STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555527	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Inyo Hospital D/P Snf	501 E Locust Lone Pine, CA 93545

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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the services of a registered nurse (RN) were provided for at least eight consecutive hours a day, seven days a week, for the facility. This failure had the potential to result in delays in clinical assessment, changes in resident conditions not being identified timely, and increased risk for adverse outcomes due to lack of RN oversight.Findings: During an interview on April 27, 2026, at 8:23 AM, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated there are times when an RN is not available. LVN 1 further stated there are about two or three full-time RN staff available overall in the facility. During an interview on April 28, 2026, at 1:33 PM, with the Director of Staff Development (DSD), the DSD stated the facility does not consecutively have a registered nurse scheduled for eight consecutive hours a day, seven days a week. The DSD further stated there are currently total of three full-time registered nurses, but they are not always available on the weekends, so there would be some weekends where the facility would not have an RN for 24 hours. During a concurrent interview and record review on April 28, 2026, at 1:38 PM, with the DSD, the facility's [name] Skilled Nursing-Per Patient Day, dated August 7, 2025, through August 31, 2025, were reviewed. There were no RNs listed for the following dates: On August 7, 2025On August 10, 2025On August 11, 2025On August 23, 2025On August 24, 2025On August 30, 2025On August 31, 2025 The DSD confirmed that the facility did not schedule an RN seven days a week from August 7, 2025, through August 31, 2025. During an interview on April 29, 2026, at 3:59 PM, with the Director of Nursing (DON), the DON stated the facility has had difficulty with finding RN coverage consistently as required by the federal regulations. The DON stated the facility did not have a policy addressing RN staffing. The DON further stated it was important to have an RN oversight in order to ensure quality patient care and safety.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe environment and implement interventions to prevent accidents related to smoking for four of 12 sampled residents (Residents 1, 4, 11, and 29), when smoking materials were not maintained in accordance with the facility's policy and procedure (P&P). These failures had the potential to result in serious injury, including burns, fire hazards, or harm to residents, staff, and the facility environment. Findings: 1a. During a review of Resident 1's face sheet (FS- a document with resident demographics, brief medical history, and emergency contacts), the FS indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including type 2 diabetes mellitus (condition where the body does not use insulin properly, causing high blood sugar) with diabetic neuropathy (type 2 diabetes that has caused nerve damage) and primary osteoarthritis (condition where the cartilage in the joints slowly wears down over time). During a concurrent observation and interview on April 27, 2026, at 8:53 AM, with Licensed Vocational Nurse 1 (LVN 1), in Resident 1's room, Resident 1 was observed sleeping in bed with oxygen running via a nasal cannula (device with small tubes that sit in the nostrils to give patient extra oxygen), and four lighters were observed on Resident 1's nightstand table. LVN 1 confirmed the lighters belonged to Resident 1 and stated he was a lighter hoarder and would keep multiple lighters in his room. LVN 1 further stated Resident 1 would only use oxygen when he is in his room but not when he goes outside. During a review of Resident 1's Active Orders, dated April 26, 2026, the document indicated, Resident 1 had an order of PRN [as needed] Oxygen @ [at] 2L [liters—unit of measurement] via nasal cannula related to decreased O2 [oxygen] sats [saturation—percentage of oxygen in blood] to maintain oxygen saturations above 90%. During a concurrent interview and record review on April 27, 2026, at 3:40 PM, with LVN 2, Resident 1's care plan (individual plan that includes residents' health problems, preferences, and goals), dated April 26, 2026, was reviewed. The care plan indicated, Current Tobacco, Marijuana, and vape user.GOAL: Resident will Adhere to the Tobacco/Smoking Policies of the Facility; Nurse Will Provide Tobacco Cessation Information to Resident.INTERVENTIONS: Complete Smoking safety assessment (an evaluation to determine whether a resident can smoke safely without harming themselves or others) quarterly and as needed. Educate Resident / Family on risks & health effects of tobacco use. Resident is able to light own cigarettes. The resident needs supervision when smoking. LVN 2 confirmed Resident 1 is a smoker and keeps his cigarettes and lighters in his possession. 1b. During a review of Resident 4's FS, the FS indicated Resident 4 was admitted to the facility on [DATE], with diagnoses including active primary progressive multiple sclerosis (disease where the immune system attacks the nerves, causing problems with how the brain and body communicate, and gradually gets worse over time), urinary tract infection (UTI – infection in the bladder/urine system), and sialolithiasis (condition where salivary gland stones form and block saliva flow). During an observation on April 26, 2026, at 12:24 PM, in Resident 4's room, Resident 4 was observed in bed, and a pack of cigarettes were noted on Resident 4's nightstand table. Resident 4 confirmed the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pack of cigarettes belonged to her and that she smokes at least two to three times a week. During a concurrent interview and record review on April 27, 2026, at 3:45 PM, with LVN 2, Resident 4's care plan, dated April 26, 2026, was reviewed. The care plan indicated Tobacco Use.GOAL: Resident will Adhere to the Tobacco/Smoking Policies of the Facility.INTERVENTION: Conduct Smoking Safety Evaluation on admission and PRN (as needed). Educate Resident / Responsible Party on the facility's tobacco / smoking policy(s); Educate resident to the facility's policy regarding recreational substance use. If a smoking facility, orient Resident to smoking times and procedures. Smoking safety assessment performed quarterly and as needed. LVN 2 confirmed Resident 4 is a smoker and keeps her cigarettes and lighters in her possession. 1c. During a review of Resident 11's FS, the FS indicated, Resident 11 was admitted on [DATE], with diagnoses of nicotine dependence (occurs when the body craves nicotine or a highly addictive stimulant drug that is found in tobacco), congestive heart failure (CHF- a condition where the heart muscle is unable to pump blood effectively enough to meet the body's needs), and chronic obstructive pulmonary disease (COPD- a long term lung condition that makes it hard to breathe because the airways are damaged and narrowed). During a concurrent observation and interview on April 26, 2026, at 1:20 PM, in Resident 11's room, with Resident 11, Resident 11 was observed pulling out his lighter from his jean pocket. Resident 11 stated he always keeps his lighters with him. During a review of Resident 11's care plan, dated February 11, 2025, to July 4, 2026, the care plan indicated interventions. complete smoking safety assessment quarterly. provide smoking cessation information/assistance/ resources.resident is able to safely use a lighter. 1d. During a review of Resident 29 FS, the FS indicated Resident 29 was admitted on [DATE], with diagnoses of nicotine dependence, and hypotension (low blood pressure). During a concurrent observation and interview on April 26, 2026, at 1:11 PM, in Resident 29's room, with Resident 29, Resident 29 had his lighter on the bedside table. Resident 29 stated he is a smoker and always keeps his lighters. During a review of Resident 29's smoking and safety assessment, dated April 21, 2026, the smoking and safety assessment indicated the resident uses tobacco and displays balance problems while sitting or standing. During a review of Resident 29's care plan, dated April 21, 2026, to July 13, 2026, the care plan indicated interventions. instruct resident about the facility policy on smoking: location, times, safety concerns. The resident required supervision while smoking. During an interview on April 28, 2026, at 2:59 PM, with LVN 2, LVN 2 stated, the nursing staff is not in charge of keeping the residents' smoking materials and believes that the residents keep their materials. During an interview on April 28, 2026, at 3:36 PM, with the activity Director (AD), the AD stated that she is only in charge of keeping one resident's smoking materials, the other smokers keep their own materials. The AD stated it is important for a staff member to keep the smoking materials to ensure that the residents do not smoke inside their rooms. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on April 28, 2026, at 3:48 PM, with the DON the facility's P&P titled, Smoking Safety Policy, dated November 13, 2025, was reviewed. The P&P indicated, . A smoking risk assessment will be completed on admission, quarterly, annually, any change of condition.D. Smoking materials. residents may not keep cigarettes, lighters, matches, or any smoking supplies in their personal possession. Smoking materials will be stored securely by nursing staff. Staff will give the residents the needed materials at the start of the smoking session and return them to storage immediately after. The DON stated that the policy was not followed and should have been. The DON stated it is important to follow the policy to ensure that the residents do not burn themselves.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an effective, and active system wide infection control program for the prevention, control, and investigation of infections and communicable diseases for a universe of 23 residents, when: 1. The facility failed to keep its infection prevention and control policies updated annually. 2. For three Residents (Resident 3, 28 and 4), the facility did not implement Enhanced Barrier Precautions (EBP- infection control measures for nursing homes, requiring staff to wear gowns and gloves during high-contact care to stop the spread of infection) specifically for residents with multidrug-resistant organism (MDROs- bacteria and other microorganisms that have developed resistance to multiple classes of antimicrobial drugs, making them difficult to treat), indwelling catheter (medical instruments designed to remain inside the body for a prolonged period), or chronic wounds. These failures had the potential to result in cross-contamination (spread of infection), healthcare-associated infections (infection acquired while receiving care in the facility), bloodstream infections, urinary tract infections (UTI-infection in the bladder/urine system), and other serious complications, placing residents at risk for illness, delayed recovery, hospitalization, or worsening of their medical conditions.Findings: 1. During an interview on April 28, 2026, at 2:05 PM, with the Infection Preventionist (IP), the IP stated that the infection control policies are to be updated on an annual basis. During a concurrent interview and record review on April 28, 2026, at 2:10 PM, with the IP, the facility's policy and procedures (P&P) titled Infection Prevention and Control Plan, dated December 2024, was reviewed. The Infection Prevention and Control Plan indicated, The administration of [facility name] shall delegate the oversight and management of the Infection and Prevention and Control Plan to the. Infection Control Professionals. infection control professional (s) shall use evidence based national evaluation of the organization's Infection Prevention and Control Plan shall be conducted at least on an annual basis and whenever risk significantly change.The IP stated that she believed she had renewed the policy and would check to see if there was an updated policy. During a follow-up interview on April 29, 2026, at 8:50 AM, with the IP, the IP stated that the facility could not provide any documented evidence that the infection control program had been reviewed within the last year, and it is important to review infection control policies to ensure the facility is meeting regulations and ensure residents safety. 2a. During a review of Resident 3's face sheet (FS- a document with resident demographics, brief medical history, and emergency contacts), the FS indicated, Resident 3 was admitted on [DATE], with diagnoses of diabetes (DM- high blood sugar), dementia (a condition that affects the brain, making it difficult to think, remember, and make decisions), and obstructive and reflex uropathy (a condition where there is a functional blockage in the urinary tract that causes urine to back up, potentially damaging the kidneys). During an interview on April 26, 2026, at 12:48 PM, with Charge Nurse (CN1), CN 1 stated, the facility did not have any residents who were on (TBP- safety steps used to stop infections from spreading from one person to another, depending on the way the germ transmits through contract, coughing, sneezing, or air) or on EBP. CN 1 stated, the green flag above the door indicates that the residents are not on any type of isolation (one method of TBP) and that the residents are on standard precautions (basic hand hygiene and protection applied to all patient care activities). CN 1 added, three residents (Resident 3, 4, and 28) did have indwelling catheters. CN 1 confirmed all residents had a green flag (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	above the door. During an observation on April 26, 2026, at 2:00 PM, outside of Resident 3's room, there was no personal protective equipment (PPE- equipment used to protect yourself and the residents from germs or infection that includes gowns and gloves) cart, no EBP poster (a poster used to identify what type of PPE is needed when caring for the residents), and the green flag was noted above the door. Inside the room, Resident 3 was observed to have indwelling foley catheter (a soft tube that stays inside the bladder used to drain urine) bag hanging to the right side of the bed with about 25 Milliliters (ML—unit of measurement) of light-yellow urine. A review of Resident 3's Orders, dated September 5, 2025, indicated Change 16 F [size of catheter] Suprapubic catheter [a tube inserted through a small abdominal incision directly into the bladder to drain urine] every 21 days and as needed. There was no active order for EBP in Resident 3's medical record. 2b. During a review of Resident 28's FS, the FS indicated Resident 28 was admitted on [DATE], with diagnoses of dementia, hydronephrosis (swelling of one or both kidneys caused by buildup or urine), and retention of urine (The inability to fully or partially empty the bladder). During an observation on April 26, 2026, at 1:50 PM, outside of Resident 28's room, there was no PPE cart, no EBP poster, and the green flag was above the door. Inside the room, Resident 28 was observed to have an indwelling foley catheter bag with 100 ML of light-yellow urine. A review of Resident 28's Orders, dated March 25, 2026, indicated 16 French foley catheter. There was no active order for EBP in Resident 28's medical record. 2c. During a review of Resident 4's FS, the FS indicated Resident 4 was admitted to the facility on [DATE], with diagnoses including active primary progressive multiple sclerosis (disease where the immune system attacks the nerves, causing problems with how the brain and body communicate, and gradually gets worse over time), UTI and sialolithiasis (condition where salivary gland stones form and block saliva flow). During an observation on April 26, 2026, at 12:24 PM, in Resident 4's room, Resident 4's room had a sign outside of the room indicating standard precautions. Resident 4 was observed resting in bed with a foley catheter hanging on the side of the bed. Resident 4 confirmed she has had the foley catheter for a while. Resident 4 further stated, staff conducts perineal care (cleaning of genital and anal area) every day and flushes the catheter. During an interview on April 26, 2026, at 3:38 PM, with CN1, CN1 confirmed Resident 4 has a suprapubic catheter for a few years, and that Resident 4 is currently not on any specific type of precautions. CN 1 was unsure of what other precautions Resident 4 would be on besides standard precautions. During an interview on April 27, 2026, at 11:10 AM, with Certified Nurse Assistant (CNA 1), CNA 1 stated, EBP does not sound familiar. CNA 1 added, currently there are no residents on EBP. During an interview on April 27, 2026, at 11:15 AM, with CNA 2, CNA 2 stated EBP Doesn't [does not] ring a bell [does not recall] and does not believe any residents are currently on EBP. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on April 27, 2026, at 11:20 AM, with Licensed Vocational Nurse (LVN 2), LVN 2 stated he thinks he is supposed to gown up (wearing protective cloth covering) for EBP but is not sure what EBP is. LVN 2 stated it is important to wear appropriate PPE for residents on any type of TBP to prevent the spread of infection. During an interview on April 27, 2026, at 11:31 AM, with the Director of Staff Development (DSD) and Director of Nursing (DON), the DSD could not explain what EBP was. The DON stated EBP is when staff further gowns up for residents with Methicillin-resistant Staphylococcus Aureus (MRSA- a type of germ that has developed a resistance to many common antibiotics that used to kill it.) The DON stated that currently the facility did not have any residents on EBP. During an interview on April 28, 2026, at 10:54 AM, with the IP, the IP stated the last in-service (training) provided to the staff for EBP was in 2024, however, most of the employees that received the training are no longer working at the facility. The IP stated that EBP is important to prevent transmission and spread of infection amongst residents. A follow-up interview on April 28, 2026, at 10:56 AM, with the IP, the IP stated no residents were on EBP, however, Resident 3, 4 and 28 should have been because those residents had indwelling catheters. During an interview on April 28, 2026, at 3:48 PM, with the DON, the DON stated that the facility does not have an EBP policy. The DON added it is important to follow EBP in residents with indwelling devices as it is a portal for infection and the nursing staff should prevent the spread of infection in residents. During a concurrent interview and record review on April 29, 2026, at 8:51 AM, with the IP, the facility's P&P titled, Infection Prevention and Control Plan dated December 2024, was reviewed. The P&P indicated, .the goal of the Infection Prevention and Control Plan include: .limited the transmission of infections. ensuring policies and procedures follow current infection control guidelines and recommendations.the development, review and revision of organizational infection prevention and control policies and procedures.staff competency, i.e., infection control processes. The IP stated that the policy was not followed. The IP stated the facility has not developed a policy for EBP and should have to prevent the spread of MDROs.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a physician's medication order was completed and administered in accordance with acceptable nursing standards of practice for one of 12 sampled residents (Resident 28), when nursing staff administered ceftriaxone sodium (Rocephin-an antibiotic used to treat severe infections) without clarifying the physician's order for the intravenous (IV) administration method and the appropriate diluting agent (liquid solution to mix medication). This failure had potential to cause medication administration error (preventable events from inappropriate medication administer) from IV delivery methods between IV push (IVP-a rapid, direct injection of medication into a vein) and IV piggy back (IVPB-slow medication administration into a vein), and incompatible solution mixture, which could negatively affect Resident 28's health from reduced medication effectiveness, local reddening, pain at the site, and lead to actual physical harm.Findings: During a review of Resident 28's face sheet (FS- a document with resident demographics, brief medical history, and emergency contacts), the FS indicated Resident 28 was admitted on [DATE], with diagnoses of dementia (a condition that affects the brain, making it difficult to think, remember, and make decisions), hydronephrosis (swelling of one or both kidneys caused by buildup or urine), and retention of urine (the inability to fully or partially empty the bladder. During a medication administration observation on April 27, 2026, at 10:11 AM, with the Director of Nurse (DON) in Resident 28's room, The DON was observed with one (1) gram (GM-unit of dosing medication) Rocephin in 100 milliliters (ml-unit of measurement) bag of normal saline (NS-salt water as the diluting solution). The DON was noted to attach Rocephin bag to Resident 28's IV access and set up the delivery rate at 200 ml per hour (30 minutes delivery time). During a concurrent interview and record review on April 28, 2026, at 2:40 PM, with the DON, Resident's 28's Orders, dated April 28, 2026, to May 1, 2026, were reviewed. The Orders indicated, CefTRIAXone Sodium Intravenous Solution reconstituted 1 GM. use 1 gram intravenously one time a day related to chronic kidney disease [kidney slowly losing the ability to clean the blood over time] . for 3 days. The DON stated, typically any antibiotic that is given to the resident's is sent by [pharmacy company], however the pharmacy had not sent over the antibiotic yet, which is why she pulled the medication out of the Antibiotic Emergency Kit (EKIT- a sealed box with medications that are used for emergencies and contains antibiotics). The DON verified and confirmed that the order did not indicate the exact delivery method between IVP and IVPB, and there was no specific diluting agent to use. During a concurrent interview and record review on April 28, 2026, at 3:55 PM, with the DON, the facility's policy and procedures (P&P) titled, IV Therapy- Single/Piggyback/push, dated December 12, 2012, was reviewed. The P&P indicated, procedure:.Ensure that a physician's order for IV medication or solution, including medication name, classification, dosage, route, and frequency, is in the patient's medical record.verify the rate of infusion and/or length of time needed for infusion.recheck medication for the patient's name and medical record number, dosage, route, strength, time and method of administration with Electronic Medication Administration Record (eMAR) and physician's medication order. The DON stated that the policy was not followed for IV medication delivery method and diluting agent. The DON further stated it is important to follow the policy to ensure the residents receive the proper method of administration for the residents' comorbidities (multiple medical conditions that affect patient's health and treatment).