STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525273	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beloit Health and Rehabilitation Center	1905 W Hart Rd Beloit, WI 53511

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 59 residents who reside at the facility. Surveyor observed staff in the kitchen not wearing hair restraints. Cook E touched ready to eat food with contaminated gloves. CNA M did not wash or sanitize her hands after assisting one resident and before assisting another resident with their meal. Evidenced by: The facility policy, Food Safety Requirements, dated 10/2022.states, in part;.1. Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process including the following.f. Employee hygienic practices.7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects.a. Staff shall wash hands according to facility procedures. b. Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas.d. Dietary staff must wear hair restraints to prevent hair from contacting food.h. Gloves will be worn when directly touching ready-to-eat foods and when serving residents who are transmission-based precautions. Example 1 On 1/28/26 at 2:00 PM, Surveyor observed staff in the kitchen without wearing a hairnet. On 1/28/26 at 2:30PM, Dietary Manager D (DM) indicated any time staff are in the kitchen staff should wear hair restraints. DM D indicated understanding of the above concern. Example 2 Facility policy, titled Hand Hygiene, reviewed 3/27/25, includes: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R68 admitted to the facility on [DATE]. R49 admitted to the facility on [DATE]. R33 admitted to the facility on [DATE]. On 1/27/2026 at 12:55 PM Surveyor observed CNA M (Certified Nursing Assistant) clean R49 glasses and assisted him getting his fork in his hand. CNA M then went to the other side of the table and assisted R68 by using his fork to push food on his plate and then placing it in his hand. CNA M then went over to R49 again and handed him his cup. CNA M walked to the next table where she peeled the clear covering off of R33's cake. Surveyor observed CNA M shaking hands and dance with a kitchen staff member. Then Surveyor observed CNA M remove R68's soiled neck napkin. It is important to note CNA M did not wash or sanitize her hands after assisting one resident and before assisting another resident with their meal. On 1/27/2026 at 1:07 PM CNA M indicated she should have washed her hands after assisting R49 clean his glasses and before assisting R68 with his meal. Then CNA M indicated she should have washed her hands or sanitized them after she assisted R68 with his fork and before assisting R49 by placing his drink in his hand and then again before assisting R33 with opening his cake. On 1/29/2026 at 10:05 AM NHA A (Nursing Home Administrator), DON B (Director of Nursing), and ADON C (Assistant Director of Nursing) indicated CNA M should wash or sanitize hands before doing anything with the food and in between residents when assisting in dining room. Example 3 On 1/27/26 at 12:33 PM, Surveyor observed [NAME] E in the dining room preparing meal plates. While wearing gloves, [NAME] E grabbed the waistband of [NAME] E's pants and pulled the pants up. [NAME] E then grabbed a tortilla with that same gloved hand and made a fajita. Surveyor asked [NAME] E about infection control when plating meals. [NAME] E stated I need to make sure to wear proper hair net, ensure utensils are not mixed, let other staff handle meal tickets to keep gloves from being contaminated. Surveyor asked if gloves are contaminated if they touch staff clothing. [NAME] E stated yes. On 1/29/26 at 10:10 AM, Surveyor interviewed Food Services Director (FSD) D and asked about gloves and infection control with meal preparation. FSD D stated that if anything other than food is touched, need to change gloves. Tongs should be used for touching ready to eat foods. FSD D stated that [NAME] E told FSD D what occurred and stated it is not ok to touch clothing and then touch food. On 1/29/26 at 10:16 AM, Surveyor interviewed Assistant Director of Nursing/Infection Preventionist (ADON/IP) C and asked if gloves are contaminated after touching staff clothing. ADON/IP C stated yes and stated that staff cannot touch ready to eat food with gloved hands after gloves have touched staff clothing.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility did not ensure garbage and refuse was disposed of properly. This has the potential to affect all 59 residents who reside at the facility.Garbage was found outside the dumpsters at the facility. Evidenced by:The facility policy, Disposal of Garbage and Refuse, revised on 3/2025.states, in part.The facility shall properly dispose of kitchen garbage and refuse.8. Dumpsters shall be emptied according to the facility contract. Garbage should not accumulate or be left outside the dumpster.On 1/27/26 at 9:44 AM, during the initial walk through of the kitchen, Surveyor observed garbage on the ground next to the facility dumpsters. Surveyor observed cardboard, food wrappers, and used gloves on the ground. Dietary Manager D (DM) indicated garbage should not be left on the ground. DM D indicated everyone is responsible for picking up garbage.On 1/28/26 at 1:10 PM, Nursing Home Administrator A (NHA) indicated garbage should be picked up and put in the dumpster. NHA A indicated understanding of the above concern.The facility failed to ensure garbage and refuse was disposed of properly.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility did not ensure 1 of 4 residents (R12) received the necessary services for acceptable nutrition.R12 triggered for significant weight change with a weight loss of 7.4% in the last thirty days. The Registered Dietician recommended a scheduled snack of choice at HS (bedtime) on 1/20/26. The order was not started until 1/28/26.Evidenced by:The facility policy, Nutritional Management, revised on 4/2024, states, in part;.The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition.A systematic approach is used to optimize each resident's nutritional status:.c. Developing and consistently implementing pertinent approaches.R12 was admitted to the facility on [DATE] with a diagnoses including cancer, bipolar disorder, and panic disorder.R12's most recent care plan, states, in part;.The resident has nutritional problems or potential nutritional problems r/t cancer and recent hospitalization 11/25/25.The resident will maintain adequate nutritional status as evidenced by no significant weight changes, no s/sx (signs/symptoms) of malnutrition and consuming at least 50% of at least 3 meals daily through review date.Registered Dietician to evaluate and make diet change recommendations PRN (as needed).R12's progress notes state, in part;.11/25/25 135.2lbs.Goal is for weight maintenance.R12's progress notes state, in part;.1/20/26.Resident triggers for a significant weight change of a loss of 7.4% in the last 30 days.125.2lbs.Goal is for weight maintenance. Resident is on a regular diet. PO (by mouth) avg 50-100% (average 50 to 100 percent) of meals. Recommend scheduled snack of choice @ HS (at bedtime) to help make sure calorie needs are met. Registered Dietician to continue monitoring and will f/u (follow up) as needed.R12's current orders, state, in part;.to have an HS snack of choice, a sandwich, cottage cheese, yogurt, or peanut butter crackers at bedtime for weight loss.start date: 1/28/26. (Of note: this order was recommended on 1/20/26 and was not entered until 8 days later)On 1/28/26 at 12:41PM, Nursing Home Administrator A (NHA) indicated R12's recommendations from the Registered Dietician did not start until 1/28/26. NHA A indicated the order should have been started sooner and they are working on correcting the concern.The facility failed to ensure all residents receive the necessary services for acceptable nutrition.

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure Physician progress notes were maintained in a physical chart or Electronic Health Record (EHR) for 1 of 3 supplemental residents reviewed (R61).R61 reported that they would like to schedule an appointment with their doctor; Surveyor was unable to locate documentation of physician visits in their physical chart or EHR.Evidenced by:The facility's policy titled Physician Visits and Physician Delegation last reviewed on 10/16/24 states in part .1. The Licensed Nurse, Medical Records, or Facility Designee should: .f. Remind the physician to date and sign all orders and write a progress note.h. Ensure a progress note is present to reflect the date and time of the physician visit, an indication as to whether new orders were written or no new orders were received and any special discussions between the resident and/or family and physician during the visit.2. The Physician should: .d. Date, write and sign a progress note for each visit. R61 was admitted to the facility on [DATE] with diagnoses that include hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (left sided weakness following a stroke), type 2 diabetes mellitus, depression, and hypertension (high blood pressure).R61's most recent MDS (Minimum Data Set) dated 1/27/26 states that R61 has a BIMS (Brief Interview of Mental Status) of 15 out of 15, indicating that R61 is cognitively intact.On 1/28/26 at 1:30 PM, Surveyors met with residents for the group meeting. R61 reported to Surveyors that they have been trying to schedule an appointment with their PCP (Primary Care Physician) and that they haven't had an appointment in a while.On 1/28/26 at 3:00 PM, Surveyor reviewed R61's physical chart and EHR. Surveyor was unable to locate any documentation indicating that R61's PCP (primary care physician) or their delegate had seen them.On 1/28/26 at 4:00 PM, Surveyor interviewed Receptionist I, who is responsible for medical records and scheduling appointments. Surveyor asked Receptionist I what the process is when a resident wants to make an appointment with their doctor, Receptionist I states that the nurse will communicate the request and then they will schedule the appointment. Surveyor asked Receptionist I if they were aware that R61 would like to see their PCP, Receptionist I stated that they were unaware of the request and that R61's PCP comes to the facility on Fridays. Surveyor asked Receptionist I when the last time R61 saw their PCP, Receptionist I stated they were unsure and would have to get back to Surveyor.On 1/28/26 at 4:05 PM, Surveyor asked DON B (Director of Nursing) for documentation of R61's PCP visits.On 1/28/26 at 4:47 PM, Surveyor interviewed DON B. DON B provided Surveyor with a visit note dated 6/4/25 and reported that this is the documentation they received regarding R61's last visit. Surveyor asked DON B how often residents should be seen by their PCP, DON B stated every 30 days for the first 90 days and then at least every 60 days thereafter. Surveyor asked DON B if R61 should be seen more regularly, DON B stated yes.On 1/29/26 at 7:58 AM, DON B reported that R61's PCP will be faxing their notes to the facility. Surveyor asked DON B what their process is for obtaining Physician visit notes, DON B stated that some providers document in their EHR. Surveyor asked DON B if it is the facility's responsibility to obtain the visit notes, DON B stated yes. Surveyor asked DON B if the visit notes are not in the medical record, is the medical record complete, DON B stated no.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure each resident receives food prepared in a form designed to meet individual needs for 1 of 4 Residents (R40) reviewed for nutrition.R40 has an order for ground meat and received general texture meats.Evidenced by:The facility's Therapeutic Diet Orders policy, dated 3/26/25, states, in part: The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician. Definitions: Mechanically Altered Diet is one in which the texture or consistency of food is altered to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. Therapeutic Diet is a diet ordered by a physician.as part of treatment for a disease or clinical condition. Explanation and Compliance Guidelines: .2. Therapeutic diets, including mechanically altered diets where appropriate, will be based on the resident's individual [NAME] as determined by the resident's assessment. 5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescibed.R40 admitted to the facility on [DATE] with diagnoses that include: encephalopathy (brain dysfunction that causes altered mental states such as confusion, personality changes, and cognitive impairment); Adult failure to thrive (a syndrome characterized by unintentional weight loss, malnutrition, dehydration, cognitive decline, and reduced physical functionality); unspecified dementia (cognitive decline without a specific identified cause).R40's Physician Orders include: Regular diet Mechanical Soft - Ground Meat texture.start date 1/2/26.On 1/27/26 at 12:35 PM, Surveyor observed R40 in dining room with plate of 2 chicken fajitas (chicken cut in thick strips placed inside a soft shell tortilla), rice, beans, and cake. R40 was eating independently, with no teeth, occasionally spitting out bites of food onto R40's plate.On 1/28/26 at 12:33 PM, Surveyor observed R40 in dining room. BOM G (Business office Manager) placed plate with turkey (cut into cubes) in gravy over a slice of bread, mashed potatoes and sliced carrots in front of R40. Surveyor observed meal ticket next to R40's place. Meal ticket stated, in part: Texture: Mechanical Ground.Entree: 1 each Ground open faced turkey sandwich. CNA H (Certified Nursing Assistant) was seated at table across from R40. Surveyor asked CNA H about ground meat. CNA H stated it would be ground up, but not pureed. Surveyor asked if the meat on R40's plate was ground. CNA H stated it doesn't appear ground; I will check.On 1/28/26 at 12:34 PM, Surveyor asked BOM G about responsibility in the dining room. BOM G stated to serve the right meal to the right person. Surveyor asked how you would know if it is the right meal. BOM G stated, get it from the cook; they know.On 1/28/26 at 12:35 PM, CNA H stated that the cook told CNA H that the meat was considered ground as it is soft.On 1/28/26 at 12:43 PM, Surveyor asked [NAME] F about turkey for a ground diet. [NAME] F stated I put it in the Robot Coupe (food processor) and blend it just a little bit. Surveyor asked what size the turkey ends up to be, [NAME] F stated it kind of looks mashed.On 1/28/26 at 12:44 PM, Surveyor asked FSM D (Food Services Manager) if the turkey on R40's plate was ground. FSM D stated, no, it is diced. Surveyor asked if diced was an appropriate texture for R40. FSM D stated no. FSM D stated the turkey comes to the facility diced; it needs to be ground in the food processor to a taco meat consistency. Surveyor asked FSM D to define taco meat consistency. FSM D stated it would be the size of rice.On 1/28/26 at 2:49 PM, Surveyor asked NHA A (Nursing Home Administrator) about mechanically altered diets. NHA A stated that staff are expected to follow the proper diet and should serve foods according to physician orders.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not implement an established process of assessing a resident's cognitive ability to understand an arbitration agreement before obtaining a signature for residents; and did not ensure the staff responsible for the arbitration agreement was able to thoroughly explain the agreement for complete understanding. This deficient practice had the potential to affect all 1 of 3 sampled residents (R44) RR J (R44's Resident Representative and Power of Attorney (POA)) and RR K voiced concerns of having signed an arbitration agreement while filling out admission paperwork and not fully understanding what she had signed. RR K indicated the arbitration agreement was not explained to her fully and she would not have wanted to sign that if she knew she was signing away constitutional rights to use the judicial system to resolve disputes with the facility. Evidenced by:Facility policy, titled Binding Arbitration Agreement, dated 12/1/24, includes: The facility asks all residents to enter into an agreement for binding arbitration. We do not require binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, this facility. Arbitration is a private process where disputing parties agree that one or several other individuals can make a decision about the dispute after receiving evidence and hearing arguments. binding arbitration is a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final can be enforced by a court and can only be appealed on very narrow grounds. Judicial proceeding is any action by a judge formally before the court including trials, hearings, petitions, or other matters. when explaining the arbitration agreement the facility shall explicitly inform the resident or his representative of his or her right not to sign the agreement as a condition of admission . Explain to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands. ensure a resident or his or her representative acknowledges that he or she understands the agreement. the agreement must: provide for the selection of a neutral arbitrator agreed upon by both parties. provide for selection of a venue that is convenient to both parties. explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it. explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission. the agreement must not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials.R44 admitted to the facility on [DATE] with diagnoses, including cerebral infarction, type 2 diabetes mellitus, and unspecified dementia. R44's most recent MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 1/13/26, indicates R44's cognition is severely impaired with a BIMS (Brief Interview for Mental Status) score of 3 out of 15.On 1/27/26 at 11:34 AM RR K (Resident Representative) indicated she had concerns that R44's admission packet contained a signed arbitration agreement that was not explained at the time of it being signed.On 1/28/26 at 12:16 PM RR/POA J indicated she was unaware if she signed an arbitration agreement with the facility at the time of admission and she was not sure what the word arbitration means. Surveyor opened R44's admission packet and reviewed with RR/POA J over the phone, including the date and time the arbitration agreement was signed. Surveyor explained the agreement is that if a dispute arises RR/POA J would use the facility's appointed third party to resolve dispute and that RR/POA J would not use the judicial system to resolve disputes with the facility. RR/POA J indicated she would have never signed that if she knew what she was agreeing to.Facility's admission welcome packet includes a body with 114 pages. 8 of these pages is an arbitration agreement. A signature line exists on page 12 of the 114 pages.R44's Arbitration Agreement, signed and dated 12/9/25, includes: Please read this arbitration agreement carefully. You (continued on next page)

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	have the right to, and the facility recommends you ask any questions you have and consult with an attorney, family, or friends before choosing to sign and accept the terms and conditions of this arbitration agreement. Execution of this agreement by the resident is not a condition of admission to or required to continue receiving care at the facility, in other words, the resident has the right not to sign this agreement and still be admitted to or continue receiving care at the facility. It is understood by the facility and R44 that any legal dispute, controversy, demand, or claim, unless specifically excluded below that arises out of or relates to the Resident admission Agreement or any service or health care provided by the Facility to the Resident shall be resolved exclusively by the binding arbitration and not by a lawsuit or resort to judicial process except to the extent applicable law provide for judicial review of arbitration proceedings or judicial enforcement of arbitration awards. Rescission of Agreement: The Resident also understands that he/she has the right to seek legal counsel concerning this agreement and this agreement may be rescinded by written notice to the facility from the Resident within 30 days of the Resident's signature below. If not rescinded within 30 days, this agreement shall remain in effect for all care and services subsequently rendered by the facility, even if such care and services are rendered following the Resident's discharge and readmission to the facility.On 1/28/26 at 1:41 PM RCC L (Resident Care Coordinator) indicated if a resident signs an arbitration agreement that it means they and the facility will settle disputes in the county circuit court system. RRC L also indicated there is no time frame for rescinding the agreement and once it is signed it is in effect. Surveyor and RCC L reviewed the agreement noting the 30-day rescission period. Surveyor and RCC L reviewed the agreement noting the dispute would be settled without using the judicial system. RCC L indicated she did not completely understand what the arbitration agreement was for.On 1/28/26 at 2:10 PM NHA A (Nursing Home Administrator) indicated residents and/or their representatives are presented with an arbitration agreement to sign or decline by RCC L during the admission process. NHA A indicated an arbitration agreement is a contract between the facility and resident ensuring residents can't sue the company. NHA A indicated residents have 30 days to rescind the agreement. Surveyor shared her interview with RCC L with NHA A. NHA A indicated RCC L should be able to explain arbitration agreements and should know the time limits associated with the agreement. NHA A indicated she would educate RCC L about arbitration agreements again. Surveyor informed NHA A that RR/POA J wished to not be in a binding arbitration agreement with the facility. NHA A indicated she would discuss this with the Corporation to see if they would approve her to rescind after the 30 days.

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F 0582 Level of Harm - Potential for minimal harm Residents Affected - Many	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interviews, the facility did not include accurate potential financial liability to residents whose Medicare coverage was ending when issuing the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) for 3 of 3 residents reviewed (R43, R54, and R72).R43 was receiving Medicare A benefits. R43 was not provided accurate potential financial liability when the SNFABN was issued.R54 was receiving Medicare A benefits. R54 was not provided accurate potential financial liability when the SNFABN was issued.R72 was receiving Medicare A benefits. R72 was not provided accurate potential financial liability when the SNFABN was issued.Evidenced by:The facility's policy titled Policy and Procedure: Advanced Beneficiary Notice dated 2/1/22 states in part .2. When determined that services are no longer necessary a. Social Services or Social Services back up i. The social services representative will issue Room and Board ABNs per policy and upload this information into [facility's computer system] under the miscellaneous tab.c. Business office Manager i. Will provide updated room rate and therapy rate sheets to be issued with the ABN.Example 1R43's Medicare coverage ended on 1/9/26. R43 was not provided with accurate potential financial liability when their SNF ABN form was issued. Example 2R54's Medicare coverage ended on 9/20/25. R54 was not provided with accurate potential financial liability when their SNF ABN form was issued.Example 3R72's Medicare coverage ended on 11/7/25. R72 was not provided with accurate potential financial liability when their SNF ABN form was issued.On 1/29/26 at 8:05 AM, Surveyor interviewed BOM G (Business Office Manager). Surveyor asked BOM G what the process is for SNFABNs, BOM G stated that social services takes care of them. Surveyor asked how residents or representatives are made aware of the room rates and therapy rates when Medicare coverage ends, BOM G states that they mail out room rates to families, but it doesn't have their names on it. Surveyor asked BOM G if the SNFABNs should have the room and therapy rates issued with it, BOM G stated that they were not aware of that needing to be done. Surveyor asked BOM G how would residents or families know that information, BOM G stated that they tell them verbally. Surveyor asked BOM G if there was any documentation to support that, BOM G stated no. Surveyor directed BOM G to the SNFABN form where it states estimated cost- see attached, BOM G stated that they were unaware of that.On 1/29/26 at 8:13 AM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A if they would expect the SNFABN form to contain the cost of room and therapy, NHA A stated yes and that they would expect documentation in the resident's chart if a paper copy were not provided.