STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555443	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HI-Desert Medical Center D/P Snf	6601 White Feather Rd Joshua Tree, CA 92252

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review, the facility did not ensure sufficient nursing staff was provided to meet the needs for 20 of 20 residents, who were ordered to receive restorative nursing services (a program to maintain or improve residents' physical function provided by a trained staff member such as a certified nurse assist or CNA) from February 1, 2026, through February 28, 2026. This failure resulted in missed restorative nursing services and had the potential to result in decline in residents' health and functional status.Findings: During an interview on March 17, 2026, at 9:10 AM, with the Wound Care Nurse (WCN), the WCN stated she is the only wound care nurse in the facility. The WCN further stated, due to staffing shortages, she would be reassigned from wound care duties to perform medication administration, limiting her ability to complete her assigned responsibilities. During a concurrent interview and record review on March 18, 2026, at 12:21 PM, with CNA1, the facility's RNA [restorative nurse assistant] Assignment Sheet, dated February 2026, was reviewed. The RNA Assignment Sheet indicated, restorative nursing services were completed as follows: On February 3, 2026On February 4, 2026On February 11, 2026On February 19, 2026On February 25, 2026. CNA1 confirmed restorative nursing services were done only on those dates for 20 residents who were on the list to receive RNA and no other dates in February that RNA were completed. CNA1 further stated restorative nursing services were dependent on staffing levels and were only implemented when sufficient CNA staffing was available. During an interview on March 19, 2026, at 8:26 AM, with the Assistant Director of Nursing (ADON), the ADON stated she assists with staffing coordination while the main staff coordinator is out on leave. The ADON further stated, currently in the facility, there are only two staff, both CNAs, that have RNA certification. If there are not enough CNAs scheduled in a shift, then there will be no RNA conducted for residents. RNA is supposed to be done as ordered. During a record review of the facility's staffing records titled, Day Shift Meal & Rest Break Grid [Skilled], dated from February 7, 2026, through March 8, 2026, the Day Shift Meal & Rest Break Grid [Skilled] indicated multiple dates in which staffing levels fell below the facility's established minimum of 3.5 direct nursing hours per patient day (DHPPD) as follows: On February 7, 2026: DHPPD was 2.85On February 8, 2026: DHPPD was 2.80On March 6, 2026: DHPPD was 2.77On March 7, 2026: DHPPD was 3.10On March 8, 2026: DHPPD was 2.45 These findings indicated the facility did not maintain sufficient staffing levels to meet resident needs. During a concurrent interview and record review on March 19, 2026, at 11:10 AM, with the Director of Nursing (DON), the facility's RNA Assignment Sheet, dated February 2026, was reviewed. The DON confirmed restorative nursing services were completed for February 3, 4, 11, 19, and 25. No other dates were completed in the month of February 2026. The DON further stated that the facility does not have enough CNAs scheduled regularly to implement restorative nursing services as ordered. During an interview on March 19, 2026, on 2:29 PM, with the Administrator (Admin), the Admin stated the facility experiences frequent call-offs and described staffing as spotty. The Admin further stated that the facility should have enough staffing available to provide restorative nursing services as ordered because it's important that residents get the care they need. A review of the facility's job description titled, Job Description: Licensed Nursing Home Administrator, undated, indicated, The Administrator is (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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	responsible for overseeing the day-to-day operations of the nursing home, including managing staff, developing and implementing policies and procedures, and ensuring compliance with state and federal regulations.Responsibilities include:.Develop and implement policies and procedures to ensure quality of care.Monitor and evaluate staffing levels and patient care services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure no expired medications were available for patients use for two of six medication carts (Cart 100 and Hallway Cart). This failure has the potential to affect all residents receiving beyond the use date (expired) medications, placing them at risk for ineffective therapy and medication errors, which could negatively affect residents' health and safety.Findings: During a concurrent medication cart inspection and interview on March 18, 2026, at 7:44 AM, with Licensed Vocational Nurse (LVN 1), the medication cart (Cart 100) was observed as follows: Omeprazole (medication that use to reduce stomach acid) 20 milligrams (mg-unit of dosing medication) with the expiration date of January 2026 (expired 46 days). Docusate Sodium (medication to prevent constipation) 5 mg with the expiration date of October 31, 2025 (expired 138 days) LVN 1 stated that she was unaware the medications were expired and reported that carts are checked by pharmacist monthly. LVN 1 further stated that there should be no expired medications in the cart. During a concurrent medication cart inspection and interview on March 18, 2026, at 9:25 AM, with Registered Nurse (RN 2), in front of nurse's station in long term care unit, the medication cart (Hallway Cart) was observed as follows: Two opened bottles of artificial tears (eye drops used to keep moisture to eyes) were observed without any label. RN 2 stated that she thought it had just opened yesterday but could not confirm because there was no label to show an open date. RN 2 further stated that medications should be labeled upon opening to ensure that once it past the date it will be discarded. During a review on March 18, 2026, at 3:44 PM, the Manufacturer's Guidelines for Geri-Care Eye Drops, undated, the Manufacturer's Guidelines for Geri-Care Eye Drops, indicated . Discard After: 30 days once opened, even if the expiration date on the bottle is later. During a concurrent interview and record review on March 18, 2026, at 2:47 PM, with the DON, the facility's policy and procedure (P&P) titled, [Facility Name] RX 9.00 Temperature Log and Medication Storage Requirement.DEFINITIONS:.Beyond -Use- Date (BUD) : The date after which a medications or multi-dose vial must no longer be used to prevent contamination and ensure efficacy. This date is typically determined based on manufacturer guidelines or regulatory standards. The DON stated the policy was not followed, she further stated that expired meds should have been discarded and that eyedrops should have been dated.

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on interview and record review, the facility did not ensure administration maintained an effective oversight of facility operations for 90 of 90 residents who are residing in the facility. This failure resulted in inadequate oversight of facility operations, with the potential to negatively affect residents care needs.Findings: During a concurrent interview and record review on March 18, 2026, at 8:53 AM, with the Director of Nursing (DON), the DON stated she was unable to give the current facility assessment report (report that determines what resources are necessary to care for the facility's residents competently and outline an education and competency plan for staff) because it was attempted on October 25, 2025 but was never completed. The DON further stated it was the Administration (Admin)'s responsibility to complete the facility assessment. The DON was unable to state when the facility assessment was due or last completed. During a concurrent interview and record review on March 19, 2026, at 2:29 PM, with the facility's Quality Assurance and Performance Improvement (QAPI-a data driven program to review and improve facility's performance) members: Admin, Assistant Chief Nursing Officer (ACNO), Qualities Director (QD), Assistant Director of Nursing (ADON), and DON, the survey team brought up some of the issues identified during survey as follows: insufficient nursing staff to provide restorative nursing services, unlabeled oxygen tubing, wound care treatment orders not being completed consistently, care plans were not patient-centered or updated regularly, and pharmacy recommendations were not being followed. The Admin stated, the issue with staffing has been an ongoing concern the facility is trying to fix, but was not aware it affected restorative nursing services being implemented. The ACNO further stated, the facility was aware with issues with wound care not being completed in a consistent manner, but not regarding pharmacy recommendations not being followed, care plans not being patient-centered or updated regularly, or unlabeled oxygen tubing. The Admin stated she was not aware of these issues and should have been. The Admin further stated, it was the facility administrator's responsibility to maintain oversight of the facility. A review of the facility's job description titled, Job Description: Licensed Nursing Home Administrator, undated, indicated, .The Administrator is responsible for overseeing the day-to-day operations of the nursing home, including managing staff, developing and implementing policies and procedures, and ensuring compliance with state and federal regulations.Responsibilities include:.Develop and implement policies and procedures to ensure quality of care.Monitor and evaluate staffing levels and patient care services.

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on interview and record review, the facility failed to ensure the governing body (GB - a group of people responsible for the overall direction and management of an organization) provided effective oversight of the facility. This failure resulted in lack of oversight of facility operation, leading to unaddressed systemic issues that could negatively affect residents' care.Findings: During a review of the facility documents titled, Governing Board Meeting Minutes, dated January 26, 2026, through March 16, 2026, the Governing Board Meeting Minutes indicated quality care outcomes and identified safety concerns discussed at Quality Assurance and Performance Improvement (QAPI-a data driven program to review and improve facility's performance) meetings. There was no mention of staffing concerns or performance improvement progress with wound care treatment compliance, updated care plan (an individualize plan that is created based on each resident's need), unlabeled oxygen tubing, or follow ups with pharmacy recommendations. During an interview on March 19, 2026, at 2:48 PM, with the GB members: Administrator (Admin), Assistant Chief Nursing Officer (ACNO), and Quality Director (QD), the Admin stated, performance improvement audits, progress and updates regarding the facility is discussed in quarterly QAPI meetings, which then go to a Quality Council (QC) meeting that occurs quarterly (every three months), then will be brought up to the GB in a monthly meeting. During an interview on March 19, 2026, 3:00 PM, with the GB members, the following survey team's findings were discussed: staffing concerns or performance improvement progress with wound care treatment compliance, care plans were not patient-centered or updated regularly, unlabeled oxygen tubing, and pharmacy recommendations were not being followed. The Admin stated the GB is aware of staffing concerns, but not regarding wound care treatment compliance, outdated care plans, unlabeled oxygen tubing, and pharmacy recommendations not being followed. The Admin confirmed there was a lack of transparency between the facility and the GB. The Admin further stated, GB has overall responsibility on the facility and for overall patient safety. A review of the facility's policy and procedure (P&P) titled, Rules and Regulations of the Governing Body of [name of facility], dated July 2015, indicated, .Purpose: The purpose of the Governing Board is to recommend and implement Hospital policy, promote patient safety and performance improvement, provide quality patient care, and provide for organizational management and planning of the Hospital. The Governing Board has ultimate responsibility and legal authority for safety and quality of care, treatment and services rendered in the Hospital.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility failed to complete the facility assessment (a review of the facility resources that are necessary to care for its residents) annually for 90 of 90 residents who are residing in the facility. This failure had the potential to result in inadequate identification and allocation of resources necessary to meet resident care needs.Findings: During an interview on March 17, 2026, at 9:49 AM, with the Director of Nursing (DON), the DON stated the current Administrator (Admin) for the facility is the [name of facility (hospital)] Chief Executive Officer. During a concurrent interview and record review on March 18, 2026, at 8:53 AM, with the DON, the DON stated she was unable to give the current facility assessment report because it was incomplete. The DON further stated it was the Admin's responsibility to complete the facility assessment, but she assisted with the responsibility for the day-to-day operations of the facility, including administrative responsibilities such as ensuring departments (nursing, dietary, and rehabilitation) are functioning properly; ensuring there is enough staff, equipment, services; and even being an on-call administrator during the months of November 4, 2025, through June 1, 2026. During an interview on March 18, 2026, at 3:32 PM, with the Admin, the Admin stated, she was acting as the facility administrator since March 8, 2026. The Admin further stated it is the facility administrator's responsibility to complete the facility assessment annually, and she was aware it was attempted on October 25, 2025, and was not completed. The Admin was unable to state when the facility assessment was last completed. During a concurrent interview and record review on March 19, 2026, at 3:15 PM, with the Admin, the facility's policy and procedure (P&P) titled, Facility Assessment, dated September 2021, was reviewed. The P&P indicated, .Annually conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies and plans to mitigate the risks identified. The Admin stated, it was the facility administrator's responsibility to complete the facility assessment annually in a timely manner, and it was not done per policy. A review of the facility's job description titled, Job Description: Licensed Nursing Home Administrator, undated, indicated, The Administrator is responsible for overseeing the day-to-day operations of the nursing home, including managing staff, developing and implementing policies and procedures, and ensuring compliance with state and federal regulations.Responsibilities include:.Develop and implement policies and procedures to ensure quality of care.Monitor and evaluate staffing levels and patient care services.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 an effective system wide infection control program for the prevention and control of disease for six of seven sampled residents (Resident 25, 92, 90, 66, 30, and 4) when: 1. For five residents (Resident 25, 92, 90, 66 and 30), the nursing staff did not change the oxygen tubing (a thin, flexible tube that delivers oxygen to a patient) according to the facility's policy and procedure (P&P). 2. For one resident (Resident 4), the isolation precaution (infection control methods that involve wearing appropriate cover to protect staff and residents from spreading germs or infection) sign was not posted in front of resident's room. These failures had the potential to place residents at risk of developing a respiratory infection (caused by bacteria, viruses, fungi, or parasite) and increase in cross-contamination (transfer of harmful bacteria from one person to another), which could negatively affect residents' health and delayed recovering.Findings: 1a. During a review of Resident 25 face sheet (clinical record with demographic information), undated, the face sheet indicated, Resident 25 was admitted on [DATE], with diagnoses that included lactic acidosis (body too acidic, due to low oxygen or severe illness), fever, urinary tract infection (UTI—infection to the bladder, urethra, or kidneys), and sepsis (life-threatening infection to body). During a concurrent observation and interview on March 16, 2026, at 11:49 AM, in Resident 25's room, with Registered Nurse (RN 1), Resident 25 is lying in bed on her side with oxygen (O2) at 2 liters per minute (L/min—unit of flow rate) via nasal cannula (an oxygen tube that contains two open prongs intended to deliver oxygen into the nose). The oxygen tubing was unlabeled and undated to indicate when it was last changed. RN 1 stated he was not aware when the oxygen tubing was changed. RN 1 confirmed the oxygen tubing should have been labeled and changed but unsure of what the policy is when it comes to changing tubing. 1b. During a review of Resident 92 face sheet, undated, the face sheet indicated, Resident 92 was admitted on [DATE], with diagnosis that included bilateral (both) humerus (arm bone) fracture (broken). During an observation on March 16, 2026, at 12:08 PM, in Resident 92's room, Resident 92 is in bed sitting with O2 at 2 L/min via nasal cannula. The oxygen tubing was last changed on February 27, 2026. RN 1 confirmed the oxygen tubing should have been changed but unsure of what the policy is when it comes to changing tubing. 1c. During a review of Resident 90 face sheet, undated, the face sheet indicated, Resident 90 was admitted on [DATE], with diagnosis that included sepsis. During a concurrent observation and interview on March 16, 2026, at 12:20 PM, with RN 1, in Resident 90's room, Resident 90 is sitting on his bed resting, with O2 at 2 L/min via nasal cannula. The oxygen tubing was unlabeled and undated to indicate when it was last changed. RN 1 confirmed the oxygen tubing should have been labeled and changed but unsure of what the policy is when it comes to changing tubing. 1d. During a review of Resident 66 face sheet, undated, the face sheet indicated, Resident 66 was admitted on [DATE], with diagnosis that included chronic renal failure (CRF—irreversible loss (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	of kidney function), and anemia (lacks red blood cells). During a concurrent observation and interview on March 16, 2026, at 12:23 PM, with RN 1, in Resident 66's room, Resident 66 is lying on his bed with O2 at 2 L/min via nasal cannula. The oxygen tubing was unlabeled and undated to indicate when it was last changed. RN 1 confirmed the oxygen tubing should have been labeled and changed but unsure of what the policy is when it comes to changing tubing. 1e. During a review of Resident 30 face sheet, undated, the face sheet indicated, Resident 30 was admitted on [DATE], with diagnosis that included chronic obstructive pulmonary disease (COPD—damage to the lungs). During a concurrent observation and interview on March 16, 2026, at 2:52 PM, with RN 1, in Resident 30's room, Resident 30 is sitting on the edge of his bed resting, with O2 at 2 L/min via nasal cannula. The oxygen tubing was unlabeled and undated to indicate when it was last changed. RN 1 confirmed the oxygen tubing should have been labeled and changed but unsure of what the policy is when it comes to changing tubing. During a concurrent interview and record review on March 17, 2026, at 8:10 AM, with the Director of Nursing (DON), the facility's P&P titled, CHANGING OF DISPOSABLE AND NON DISPOSABLE EQUIPMENT, dated November 1, 2016, was reviewed. The P&P indicated, A. Disposable Equipment. 2. Nasal Cannulas, Trach masks and other masks will be changed every Friday. The DON stated the policy was not followed and that the expectation is to change every Friday night shift (7:00 PM to 7:00 AM) and it should be labelled and dated. 2. During a review of Resident 4 's admission Record (contains patient demographics), undated, the admission Record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses that included type 2 diabetes mellitus (a condition where body cannot produce enough insulin) with hyperglycemia (high blood sugar), and osteomyelitis (an infection or inflammation of the bone, usually caused by bacteria or, rarely, fungi, which can lead to bone damage if untreated). During a concurrent observation and interview on March 16, 2026, at 11:59 AM, in Resident 4's room, Resident 4 is lying in bed watching television. Resident 4 stated, he was feeling tired, I am positive for flu. During a record review of Resident 4's physician's orders, dated March 14, 2026, the physician's orders indicated, laboratory influenza A, collection date on March 14, 2026. During a review of Resident 4 's Infection Prevention and Control Surveillance Data Collection Tool, undated, indicated positive for influenza (flu) test on March 14, 2026. During an interview on March 16, 2026, at 12:02 PM, with a certified nurse assistant (CNA 1), CNA 1 stated, Resident 4, is positive for influenza. I am not sure why there is no sign at the door. During an interview on March 16, 2026, at 12:15 PM, with a License Vocational Nurse (LVN 1), in Resident 4's room, LVN 1 stated, Resident 4 tested positive for influenza. LVN 1 further stated, the droplet precautions (infection control measures used in healthcare settings to prevent the spread of diseases transmitted through large respiratory droplets such as coughing, sneezing, or talking) sign should have been posted at the door. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a concurrent interview and record review on March 16, 2026, at 15:45 PM, with the DON, the facility's P&P titled, Infection Control-Transmission-based Precautions, dated May 15, 2023, was reviewed. The P&P indicated, .Procedure Notification of Healthcare Team, If the patient/resident is suspected of or identified as having communicable infectious disease, the nurse shall notify the infection Preventionist and the patient's/resident's attending physician for appropriate transmission-based precautions.Responsibilities in the implementation of precautions, Nursing will place the precaution sign, visitor instructions, and supply door hanger or caddy outside the patient's/residents room. The DON reviewed and acknowledged the P&P. The DON stated, the P&P was not followed.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two of two sampled residents (Resident 8 and Resident 10) received necessary pressure injury (PI-injury to skin and underlying tissues that develop because of prolonged pressure, shear, or friction) treatment when the facility staff did not provide daily wound treatment. This failure had the potential to contribute to worsening of residents' wound or skin condition that could negatively affect residents' health status from delayed wound healing. Findings: 1. During a record review of Resident 8's admission Record (contains demographic and medical information), undated, the admission Record indicated, Resident 8 was admitted to the facility on [DATE], with diagnoses which included, hypertension (high blood pressure), and cerebral palsy (a group of permanent neurological disorders appearing in infancy or early childhood that affect movement, muscle tone, and posture). During a concurrent observation and interview on March 16, 2026, at 10:40 AM, in Resident 8's room, Resident 8 was alert, lying on bed. Resident 8 stated that he has wounds in his back and pointed to his thigh. Resident 8 further stated, sometimes nurses do treatments but are not done every day. During a record review of Resident 8's Nursing Narrative, dated June 30, 2025, the Nursing Narrative indicated, .right ischium (one of the bones forming the pelvis. It is commonly referred to as the sitting bone because it supports the weight of the body when seated) unstageable [a pressure injury where skin and tissue loss is to the extent of damage and obscured by slough (fat that looks yellow) or eschar (dead tissue that look black) tissue] pressure injury wound. During a record review of Resident 8's physician's orders, dated July 22, 2025, the physician's orders indicated, Wound Care TAR, ischial (ischium), daily, PRN (as needed), cleanse with wound cleanser scrubbing lightly to remove slough, apply skin prep to peri wound skin nickel thick santyl (a prescription medication used in wound care to remove dead tissue from wounds, facilitating the healing process) to wound bed cover with foam followed by border foam dressing. During a concurrent interview and record review on March 17, 2026, at 12:20 PM, with wound treatment Licensed Vocational Nurse (TX), Resident 8's TAR, dated July 2025 and March 2026, were reviewed. There was no documented evidence that indicated wound treatment was completed as follows: On July 3, 2025 On July 9, 2025, through July 11, 2025 On July 16, 2025, through July 18, 2025. On March 4, 2026 On March 6, 2026 (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On March 17, 2026 TX verified and confirmed the above missing wound treatment documentation. TX stated, she does not know why there were missing treatments. TX further stated, Resident 8 is supposed to have daily wound treatment. During a concurrent interview and record review on March 17, 2026, at 3:08 PM, with the Director of Nursing (DON), Resident 8's TAR dated July 2025, and March 2026, were reviewed. There was no documented evidence that indicated wound treatment was completed for July 3, July 9 through July 11, July 16 through July 18, 2025, and March 4, March 6 and March 17, 2026. During a concurrent interview and record review on March 19, 2026, at 8:15 AM, with the DON, and Chief Executive Officer/Administrator (CEO), the facility's policy and procedure (P&P) titled, Wound Care Management Pressure Wounds, dated January 26, 2026, was reviewed. The P&P indicated, .A. Comprehensive initial assessment of skin and reassessment, both initial and ongoing.Each wound/pressure injury will be addressed in the medical record in the shift assessment each shift.Treatment: 5. Initiate appropriate care plan. The DON acknowledged the policy and stated it had not been followed. The DON stated her expectation is for nurses to follow physician orders for treatments. The CEO stated, it is the nurse's responsibility to update information and to follow the policy. 2. During a review of Resident 10's face sheet (clinical record with demographic information), undated, the face sheet indicated, Resident 10 was admitted on [DATE], with diagnosis that included hypotension (low blood pressure). During a concurrent observation and interview on March 17, 2026, at 9:50 AM, in Resident 10's room, with Wound Care Nurse (WCN), Resident 10 is lying in bed on his left side. Resident 10 had an indwelling catheter (a rubber tube that is inserted into the bladder to drain the urine) and a colostomy (a surgical procedure that creates a new opening for waste (poop) to leave the body) attached to colostomy bag (waterproof, and odor-proof pouch used to collect stool (poop) from the body). Wound is located at left ischium. WCN measured the wound 1.4 cm (centimeter) x 0.8 cm, stage 2. During a review of Resident 10's clinical record titled, Orders, dated January 5, 2026, at 12:46 PM, the Orders indicated, .Pressure ulcer (injuries to the skin and underlying tissue caused by prolonged pressure), Left ischial tuberosity (lower, rounded part of the pelvis that supports body weight when sitting), (injuries to the skin and underlying tissue caused by prolonged pressure) Left, Daily, reoccurring stage 2 (partial-thickness skin loss involving the epidermis and/or dermis) pressure injury cleanse with wound cleanser apply skin prep to peri wound skin [Brand] to wound bed cover with boarder foam dressing daily and PRN . During a concurrent record review and interview on March 18, 2026, at 1:20 PM, with the Assistant DON (ADON), Resident 10's clinical record, Flowsheet Print Request for wound treatment, dated January 1, 2026, through January 31, 2026, and March 1, 2026, through March 17, 2026, were reviewed. The Flowsheet Print Request for wound treatment indicated the treatment was not completed as follows: On January 8, 2026, through January 10, 2026 On January 13, 2026, through January 17, 2026 (continued on next page)

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	555443	A. Building B. Wing	03/19/2026

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On January 28, 2026, through January 30, 2026 On March 5, 2026, through March 7, 2026 On March 13, 2026, through March 15, 2026 The ADON verified and confirmed that the wound treatment was not completed daily as ordered. During a concurrent interview and record review on March 19, 2026, at 3:25 PM, with the DON, the facility's P&P titled, Wound Care Management Pressure Wounds, dated September 27, 2019, was reviewed. The P&P indicated .Purpose: C. Effective plan of care for patients with existing skin problems/pressure injuries to ensure optimal healing. Procedure: 7. Patients found to have existing pressure ulcers/wounds will have a treatment implemented. 9. C. Implementing skin integrity program. The DON stated the policy was not followed and that the expectation is to perform wound care daily and as needed per physician's order.

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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, interview, and record review, the facility failed to ensure the facility staff reviewed and updated care plan (an individualize plan that is create based on each resident's need) and interdisciplinary team (IDT-a meeting where different professionals come together to discuss a patient's care need) regarding pressure injury (PI-injury to skin and underlying tissues that develop because of prolonged pressure, shear, or friction) for one of two sampled residents (Resident 8). This failure had the potential to contribute to worsening of Resident 8's wounds or skin condition from not reviewing intervention and evaluating the effectiveness of the treatment plan.Findings: During a record review of Resident 8's admission Record (contains demographic and medical information), undated, the admission Record indicated, Resident 8 was admitted to the facility on [DATE], with diagnoses which included, hypertension (high blood pressure, a chronic condition where the force of blood against artery walls is consistently too high), and cerebral palsy (a group of permanent neurological disorders appearing in infancy or early childhood that affect movement, muscle tone, and posture). During a concurrent observation and interview on March 16, 2026, at 10:40 AM, in Resident 8's room, Resident 8 was alert, lying on bed. Resident 8 stated, he has wounds in his back and pointed to his thigh. Resident 8 further stated, sometimes nurses do treatments but are not done every day. During a record review of Resident 8's Nursing Narrative, dated June 30, 2025, the Nursing Narrative indicated, .right ischium (one of the bones forming the pelvis. It is commonly referred to as the sitting bone because it supports the weight of the body when seated) unstageable [a pressure injury where skin and tissue loss is to the extent of damage and obscured by slough (fat that looks yellow) or eschar (dead tissue that look black) tissue] pressure injury wound. During a record review of Resident 8's physician's orders, dated July 22, 2025, the physician's orders indicated, Wound Care TAR, ischial, daily, PRN (as needed), cleanse with wound cleanser scrubbing lightly to remove slough, apply skin prep to peri wound skin nickel thick santyl (a prescription medication used in wound care to remove dead tissue from wounds, facilitating the healing process) to wound bed cover with foam followed by border foam dressing. During a concurrent interview and record review on March 18, 2026, at 10:00 AM, with the Assistant Director of Nursing (ADON), Resident 8's Comprehensive Care Plan Long Term Care (LTC), undated, was reviewed. There was no documented evidence that the care plan was updated for PI. The ADON verified and confirmed the care plan was not updated. During a concurrent interview and record review on March 18, 2026, at 11:08 AM, with the Director of Nursing (DON), Resident 8's Comprehensive Care Plan LTC, undated, was reviewed. There was no evidence of IDT meeting and care plan. The DON stated the care plan has not been updated and there was no IDT meeting regarding PI. The DON further stated, the nurses should have reassessed the skin and documented. The DON stated, It should have been done. During a concurrent interview and record review on March 19, 2026, at 8:15 AM, with the DON, and Chief Executive Officer/Administrator (CEO) the facility's policy and procedure (P&P) titled, Wound Care Management Pressure Wounds, dated January 26, 2026, was reviewed. The P&P indicated, .A. Comprehensive initial assessment of skin and reassessment, both initial and ongoing.Each wound/pressure injury will be addressed in the medical record in the shift assessment each shift.Treatment: 5. Initiate appropriate care plan. The DON acknowledged the policy and stated it had not been followed. The CEO stated, it is the nurse's responsibility to update information and to follow the policy.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that oxygen therapy was administered in accordance with physician's order for three of six residents (Resident 92, Resident 90 and Resident 30) while receiving oxygen. This failure had the potential for placing Resident 30, Resident 92 and Resident 25 at risk for inappropriate treatment and altered oxygen saturation (how well oxygen is being delivered to the body) levels.Findings: 1. During a review of Resident 92 face sheet (clinical record with demographic information), undated, the face sheet indicated, Resident 92 was admitted on [DATE], with diagnosis that included Bilateral (both) Humerus (arm bone) Fracture (broken). During an observation on March 16, 2026, at 12:08 PM, in Resident 92's room, Resident 92 is in bed sitting with oxygen (O2) at 2 liters per minute (L/min-unit of flow rate) via nasal cannula (tube that contains two open prongs intended to deliver oxygen into the nose). During a concurrent interview and record review on March 19, 2026, at 2:33 PM, with the Assistant Director of Nursing (ADON), Resident's 92 History and Physical (document by a physician to evaluate resident's health status), dated February 20, 2026, and current medication orders, undated, were reviewed. There is no indication that oxygen therapy was ordered by the physician. The ADON confirmed and stated that the order was missing and Resident 92 should have order for oxygen therapy before administering. 2. During a review of Resident 90 face sheet, undated, the face sheet indicated, Resident 90 was admitted on [DATE], with diagnosis that included sepsis (life-threatening immune response to infection). During an observation on March 16, 2026, at 12:20 PM, in Resident 90's room, Resident 90 is sitting on his bed resting with O2 at 2 L/min via nasal cannula. During a concurrent interview and record review on March 19, 2026, at 3:48 PM, with the ADON, Resident 90's History and Physical, dated November 2, 2025, and current medication orders, undated, were reviewed. There is no indication that oxygen therapy was ordered by the physician The ADON confirmed and stated that the order was missing and Resident 90 should have an order for oxygen therapy before administering. 3. During a review of Resident 30 face sheet, undated, the face sheet indicated, Resident 30 was admitted on [DATE], with diagnosis that included chronic obstructive pulmonary disease (COPD-damage to the lungs). During an observation on March 16, 2026, at 2:52 PM, in Resident 30's room, Resident 30 is sitting on the edge of his bed resting, with O2 at 2 L/min via nasal cannula. During a concurrent interview and record review on March 19, 2026, at 3:00 PM, with the ADON, Resident's 30 History and Physical, dated January 31, 2026, and current medication orders, undated, were reviewed. There is no indication that oxygen therapy was ordered by the physician. The ADON confirmed and stated that the order was missing and Resident 30 should have an order for oxygen therapy before administering. During a concurrent interview and record review on March 19, 2026, at 3:15 PM, with the ADON, the facility's policy and procedure (P&P) titled, DES SNF [Skilled Nursing Facility] - OXYGEN ADMINISTRATION, dated February 16, 2023, was reviewed. The P&P indicated, III. POLICY: .It is the policy of the SNF to: .A. Administer oxygen in accordance with the physician's orders to assist the patient in maintaining adequate oxygenation. The ADON stated the policy was not followed and that before administering oxygen therapy there should be a physician's order for every resident that needs oxygen.

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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 act on recommendations made by the pharmacist for one of two sampled residents. (Resident 2). This failure had the potential for unnecessary medication to cause harm to Resident 2. Findings: During a record review of Resident 2's admission Record (contains demographic and medical information), undated, the admission Record indicated, Resident 2 was admitted to the facility on [DATE], with diagnoses which included hypertension (high blood pressure, a chronic condition where the force of blood against artery walls is consistently too high), and dementia (a general term for a decline in mental ability-such as memory, thinking, or behavior-severe enough to interfere with daily life). During a record review of Resident 2's physician's order, dated on July 17, 2025, the physician's orders indicated, seroquel (medication-treat mood and behavioral disorder) 25 mg (milligram- unit of measurement) = 1 tab (tablet), Oral (by mouth) BID (twice a day), start date July 17, 2025, 21:00 [9:00 PM], stop date August 15, 2026. During a concurrent interview and record review on March 19, 2026, at 11:25 AM, with the Director of Nursing (DON), the facility's document titled, Consultant Pharmacist Medication Regimen Review (MMR), dated November 1, 2025, and November 13, 2025, were reviewed. The MMR indicated .Current CMS [Centers for Medicare and Medicaid Services] guidelines appear to require an attempted dose reduction on psychoactive [prescription drug that can control mood and behavior] medications unless it can be shown that previous reductions have been unsuccessful. This resident is currently receiving Seroquel 25 mg Bid. If the drug is to continue, regulations require the reasoning why a reduction is not appropriate. Would a trial of a dose reduction be appropriate for this resident? If a reduction is not warranted, please document below or in the progress notes why a reduction is not appropriate to keep the center in compliance with regulations. The DON acknowledged the recommendation and stated that the physician did not respond to the recommendation. The DON further stated it is very difficult to have the physicians document a sign to acknowledge to pharmacy recommendation. During a concurrent interview and record review on March 19, 2026, at 3:08 PM, with the DON, the facility's policy and procedures (P&P) titled, Medication Regimen Review, dated November 21, 2017, was reviewed. The P&P indicated, Procedure: C. In the event that no action is taken by the physician it is requested that he or she document his or her rational in the resident's medical record, such as a progress note. The DON stated that the policy was not followed.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure medications were administered in accordance with physician orders for one of 23 sampled residents (Resident 67), when Resident 67 received an antibiotic (medication that treats bacterial infections) intravenous (IV - administered through the vein) at an incorrect rate. This failure resulted in medication error and had the potential to result in ineffective treatment and adverse clinical outcomes such as antibiotic resistance (a condition that bacteria have evolved and difficult to kill).Findings: During a record review of Resident 67's admission History & [and] Physical (H&P-document by a physician to evaluate resident's health status), dated September 10, 2025, the H&P indicated, Resident 67 was admitted to the facility on [DATE], with diagnoses including heart failure (heart cannot pump well enough to meet the body's needs), quadriplegia (paralysis of all four limbs-both arms and legs), and recurrent urinary tract infection (UTI- infection in the urinary system). During a concurrent observation and interview on March 16, 2026, at 12:29 PM, with Resident 67, in Resident 67's room, an IV antibiotic medication bag was programmed at the infusion pump (medical device that is program to deliver IV to resident) running at 20 milliliters per hours (ml/hr-dosing rate of medication). The antibiotic bag indicated, Vancomycin [strong antibiotic used to treat serious bacterial infections] 1,000 milligram [MG-unit of medication], injection, IV piggyback [way to give medication through an IV line, where a small bag of medicine is connected to a main IV line], Q12H [every 12 hours], indication: bone/joint infection, infuse over 60 min [minutes], run at 175 ml/hr. Resident 67 stated, the bag was hung by a registered nurse (RN) at approximately 9:00 AM, then the Assistant Director of Nursing (ADON) came to reprogram the pump when it alarm at around 10:00 AM. During a concurrent observation and interview on March 16, 2026, at 12:40 PM, with the ADON, in Resident 67's room, the IV infusion pump was observed. The ADON confirmed the current rate was set at 20 ml/hr, but the order on the medication bag label indicated running the medication at 175 ml/hr. The ADON confirmed the medication was not running at the correct rate. During a record review of Resident 67's Orders, dated March 15, 2026, the Orders indicated, Resident 67 was ordered Vancomycin 1,000 MG, injection, IV piggyback, Q12H.indication: bone/joint infection, infuse over 60 mins. A review of Resident 67's Medication Administration Record (MAR) Summary, dated from March 15, 2026, through March 17, 2026, indicated, Vancomycin 1,000MG, injection, IV piggyback, Q12H.indication: bone/joint infection, infuse over 60 mins. was administered on March 16, 2026, at 9:00 AM. This indicate that the medication was left infusing for more than three and a half hours (from 9:00 AM to 12:40 PM). During a concurrent interview and record review on March 19, 2026, at 10:55 AM, with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, CCC Medication Administration, dated January 2026, was reviewed. The P&P indicated, .(b) Medications shall be administered as ordered . The DON stated the facility did not follow the policy.