STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555339	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Post Acute	74-350 Country Club Drive Palm Desert, CA 92260

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure care and treatment was provided, for two of 20 residents reviewed (Residents A and F), when:1.For Resident A, the blood sugar levels were not evaluated to address control of diabetes mellitus (abnormal blood sugar). This failure had the potential for Resident A to experience complications of uncontrolled diabetes mellitus; and2.For Resident F, episodes of diarrhea (loose, watery and possibly more-frequent passage of stool) were not addressed timely. This failure resulted in a delay in the care and treatment to address illness related to diarrhea.Findings:On February 6, 2026, at 9:45 a.m., an unannounced visit was conducted to investigate quality of care issues.1. On February 6, 2026, Resident A's record was reviewed. Resident A's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (abnormal blood sugar).A review of Resident A's Minimum Data Set (MDS - a resident assessment tool), dated January 17, 2026, indicated Resident A had BIMS (Brief Interview for Mental Status) score of 3 (severely cognitive impairment).A review of Resident A's Order Summary Report, included the following physician's order related to diabetes:- HgbA1C (Hemoglobin A1C - a blood test measuring average blood sugar (glucose) levels over the past 2-3 months) 2/14/25 (February 14, 2025), date ordered February 13, 2025;-Lantus (long acting insulin) 25 units at bedtime, date ordered March 1, 2025; and- Humalog solution (type of short acting insulin - medication to treat diabetes) before meals and at bedtime per sliding scale coverage (a tailored, pre-set schedule of insulin dosages that slides up or down based on an individual's blood sugar levels before meals or at bedtime), date ordered November 1, 2025.A review of Resident A's laboratory results, dated February 14, 2025, indicated HgbA1C at 10.5% (reference range: 4.0 to 6.0).A review of Resident A's care plan, dated April 7, 2025, indicated, Hyperglycemia (elevated blood sugar levels) and poor glycemic control (the management of blood sugar (glucose) levels within a target range to prevent complications in individuals with diabetes) related to Type 2 Diabetes Mellitus as evidenced by HbA1c of 10.5% and use of sliding scale insulin.Reassess nutritional status and glycemic control routinely.A review of Resident A's Medication Administration Record, for the month of January 1, 2026, to February 6, 2026, indicated Resident A's blood sugar level was above 200 mg/dl (milligram/deciliter - unit of measurement) with Humalog insulin administered per sliding scale on multiple episodes.On February 6, 2026, at 4:27 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated multiple episodes of Humalog insulin were administered according to the sliding scale to Resident A when his blood sugar levels were above 200 mg/dl. The DON stated the last HgbA1C checked for Resident A was on February 14, 2025, which was 10.5%. The DON stated that usually HgbA1C is a standing physician's order to be checked every three (3) to six (6) months, however, Resident A did not have a standing order for HgbA1C to be checked routinely. The DON stated Resident A's blood sugar should have been evaluated and referred to the physician if there was a need to adjust the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diabetic medications.A review of the facility's policy and procedure titled, Diabetes - Clinical Protocol, dated March 2025, indicated, .For residents who meet the criteria for diabetes testing, the physician will order pertinent screenings, for example, A1C or fasting blood glucose.If short-acting insulin must be administered frequently, the provider should consider initiating or adjusting the dose of an intermediate - or long-acting insulin.The provider will order desired glucose targets and monitoring regimens, as well as parameters for reporting information related to blood sugar management.The provider will adjust treatments based on these results and other factors.Assess glycemic status by A1C measurement.For the resident receiving insulin who is well controlled.monitor A1C on admission (if no results from a previous test are available) or when diabetes is diagnosed, and every 6 (six) months thereafter. Adjust monitoring frequency depending on glucose control and resident preference.2. On February 6, 2026, Resident F's record was reviewed. Resident's F admission Record, indicated Resident F was admitted to the facility on [DATE], with diagnoses which included metabolic encephalopathy (a change in how your brain works due to an underlying condition) and sepsis (the body's extreme response to an infection).A review of Resident F's Bowel Continence Task, for January 13 to 28, 2026, indicated the resident had episodes of diarrhea at the following dates and times:-January 17, 2026, at 6:59 a.m., and 2:51 p.m.;-January 18, 2026, at 6:59 a.m., 1:12 p.m., and 10:50 p.m.;-January 19, 2026, at 10:59 p.m.;-January 20, 2026, at 2:59 p.m.;-January 21, 2026, at 4:06 a.m., and 1:12 p.m.;-January 24, 2026, at 3:34 a.m.;-January 25, 2026, at 2:27 p.m., and 10:59 p.m.;-January 26, 2026, at 11:08 a.m.; and-January 27, 2026, at 2:59 p.m. A review of Resident F's Progress Notes, dated January 26, 2026, at 5:18 p.m., indicated, .Resident noted to have N/V/D (nausea/vomiting/diarrhea), with multiple episode of V/D.No fever noted, but noted to be fatigue. C/o (complain of) mild abd (abdominal) tenderness when palpated.Per MD (physician) orders Contact Isolation & (and) collection of stoolsample (sic) to R/O (rule out) suspected Norovirus (a highly contagious virus that causes sudden, severe vomiting and diarrhea)/C-Diff (a bacterium that causes severe, watery diarrhea and inflammation of the colon). Further review of Resident F's record indicated there was no documented evidence episodes of loose stools/diarrhea were addressed since January 17, 2026 (first episode). A review of Resident F's laboratory results, dated January 28, 2026, indicated positive for C-Diff Toxin (harmful proteins released by the C. difficile bacterium that damage the lining of the intestines, causing severe inflammation, diarrhea, and colitis). On February 6, 2026, at 4:27 p.m., during a concurrent interview and record review with the Director of Nursing (DON), the DON stated Resident F had episodes of loose stools starting January 17, 2026. The DON stated there was no documentation Resident F's episodes of loose stools was addressed since January 17, 2026, not until January 26, 2026, when Resident F had episodes of N/V/D. The DON stated the multiple episodes of loose stools for Resident F should have been addressed by referring to the physician within 72 hours. A review of the facility's policy and procedure titled, Change in a Resident's Condition or Status, dated February 2021, indicated, .Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.The nurse will notify the resident's attending physician or physician on call when there has been a(an).significant change in the resident's physical/emotional/mental condition.A significant change' of condition is a major decline or improvement in the resident's status that.will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the pharmacy consultant recommendation to check blood levels was not referred to the physician for implementation, for one of eight residents (Resident A).This failure had the potential for Resident A's overall medical condition to be affected.Findings:On February 6, 2026, at 9:45 a.m., an unannounced visit was conducted to investigate infection control issues.On February 6, 2026, Resident A's record was reviewed. Resident A's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (abnormal blood sugar).A review of Resident A's Minimum Data Set (MDS - a resident assessment tool), dated January 17, 2026, indicated Resident A had BIMS (Brief Interview for Mental Status) score of 3 (severely cognitive impairment).A review of Resident A's Order Summary Report, included the following physician's order related to diabetes:- HgbA1C (Hemoglobin A1C - a blood test measuring average blood sugar (glucose) levels over the past 2-3 months) 2/14/25 (February 14, 2025), date ordered February 13, 2025;-Lantus (long acting insulin) 25 units at bedtime, date ordered March 1, 2025; and- Humalog solution (type of short acting insulin - medication to treat diabetes) before meals and at bedtime per sliding scale coverage (a tailored, pre-set schedule of insulin dosages that slides up or down based on an individual's blood sugar levels before meals or at bedtime), date ordered November 1, 2025.A review of Resident A's laboratory results, dated February 14, 2025, indicated HgbA1C at 10.5% (reference range: 4.0 to 6.0).A review of Resident A's Medication Administration Record, for the month of January 1, 2026, to February 6, 2026, indicated Resident A's blood sugar level was above 200 mg/dl (milligram/deciliter - unit of measurement) with Humalog insulin administered per sliding scale.A review of Resident A's care plan, dated April 7, 2025, indicated, Hyperglycemia (elevated blood sugar levels) and poor glycemic control (the management of blood sugar (glucose) levels within a target range to prevent complications in individuals with diabetes) related to Type 2 Diabetes Mellitus as evidenced by HbA1c of 10.5% and use of sliding scale insulin.Reassess nutritional status and glycemic control routinely.A review of the facility's document titled, Consultant Pharmacist's Medication Regimen Review, dated December 22, 2025, indicated the pharmacy consultant recommended to clarify with the physician to do labs (laboratory tests) of HgbA1C and Vit D 25 OH level (measures the primary circulating form of Vitamin D in the blood, serving as the definitive indicator of overall body stores from sunlight, diet, and supplements).Further review of Resident A's record indicated there was no documented evidence the pharmacy consultant recommendation to clarify with the physician to check HgbA1C and Vit D 25 OH level was implemented since it was recommended on December 22, 2025.On February 18, 2026, at 11:55 a.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated the pharmacy consultant recommendation to clarify with the physician for lab tests for Resident A was not referred to the physician. The DON stated the pharmacy consultant's recommendation should have been discussed with the physician.A review of the facility's policy and procedure titled Medication Regimen Review, dated May 2019, indicated, .The Consultant Pharmacist reviews the medication regimen of each resident at least monthly.The goal of the MRR (Medication Regimen Review) is to promote positive outcomes while minimizing adverse consequences and potential risks associated with medication.The MRR involves a thorough review of the resident's medical record to prevent, identify, report and resolve medication related problems, medication errors and other irregularities, for example.inadequate monitoring for adverse consequences.Within 24 hours of the MRR, the Consultant Pharmacist provides a written report to the attending physicians for each resident (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	identified as having a non-life threatening medication irregularity .The Consultant Pharmacist provides the Director of Nursing Services and Medical Director with a written, signed and dated copy of all medication regimen reports.Copies of medication regimen review reports, including physician responses, are maintained as part of the permanent medical record.

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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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection prevention and control measures were implemented according to the facility's policy and procedure and CDC (Centers for Disease Control and Prevention) guidelines, for five of 20 residents reviewed, when: 1.The facility staff did not wear the appropriate PPE (Personal Protective Equipment - specialized clothing or gear such as gloves, gowns, masks, respirators, and eye protection designed to protect healthcare personnel and patients from infectious materials, blood, and body fluids) when providing care to residents with C-Diff infection (Clostridioides difficile - a bacterium that causes severe, often hospital-acquired, diarrhea and colon inflammation (colitis) by producing toxins) (Resident B). In addition, the facility staff were not aware of the isolation precautions to be implemented for Resident B, and the facility staff did not wash their hands after providing care to the residents with C-Diff (Residents B and C); and 2. The signage for isolation precautions (infection prevention measures used in healthcare settings to prevent the spread of germs from patients to others (staff, visitors, other patients) posted in Residents A, D, and E's door did not reflect the isolation precautions to be provided to the residents according to the physician's order. These failures had the potential for the spread of communicable disease among residents, staff, and visitors.Findings: On February 6, 2026, at 9:45 a.m., an unannounced visit was conducted at the facility to investigate a facility reported incident of gastrointestinal and respiratory outbreak. On February 6, 2026, the Infection Preventionist (IP) provided a list of current residents placed on isolation precautions for respiratory and gastrointestinal infections. The list included 13 residents on respiratory isolation precautions for Influenza (a highly contagious respiratory infection caused by viruses that infect the nose, throat, and lungs) and COVID-19 (a respiratory communicable disease) and seven (7) residents on GI precautions for C Diff or Norovirus (a highly contagious virus that causes severe, acute gastroenteritis [the inflammation of the stomach and intestines]). 1.On February 6, 2026, at 11:21 a.m., Resident B's room was observed to have PPE cart outside the room and a signage by the door indicating Contact Enteric (disease of the intestines) Precautions. The signage indicated, .Everyone must wash or gel hands when entering and wash on leaving room.doctors and staff must. gown and glove at door. The Administrator (ADM) and Social Services Director (SSD) were observed inside Resident B's room talking to Resident B while the resident was lying in bed. The ADM and the SSD were observed wearing a surgical mask and without gown and gloves. The ADM left the room and was observed not to wash his hands. The SSD was observed having Resident B to sign a paper placed on top of a box of tissue paper. After Resident B signed the paper, the SSD placed the box of tissue paper on top of the resident's blanket. The SSD left the room and observed not to wash her hands after. On February 6, 2026, at 11:25 a.m., the ADM was interviewed outside Resident B's room. The ADM stated he was not aware of what PPE to use when he was talking to Resident B. The signage by Resident B's door was shown to the ADM of what PPE to use when entering the resident's room. The ADM stated he should have worn gown and gloves when he entered Resident B's room and washed his hands after. On February 6, 2026, at 11:30 a.m., the SSD was interviewed. The SSD stated she was not aware Resident B required contact precautions when entering the resident's room. The SSD stated she was not aware why Resident B was placed on contact precautions. The SSD left and looked for a nurse. The SSD came back and stated Resident B required contact precautions for C Diff. The SSD stated the signage by Resident B's room indicated to use gown and gloves prior to entering the resident's room. The SSD further she should have worn the appropriate PPE and washed her hands after. On February 6, 2026, at 11:34 a.m., a PPE cart was observed outside Resident C's room. There was signage by Resident (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C's door indicating Contact Enteric Precautions. A red magnetic sign was at the side door which indicated to see the nurse before entering. The back of the red magnetic sign indicated C Diff end date 2/10 (February 10, 2026). A staff was observed to hold a meal tray for Resident C. The staff was observed to wear a mask, gown, and gloves, before entering the resident's room and served the lunch tray. The staff removed the gown and gloves and used an alcohol-based hand rub (ABHR) before leaving the room. The staff proceeded to get coffee from the coffee cart, put gown and gloves on before entering Resident C's room, removed the PPE, left the room, and used ABHR. The staff was observed to not use ABHR prior to wearing a gown and gloves when she served the coffee to Resident C. The staff was observed not to wash her hands after serving the lunch tray and coffee. On February 6, 2026, at 12:18 p.m., an interview was conducted with the IP. The IP stated a resident with D-Diff is placed on contact enteric precautions. The IP stated the staff should wear gown and gloves before entering the room of the resident with C-Diff, and wash their hands after leaving the room. On February 6, 2026, at 2 p.m., a staff was observed to don gown, gloves, and was wearing surgical masks and entered Resident B's room. The staff was observed to be talking to Resident B and introduced herself as a physical therapist (PT). The PT explained about the exercises to be conducted with the resident and offered water to Resident B. After a few minutes, the PT was observed to remove the PPE, stepped out of the resident's room and used ABHR, walked past the nursing station towards the rehab room without washing hands. On February 6, 2026, at 2:16 p.m., the Restorative Nursing Assistant (RNA) was interviewed. The RNA stated she helped pass the meal trays in Hallway 100 and served the meal tray for Resident C. The RNA stated Resident C has C Diff and required contact precautions as indicated in the signage by the resident's door. The RNA stated she donned gown and gloves and served Resident C's meal tray, removed the PPE, and went out of the room to get coffee for the resident, and donned PPE again before serving the coffee. The RNA stated she did not wash her hands with soap and water but only used the ABHR. The RNA stated she should have washed her hands with soap and water after leaving Resident C's room. On February 6, 2026, Resident C's record was reviewed. Resident C was admitted to the facility on [DATE], with diagnoses which included C diff. A review of Resident C's Order Summary Report, included a physician's order, dated November 7, 2025, which indicated isolation with contact precautions due to C Diff. A review of the facility's policy and procedure titled, Norovirus Prevention and Control, dated October 2011, indicated, .During outbreaks, residents with norovirus gastroenteritis will be place on contact precautions for a minimum of 48 hours after the resolution of symptoms.During outbreaks, use soap and water for hand hygiene after providing care or having contact with residents suspected or confirmed with norovirus gastroenteritis. A review of the facility's policy and procedure titled, Clostridium Difficile, dated October 2018, indicated, .Measures are taken to prevent the occurrence of Clostridium difficile infections (CDI) among residents. Precautions are taken while caring for resident with D. difficile to prevent transmission to other residents.Residents with diarrhea associated with C. difficile.are placed on Contact Precautions.Residents with diarrhea and suspected CDI are placed on Contact Precautions while awaiting laboratory results.When caring for residents with CDI, staff is to maintain vigilant hand hygiene. Hand washing with soap and water is superior to ABHR for the mechanical removal of C. difficile spores from hands. A review of the facility's policy and procedure titled, Isolation - Transmission-Based Precautions & (and) enhanced Barrier Precautions, dated September 2022, indicated, .Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.Contact precautions are implemented for residents known or suspected (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.Staff and visitors wear gloves (clean, non-sterile) when entering the room.Gloves are removed and hand hygiene performed before leaving the room.Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room. A review of the web article published by Centers for Disease Prevention and Control (CDC) titled, Preventing C. diff, dated December 18, 2024, indicated, .In a healthcare setting.Make sure all healthcare professionals clean their hands before and after caring for you.healthcare professionals will use certain precautions like wearing a gown and gloves.Wash your hands with soap and water every time you use the bathroom and before you eat. 2.On February 6, 2026, at 11:50 a.m., Resident A's room was observed to have a signage by the door indicating Contact Precautions. The red magnetic sign was observed to have C Diff at the back of it. Resident C was observed to go out of the room, ambulated in the hallway, wearing a shirt and adult brief, then went inside the room. On February 6, 2026, at 11:59 a.m., Resident C was observed to ambulate in the hallway and a Certified Nursing Assistant (CNA) redirected the resident back to his room. The CAN was observed to be wearing a N95 mask (a personal protective device designed to achieve a very close facial fit and highly efficient filtration of airborne particles; designed to create a tight seal around the nose and mouth), with no gown and gloves, and the resident followed her inside the room. On February 6, 2026, at 12:06 p.m., Certified Nursing Assistant (CNA) 1 was interviewed. CNA 1 stated she is the assigned CNA for Resident A. CAN 1 stated she saw Resident A outside the room and redirected the resident to go inside the room. CAN 1 stated she just grabbed the PPE (gown and gloves) off the cart and put it on inside the room. CAN 1 stated she did not sanitized her hands prior to putting on the PPE. CAN 1 stated she cleaned up Resident A as the resident had a small bowel movement and put pants on. CAN 1 stated Resident A required Contact Precautions for C Diff as indicated in the sign by the resident's door. On February 6, 2026, Resident A's record was reviewed. Resident A's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which indicated dementia (memory loss) and other specified pulmonary disease (lung disease). A review of Resident A's Minimum Data Set (MDS - a resident assessment tool), dated January 17, 2026, indicated Resident A had a BIMS (Brief Interview for Mental Status) score of 3 (severe cognitive impairment). A review of Resident A's hospital document, dated January 31, 2026, indicated diagnosis of infection due to human metapneumovirus (causes respiratory outbreaks that mimic influenza, with symptoms including cough, fever, nasal congestion, and pneumonia. It is highly contagious, spreading via respiratory droplets or contaminated surfaces, with an incubation period of 3-7 days).A review of Resident A's Progress Notes, dated January 31, 2026, at 11:51 a.m., indicated, .Patient returned from (name of acute hospital).Discharge diagnosis of COPD (chronic obstructive pulmonary disease - lung disease) and infection due to human metapneumovirus. A review of Resident A's Order Summary Report, including a physician's order, dated February 5, 2026, which indicated, .Strict Single room isolation with: Droplet precautions related to metapneumovirus. On February 6, 2026, at 12:18 p.m., a concurrent interview and record review of Resident A was conducted with the IP. The IP stated Resident A is on strict isolation droplet precautions for metapneumovirus. Resident A's door was observed with the IP. The signage by the door of Resident A indicated contact precautions for C Diff. The IP stated the signage for Resident A should indicate droplet isolation precautions. On February 6, 2026, at 12:31 p.m., Resident E's door was observed with the IP. Resident E's door was observed to have a signage which indicated Contact Precautions for C Diff/Norovirus. The contact precautions signage indicated for staff to clean hands with the use of ABHR before entering and when leaving the room. In a concurrent (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview with the IP, the IP stated Resident E should have signage for contact enteric precautions which indicated to wash hands with soap and water after leaving the room. A review of Resident E's record indicated the resident was admitted to the facility on [DATE], with diagnosis which included diabetes mellitus (abnormal blood sugar) and heart failure. A review of Resident E's Order Summary Report, included a physician's order, dated February 5, 2026, which indicated Contact precautions of diagnosis of C diff. A review of Resident E's laboratory report, dated February 3, 2026, indicated positive for C Diff. On February 6, 2026, at 12:43 p.m., Resident D's door was observed with the IP. Resident D's door had a signage which indicated Enhanced Barrier Precautions (infection control measures requiring gowns and gloves during high-contact resident care such as changing of brief, care or use of a device, wound care, transferring, changing linens). In a concurrent interview with the IP, the IP stated Resident D should have a signage outside the door for droplet precautions related to diagnosis of influenza (a highly contagious respiratory virus (types A and B) causing fever, sore throat, cough, muscle aches, and fatigue, lasting 3-7 days). A review of Resident D's record indicated the resident was admitted to the facility on [DATE], with diagnoses which included influenza. A review of Resident D's Order Summary Report, included a physician's order, dated February 1, 2026, which indicated isolation with droplet precautions d/t (due to) influenza. On February 6, 2026, at 4:27 p.m., during a concurrent record review and interview with the Director of Nursing and the IP, the DON stated Resident A was placed in a private room after he was readmitted to the facility on [DATE], and placed on contact isolation precautions instead of droplet isolation precautions. The DON stated the signage in Resident A's room should indicate droplet isolation precautions and indication of the reason for isolation precautions. A review of the facility's policy and procedure titled, Isolation - Transmission-Based Precautions & (and) enhanced Barrier Precautions, dated September 2022, indicated, .When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution.The signage informs the staff of the type of CDC precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room.Droplet precautions are implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 microns in size] than can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning).Masks are worn when entering the room.Gloves, gown, and goggles are worn if there is risk of spraying respiratory secretions. A review of the facility's policy and procedure titled, Influenza, Prevention and Control of Seasonal, dated March 2022, indicated, .The facility follows current guideline and recommendations for the prevention and control of seasonal influenza.Visits to residents on precautions for influenza are schedule and controlled to allow for.providing instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) while in the resident's room.Visual alerts (e.g. signs, posters) are posted at the entrance to and in common areas of the facility to provide residents, visitors and staff with instructions about respiratory hygiene and cough etiquette.