/02/26 at approximately 8:45 AM, during a walk through with the Administrator, he stated he was made aware of the issues in the resident dining room and confirmed the maintenance department had started repairs.

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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 observation, record review, and staff interview, the facility failed to ensure a resident's care plan was revised in the area of enteric precautions for a Clostridium difficile Infection. This failed practice was true for 1 of 2 residents reviewed during the survey process. Resident identifier: # 78. Facility Census:110 Findings Included:During a facility walk through on 05/26/26 at 12:45PM, It was observed signage of Enteric precautions were placed on the wall by resident #78's entrance door. A record review on 05/26/26 at 1:45 PM, of Resident #78's electronic medical record found her admit date was 05/18/26 and according to the Hospital Discharge summary dated [DATE], She was admitted with a diagnosis of Clostridium difficile infection. A Further record review of Resident #78's Care plan found:Focus: resident has c-diff and is in enteric isolation. date initiated: 05/26/2026 During an interview on 06/02/26 at 11:35 AM, The Chief Executive Office (CEO) confirmed the diagnosis of clostridium difficile infection and enteric precautions were not captured nor addressed in Resident #78's care plan until 05/26/26.

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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. Based on observation and staff interviews, the facility failed to ensure the resident environment remains as free of accident hazards as is possible This failed practice was a random opportunity for discovery and had the potential to affect more than a limited number of residents living in the facility during the survey process. Resident identifier: #4. Facility Census: 110 During a walkthrough of the facility conducted on 05/28/26 at approximately 10:15 a.m. the state surveyor observed a medication cart located on the 100 hallway near the nursing station to be unlocked and unattended. The medication cart was observed with no staff member present or actively supervising the cart at the time of the observation. The unsecured medication cart created the potential for unauthorized access to medications by residents, visitors, or other individuals within the facility. The state surveyor immediately inquired with staff members present near the nursing station regarding which nurse was assigned responsibility for the medication cart. Staff members identified RN #61, as the nurse responsible for the cart during this shift. At approximately 10:17 a.m., RN #61 approached the medication cart and confirmed that she was the staff member assigned responsibility for the medication cart. RN #61 communicated to the state surveyor, I've given my keys to another nurse to use. RN #61 then locked the medication cart after being made aware of the observation by the state surveyor. The state surveyor verified the observation and staff assignment with the Assistant Director of Nursing (ADON) at approximately 10:25 a.m. Findings Included: During resident interviews conducted on 05/26/26 at 2:20PM, it was observed 3(three) tubes of Bio-Freeze ointment on Resident #4's bedside shelf. Resident #4 stated a couple of days ago, his wife had brought them to him to use for pain. He also stated he should have put them away. The Bio-Freeze ointment tubes were in sight and within reach of anyone who might wander into his room. In an interview on 06/26/26 at 2:29PM with the DON and the CEO present. She confirmed the Bio-Freeze was on the Resident's shelf and stated she would contact his family about bringing in medications. She also stated This can not be left in his room and removed it.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, record review and staff interview, the facility failed to ensure nutritional supplements were being offered per physician orders. This was found during the annual facility survey process. This failed practice had the potential to affect more than a limited number of residents. Facility census: 110. Resident identifiers: #53, #67, #100, #41, #49, #75, #100 and #75. Findings include- A)-Policy review for Snacks. -Policy statement reads in part: Snacks and beverages will be provided as identified in the individual plans of care.-Procedure reads in part: Nursing services is responsible for delivering the individual snacks to the identified resident and for offering evening snacks to all other residents. B) -On 05/26/2026 at around 2:00PM during observation in nourishment room on the 100 unit hall. In the freezer part of the refrigerator observed (9) nine, frozen nutrient cups, (magic cups) unopened with label and date that was to be delivered and or offered. Staff interview with Unit Manager,(10), she verified these were to have been offered, reporting sometimes they refuse and the aides just put them in here. I then questioned her if these were all refusals, and if they were would the medical record reflect the refusal, she replied I would think soC)- record review revealed:-Resident #53 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the medication administration record (MAR) has marked for 100% consumption.-Resident #67 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the(MAR)has marked for 100% consumption.-Resident #100 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #41 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #49 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #75 frozen nutrient cup dated to be given at 8:00PM on 05/22/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #100 frozen nutrient cup dated to be given at 8:00PM on 05/22/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #75 frozen nutrient cup dated to be given at 8:00PM on 05/24/2026. Record review of the (MAR) has marked for 100% consumption.-Resident #49 frozen nutrient cup dated to be given at 8:00PM on 05/22/2026. Record review of the (MAR) has marked for 100% consumption.- Staff interview with Unit Manager (#10).I requested her to review these findings and she verified these were to have been offered, reporting sometimes they refuse and the aides just put them in here. I then questioned her if these were all refusals, she replied I would think so I then questioned her if it would reflect in the residents (MAR) any refusals, she replied yes, they would mark them as refused.

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation and record review, the facility failed to ensure Lovenox and inhalers were administered according to professional standards. This was true for one (1) resident's medication administration of 34 observed medication administrations. Resident identifier: #11. Facility census: 110. Findings included: a) Resident #11On 06/02/26 at 9:20 AM the surveyor observed Licensed Practical Nurse (LPN) #91 administer Lovenox (blood thinner) into Resident #11 lower abdominal fold. The lower abdominal fold was very large and had multiple bruises. LPN #91 wiped the skin with an alcohol pad, removed the cap on the Lovenox, expressed the air bubble from the Lovenox syringe, and injected the medication. After removing the syringe, the LPN #91 then swabbed the injection site with the alcohol pad. The following were the manufacture instructions when administering Lovenox:Choose a Site: Pick an area on the right or left side of the abdomen, at least 2 inches away from the belly button. Alternate sides daily to reduce bruising and irritation. Clean: Wipe the area with an alcohol swab and let it air dry completely.Pinch: Use your thumb and index finger to gently pinch a 1-inch fold of skin to isolate the fatty tissue. Inject: Hold the syringe like a pencil and insert the needle straight down into the skin fold at a 90-degree angle. Push the plunger down in a slow, steady motion. Remove: Pull the needle straight out at the same angle it went in, then release the skin fold.Dispose: Discard the used syringe into an approved sharps container. Do not recap the needle. Important Safety Information:Do not expel the air bubble: Lovenox pre-filled syringes contain a small air bubble designed to ensure the full dose is received. Do not push this bubble out before injecting.In an interview with the Director of Nursing (DON) on 06/02/26 at 12:35 PM, the DON confirmed LPN #91 did not administer the Lovenox correctly. the DON stated the Lovenox should not be given within two (2) inches of the umbilicus (belly button).The attending physician ordered Budesonide-Formoterol Fumarate Inhalation aerosol 150-4.5 mcg/act two (2) puffs inhaled orally two (2) times per day for Chronic Obstructive Pulmonary Disease (COPD). Rinse mouth after use. Start date of 03/26/26. During the medication pass LPN #91, gave Resident #11 one (1) puff of the inhaled medication. She then gave the resident her oral medication with water. After waiting approximately 3-5 minutes LPN #91 gave the resident her second puff after which she gave the resident water which she instructed her to swish and then spit out the water in the cup. In an interview with the DON on 06/02/26 at 12:35 PM the DON had no response when informed of the giving of water to swallow the oral medications between puffs of the inhaler.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515120	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Oaks Healthcare Center	100 Parkway Drive Clarksburg, WV 26301

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, resident interview, and staff interview, the facility failed to ensure residents receive and provide at least 3 meals daily at regular times comparable to normal meal times in accordance with residents needs, preferences, requests, and plan of care. This failed practice was a random opportunity for discovery.Resident Identifier #67. Facility Census 110. a) Resident #67 During an interview with Resident #67 on 05/26/26 at 1:45 pm he reported he did not receive lunch that day. He stated he went to therapy in the morning and when he returned to his room, his tray was left for him on his bedside table but his roommate was eating both meals. He stated he asked for another tray and was told they would see what they could do for him. Resident #67 stated he felt the staff had forgotten about him and that it was too late to get anything because dinner was approaching. Resident #67 said, It's almost 2:00 now. A record review of meal times on 05/26/26 at 3:00 pm revealed lunch trays were delivered between 12:15 PM and 12:30 PM daily. In an interview with Certified Nurse Aide #106, on 05/26/26 at 1:45 PM, she stated she did not know Resident # 67 needed a tray and apologized. She offered to get him a sandwich since he was concerned about dinner being so close. He accepted. The sandwich and drinks were delivered at approximately 2:40 PM.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interviews. Facility failed to ensure meals are served in a sanitary way in accordance with professional standards for food service safety. This was found during the annual facility survey process. This failed practice had the potential to affect more than a limited number of residents. Facility census 110. a) Review of policy for Food: Preparation.Review of procedures reads in part. 1. All staff will practice proper hand washing techniques and glove use. 2. All utensils, food contact equipment, and food contact surfaces will be cleaned and sanitized after every use. b) Review of Environment Policy All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. The Dining Service Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces. All food contact surfaces will be cleaned and sanitized after each use. The Dining Service Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces. During observations in the dining room during meal service on 05/26/26 at around 11:45 AM, [NAME] #121 was serving meals to residents. [NAME] #121 removed gloves walked into the kitchen to retrieve bowls for a resident, and upon returning to the workspace, changed gloves without hand washing being witnessed. At 12:15 PM this [NAME] (#121) again went into the kitchen to obtain a missing item, removed gloves, and then replaced them when returning to the workspace; hand washing was not witnessed. During an interview regarding glove and hand washing use [NAME] #121 verified hand washing was not performed when leaving and returning to the work space before re-applying gloves. [NAME] #121 stated,I thought if I just changed my gloves that was fine or use the alcohol rub. The surveyor had an Interview with the dietary manager regarding the policy for hand washing and glove use. During that time the DM said, I will re educate them on proper hand washing. During observation of the kitchen area on 06/02/26 at around 10:30 AM the surveyor observed the prep table and the table with rollers for the tray line. On the bottom shelf of the prep tables, a moderate amount of food debris and sticky substance was observed, including dried yellow substance, dried bread crumbs, and other debris. The surveyor questioned the dietary manager regarding equipment cleaning. The dietary manager reported, We clean this at least after each meal and/or shift. During follow up kitchen observations at 11:30 AM debris persist on prep table and table with rollers for the tray line, also on bottom shelf of the prep tables with moderate amount of debris and sticky substance observed. Dietary manager verified this was needing cleaned. During observation of the kitchen during lunch meal service on 06/02/26 at around 12:30 PM, the surveyor observed [NAME] #121 step aside to obtain a hamburger bun while plating a meal. [NAME] #121 opened the package with gloved hands, proceeded to handle the hamburger bun with a gloved hand, then walked to the trash can, threw the old gloves away and put on a new set of gloves without washing hands first. When questioned, [NAME] (#121) reported, I did not think to wash my hands.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and record review the facility failed to ensure it had a complete and accurate medical record related to capturing correct Diagnosis upon admission. This failed practice was found true for (1) one of (2) two residents reviewed for correct diagnosis upon admit during the Long-Term Care Survey Process. Resident identifier # 78 . Facility Census 110.Finding Included: a) Resident # 78 During a facility walk through on 05/26/26 at 2:15 PM, the surveyor observed that Resident #78's room had signage for Enteric Precautions around her door. A record review on 05/26/26 at 3:30 PM, revealed that Resident #78's list of diagnosis did not coincide with the enteric precautions orders. Further record review revealed that Resident #78 was admitted to the facility on [DATE] and the hospital Discharge summary dated [DATE] listed the diagnosis of Clostridium difficile colitis.A review of Resident #78's list of diagnoses on 06/02/26 found that the diagnosis of Enterocolitis due to clostridium difficile was added to the list with a creation date of 05/27/26 but was updated on 05/26/26. During an interview on 06/02/26 at 11:38 AM, the Administrator confirmed that Resident #78's medical record did not capture the diagnosis of c-diff upon admission [DATE] and was not added to the electronic record until 05/26/26.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations and staff interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public in the resident dining room. This was a random opportunity for discovery with the ability to effect a limited number of residents. Facility Census 110.Findings Included:a) The surveyor observed an issue on 06/01/26 at approximately 11:15 AM, in the resident dining room. The surveyor observed an approximate 3 inch round hole in the lower left doorfacing at the back exit door with sheet rock dust and chunks falling out and into the floor. This was easily accessible to all residents in the dining room. On 06/01/26 at approximately 11:25 AM, an interview with the dietician verified this finding. This finding was also acknowledged by the facilityadministrator on 06/03/26 at approximately 8:35 AM.