STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555566	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corona Post Acute Center	2600 South Main Street Corona, CA 92882

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, 13 of 15 residents reviewed for Advance Directive (AD - written statement of a person's wishes regarding medical treatment) (Residents 17, 20, 25, 10, 55, 6, 97, 110, 117, 119, 126, 155, and 159) the resident or their resident representative (RP) had been provided follow up information regarding the formulation of an AD and have an AD available for review in the medical record.These failures had the potential to result in the ADs for Residents (17, 20, 25, 10, 55, 6, 97, 110, 117, 119, 126, 155, and 159) not being readily accessible to staff and physicians, which could lead to the residents' wishes regarding medical treatment being unknown and ultimately not honored. Findings: 1.On April 10, 2026, at 3 p.m. an interview was conducted with Resident 6. Resident 6 was not sure if the facility discussed to her how to formulate an AD. Resident 6's record was reviewed. Resident 6 was admitted to the facility on [DATE], with diagnosis which included, hemiplegia (one sided paralysis) and hemiparesis (muscular weakness). A review of the Advance Directive Acknowledgment form dated May 18, 2025, indicated, I have not executed an Advance Directive. A review of the Social Services Quarterly Evaluation. Dated March 18, 2026, indicated, .Advance Directives .unchecked space. During a review of Resident 6's Advance Directive Acknowledgement indicated on February 18, she did not execute an Advance Directive. A review of Resident 6's History and Physical indicated Resident 6 has the capacity to make decisions. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD. 2.On April 10, 2026, at 2:10 p.m., an interview was conducted with Resident 17. Resident 17 was alert and sitting up in her wheelchair. Resident 17 stated she could not recall any facility staff to on how to formulate an Advance Directive. Resident 17's record was reviewed. Resident 17 was admitted to the facility on [DATE], with (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diagnosis which included, depression and liver cirrhosis (scarring of the liver). A review of the Advance Directive Acknowledgment form dated February 8, 2026, indicated, .I have not executed an Advance Directive. A review of the Social Services Quarterly Evaluation, dated March 18, 2026, indicated, .Advance Directives .unchecked space. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD. 3.Resident 117's record was reviewed. Resident 117 was admitted to the facility on [DATE], with diagnosis which included, dementia (loss of memory) and anemia (a condition of the blood which reduces the bloods ability to transport oxygen). A review of the Advance Directive Acknowledgment form dated November 24, 2025, indicated, .verbal by family member -I have not executed an Advance Directive. A review of the Social Services Quarterly Evaluation, dated March 4, 2026, indicated, .Advance Directives .unchecked space. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD. 4. On April 10, 2026, at 8:53 a.m. an interview was conducted with Resident 119. Resident 119 stated she was not sure if the facility discussed to her how to formulate an AD, and further stated she would like to know more about it. Resident 119's record was reviewed. Resident 119 was admitted to the facility on February November 27, 2024, with diagnosis which included, anxiety (excessive worry) and anemia (a condition of the blood which reduces the bloods ability to transport oxygen). A review of the Advance Directive Acknowledgment form dated February 19, 2026, indicated, .I have not executed an Advance Directive. A review of the Social Services Quarterly Evaluation, dated April 3, 2026, indicated, .Advance Directives .unchecked space. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD. 5. On April 8, 2026, at 2:20 p.m., Resident 10 was observed lying in bed. Resident 10 stated he did not wish to execute an Advanced Directive and was aware of his right to not have one. Resident 10 stated he vaguely remembers staff discussing an Advance Directive. Resident 10's record was reviewed. Resident 10 was admitted to the facility on [DATE], with diagnosis which included cirrhosis of the liver (liver impairment). A review of Resident 10's MDS dated [DATE], indicated a BIMS score of 15 (cognitively intact). (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Advance Directive Acknowledgment form, dated August 6, 2024, indicated, .I HAVE NOT executed an Advance Directive. A review of the Social Service Quarterly Evaluation dated, April 3, 2026, indicated, .Advance Directives.unchecked space.Advanced Directives review with no changes.unchecked space.Advance Directives reviewed and POLST (Physician Orders for Life Sustaining Treatment) form updated. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD from August 2024 to April 2026. 6. On April 8, 2026 at 3:41 p.m., Resident 55 was asleep in bed. Resident 55's record was reviewed. Resident 55 was admitted to the facility on [DATE], with diagnosis which included cerebral infarction (blood flow restricted to the brain) and aphasia (disorder that affects speech). A review of Resident 55's MDS dated [DATE], indicated a BIMS score of 11 (moderate cognitive impairment). A review of the Advance Directive Acknowledgment form, dated September 4, 2025, indicated, .I HAVE NOT executed an Advance Directive.verbal consent obtained from name of Resident 55's RP (daughter). A review of the Social Service Quarterly Evaluation dated, February 5, 2026, indicated, .Advance Directives.unchecked space.Advanced Directives review with no changes.unchecked space.Advance Directives reviewed and POLST form updated. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD from September 2025 to February 2026. 7. Resident 97's record was reviewed. Resident 97 was admitted to the facility on [DATE], with diagnosis which included dementia (memory loss). A review of Resident 97's MDS dated [DATE], indicated a BIMS score of 12 (moderate cognitive impairment). A review of the Advance Directive Acknowledgment form, dated November 5, 2025, indicated, .I HAVE NOT executed an Advance Directive.verbal consent obtained from name of Resident 97's RP (brother). A review of the Social Service Quarterly Evaluation dated, January 18, 2026, indicated, .Advance Directives.unchecked space.Advanced Directives review with no changes.unchecked space.Advance Directives reviewed and POLST form updated. There was no documented evidence that the resident or RP was provided follow up information about the right to formulate an AD from November 2025 to January 2026. 8. On April 6, 2026, at 10:44 a.m. Resident 110 was alert observed lying in bed. Resident 110 indicated she was unsure of having an AD and would like to know more about it. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 110's record was reviewed. Resident 110 was admitted to the facility on [DATE], with diagnosis which included, unspecified dementia (memory loss), and anxiety disorder (excessive worry). A review of the Advance Directive Acknowledgment form dated April 20, 2020, indicated, .I have not executed an Advance Directive. The MDS dated [DATE], indicated a BIMS score of 13 (cognitively intact). A review of the Social Services Quarterly Evaluation. Dated March 15, 2026, indicated, .Advance Directives .unchecked space. A review of the Multidisciplinary Care Conference (IDT) dated March 18, 2026, indicated, .advance directive reviewed.unchecked space. There was no documented evidence the resident or RP was provided with follow up information about the right to formulate an AD from April 2020 to March 2026. 9. On April 7, 2026, at 10:10 a.m. Resident 126 was alert and observed sitting upright in a wheelchair. Resident 126 stated he believed he had an AD but could not recall if the facility had one and could not recall a time when the facility reviewed an AD with him. Resident 126's record was reviewed. Resident 126 was admitted to the facility on [DATE], with diagnosis which included, major depressive disorder (persistent, intense feeling of sadness.) A review of the Advance Directive Acknowledgment form dated November 10, 2020, indicated, .I have executed an Advance Directive. The MDS dated [DATE], indicated a BIMS score of 15 (cognitively intact). A review of the Social Services Quarterly Evaluation. Dated February 24, 2026, indicated, .Advance Directives .unchecked space. A review of the IDT dated March 4, 2026, indicated, .advance directive reviewed.unchecked space. There was no documented evidence the resident had an AD on file for review or the resident/RP was provided follow up information about the right to formulate an AD from November 2020 to March 2026. 10. On April 7, 2026, at 12:12 p.m. Resident 159 was alert and sitting up in a wheelchair. Resident 159 indicated he believed he had an AD but could not recall for sure, that is brother was the other decision maker and that the facility should have the AD on file. Resident 159's record was reviewed. Resident 159 was admitted to the facility on [DATE], with diagnosis which included, major depressive disorder, and anxiety disorder. A review of the Advance Directive Acknowledgment form dated January 17, 2020, indicated, .I have not executed an Advance Directive. The MDS dated [DATE], indicated a BIMS score of 14 (cognitively intact). (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Social Services Quarterly Evaluation. Dated March 26, 2026, indicated, .Advance Directives .unchecked space. A review of the IDT dated March 26, 2026, indicated, .advance directive reviewed.unchecked space. There was no documented evidence the resident or RP was provided follow up information about the right to formulate an AD from January 2020 to March 2026. 11. On April 7, 2026, at 12:41 p.m. an interview was conducted with Resident 20. Resident 20 was alert and sitting up in a wheelchair. Resident 20 stated she could not recall any facility staff to inform her about her rights to formulate an AD and would like to know more. Resident 20's record was reviewed. Resident 20 was admitted to the facility on [DATE], with diagnosis which included, anxiety disorder, legal blindness. A review of the Advance Directive Acknowledgment form dated December 23, 2024, indicated, .I have not executed an Advance Directive. The MDS, dated [DATE], indicated a BIMS score of 11 (moderate cognitive impairment). A review of the IDT dated March 18, 2026, indicated, .advance directive reviewed.unchecked space.Spoke with RP daughter. A review of the Social Services Quarterly Evaluation, dated March 18, 2026, indicated, .Advance Directives .unchecked space. There was no documented evidence the resident or RP was provided follow up information about the right to formulate an AD from December 2024 to March 2026. 12. On April 7, 2026, at 3:45 p.m. Resident 155 was alert and sitting up in bed. Resident 155 stated he was unsure of having an AD and that he would like to know more. Resident 155's record was reviewed. Resident 155 was admitted to the facility on [DATE], with diagnosis which included, major depressive disorder, cerebrovascular disease (a condition that affects blood circulation to the brain). A review of the Advance Directive Acknowledgment form dated March 10, 2021, indicated, .I have executed an Advance Directive. The MDS dated [DATE], indicated a BIMS score of 13 (cognitively intact). A review of the Social Services Quarterly Evaluation, dated March 9, 2026, indicated, .Advance Directives .unchecked space. A review of the IDT dated March 9, 2026, indicated, .advance directive reviewed.unchecked space. There was no documented evidence the resident had an AD on file for review or the resident/RP was provided follow up information about the right to formulate an AD from March 2021 to March 2026. 13. On April 8, 2026, at 8:30 a.m. Resident 25 stated no staff informed him of his right to formulate an (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	AD and that he would like to know more about it. Resident 25's record was reviewed. Resident 25 was admitted to the facility on [DATE], with diagnosis which included, anxiety disorder. A review of the Advance Directive Acknowledgment form dated March 5, 2021, indicated, .I have not executed an Advance Directive. The MDS, dated [DATE], indicated a BIMS score of 13 (cognitively intact). A review of the IDT dated January 29, 2026, indicated, .advance directive reviewed.unchecked space. A review of the Social Services Quarterly Evaluation, dated January 29, 2026, indicated, .Advance Directives .unchecked space. There was no documented evidence the resident or RP was provided follow up information about the right to formulate an AD from March 2021 to March 2026. On February 27, 2026, at 10:14 a.m. an interview was conducted with the Social Service Director (SSD). The SSD stated upon admission, all residents received an AD acknowledgment to indicate whether they had, wanted, or refused an AD. The SSD stated, if a resident expressed a desire to have an AD, assistance was offered, including notifying the Ombudsman (an advocate who helps protect the rights and interests of residents) and facilitating completion of the necessary documents. The SSD further stated existing ADs should have been obtained and copies maintained in the medical record. The SSD stated ADs were reviewed upon admission, quarterly by Social Services and the Interdisciplinary Team (a group of healthcare staff from different disciplines who work together to plan and coordinate care). The SSD stated if a resident lacked decision-making capacity, the responsible party, power of attorney, or conservator would have been consulted. During a concurrent record review for Residents 17, 20, 25, 10, 55, 6, 97, 110, 117, 119, 126, 155, and 159, the SSD stated for Resident 126 and 155, the AD acknowledgment forms indicated an AD had been completed; but she was unable to locate copies of the ADs in the medical record. The SSD further stated she could not identify documentation that assistance was provided, including notification to the Ombudsman for Residents 17, 20, 25, 55, 6, 97, 110, 117, 119, and 159. The SSD stated this should have been done. The SSD stated without an AD, there was a risk that residents' treatment preferences might not be known or honored. A review of the facility policy and procedure titled, Advance Directives, dated January 2026, indicated, .the facility will inform residents of their rights to formulate advance directives and will honor resident choices regarding medical treatment, including life-sustaining interventions.document the presence or absence of advance directive.place a copy in medical record.review and update.upon admission.quarterly.with any change in condition.if no advance directive.offer assistance to complete one.follow CMS.right to request/refuse treatment and advance directives.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure five of five sampled residents (Residents 2, 16, 45, 119, 159) were free from unnecessary psychotropic (drugs that affects brain activities associated with mental processes and behavior) medications when: 1. Resident 16 was administered quetiapine (an antipsychotic medication for bipolar disorder, depression, and schizophrenia) for diagnosis of schizophrenia without documentation to support the diagnosis per The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR, globally recognized standard classification system for diagnosing mental disorders by the American Psychiatric Association); and manufacturer specified monitoring were not done during use of quetiapine;2. For Residents 2, 45, 119, and 159, psychotropic medications were administered without adequate documentation of behavioral monitoring. Additionally, for Residents 2, 45, and 159, psychotropic medications were administered without adequate documentation of resident specific non-pharmacological (without medication) behavioral interventions. Furthermore, Resident 45 was administered a psychotropic medication without adequate monitoring for signs and symptoms of adverse effects.These failures had the potential to result in unnecessary medications for Residents 2, 16, 45, 119, 159, which increased the potential for medication interactions, adverse reactions, and unidentified risks associated with the use of psychotropic medications that included but not limited to sedation, respiratory depression, constipation, anxiety, agitation, and memory loss.Findings: 1a. A review of Resident 16's admission Record, dated April 9, 2026, indicated Resident 16 was elderly, originally admitted to the facility on [DATE], and had diagnoses including: schizophrenia, transient ischemic attack (TIA, mini-stroke), cerebral infarction (stroke), vascular dementia (decline in thinking and memory), psychosis (a mental health condition where a person loses touch with reality), major depressive disorder, generalized anxiety disorder, hyperlipidemia (high cholesterol or fats in the blood), and cataract (clouding of the lens of the eye causing blurred vision). A review of Resident 16's Minimum Data Set (MDS, a care area assessment and screening tool), dated March 15, 2025, June 13, 2025, and June 25, 2025 indicated the resident had active diagnoses including dementia, TIA or stroke, depression, anxiety, hyperlipidemia, and cataract; and it did not indicate the resident had an active diagnosis of schizophrenia. A review of Resident 16's history and physical (H&P), dated March 11, 2025, indicated, [past medical history] significant for Asthma, Narcolepsy, Cataracts.Assessment/Plan.acute encephalopathy (sudden altered brain function), [left] occipital ischemic infraction (stroke), vascular dementia.cataracts. The H&P did not indicate the resident had a diagnosis of schizophrenia. A review of Resident 16's Initial Psychiatric Evaluation, dated March 12, 2025, indicated the resident had diagnoses including depression and anxiety; and did not indicate the resident had a diagnosis of schizophrenia. A review of Resident 16's hospital records titled Consult - Psychiatry, dated June 26, 2025, indicated the resident was admitted to the hospital from [DATE] to June 28, 2025. Additionally, it indicated, Family reports [Resident 16] never previously was diagnosed or treated for any psychiatric or behavioral health reasons (indicating that [Resident 16's] current diagnosis of schizophrenia is likely inaccurate).Assessment/Plan.dementia.with secondary psychiatric [symptoms] and behavioral disturbance. Diagnosis of schizophrenia appears inaccurate. A review of Resident 16's hospital records titled Consult - Psychiatry, dated June 27, 2025 and June 28, 2025, indicated Diagnosis of schizophrenia appears inaccurate. A review of Resident 16's facility medical record indicated a physician's order for quetiapine 12.5 mg (milligram, unit of measurement) by mouth every 8 hours for Schizophrenia m/b (manifested by) physical aggression, dated June 28, 2025. A review of Resident 16's Psychiatric follow-up note, dated July 15, 2025, indicated Recently started on [quetiapine] at acute hospital. Additionally, the Psychiatric follow-up note indicated the resident had diagnoses including depression, anxiety, impulse control disorder, and psychosis; and it (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	did not indicate the resident had a diagnosis of schizophrenia. A review of Resident 16's MDS dated [DATE] and most recent MDS dated [DATE] indicated a schizophrenia diagnosis without documentation to support the diagnosis according to DSM-5-TR criteria for schizophrenia. A review of Resident 16's most recent Psychiatric follow-up note, dated March 13, 2026, indicated current medications including quetiapine 12.5 mg every 8 hours; diagnoses including depression, anxiety, impulse control, and psychosis; and it did not indicate the resident had a diagnosis of schizophrenia. During an interview and concurrent record review on April 9, 2026 at 10:09 a.m., with the Assistant Director of Nursing (ADON), the ADON reviewed Resident 16's medical record, including physician's orders, progress notes, and Psychiatric notes. The ADON described the facility's process for administration of psychotropic medications as follows: the doctor ordered the psychotropic medication, assessed the resident, and obtained consent. The ADON stated when quetiapine was started on June 28, 2025, the doctor put the indication on the order and schizophrenia diagnosis was added to Resident 16's medical record. When asked if there was documentation in the medical record of the assessment and evaluation of the resident meeting the DSM-5-TR criteria for schizophrenia, the ADON stated she needed to review the medical record. The ADON stated Resident 16's current Psychiatric follow-up note, dated March 13, 2026 did not have documentation of a schizophrenia diagnosis. During an interview and concurrent record review on April 9, 2026 at 12:56 p.m. with the Director of Nursing (DON), Resident 16's medical record was reviewed including hospital records, Psychiatric notes dated March 12, 2025, July 15, 2025, and March 13, 2026. The DON stated when residents were admitted to the facility, all psychotropic medications were reviewed during the Clinical Meeting with the DON, ADON, Social Services, Activities, and Rehab staff. The DON stated during the meeting, the team reviewed all psychotropics for appropriate diagnosis, target behavior, monitoring of side effects and informed consent. The DON stated Resident 16 was readmitted to facility from the hospital with diagnosis of schizophrenia on June 28, 2025. When asked if there was documentation in the medical record of the assessment and evaluation of the resident meeting the DSM-5-TR criteria for schizophrenia, the DON stated none of the Psychiatric notes listed schizophrenia as a diagnosis. The DON stated the hospital record titled Consult - Psychiatry, dated June 26, 2025 to June 28, 2025 indicated .diagnosis of schizophrenia appears in accurate. The DON stated during readmission of Resident 16 from the hospital, the indication and diagnosis of schizophrenia was not appropriately evaluated. During a telephone interview on April 9, 2026 at 1:35 p.m. with the Psychiatric Nurse Practitioner (PNP), when asked if Resident 16 had a clinical diagnosis of schizophrenia, the PNP stated, No. Additionally, the PNP stated Resident 16 had psychosis symptoms but did not meet the DSM-5-TR criteria for schizophrenia. During an interview on 4/9/26 at 1:48 p.m., the DON stated it was important to ensure residents had the correct diagnosis, especially for schizophrenia, in order to appropriately treat and monitor the resident. A review of the facility's policy and procedures (P&P) titled, Subject: Psychopharmacological, dated January 23, 2026, indicated, If a resident is admitted with orders for psychopharmacological drug use, the following will occur.A licensed nurse will review admission medication orders and ensure appropriate diagnosis for use of each medication from the primary care physician.The admission record is reviewed within 72-hours (weekdays).This review will include the use of psychopharmacological drugs, appropriate diagnosis.The Psychopharm Committee members will review residents on psychopharmacological drugs.Committee members will ensure the following.Psychopharmacological drugs have appropriate corresponding diagnosis. 1b. During an interview and concurrent record review on 4/9/26 at 1:48 p.m. with the DON, the DON reviewed quetiapine manufacturer specifications dated February 2026 and Resident 16's medical records. The DON confirmed Resident 16 started quetiapine on June 28, 2025. DON acknowledged quetiapine manufacturer specifications indicated warnings and precautions including dyslipidemia, cataracts, and hypothyroidism. The DON stated there was no documented evidence of laboratory monitoring for manufacturer's specified monitoring for lipids (blood cholesterol levels), TSH (a thyroid hormone), or an eye exam in Resident 16's medical record. The DON stated monitoring for adverse reactions (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	according to the manufacturer specifications should have been completed during quetiapine use. The DON stated it was important to ensure severe side effects were monitored to avoid adding comorbidities for the resident. A review of Resident 16's Care Plan Report, dated June 29, 2025 indicated, Focus: Resident is taking an antipsychotic medication. Schizophrenia m/b physical aggression.Antipsychotic Medication(s): quetiapine.Goal: Will be free from discomfort or adverse reactions related to antipsychotic medications.Interventions.Monitor adverse reactions for antipsychotic medications.Increase total cholesterol and triglycerides. A review of the manufacturer's instructions for quetiapine tablets, dated February 2026, retrieved from DailyMed (The contents of DailyMed is provided and updated daily by the U.S. Food and Drug Administration.), indicated, Warnings and precautions .Dyslipidemia.fasting blood lipid testing at the beginning of, and periodically, during treatment.Cataracts: Lens changes have been observed during long-term quetiapine treatment.Hypothyroidism Adults: Clinical trials with quetiapine demonstrated dose-related decreases in thyroid hormone levels.The mechanism by which quetiapine effects the thyroid axis is unclear.measurement of TSH alone may not accurately reflect a patient's thyroid status. Therefore, both TSH and free T4, in addition to clinical assessment, should be measured at baseline and at follow-up .Some patients with TSH increases needed replacement thyroid treatment. A further review of the facility's P&P titled, Subject: Psychopharmacological, dated January 23, 2026, indicated, Monitoring.The primary care physician will be responsible for ordering appropriate lab tests to assure adequate monitoring of psychopharmacological drugs. 2a. A review of Resident 45's admission Record, dated April 9, 2026, indicated Resident 45 was originally admitted to the facility on [DATE], readmitted on [DATE], and had diagnoses including major depressive disorder and anxiety. A review of Resident 45's medical record indicated the following physician's orders: Xanax 0.5 mg (milligram, unit of measurement) Give 2 tablets by mouth two times a day for anxiety m/b (manifested by) self report of anxiety, dated February 20, 2026; Trazodone 50 mg Give 1 tablet by mouth at bedtime for depression m/b inability to sleep, dated December 23, 2025; Behavior Monitoring - Antidepressant (trazodone) Document Number of episodes of Target Behavior, intervention(s) attempted and effectiveness Target Behavior: 1. [left blank] 2. [left blank].Intervention: a. Redirection, b. 1:1, c. Diversional Activity, d. Offer to call family/friend, e. Other - document in progress notes.Effective: Y - Yes, N - No every shift, dated December 21, 2025; and Monitor Antidepressant (trazodone) ASE (adverse side effect) Code by the Number Indicated: every shift 0) None, 1) Sedation, 2) Drowsiness, 3) Dry mouth, 4) Blurred vision, 5) Urinary Retention, 6) Tachycardia, 7) Muscle Tremor, 8) Agitation, 9) Headache, 10) Skin Rash, dated December 21, 2025. A review of Resident 45's MARs dated December 21, 2025 to April 8, 2026, indicated Resident 45 was administered trazodone as prescribed by the physician. Additionally, the MARs indicated documented behavior monitoring for trazodone did not indicate the number of episodes of target behaviors and did not indicate the specific non-pharmacologic behavior intervention attempted as ordered by the physician. A review of Resident 45's MARs dated February 2, 2026 to April 8, 2026, indicated Resident 45 was administered Xanax as prescribed by the physician. A review of Resident 45's medical record on April 8, 2026 indicated there was no documented evidence of physician's orders for: Non-pharmacologic behavior interventions for Xanax; Monitoring of target behavior for Xanax; and Monitoring for adverse side effects related to the use of Xanax. During an interview and current record review on April 9, 2026 at 9:08 a.m., with Licensed Vocational Nurse (LVN) 4, Resident 45's medical record was reviewed. LVN 4 confirmed Resident 45 was started on Xanax in February 2026. LVN 4 stated the target behavior for Xanax should have been documented in the resident's Medication Administration Record (MAR) and nursing staff should have documented the number of episodes during each shift. LVN 4 stated side effects of Xanax should have been monitored and documented on the MAR. LVN 4 stated prior to starting Xanax non-pharmacologic interventions such as turning/repositioning, going outside, or listening to music should have been attempted and documented on the MAR. LVN 4 acknowledged there was no documented evidence in Resident 45's medical record that side effect monitoring, target behavior (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	monitoring, or non-pharmacologic interventions were documented during Xanax use and stated there should have been documentation. During an interview and current record review on April 9, 2026 at 10:25 a.m., Resident 45's medical record was reviewed with the ADON. The ADON confirmed Resident 45 was started on Xanax in February 2026. The ADON stated all psychotropic medications needed to have an order on the MAR for monitoring side effects and target behaviors, and documentation of non-pharmacologic interventions. The ADON stated when nursing staff received the order for Xanax, the orders for side effect/behavior monitoring and non-pharmacologic interventions should have been added to the MAR at the same time. ADON stated she was unable to locate documented evidence in Resident 45's medical record of any non-pharmacologic interventions, side effects or target behavior monitoring during Xanax use. The ADON stated I don't see it. During an interview and current record review on April 9, 2026 at 2:16 p.m., Resident 45's medical record including physician's orders and MARs dated December 2025 to April 2026 were reviewed with the DON. The DON acknowledged there was no documented evidence of physician's orders for non-pharmacologic behavior interventions for Xanax, monitoring of target behavior for Xanax, and monitoring for adverse side effects related to the use of Xanax. Additionally, the DON stated regarding trazodone behavior monitoring documentation on the MARs between December 2025 to April 2026, nursing staff had not documented the number of target behaviors, or which non-pharmacologic interventions were attempted as ordered by the physician. The DON stated the expectation was for nurses to document the number of target behavior and the specific non-pharmacologic intervention that was attempted during each shift. DON added, it was important to document the number of behaviors the resident had during each shift to effectively evaluate if the medication was working or not so the dose could be appropriately adjusted if needed. A review of the manufacturer's instructions for Xanax tablets, dated January 2023, retrieved from DailyMed indicated, Adverse reactions.impaired coordination, hypotension (low blood pressure), dysarthria (slurred or slowed speech). 2b. A review of Resident 2's admission Record, dated April 9, 2026, indicated Resident 2 was elderly, originally admitted to the facility on [DATE], readmitted on [DATE], and had diagnoses including: dementia and psychosis. A review of Resident 2's medical record indicated the following physician's orders: Quetiapine 50 mg Give 1 tablet by mouth four times a day for Psychosis m/b unprovoked physical aggression, dated February 3, 2026; and Behavior Monitoring - Antipsychotic (Quetiapine) Document Number of episodes of Target Behavior, intervention(s) attempted and effectiveness Target Behavior: 1. [left blank] 2. [left blank].Intervention: a. Redirection, b. 1:1, c. Diversional Activity, d. Offer to call family/friend, e. Other - document in progress notes.Effective: Y - Yes, N - No every shift, dated February 3, 2026. A review of Resident 2's Care Plan Report, dated February 4, 2026 indicated, Focus: Resident is taking an antipsychotic medication r/t (related to) Psychosis m/b unprovoked physical aggression.Antipsychotic Medication(s): quetiapine.Goal: Will be free from discomfort or adverse reactions related to antipsychotic medications.Interventions.Administer medications as ordered and monitor for effectiveness.Monitor behavior and assess [every] shift (see MAR [Medication Administration Record] for tracking). A review of Resident 2's MARs dated February 3, 2026 to April 8, 2026, indicated Resident 45 was administered quetiapine as prescribed by the physician. Additionally, the MARs indicated documented behavior monitoring for quetiapine did not indicate the number of episodes of target behaviors and did not indicate the specific non-pharmacologic behavior intervention attempted as ordered by the physician. During an interview and concurrent record review on April 9, 2026 at 9:40 a.m. with LVN 4, Resident 2's medical record was reviewed. LVN 4 confirmed Resident 2 was started on quetiapine for February 2026. LVN 4 stated nursing staff should have documented on the MAR the specific type of non-pharmacologic interventions that were attempted, not just Y (yes) or N (no). LVN 4 stated on the MAR dated April 2026, only one nurse documented the types of non-pharmacologic interventions attempted during the shift but on all other days, nurses documented Y or N. During an interview and concurrent record review on April 9, 2026 at 10:34 a.m. with the ADON, Resident 2's medical record was reviewed. The ADON stated for all Psychotropic (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications, all residents required documentation of target behavior monitoring and non-pharmacologic intervention specific for the resident. The ADON stated documentation on the MAR needed to indicate the specific non-pharmacologic intervention attempted, not Y or N. The ADON acknowledged the behavior monitoring order for quetiapine as listed above was missing the specific target behavior and stated the order should have specified the target behavior for quetiapine. Regarding documentation of target behaviors on the MAR, the ADON stated nursing staff needed to document the number of times the behavior was exhibited during the shift. The ADON acknowledged Resident 2 did not have documentation of the number of episodes of the target behavior Psychosis m/b unprovoked physical aggression. During an interview and concurrent record review on April 9, 2026 at 1:58 p.m. with the DON, Resident 2's medical record was reviewed. The DON stated Resident 2 had been on and off quetiapine since 2024. The DON acknowledged that when quetiapine was restarted in February 2026, the behavior monitoring order as listed above did not indicate the target behavior specified. Additionally, the DON stated nursing staff did not document on the MAR the number of behaviors exhibited by Resident 2, instead nursing staff were documenting Y (yes) or N (no). The DON stated the expectation was for nursing staff to have documented the number of behaviors and it was important to know how many behaviors were exhibited to evaluate the effectiveness of psychotropic medications during IDT (interdisciplinary team, a group of healthcare professionals from different specialties) meetings. Additionally, the DON acknowledged nursing staff did not document the specific non-pharmacologic interventions attempted on Resident 2's MAR and stated they should have. 2c. A review of Resident 159's admission Record, dated April 9, 2026, indicated Resident 159 was originally admitted to the facility on [DATE], readmitted on [DATE], and had diagnoses including: major depressive disorder, anxiety, and insomnia (difficulty sleeping). A review of Resident 159's medical record indicated he had been receiving buspirone (used to treat anxiety) in various doses since October 2025 and trazodone (used to treat depression, insomnia, or anxiety) in various doses since May 2025. Resident 159's current Order Summary Report, dated April 9, 2026, indicated the following provider orders: Buspirone 7.5 mg tablet, Give 1 tablet by mouth two times a day for Anxiety M/B verbalization of feeling anxious, dated March 30, 2026; Trazodone 100 mg tablet, Give 2 tablet by mouth at bedtime for Inability to sleep, dated March 28, 2026; and Behavior Monitoring- Antidepressant (trazodone) Document Number of episodes of Target Behavior, intervention(s) attempted and effectiveness Target Behavior: 1. [left blank] 2. [left blank] Intervention: a. Redirection b. 1:1 c. Diversional Activity d. Offer to call family/friend e. Other- document in progress notes Effective: Y- Yes N- No, every shift, dated January 11, 2026. A review of Resident 159's medical record on April 8, 2026 indicated there was no documented evidence of physician's orders for: Non-pharmacologic behavior interventions for buspirone; and Monitoring of target behavior for buspirone. A review of Resident 159's MARs dated January 1, 2026 to April 8, 2026, indicated Resident 159 was administered buspirone and trazodone as prescribed by the physician. Additionally, the MARs indicated documented behavior monitoring for trazodone did not indicate the number of episodes of target behaviors and did not indicate the specific non-pharmacologic behavior intervention attempted as ordered by the physician. A review of Resident 159's Care Plan Report, dated January 12, 2026 indicated, Focus: The resident uses anti-anxiety medications [related to] Anxiety M/B verbalization of feeling anxious. at risk for [adverse side effects]: buspirone.Goal: The resident's risk for discomfort or adverse reactions related to anti-anxiety therapy will be minimized. Interventions.Administer anti-anxiety medications as ordered. Monitor.effectiveness.Behavior Monitoring for anti-anxiety medication.Offer Nonpharmacological Interventions. During an interview and concurrent record review on April 9, 2026 at 9:48 a.m. with LVN 4, Resident 159's medical record was reviewed. Regarding behavioral monitoring and non-pharmacological interventions for buspirone, LVN 4 stated she didn't see an order for it and added there should have been an order. During an interview and concurrent record review on April 9, 2026 at 10:31 a.m. with the ADON, Resident 159's medical record was reviewed. The ADON stated Resident (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	159 should have had an order for behavioral monitoring and non-pharmacological interventions and said I don't see it, there should be. During an interview and concurrent record review on April 9, 2026 at 2:24 p.m. with the DON, Resident 159's medical record was reviewed. DON acknowledged when Resident 159 was administered trazodone, nursing staff did not appropriately document number of behaviors exhibited each shift and did not document the specific non-pharmacologic interventions attempted. Additionally, the DON stated for buspirone, there was no documented evidence of a provider order for behavioral monitoring and non-pharmacologic interventions and stated it should have been ordered and monitored with documentation on the resident's MAR. 2d. A review of Resident 119's admission Record, dated April 9, 2026, indicated Resident 119 was admitted to the facility on [DATE] and had diagnoses including: anxiety. A review of Resident 119's medical record indicated the following physician's orders: Buspirone 7.5 mg tablet, Give 1 tablet by mouth two times a day for anxiety m/b self verbalization of feeling anxious, dated March 30, 2026; and Behavior Monitoring-Antianxiety- Document number of episodes of target behavior, intervention attempted and effectiveness: Target Behavior: 1. Verbalization of feeling Anxious Intervention: a. Redirect b. 1:1 c. Activity d. Low stim environment e. Toilet f. Offer Snack g. Offer Fluids h. Position Change i. Assess Pain j. Other-document in progress notes Effective Y- Yes N- No two times a day for Buspirone use; dated March 30, 2026. A review of Resident 119's MARs dated March 1, 2026 to April 8, 2026, indicated Resident 119 was administered buspirone as prescribed by the physician. Additionally, the MARs indicated documented behavior monitoring for buspirone did not indicate the number of episodes of target behaviors and did not indicate the specific non-pharmacologic behavior intervention attempted as ordered by the physician. During an interview and concurrent record review on April 9, 2026 at 2:36 p.m. with the DON, Resident 119's medical record was reviewed. DON acknowledged documentation of behavior monitoring was inconsistent. The DON stated behavior monitoring for buspirone was not complete as documented on the MAR. The DON stated nursing staff should have documented the number of behavior episodes for buspirone, not yes or no or a check mark because IDT would not be able to quantify the episodes of behavior to adjust doses if needed and unable to tell if the medication effective or not. A further review of the facility's P&P titled, Subject: Psychopharmacological, dated January 23, 2026, indicated, admission procedures.The licensed nurse of designee will document any known target behaviors and potential interventions.Monitoring.Licensed nurses and additional staff will monitor and document any targeted behaviors that occur.

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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 for five of 32 residents reviewed for quality of care (Residents 4, 19, 101, 178, and 180) when:1.For Resident 4, the intravenous (IV- specific location on the body where a small, flexible tube (catheter) is inserted into a vein to deliver medication) medications Meropenem (type of antibiotic) and Linezolid (type of antibiotic) were not documented as administered according to the physician orders.This failure had the potential to result in ineffective treatment of infection, worsening of the resident's condition, and development of antibiotic resistance; and2.For Resident 19, the IV medication Ceftriaxone (type of antibiotic) was not documented as administered according to the physician orders.This failure had the potential to result in ineffective treatment of infection, progression of urinary tract infection (when germs get into the urine system and cause infection), and potential complications such as sepsis (life-threatening condition caused by the body's extreme response to an infection); and3.For Resident 178, the facility did not schedule the ENT (Ear, Nose, and Throat) consultation according to the physician orders.This failure resulted in a delay in medical evaluation and had the potential to cause worsening of the resident's condition and prolonged pain; and 4.For Resident 101, the facility did not identify a significant change in the meal intake of less than 50% for multiple days between March 2026 to April 2026.This failure increased the risk of the resident not receiving the services necessary for her nutrition and health status; and 5. For Resident 180, a timely implementation of physician-ordered speech therapy services for one of three residents (Resident 180).This failure had the potential to place the resident at risk for aspiration, choking, and receiving an inappropriate diet texture.Findings: 1.A review of Resident 4's physician's order dated February 23, 2026, indicated the following: .Meropenem Intravenous Solution Reconstituted 1GM (gram- unit of measurement) Use 1 gram intravenously every 12 hours for s/p (status/post) coccyx (tailbone) wound debridement until March 10, 2026. and; .Linezolid Intravenous Solution 600 MG/300 ML (milligram/milliliter - unit of measurement) (Linezolid) Use 600 mg intravenously every 12 hours for s/p coccyx wound debridement until March 11, 2026. There was no documented evidence in Resident 4's Medication Administration Record (MAR) that Linezolid doses were administered. On April 9, 2026, at 10:10 a.m., a concurrent interview and record review of Resident 4's MAR (medication administration record) was conducted with the Infection Preventionist (IP), the IP stated there was no documentation in the MAR that Linezolid was administered on February 27, 28, March 4, 5, and 10, 2026, (6 a.m. doses), and no documentation that Meropenem was administered on March 1, 2026 (9 p.m. dose). The IP stated the if a medication was not documented as administered, it was considered not given. 2.On April 6, 2026, at 3:51 p.m., Resident 19 was observed alert, oriented, and watching television. In a concurrent interview with Resident 19, she stated the IV was placed when she was in the hospital for a UTI (urinary tract infection). Resident 19's record was reviewed. Resident 19 was admitted to the facility on [DATE], with diagnoses which included UTI. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The history and physical, dated April 1, 2026, indicated Resident 19 had the capacity to make decisions. The physician order dated March 31, 2026, indicated ceftriaxone sodium 1 gm intravenously one time a day for UTI for 5 days. A review of the electronic Medication Administration Record (eMAR) for the month of April 2026, indicated the 6 a.m. dose of Ceftriaxone was not administered on April 2, 2026. There was no documented evidence the medication was administered as ordered. On April 8, 2026, at 3:35 p.m., a concurrent interview and record review was conducted with the Registered Nurse (RN 2). RN 2 stated the EMAR (electronic medication administration record) indicated the 6 am dose of the medication Ceftriaxone 1 gm intravenously was not administered on April 2, 2026. RN 2 stated the medication Ceftriaxone should have been administered as ordered and the physician should have been notified of the missed dose. On April 10, 2026, at 8:31 a.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated licensed nurses were expected to administer medications as ordered, document administration in the eMAR, and notify the physician when medications were not administered. The DON stated licensed nurses should have administered the 6 am dose of the IV medication Ceftriaxone according to the physician order and documented in Resident 19's EMAR. The DON stated the facility process for following physician's orders for administration of medication was not followed and should have been followed. A review of the facility policy and procedure titled Administering Medications, revised April 2019, indicated .The individual administering the medication initials the residents' MAR on the appropriate line after giving each medication and before administering the next ones.as required or indicated for a medication, the individual administering the medication record s (sic) in the resident's medical record: The date and time the medication was administered.The signature and title of the person administering the drug. A review of the facility policy and procedure titled Physician Orders, dated January 23, 2026, indicated .Ensure orders are followed correctly .Responsibilities Nursing .Receive, verify, and implement orders .ensure documentation accuracy . 3. On April 7, 2026, at 10:44 a.m., Resident 178 was observed alert, oriented, lying upright in bed. Resident 178 stated during her care conference on April 2, 2026, she informed the care team of right ear pain. Resident 178 stated the team informed her an ENT consultation would be scheduled. Resident 178 stated five days had passed and she had not been informed of a scheduled appointment. Resident 178's records were reviewed. Resident 178 was admitted to the facility on [DATE], with diagnoses which included malignant neoplasm of pancreas (cancer tumor of the pancreas), obstruction of duodenum (intestinal blockage), major depressive disorder (intense feeling of sadness), and anxiety disorder (excessive fear of real or perceived thought). The history and physical dated March 29, 2026, indicated Resident 178 had the capacity to understand and make medical decisions. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The physician order dated April 2, 2026, indicated .Refer to ENT Consultation per patient request. The IDT Note dated April 2, 2026, indicated .ENT referral right ear issues . There was no documented evidence that an ENT consultation appointment was scheduled from April 3 through April 8, 2026. On April 9, 2026, at 1:01 p.m., a follow up interview was conducted with Resident 178. Resident 178 stated the facility had still not provided an update regarding the ENT consultation appointment and she continued to experience increased right ear pain. On April 9, 2026, at 1:40 p.m., an interview was conducted with the Social Service Director (SSD). The SSD stated she was responsible for scheduling the resident's ENT consultation. The SSD stated ENT physician scheduled visits was every six months and Resident 178 was scheduled to be seen on the next visit. The SSD stated she should have asked Resident 178 if she would like to be seen by an outside physician since the physician already visited within the six-month window. The SSD stated the possible outcome of not scheduling resident for her acute ear pain as soon as applicable had the potential to result in a delay in medical care and a worsening of pain. On April 10, 2026, at 12:49 p.m., a concurrent interview and record review was conducted with the Administrator (ADM). The ADM stated there was no documentation that the ENT consultation appointment was scheduled between April 3 and April 8, 2026. The ADM stated the consultation should have been arranged in a timely manner to address the resident's condition. The ADM stated the SSD should have offered Resident 178 to arrange for a visit from the outside physician and arranged the ENT consultation appointment to address her pain prior to April 9, 2026. A review of the facility policy and procedure titled Resident Appointments (Scheduling and Management), dated January 23, 2026, indicated, .The facility will ensure that all resident appointments are scheduled, coordinated, and completed in a timely manner to support continuity of care, resident safety, and regulatory compliance To: Ensure residents receive necessary medical services.prevent missed or delayed appointments.Appointments may be scheduled for.Specialty care.staff will schedule appointments promptly per physician order.Document appointment details (date, time, provider, location).Notify resident and/or responsible party of: appointment date and time.purpose of visit.document notification in medical record. 4. A review of Resident 101's record indicated Resident 101 was admitted to the facility on [DATE], with diagnoses including morbid obesity (severe fat accumulation), chronic kidney disease (reduced kidney function), and anemia (a condition of the blood which reduces the blood's ability to transport oxygen). The Minimum Data Set (MDS - an assessment tool), dated March 15, 2026, indicated a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). A review of the Food and nutritional assessment dated March 18, 2026, indicated, .resident consumes mostly 25% for all meals (breakfast, lunch, and dinner). Nutrition intervention/recommendations: 4oz (ounce – a unit of measurement) Health Shake TID (three times a day) w (with) /meals x (for) 14 days for inadequate PO intake.Current weight over IBWR (ideal body weight ration).Continue to monitor PO (by mouth) intake, skin integrity, weight trends, labs.Reassess as needed. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the nutrition report from March 18 to April 8, 2026, indicated an average meal percentage of 41%. A review of the meal intake percentage tasks documented by the facility staff from March 14 through April 8, 2026, indicated ongoing poor intake, including: -Meal intake of 25-50%: 18 instances. -Meal intake of 0-25%: 4 instances. -Meal percentage with refusal: 18 instances. Despite ongoing poor intake following initiation of nutritional interventions, there was no evidence the facility evaluated or addressed the resident's continued nutritional decline. There was no documented change of condition, no reassessment by the Registered Dietitian. A review of the progress note dated March 19, 2026, at 9:12 a.m. indicated, .MD (physician) and RD (registered dietitian) .health shake with meals for inadequate po intake for 14 days.start date.March 19, 2026.End date April 2, 2026. Further review of Resident 101's record, indicated no evidence of follow-up or reassessment after the completion of this intervention despite continued poor intake. On April 8, 2026, at 3:55 p.m., an interview was conducted with Registered Nurse (RN 1). RN 1 stated that changes in intakes should be reported to the physician and reflected in the care plan and stated this was not done. On April 9, 2026, at 1:28 p.m., an interview and record review were conducted with the Registered Dietitian (RD). The RD stated he was not notified of Resident 101's continued poor intake after his initial recommendation and did not reassess the resident. On April 9, 2026, at 2:03 p.m., a concurrent interview and record review were conducted with LVN 1. LVN 1 stated if an intake falls below 75% on 3 occasions, initiate a Change of Condition (COC), update the care plan, notify MD (physician) and monitor for 72 hours. LVN 1 stated there was no documentation of ongoing nutritional monitoring for Resident 101, no progress notes reflecting deteriorating intake, and no COC or care plan updates. On April 9, 2026, at 2:48 p.m. a concurrent interview and record review were conducted with the Director of Nursing (DON). The DON stated that intake consistently below 50% on three occasions should trigger a COC and physician notification. The DON stated the facility did not recognize and address the resident's ongoing poor intake. A review of the facility policy and procedure titled, Change in Condition, dated January 23, 2026, indicated, .the facility will promptly identify, assess, and report any change in a residents condition to ensure timely intervention and appropriate care.monitor for changes.physical, mental, and functional decline.immediately report to the nurse.assess the resident.notify physician and responsible party as appropriate.implement new orders/interventions.document.description of the change.notifications, physicians/family.new orders.resident response.all staff are responsible for recognizing and reporting changes.licensed nurses are responsible for assessment, notification, and follow-up. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. A review of Resident 180's admission Record dated April 10, 2026, indicated an admission date of April 4, 2026, with diagnoses which included hemiplegia (paralysis of one side of the body) and dysphagia (difficulty in swallowing). A review of Resident 180's Order Summary Report dated April 4, 2026, indicated an order for Speech Therapy Evaluation and Treatment [refers to professional services to assess and manage problems related to communication and swallowing]. A review of Resident 180's History and Physical dated April 6, 2026, indicated the resident did not have the capacity to make medical decisions. A further review of Resident 180's record indicated the resident was not evaluated by speech therapy until April 8, 2026, four days after the physician order dated April 4, 2026. On April 10, 2026, at 10:12 a.m., an interview was conducted with the Speech Therapist (ST). The ST stated residents were usually evaluated the day after a physician order was placed. The ST stated if the order was placed on a weekend, the expectation was for the resident to be evaluated on the following Monday. The ST stated Resident 180 should have been evaluated on Monday April 6, 2026. The ST stated Resident 180 was not evaluated until Wednesday, April 8, 2026. On April 10, 2026, at 1:55 p.m., an interview was conducted with the Director of Rehab (DOR). The DOR stated ST evaluations were expected within one to two days of the order. The DOR stated Resident 180 was not evaluated in a timely manner and could have been evaluated earlier. The DOR stated it was important to evaluate residents timely to ensure their diet was appropriate. On April 10, 2026, at 2:47 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated if a speech therapy order was placed on a Saturday, the resident should be evaluated by Monday. The ADON stated Resident 180 should have been evaluated sooner to ensure the correct diet and texture and to prevent aspiration. A review of the facility policy and procedure titled, Therapy Evaluations Timing Policy, dated January 23, 2026, indicated, .Evaluations should be completed as soon as possible (best practice 24-72 hours).Therapy staff: complete evaluations timely.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure nutritional care and services were provided, for two of three residents reviewed for nutrition (Residents 117 and 101), when:1. a. The facility failed to follow its policy Oral Nutritional Supplement (ONS) Use for monitoring the effectiveness of nutrition interventions for Resident 117. This failure had the potential to result in delay in identifying and evaluating the necessity of an alternative nutrition approach.b. The facility failed to follow physician diet ordered providing Fortified diet for Resident 117 during lunch on April 7, 2026, and April 9, 2026. This failure resulted in Resident 117 did not get extra calories to help improve her weight and wounds. (Cross reference 803) c. The facility failed to ensure Resident 117's food preference was honored during lunch on April 9, 2026. This failure had the potential to result in decreased food intake and could result in Resident 117's weight not improving. (Cross reference 806)d. The facility failed to follow its policy Care Plans, Comprehensive Person-Centered involving Resident 117's Legal guardian to discuss goal weight.e. The Registered Dietitian did not follow its policy Nutrition Support and Interventions: Nutrient Needs for Wound Healing to assess the Resident 117 nutrition's needs.These failures resulted in Resident 117 experiencing a 55-pound (33 percent) severe unplanned weight loss during a 4-months period from November 2, 2025, to April 5, 2026, and which may further impair nutrition and health status. 2. For Resident 101, the facility failed to ensure nutritional interventions were implemented, monitored, and adjusted in response to ongoing poor intake to maintain acceptable nutritional status.This failure had the potential to result in malnutrition, unplanned weight loss, and decline in health status. Findings: During a review of Resident 117's admission Face Sheet (a summary of important information regarding a patient which include patient identification, past medical history, insurance status, care providers, family contact information and other pertinent information), indicated Resident 117 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 117's diagnoses included Stage 4 Pressure Ulcer (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) of Sacral Region (is located at the base of the spine, just above the coccyx) , Malignant Neoplasm of Cecum (Colon Cancer), Unstageable Pressure Ulcer Right heel, Dysphagia Oropharyngeal phase (refers to impairment in the ability to initiate a swallow and efficiently move a bolus from the mouth through the pharynx to the upper esophagus), Dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), Chronic Kidney Disease stage 3 [(CKD) means that your kidneys are damaged and can't filter blood as they should]. A record review of Resident 117 was conducted. During a review of Resident 117 's Minimum Data Set (MDS), a standardized assessment and care-planning tool, indicated as following: - Dated November 30, 2025, indicated 117 with active Diagnoses Cancer, Hypertension, Renal insufficiency, Non Alzheimer' Dementia, Malnutrition, Unstageable Pressure ulcer of sacral region. It is very important to have family involved in discussion care. - Dated February 7, 2026, February 25, 2026 and March 2, 2026, indicated Resident 117 had a weight loss of 5 % or more in the last month or loss of 10% or more in the last 6 months, and was not on physician-prescribed weight-loss regimen [a program that is supervised by a medical professional that specializes primarily in weight loss for individuals that have a hard time losing weight despite (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dietitian (RD) indicated, Resident 117's estimated nutritional needs were 1400 -1800 calories based on 20 -25 kcal/body weight and 72-86 grams of protein based on 1.0 -1.2 gram/body weight. Resident 117 was also admitted with one unstageable Sarum pressure injury. The documented nutrition diagnosis listed the need for increased nutrition needs related to the need for wound healing. Weight: admit weight 11/25/25: 165 lbs.; 12/3/25: 158 lbs.: loss 7 lbs. for 1 week (4.2%). The documented weight loss unavoidable due to underlying medical conditions and varied meal intake, fluid shifts, therapeutic/mechanically altered diet, and advanced aging. RD recommended 4 ounce (oz) ONS (lunch/Dinner) for 30 days for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 12/18/2025, indicated, Weight: 12/3/25: 158 lbs.; 12/17/25: 156 lbs.: loss 2 lbs. for 2 weeks. Diet: No added salt; ONS 4 oz (lunch/Dinner) until 1/6/26. Meal intake: 0-100 %, mostly 26 -75 % with 3 meal refusals. RD recommended pudding lunch and dinner for 30 days for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 12/25/2025, indicated, Weight: 12/3/25: 158 lbs.; 12/17/25: 156 lbs.; 12/24/25: 152 lbs.: loss 6 lbs. for 3 weeks. Diet: No added salt; ONS 4 oz (lunch/Dinner) until 1/6/26; Pudding (lunch/Dinner) until 1/18/26. Meal intake: 0-100 %, mostly 26 -75 % with 4 meal refusals. RD recommended add double serving Protein with breakfast, discontinue ONS 4 oz (lunch/Dinner) and change to ONS 8 ounce (lunch/Dinner) x 30 days for weight management During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 1/2/2026, indicated, Weight: 12/3/25: 158 lbs.; 12/17/25: 156 lbs.; 12/24/25: 152 lbs., 1/1/2026:149 lbs.: Loss 3 lbs. for 1 week (2.0%); loss 9 lbs. for 1 month (5.7 %). Diet: No added salt, double serving Protein with breakfast; Ice cream twice per day, ONS 8 oz one time per day, Pudding one time per day (morning). Meal intake: 0-100 %, mostly 26 -75 % with 4 meal refusals. Skin: Sacrum stage 4, Right heel Deep Tissue injury (DTI). Plan: Reassess as needed During a review of Resident 117's Food and Nutrition Progress Notes, dated 1/9/2026, indicated, updated beverage preference (prune juice and coffee with breakfast) from daughter. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 1/13/2026, indicated, Weight: 12/17/25: 156 lbs.; 12/24/25: 152 lbs., 1/1/2026:149 lbs., 1/13/26: 145 lbs.: Loss 4 lbs. for 1 week; loss 11 lbs. for 1 month (7 %). Diet: No added salt, double serving Protein with breakfast; Ice cream twice per day, ONS 8 oz one time per day, Pudding one time per day (morning). Meal intake: 0-100 %, mostly 26 -75 % with 3 meal refusals. Skin: Sacrum stage 4, Right heel Deep Tissue injury (DTI). RD recommended add double serving Protein with all meals. During a review of Resident 117's Food and Nutrition Progress Notes, dated 1/13/2026, indicated, Daughter stated Resident enjoys soups, cottage cheese, and fruit cups. Daughter also would like Resident to have ONS 8 oz three time per day. RD recommended discontinue ONS one daily and changed to ONS 8 oz three times per day with meals for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 1/22/2026, indicated, Weight: 12/24/25: 152 lbs., 1/1/2026:149 lbs., 1/13/26: 145 lbs., 1/21/26: 127 lbs.: Loss 18 lbs. for 1 week (12.4%); loss for 3. for 3 weeks (14.8 %). Diet: No added salt, double serving Protein with breakfast; Ice cream twice per day, ONS 8 oz one time per day, Pudding one time per day (morning). Meal intake: 0-100 %, mostly 51 -75 %. Skin: Sacrum stage 4, Right heel Deep Tissue injury (DTI). RD recommended remove No added salt diet and change to regular diet and double (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	serving Protein with all meals for weight management During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 1/29/2026, indicated, Weight:12/24/25: 152 lbs., 1/1/2026:149 lbs., 1/13/26: 145 lbs., 1/21/26: 127 lbs., 1/26/26: 119 lbs.: Loss 8 lbs. per 1 week (6.3%), loss 33 lbs. for 1 month (22%). Diet: Regular, double serving Protein with breakfast; Ice cream twice per day, ONS 8 oz three time per day, Pudding one time per day (morning). Meal intake: 0-100 %, mostly 51 -75 %. Skin: Sacrum stage 4, Right heel Deep Tissue injury (DTI). Visited Resident at bedside, Resident states that she may have some problems with chewing the food. No Remeron approval from doctor per RD recommendation on 1/22/26. RD recommended Speech Therapy evaluation. Add large portions for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 2/6/2026, indicated, Weight: 1/1/2026:149 lbs., 1/13/26: 145 lbs., 1/21/26: 127 lbs., 1/26/26: 119 lbs., 2/5/26: 119 lbs.: loss 30 lbs. for 1 month (20.1%), 46 lbs. (27.9 %) for 3 months. Diet: Regular diet, double serving Protein for all meals Large portions; Ice cream twice per day, ONS 8 oz three time per day, Pudding one time per day (morning). Meal intake: 26-100 %, mostly 51 -100 %. Skin: Sacrum stage 4, Right heel Deep Tissue injury (DTI). RD recommended add fortified diet for weight management. During a review of Resident 117's Readmit Nutrition assessment dated [DATE], completed by the RD indicated, Resident 117's estimated nutritional needs were 1500 -1750 calories and 60-75 grams of protein. Resident 117 was also admitted with stage 4 Sarum pressure injury and left/right heel Deep tissue injury. Weight: 2/5: 119 lbs.; readmit weight: 2/20: 109 lbs.: loss 10 lbs. for 2 weeks (8.4%). Current weight noted with 40 lbs. loss (26.8%) for 1 month, loss 56 lbs. (33.9%) for 3 months. Varied PO intake with 26-50 %. The documented weight loss unavoidable due to underlying medical conditions and advanced aging. RD recommended add fortified diet, pudding with breakfast, ice cream with lunch and dinner for weight management. During a review of Resident 117's Food and Nutrition Progress Notes, dated 2/27/2026, indicated, Per nursing, Resident's appetite has improved since readmission and tends to eat well during Breakfast/Lunch times. Resident still enjoys Pudding and Ice cream nourishment, and nursing states that Resident may benefit from ONS as well. RD recommended ONS 8 oz during breakfast for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 3/12/2026, indicated, Weight: 3/11/26: 108 lbs., 3/5/2026:109 lbs.: loss 10 lbs. (8.4%) for 1 month, loss 49 lbs. for 3 months (31.0%). Diet: Fortified diet; Ice cream twice per day, ONS 8 oz one time per day, Pudding one time per day (morning). Meal intake: 0-100 %, mostly 26-50 %. Skin: Sacrum stage 4, Right heel stage 3; Left heel DTI. RD recommended change pudding three times per day for weight management. During a review of Resident 117's Food and Nutrition Progress Notes for weight review, dated 3/19/2026, indicated, Weight: 3/18/26: 107 lbs., 3/11/26: 108 lbs., 3/5/2026:109 lbs Diet: Fortified diet; Ice cream twice per day, ONS 8 oz one time per day, Pudding three time per day. Meal intake: 0-100 %, mostly 26-50 % with meal refusals. Skin: Sacrum stage 4, Right heel stage 3. RD recommended change ONS 8 oz from one daily to three times per day per family request. On April 9, 2026, at 8:25 a.m., visited Resident 117 at bedside. Unable obtain information due to her mental status. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On April 9, 2026, at 10:11 a.m., a concurrent interview and electronic medical record (EMR) review were conducted with Certified Nursing Assistant (CNA) 6. CNA 6 stated Resident 117's meal intake was variable; her meal intake was dependent on Resident 117's mood. CNA 6 stated average breakfast intake was 65 % and lunch 50 %. CNA 6 stated Resident 117 did not like ONS, she only sip on it. Concurrent review EMR, CNA 6 showed surveyor she included the amount intake of ONS with total amount intake of fluid during the day. CNA 6 stated there was no individual documenting the amount intake of ONS. CNA 6 also showed surveyor when she documented ice cream and pudding intake, she documented them as part of total meal intake. CNA 6 stated there was no individual documenting the amount intake of ice cream and pudding. On April 9, 2026, at 10:25 a.m., a concurrent interview and electronic medical record (EMR) review were conducted with Licensed Vocational Nurse (LVN) 6. Concurrent review EMR, LVN 6 stated Resident 117 received ONS scheduled at 10:00 a.m., 1400 and 2000. LVN 6 unable located the amount intake of ONS. On April 9, 2026, at 10:25 a.m., a concurrent interview and electronic medical record (EMR) review were conducted with LVN 5. LVN 5 stated she had been taking care Resident 117 since 2022. LVN 5 stated Resident 117 had a history of poor po intake like 25 %. Appetite improving after receiving appetite stimulator which ordered on 2/24/2026. Current meal intake with average 50 -75 with breakfast and lunch. Concurrent review EMR, LVN 5 unable located the amount intake of ONS. LVN 5 stated she did not know how much Resident 117 drank from ONS because ONS was provided by CNA. LVN 5 stated ice cream and pudding were documented as part of the total meal. 1. a. During a review of the facility's P&P titled, Oral Nutritional Supplement (ONS) Use, dated January 23, 2026, the P&P indicated, Policy Oral Nutritional Supplement (ONS) are used to promote adequacy of the diet and as a nutrition intervention for at risk or nutritionally impaired residents to prevent or reduce deterioration of nutritional status. Procedures: .A variety of supplements are offered and may include liquid drinks, . Regular documentation of the amount supplement consumed and tolerance is completed by designated personnel to monitor the effectiveness of supplement use.Effectiveness of supplement intervention is documented in the resident's medical record under dietary progress notes and addressed on the care plan.acceptance to be added to the medication administration record (MAR). On April 9, 2026, at 2:21 p.m., a concurrent interview and EMR review were conducted with the RD. The RD stated the nutrition interventions for Resident 117 were ONS between meal three times per day, ice cream with lunch and dinner, pudding with breakfast and fortified diet. The RD unable locate in EMR the amount intake of ONS, ice cream and pudding for Resident 117. The RD unable to answer how many extra calories Resident 117 obtain from ONS, ice cream and pudding. The RD unable to answer whether Resident 117 like ONS. The RD acknowledged without monitoring and documenting nutrition interventions, it was unable to determine the effectiveness of nutrition interventions. 1.b On April 7, 2026, at 11:57 a.m., a concurrent observation and Therapeutic Spreadsheets dated 4/7/26 (the document used to guide dietary staff on food items, portions, and therapeutic diet) review were conducted at the trayline (the process of plating resident meals according to physician ordered diets). Therapeutic Spreadsheets indicated, Fortified diet served 1 oz melted margarine. There was no melted margarine available at the steamtable or trayline. Observed [NAME] (CK) 2 plated fortified diet, no melted margarine served to Residents on fortified diet. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On April 7, 2026, at 1:07 p.m., an interview was conducted with CK 2. CK 2 admitted she forgot to serve melted margarine to all fortified diet residents. On April 8, 2026, at 10:05 a.m., a concurrent interview and Therapeutic Spreadsheets dated 4/7/26 review were conducted with the RD and DFN. After review Therapeutic Spreadsheets, the DFN stated Resident who on fortified diet should serve 1 oz melted margarine on entree with lunch. The RD explained Resident on Fortified diet was prescribed by doctor for helping weight gain and promote wound healing. The RD stated Resident who on Fortified diet did not get melted margarine with lunch means he or she did not get extra calories. The RD stated his expectation was Cooks follow Therapeutic Spreadsheets and meal ticket served melted margarine (extra calories) to Fortified diet Residents. On April 9, 2026, at 12:45 p.m., a concurrent observe and Resident 117's meal ticket review with Resident 117's LG and CNA 6 at bedside. Resident 117 meal ticket indicated Resident 117 on Fortified diet with 1 oz melted margarin. CNA 6 and Resident 117's LG confirmed Resident 117's meal tray missing 1 oz melted margarin. During a review of the facility's P&P titled, Therapeutic Diets, dated January 23, 2026, the P&P indicated, Therapeutic Diets -Preparation and Service. Policy: All therapeutic diets .are references in the current diet manual and are prepared and served in the community daily written instructions. Procedures: .Specific therapeutic diets .are referenced in the diet manual with specific content and preparation. so accurate diets are served . 1 c. On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD. The RD was interview regarding tray card (meal ticket) and honoring food preference for residents. The RD stated resident's food preference was indicated in the meal ticket. Dietary staff should honor food preference and follow instruction as indicated in the meal ticket. The RD stated not honoring food prefer potential to result in decreased food intake. The RD explained decreased food intake could result in resident not getting enough nutrition, weight loss and compromise nutrition status. On April 9, 2026, at 12:49 p.m., a concurrent observe and Resident 117's meal ticket review with Resident 117's LG and CNA 6 at bedside. Resident 117's meal ticket indicated, Fortified diet. Tray instruction: Give soup; Likes Grill cheese with Tomatoes soup. CNA 6 and Resident 117's LG confirmed Resident 117's meal tray missing soup. Resident 117's LG stated there was always some missing food items in the meal tray provided. During a review of the facility's P&P titled, Resident Food Preferences, dated January 23, 2026, the P&P indicated, Purpose To ensure resident food preferences are identified, honored, and incorporated into care while maintaining needs and safety. Policy The facility will provide meals that respect each resident's preferences, .and dietary needs, consistent with physician orders and nutritional requirements. Procedure .Preferences will be .communicated to dietary staff .Meal Service Residents will receive meals: In accordance with preferences . During a review of the facility's P&P titled, Therapeutic Diets, dated January 23, 2026, the P&P indicated, Therapeutic Diets -Preparation and Service. Policy: All therapeutic diets .are references in the current diet manual and are prepared and served in the community daily written instructions. Procedures: .Each resident has specific food .preferences detailed on a tray card (meal ticket) ., so accurate diets are served. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1 d. During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, dated January 23, 2026, the P&P indicated, Policy Statement A Comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy interpretation and Implementation 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.4. Each resident's comprehensive person-centered care plan is consistent with the resident's right to participate in the development and implementation of his or her plan care, including the right to: .participate in establishing the expected goals and outcomes of care .7. The comprehensive, person-centered care plan: includes measurable objectives .professional services are responsible for each element of care includes the resident's stated goals .and desired outcomes . During a review of the facility's P&P titled, Weight Management, dated January 23, 2026, the P&P indicated, Policy: .Dietitian and nursing management personnel are advised to review interventions and progress toward measurable resident care goals. On April 9, 2026, at 12:45 p.m., a concurrent interview was conducted with Resident 117's LG at bedside. Resident 117's LG stated Resident 117 admitted to this facility with weight 165 lbs. and her weight kept dropping. Resident 117's LG concerned Resident 117's significant unplanned weight loss and pressure injury. Resident 117's LG stated nobody including the RD from this facility was discussing with her regarding Resident 117's goal weight. Resident 117's LG stated she did not want Resident 117 to lose any more weight. During a review of the Resident 117's Weight Care Plan, initiated date 1/13/2026, Resident 117's Weight Care Plan indicated, Goal: Will be able to stabilize weight loss in 90 days On April 9, 2026, at 2:21 p.m., a concurrent interview and Resident 117's Weight Care Plan review were conducted with the RD. RD stated he did not do any care plan for Resident 117. The RD unable locate any documentation that he had been discussed with Resident 117's LG regarding Resident 117 's goal weight. The RD acknowledged, stabilize weight loss was not measurable goal for Resident 117. 1 e. During a review of the facility's P&P titled, Nutrition Support and Interventions: Nutrient Needs for Wound Healing, dated January 23, 2026, the P&P indicated, Policy: Residents with wound healing needs are considered to be at high nutritional risk and are assessed for optimal intervention to promote healing. Procedures: 1. Residents with pressure injuries of any stage .are refereed to the Registered Dietitian (RDN) for review of information to determine nutrition interventions. 2. Information reviewed for nutritional intervention will be include the following: .Percent eaten at meals, Estimate of calories, protein eaten, .Revised calories, protein and fluid needs, .5. Daily protein needs are estimated to increase depending on severity of wound. 6. Daily calories needs are estimated to increase depending on severity of wound.8. When severe malnutrition is present .additional nutrition support may be considered to temporarily increase nutritional intake to prevent further deterioration. During a review of Resident 117's Nutrition assessment dated [DATE], completed by the RD indicated, Resident 117's estimated nutritional needs were 1400 -1800 calories based on 20 -25 kcal/body weight and 72-86 grams of protein based on 1.0 -1.2 gram/body weight. Resident 117 was also admitted with one unstageable Sarum pressure injury. The documented nutrition diagnosis listed the need for increased nutrition needs related to the need for wound healing. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On April 9, 2026, at 2:21 p.m., a concurrent interview and EMR review were conducted with the RD. Concurrent review Resident 117's Nutrition assessment dated [DATE], completed by the RD. The RD admitted the estimated nutritional needs (calories and protein) were too low for Resident 117. The RD 1 stated Resident 117 weight loss was unplanned and undesired. The RD continue following the Resident 117 significant weight loss weekly, but the RD unable locate the documentation of revised calories, protein needs of Resident 117 to ensure Resident obtained sufficient nutrition. 2. On April 6, 2026, at 3:49 p.m., Resident 101 was observed lying in bed, alert. Resident 101 stated the facility food was very poor. Resident 101 stated she rarely eat facility meals and preferred outside food. A review of Resident 101's record indicated Resident 101 was admitted to the facility on [DATE], with diagnosis which included, morbid obesity (severe fat accumulation), chronic kidney disease (reduced kidney function), and anemia (a condition of the blood which reduces the blood's ability to transport oxygen). The Minimum Data Set (MDS - an assessment tool), dated March 15, 2026, indicated a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). A review of the physicians orders indicated the following: - .Regular diet Regular -Level 7 texture (no restrictions), Thin Level 0 consistency (flows quickly through a straw) Low fat/Low Cholesterol NAS (no added salt) diet.start date March 13, 2026 . - .Health Shake with meals for inadequate PO intake for 14 days.start date March 19, 2026.end date April 2, 2026 . A review of the Medication Administration Record (MAR) for April 2026, indicated Resident 101 did not receive a health shake after April 2, 2026, and was not evaluated from April 2, 2026 to April 8, 2026, for poor PO intake. A review of Resident 101's Food and Nutrition preferences assessment dated March 16, 2026, indicated, .Eats three meals a day.Good intake 76-100% (percent).Resident likes most food/snacks at this time.Resident is alert and oriented is able to verbalize food likes and dislikes.aware of menu and substitutions eats in room independently no adaptive equipment. There are no food preferences listed and no food habits listed where questions are listed to be asked of the resident. A review of Resident 101's Food and nutritional assessment dated March 18, 2026, indicated, .resident consumes mostly 25% for all meals (breakfast, lunch, and dinner). Nutrition intervention/recommendations: 4oz (ounce – a unit of measurement) Health Shake TID (three times a day) w (with) /meals x (for) 14 days for inadequate PO intake.Current weight over IBWR (ideal body weight ration).Estimated fluid intake needs 2340-3120 (1ml (milliliters – a unit of measurement) /1kcal (kilocalorie – a unit of measurement).Continue to monitor PO (by mouth) intake, skin integrity, weight trends, labs.Reassess as needed. A review of the nutrition report from March 18 through April 8, 2026, indicated an average meal percentage of 41%. A review of Resident 101's meal intake records from March 18 through April 8, 2026, indicated ongoing (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	poor intake including: -Meal intake of 25-50%: 18 instances. -Meal intake of 0-25%: 4 instances. -Meal percentage with refusals: 18 instances. A review of the fluid intake nutrition report from March 18, 2026, to April 8, 2026, indicated average fluid intake of 871 milliliters per day. This is below the expected value calculated by the RD upon admission. A review of the progress note dated March 19, 2026, at 9:12 a.m. indicated, .MD (physician) and RD (registered dietitian) .health shake with meals for inadequate po intake for 14 days.start date.March 19, 2026.End date April 2, 2026. Further review of Resident 101's record indicated no documented evidence the facility consistently implemented, monitored, or evaluated the effectiveness of this intervention, and no additional or modified nutritional interventions initiated despite continued poor intake. On April 9, 2026, at 1:28 p.m., an interview and record review were conducted with the Registered Dietitian (RD). The RD stated that residents are reassessed based on weight changes and no follow-up was conducted for Resident 101. The RD stated he was not notified by nursing of continued poor intake and was unaware of ongoing concerns after his initial recommendation. The RD stated Resident 101 was not flagged for concern or reassessment during weekly weight meetings and that nursing was responsible for communicating ongoing intake concerns. On April 9, 2026, at 2:48 p.m. a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated that poor oral intake should be monitored and addressed regardless of weight changes. The DON stated nursing staff should communicate ongoing intake concerns to the physician and the RD, document the resident's intake, and implement and adjust interventions as needed. The DON stated for Resident 101, there was no documentation of ongoing monitoring of poor intakes, no communication with the RD for reassessment, and no adjustment of nutritional interventions despite continued intake below 50%. The DON stated this placed the resident at risk for nutritional decline.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure dietary staff were trained and competent to carry out the functions of the department safely and effectively when1.Food and Nutrition Specialist 1 did not know the right concentration of the Dish machine sanitizer. 2. Food and Nutrition Specialist 1 did not know the right location to check dish machine sanitizer.3. Several dietary staff did not follow manufacturer's guideline time length dipping the test strip into sanitizer (sanitizing solution used for sanitizing food contact surfaces) for testing the concentration of the sanitizer. This failure resulted in false reading of the concentration of sanitizer. Failure to have right concentration of sanitizer may result in ineffective sanitizer food contact surface which could cause foodborne illnesses.4. Several dietary staff and Registered Dietitian did not know the right concentration of the sanitizer. Failure to have right concentration of sanitizer may result in ineffective sanitizer food contact surface which could cause foodborne illnesses.5. [NAME] 3 and Registered Dietitian did not know how to calibrate thermometer.6. Two dietary staff did not know the cooling process and monitoring temperature for egg salad and Tuna salad. (Cross reference 812)7. Food and Nutrition Specialist 3 did not know how long she needed to submerge kitchenware in the sanitizer.8. [NAME] 1 prepared wrong texture for Mince and Moist meat during lunch on 4/7/2026. (Cross reference 805)9. Food and Nutrition Specialist 4 did not know manual washing wash temperature.These failures had the potential to cause foodborne illness (stomach illness acquired from ingesting contaminated food), choking, and further harm in a medically compromised 146 out of 150 sampled residents who received foods from the kitchen.Findings:1. A review of the dish machine manufacturer's guidelines indicated, Chlorine (sanitizer for dish machine) 50 ppm (parts per million - a unit of measurement) On April 6, 2026, at 10:07 a.m., an interview was conducted with Food and Nutrition Specialist (FNS) 1 in the dishwasher area. FNS 1 was asked to demonstrate how to check the concentration of dish machine sanitizer (Chlorine). FNS 1 dipped the test strip into dish machine water tank and compared the result to the sanitizer indicator color chart on the test strip container. FNS 1 stated the concentration of the sanitizer was 200 ppm and it was the right concentration of the dish machine.On April 8, 2026, at 10:05 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated the concentration of dish machine sanitizer (Chlorine) should be 50 -100 ppm per manufacturer guidelines. The RD stated the dietary staff were expected to follow these manufacturer guidelines. During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Mechanical washing: Low temperature dish machine .50 to 100 ppm chlorine (sanitizer) .2. On April 6, 2026, at 10:07 a.m., an interview was conducted with FNS 1 in the dishwashing area. FNS 1 was asked to demonstrate how to check the concentration of the dish machine sanitizer. FNS 1 dipped the test strip into dish machine water tank to check the concentration of sanitizer.On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD. The RD stated dietary staff should test sanitizer concentration on the dish surface, not by dipping the test strip into the water tank, otherwise this could result in inaccurate reading of sanitizer.During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Mechanical washing: Low temperature dish machine .50 to 100 ppm chlorine (sanitizer) on the dish surface.3. A review of manufacturer guideline poster for Sanitizer, posted above the three-compartment sink (use for wash, rinse and sanitize kitchenware), indicated, Dip test paper (strip) for 10 seconds in the test solution.On April 7, 2026, at 11:03 a.m., an interview was conducted with FNS 3 in the kitchen in front of three compartment sinks. FNS 3 was asked to demonstrate how to check the concentration of sanitizer in the sink. FNS 3 dipped the test strip into the sanitizer solution for 3 seconds and stated the test strip should be dipped for 20 seconds to check the concentration of sanitizer. On April 7, 2026, at 11:26 a.m., an interview was conducted with FNS 4 (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	in the kitchen in front of the three compartment sinks. FNS 4 was asked to demonstrate how to check the concentration of sanitizer in the sanitizer sink. FNS 4 dipped the test strip into the sanitizer solution for 30 seconds and stated it should be dipped for one minute to check the concentration of sanitizer. On April 7, 2026, at 3:33 p.m., an interview was conducted with [NAME] (CK) 3 in the cooking area. CK 3 was asked to demonstrate how to check the concentration of sanitizer in a red bucket. CK 3 dipped the sanitizer test strip into the solution for two seconds and stated it should be dipped for 20 seconds to check the concentration of sanitizer. On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and the Director of Food and Nutrition (DFN). The RD stated dietary staff should dip the test strip [NAME] the sanitizer for 30 seconds to one minute to check the concentration of sanitizer. The DFN stated dietary staff should dip the test strip for 15 to 20 seconds. A concurrent review of the test strip manufacturer's guidelines printed on the test strip container with the RD and the DFN indicated that the test strip should be dipped for 10 seconds. The RD stated not following the manufacturer's guideline for dipping time could result in an inaccurate reading of the concentration of sanitizer. The RD explained that an inaccurate reading could lead to ineffective sanitizing food-contact surfaces, which may result in lack of removal of inadvertent growth on surfaces of microorganisms which may contaminate food and cause food borne illness.4. A review of manufacturer guideline poster for Sanitizer posted above 3 compartment sink, indicated, Testing solution should be between 150 -400 ppm.On April 7, 2026, at 11:26 a.m., an interview was conducted with FNS 4 in the kitchen in front of three-compartment sinks. FNS 4 was asked to demonstrate how to check the concentration of sanitizer in the sanitizer sink. FNS 4 dipped the test strip into the solution, and the result showed 400 ppm. FNS 4 stated she was not sure whether 400 ppm was the correct concentration.On April 7, 2026, at 3:33 p.m., an interview was conducted with [NAME] (CK) 3 in the cooking area. CK 3 was asked to demonstrate how to check the concentration of sanitizer in a red bucket. CK 3 dipped the sanitizer test strip into the solution for two seconds, and the result indicated 150 ppm. CK 3 stated the correct concentration of sanitizer should be in the range of 150 -200 ppm. CK 3 stated he did not know what to do if the sanitizer concentration was 500 ppm.On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and DFN. The RD stated he could not remember the appropriate sanitizer concentration range. The DFN stated per sanitizer manufacturer guidelines, the acceptable range for sanitizer concentration is 150 -400 ppm. The DFN further stated if the sanitizer concentration exceeds 400 ppm, the sanitizer solution would be too strong and could contaminate kitchenware and food-contact surfaces.5. On April 7, 2026, at 3:33 p.m., an interview was conducted with CK 3 in the cooking area. CK 3 was asked to demonstrate how to calibrate a thermometer. CK 3 filled a small cooking pan with ice water and stated the thermometer should be calibrated to 35 degrees Fahrenheit (F - a unit of measurement).On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and the DFN. The RD stated the thermometer should be calibrated to 0 F. The DFN verified the thermometer should be calibrated to 32 F. The RD explained that if a cook did not know how to properly calibrate a thermometer, it would result in inaccurate temperature readings. The RD further stated inaccurate thermometer readings could result in incorrect food temperature measurements, which may lead to food being unsafe for residents. During a review of the facility's provided documentation titled, Calibration Instruction: Bimetallic Stemmed Thermometer, Ice point method, dated January 23, 2026, indicated, .put the thermometer stem into ice water so the sensing area is completely submerged.Leave the stem in the ice water 30 seconds until the dial stops moving .rotate the head of the thermometer until it reads 32 F.6. On April 8, 2026, at 9:24 a.m., an interview was conducted with FNS 7. FNS 7 was asked to demonstrate how to monitor the cooling process (is an essential process used in food production to prevent foodborne illness. Bacteria grow best in food in the temperature range 135 F to 41 F, also referred to as the temperature danger zone. Food must be cooled quickly to minimize bacterial growth. If left out to cool, cooked food can become unsafe to eat in a matter of hours.) for egg salad or tuna salad. FNS 7 was unable to demonstrate the cooling process. FNS 7 stated she had worked at the facility for 5 years and had (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	never performed the cooling process for egg salad or tuna salad and had never seen a cooling log used to document the cooling process.On April 8, 2026, at 2:34 p.m., an interview was conducted with FNS 4 and the RD. FNS 4 was asked to demonstrate how to monitor cooling process for tuna salad and egg salad. FNS 4 was unable to demonstrate, stating she had never performed the cooling process. The RD stated it was important that dietary staff understand and monitor the cooling process, which was monitoring time and temperature for foods such as tuna salad and egg salad. The RD stated there was a potential risk of food borne illnesses if the cooling process for egg salad and tuna salad was not monitored. During a review of the facility provided job description titled, Food and Nutrition Specialist, updated on 11/1/2024. The job description indicated, The Food and Nutrition Specialist's main responsibility is to assist with all dietary functions as directed and in accordance with established dietary policies and procedures. DUTIES AND RESPONSIBILITIES 1. Ensures dietary procedures are followed according to established policies, .7. A review of manufacturer guideline for sanitizer, posted above three-compartment sink, indicated Submerge in sanitizer for one minuteOn April 7, 2026, at 11:03 a.m., an interview was conducted with FNS 3 in the kitchen in front of three-compartment sink. FNS 3 was asked how long kitchenware should be submerged in the sanitizing solution. FNS 3 stated she needed to submerge the kitchenware for 30 minutes.On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and the DFN. During a concurrent review of the manufacturer guidelines, the RD and the DFN stated the dietary staff should submerge kitchenware in the sanitizer for one minute. The RD and the DFN explained that submerging kitchenware for less than the required time could result in improper sanitization, which may lead to cross-contamination and foodborne illness. During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Manual Washing Three Compartment Sink Method: .submerse in the sanitizing compartment according to the chemical vendor's time requirements.8. A review of the poster for the International Dysphagia Diet Standardization Initiative (IDDSI) posted in the cooking area, indicated, Mince and Moist: Fork Pressure Test: Food separates and comes through prongs of dinner fork easily.On April 7, 2026, at 9:37 a.m., a concurrent observation and interview were conducted with the RD, the DFN and CK 1 in the cooking area. CK 1 stated he had finished preparing all modified texture diets for lunch. CK 1 was asked to demonstrate how he used the fork test to check the appropriate texture of Mince and Moist meat. The meat size he prepared was observed larger than the prongs of a fork. After CK 1 performed the Fork Pressure Test for Mince and Moist meat, the RD and the DFN claimed it was the wrong texture. The DFN stated CK 1 needed to process the meat in the blender for a longer time to make the size smaller. The RD stated serving the wrong texture placed the residents at risk for choking.During a review of the facility provided job description titled, Cook, updated on 11/1/2024. The job description indicated, The [NAME] is responsible for the preparation of food in accordance with current applicable federal .standards, guidelines and regulations with established policies and procedures, and as may be directed by the Registered Dietitian, to assure that quality food service is provided at all times. DUTIES AND RESPONSIBILITIES 1. Prepares meals in accordance with planned menus, standard recipes, therapeutic diets .9. On April 7, 2026, at 11:26 a.m., an interview was conducted with FNS 4 in the kitchen in front of the three-compartment sink. FNS 4 stated she did not know the required wash temperature for manual dishwashing in the wash sink. During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Manual Washing Three Compartment Sink Method: 1. Wash: Fill compartment wash sink .with hot water at approximately 110 F .

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review, the facility failed to ensure1. The Fortified diet received melted margarine per Therapeutic Spreadsheets during lunch on 4/7/2026. (cross reference 692)2. The Food and Nutrition Department had recipes for alternate meals.3. One dietary staff used right scoop served pureed dessert during lunch on 4/7/2026.4. [NAME] 2 used right scoop served Mince and Moist meat during lunch on 4/7/2026.These failures had the potential to negatively impact on the residents' nutritional status and further compromising residents' medical status. Findings:1. On April 7, 2026, at 11:57 a.m., a concurrent observation and Therapeutic Spreadsheets dated on 4/7/26 (the document used to guide dietary staff on food items, portions, and therapeutic diet) review were conducted at the trayline (the process of plating resident meals according to physician ordered diets). Therapeutic Spreadsheets indicated, Fortified diet served 1 oz melted margarine. There was no melted margarine available at the steamtable or trayline. Observed [NAME] (CK) 2 plated fortified diet, no melted margarine served to Residents on fortified diet.On April 7, 2026, at 1:07 p.m., an interview was conducted with CK 2. CK 2 admitted she forgot to serve melted margarine to all fortified diet residents. On April 8, 2026, at 10:05 a.m., a concurrent interview and Therapeutic Spreadsheets dated 4/7/26 review were conducted with the RD and DFN. After review Therapeutic Spreadsheets, the DFN stated Resident who on fortified diet should serve 1 oz melted margarine on entree with lunch. The RD explained Resident on Fortified diet was prescribed by doctor for helping weight gain and promote wound healing. The RD stated Resident who on Fortified diet did not get melted margarine with lunch means he or she did not get extra calories. The RD stated his expectation was Cooks follow Therapeutic Spreadsheets and meal ticket served melted margarine (extra calories) to Fortified diet Residents.During a review of the facility's provided Diet Type Report (same as physician diet order), dated April 8, 2026, the Diet Type Report indicated, 21 Residents (Resident 16, 27, 30, 36, 46, 49, 55, 65, 88, 89, 93, 102, 116, 117, 118, 119, 130, 135, 146, 151, and 157) on fortified diet.During a review of the facility's P&P titled, Therapeutic Diets, dated January 23, 2026, the P&P indicated, Therapeutic Diets -Preparation and Service. Policy: All therapeutic diets .are references in the current diet manual and are prepared and served in the community daily written instructions. Procedures: .Specific therapeutic diets, .are referenced in the diet manual with specific content and preparation. During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, and consistent manner using approved recipes and established food preparation standards. Procedure: 1. Dietary staff shall prepare food according to .menu guidelines .2. On April 7, 2026, at 11:09 a.m., a concurrent observation and interview were conducted with Assistant [NAME] (AC) in cook area. AC was observed making grilled cheese without refer to recipe. Ak stated he was making 4 grilled cheese as an alternate meal (substitution meal that serve to resident if resident does not like provided menu on the day) for Residents.On April 7, 2026, at 11:10 a.m., a concurrent observation and interview were conducted with CK 2 in cook area. CK 2 was observed making cheese quesadilla without refer to recipe. CK 2 put a hand full of Mozzarella cheese into 8 inch white corn tortilla. CK 2 stated she was making 8 cheese quesadilla as an alternate meal for residents.On April 7, 2026, at 11:36 a.m., a concurrent observation and interview were conducted with Food and Nutrition Specialist (FNS) 6 and FNS 7 in Prep area. FNS 6 was observed preparing Chef salad. When asked how many slide Turkey she need to put in Chef salad. FNS 6 not sure she needed to put 2 slices or 3 slices Turkey. FNS 6 stated there was no Chef salad recipe for her to refer to. FNS 7 stated she had been working here for 5 years. She never seen Chef salad recipe, and she had been trained making Chef salad without recipe.On April 8, 2026, at 9:38 a.m., confirmed with CK1, CK 2 and AC. There was no recipe for alternate meals for grilled cheese and cheese quesadilla.On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD. The RD did not know there was no recipe for Chef salad, grilled (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cheese and cheese quesadilla. The RD stated the alternate meals should have recipe. The RD stated it was important to have recipe for Dietary staff to follow, to ensure prepare correct portion and adequacy nutrition for alternate meals.During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, and consistent manner using approved recipes and established food preparation standards. Procedure: 1. Dietary staff shall prepare food according to standardized recipes .3. A review Therapeutic Spreadsheets dated on 4/7/26 indicated, Puree diet: pureed yellow cake used number 12 scoop [2.5 ounce (oz - a unit for measurement)]On April 7, 2026, at 11:33 a.m., a concurrent observation and interview were conducted with FNS 5 in the kitchen at Prep area. FNS 5 was observed using blue scoop (number 16; 2 oz) portioned out individual serving pureed cake into single serving containers. FNS 5 stated she was going to serve the pureed cake for today lunch.On April 8, 2026, at 10:05 a.m., a concurrent interview and Therapeutic Spreadsheets dated 4/7/26 were conducted with the RD and DFN. After the DFN reviewed the Therapeutic Spreadsheets, the DFN stated FNS 5 used smaller scoop to portion the pureed cake. The RD stated the mistake resulted in the Pureed Residents received less calories which could lead to not getting adequate nutrition.During a review of the facility's policy and procedure (P&P) titled, Portion Size, Reviewed January 23, 2026, the P&P indicated, Policy: The menu adopted by the community will illustrate portion sizes for each diet to meet the nutritional standards as set forth in the community's diet manual. Procedure: .Daily Menu spreadsheet demonstrate the regular portion size and .portion is allowed on this diet.4. On April 7, 2026, at 11:57 a.m., a concurrent observation and Therapeutic Spreadsheets dated on 4/7/26 review were conducted at trayline. A review Therapeutic Spreadsheets dated on 4/7/26 indicated, Mince and Moist meat 3 oz. CK 2 was observed used grey scoop (4 oz) plating Mince and Moist meat.On April 8, 2026, at 10:05 a.m., a concurrent interview and Therapeutic Spreadsheets dated 4/7/26 were conducted with the RD and DFN. After the RD reviewed the Therapeutic Spreadsheets, the RD stated CK 2 should use number 10 Ivory scoop (3 oz) to plate Mince and Moist meat. The RD stated CK 2 served larger portion protein which overfed the residents on Mince and Moist diet.During a review of the facility's policy and procedure (P&P) titled, Portion Size, Reviewed January 23, 2026, the P&P indicated, Policy: The menu adopted by the community will illustrate portion sizes for each diet to meet the nutritional standards as set forth in the community's diet manual. Procedure: .Daily Menu spreadsheet demonstrate the regular portion size and .portion is allowed on this diet.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to:1. Follow its policy titled Point of Service Food Temperature Guide to provide appetizing food at appropriate temperatures according to residents' preferences for five of 146 sampled residents (Resident 8, 10, 21, 84 and126).This failure placed residents at potential risk to decrease nutritional intake and affect the resident's nutrition status.2. Ensure that 11 of 11 residents receiving a pureed diet (a type of diet where all foods are blended until they are smooth, soft, and lump free) were provided foods that were prepared in a manner which preserved nutritional value. This failure placed residents receiving a pureed diet at risk for compromised nutritional status.1. On April 6, 2026, at 9:52 a.m., an interview was conducted with Resident 84 in her room. Resident 84 stated, Breakfast is consistently cold On April 6, 2026, at 10:45 a.m., an interview was conducted with Resident 8 in her room. Resident 8 stated she receives cold breakfasts and dinners. On April 6, 2026, at 1:17 p.m., an interview was conducted with Resident 10 in his room. Resident 10 stated, Eggs are cold, sometimes the butter they provide doesn't melt in the oatmeal because the oatmeal is cold, and pancakes are cold. On April 7, 2026, at 11:00 a.m., during a Resident Council meeting, multiple residents reported concerns that food was served cold, including statements that served sausage appeared refrigerated, and breakfast items were not served at appropriate temperatures. On April 8, 2026, at 7:35 a.m., a meal cart containing a test meal was observed leaving the kitchen and was placed outside room [ROOM NUMBER] at 7:36 a.m., where it remained while awaiting staff to distribute meal trays to residents requiring feeding assistance. On April 8, 2026, at 7:55 a.m., a test meal was conducted for food temperature of the fortified regular diet and puree diet with the DFN, at the nursing station. The following food temperatures were obtained: Fortified Regular diet: Egg: 89.7 degrees Fahrenheit (degrees F - a unit of measurement); Turkey sausage patties: 84 degrees F; Toast: 80.6 degrees F. Puree diet: cream of wheat: 119.4 degrees F; egg: 92.3 degrees F; bread 91 degrees F. The DFN verified these temperatures and stated the food items were cold. On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and the DFN. The DFN acknowledged that breakfast foods were served cold. The DFN explained hot cereal cooled because dietary staff stacked individual servings outside of the steam table, which did not maintain adequate heat. The DFN claimed it took a long time for nursing passing residents' meal tray which resulted in Residents receiving cold breakfast. The RD stated serving cold foods may decrease residents' intake and negatively impact nutritional status, including potential weight loss. During a review of the facility's policy and procedure (P&P) titled, Point of Service Food Temperature Guide, Reviewed January 23, 2026, the P&P indicated, Food temperature will be at an appropriate temperature at point-of-service (POS) to ensure food quality and resident satisfaction. Procedure: . (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The following are guidelines that may be used to enhance food palatability .: Hot Foods- 120 – 155 degrees F . 2. During a review of the facility's Diet Type Report, dated April 8, 2026, indicated, 11 Residents (Resident 6, 7, 24, 65, 66, 93, 113, 121, 135, 157, and180) were receiving a pureed diet. On April 7, 2026, at 9:37 a.m., a concurrent observation and interview were conducted with [NAME] (CK) 1 in the cooking area. CK 1 stated he had prepared all modified texture diets and stored them in oven at 200 -250 degrees F. CK 1 stated his usual practice was to prepare pureed diets between 9 a.m. and 9:30 a.m. and store them in the oven until service. On April 7, 2026, at 10:33 a.m., an interview was conducted with CK 2. CK 2 stated her usual practice was to prepare pureed diets between 9 a.m. and 9:30 a.m. and stored finished pureed food items in oven. On April 8, 2026, at 9:21 a.m., an interview was conducted with Assistant [NAME] (AC). AC stated he completed preparation of pureed diets before 10 a.m. and stored them in the oven at 200 - 250 degrees F. On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD and the DFN. The RD stated he was not aware cooks prepared pureed foods so early. The RD and the DFN acknowledged cooks prepared pureed foods too early. The DFN stated prolonged holding of pureed foods in the oven could lead to loss of nutrients and compromise the integrity, taste, and quality of the food. During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, and consistent manner using approved recipes and established food preparation standards. Procedure:.Food shall be prepared in a manner that preserves nutritional value, palatability.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interviews, and record review, the facility failed to ensure the appropriate food textures was provided when1. 11 out of 11 sampled Residents on pureed texture received grainy pureed beef and pureed bread during lunch on 4/7/2026.2. 13 out of 13 sample Residents on soft and bite sized received wrong texture for green bean and beef during lunch on 4/7/2026.These failure had the potential to place the residents at risk of choking.Findings:1. On April 7, 2026, at 1:10 p.m., with the Director of Food and Nutrition (DFN), at the RNA dining room, a test meal was performed for the pureed diet. The DFN verified the pureed beef and bread tasted grainy. The DFN stated pureed diet supposed to be smooth consistency. The DFN stated cooks should have left the beef and bread in the blender for a longer period with adding some broth to reach the smooth consistency. The DFN stated Resident could choke with this kind of grainy texture. During a review of the facility's provided Diet Type Report (same as physician diet order), dated April 8, 2026, the Diet Type Report indicated, 11 Residents (Resident 6, 7, 24, 65, 66, 93, 113, 121, 135, 157, and180) on pureed diet.During a review of the facility provided pureed diet definition from diet menu, revised February 2025, the diet menu indicated, Definition: A diet used in the dietary management of dysphagia with the food texture prepared lump-free, not firm or sticky and holds it shape on a plate. The diet requires no biting or chewing. Recommendations: .They should have a pudding like smooth consistency.During a review of the facility provided recipe, Roast Beef/Gravy. Puree: Place portions needed from regular prepared recipe into a food processor. Process to a fine texture. Add thickener and process until smooth.During a review of the facility provided recipe, Pureed Bread.Place portions of bread into a food processor.Process until smooth.During a review of the facility's P&P titled, Therapeutic Diets, dated January 23, 2026, the P&P indicated, Therapeutic Diets -Preparation and Service. Policy: All therapeutic diets .are references in the current diet manual and are prepared and served in the community daily written instructions. Procedures: .Specific .texture modifications .are referenced in the diet manual with specific content and preparation. During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, and consistent manner using approved recipes and established food preparation standards. Procedure: 1. Dietary staff shall prepare food according to standardized recipes and menu guidelines .2. On April 7, 2026, at 9:37 a.m., a concurrent observation and interview were conducted with [NAME] (CK) 1. CK 1 took out a pan of beef from oven and stated he was going to serve this pan of beef for regular diet and soft and bite sized during lunch. Observed the size of beef, it appeared wrong texture (bigger size) for the soft and bite sized.On April 7, 2026, at 1:10 p.m., with the DFN, at the RNA dining room, a test meal was performed for the texture of soft and bite sized diet. The DFN stated the served beef was not properly chopped to the right size for soft and bite size. The DFN stated the size of beef served is bigger which was for easy to chew diet. The DFN verified the served green bean which was not right texture (some green bean pieces bigger than 1.5 cm (centimeter - a unit of measurement) x 1.5 cm). The DFN stated cook should use rubber spatula scrape downside green bean of the food processor and put green bean in processor longer to make the green bean size smaller. The DFN stated there was potential choking hazard serving bigger food texture for soft and bite size residents.During a review of the facility's provided Diet Type Report (same as physician diet order), dated April 8, 2026, the Diet Type Report indicated, 13 Residents (Resident 16, 23, 30, 35, 54, 55, 68, 85, 86, 117, 125, 158, and 170) on Soft and Bite Sized diet.During a review of the facility provided Soft and Bite sized diet definition from diet menu, revised February 2025, the diet menu indicated, Definition: A diet used in the dietary management of dysphagia with the food texture to be prepared as soft, tender .The particle size of the food should be no greater than 1.5 cmx 1.5 cm for adults. Biting is not required but chewing is required.During a review of the facility provided recipe, Seasoned [NAME] Bean: Soft and Bitew Sized: Chop regular portions. Make sure all (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	particles are no more than 1.5 cm x 1.5 cm in size .During a review of the facility's P&P titled, Therapeutic Diets, dated January 23, 2026, the P&P indicated, Therapeutic Diets -Preparation and Service. Policy: All therapeutic diets .are references in the current diet manual and are prepared and served in the community daily written instructions. Procedures: .Specific .texture modifications .are referenced in the diet manual with specific content and preparation. During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, and consistent manner using approved recipes and established food preparation standards. Procedure: 1. Dietary staff shall prepare food according to .menu guidelines .

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents' food preference was honored for two of 146 sampled residents (Resident 10 and Resident 117) when1. Resident 10 had food preferences for double protein and dislikes included carrots on the meal ticket but Resident 10 did not receive double protein and received carrots during lunch service on April 6, 2026.2. Resident 117 had food preference as soup on the meal ticket but Resident 117 did not receive soup during lunch on April 9, 2026. (Cross reference 692)This failure had the potential to result in decreased food intake, and could result in unplanned weight loss, further compromising Resident 10 and 117's nutritional and medical status.Findings: 1. A review of Resident 10's admission Record dated April 8, 2026, indicated the resident was admitted on [DATE], with diagnosis which included cirrhosis of the liver (liver impairment). A review of Resident 10's Minimum Data Set (MDS – an assessment tool) dated April 3, 2026, indicated a Brief Interview for Mental Status (BIMS – an assessment tool for cognition) score of 15 (cognitively intact). A review of Resident 10's lunch meal tray ticket dated April 6, 2026, indicated, .Tray Instructions: DOUBLE PROTEIN.Dislikes.carrots. On April 6, 2026, at 1:24 p.m., a concurrent observation and interview were conducted in Resident 10's room. Resident 10's lunch tray was observed to contain one portion of protein (pork chop). Resident 10 stated he informed staff of the single portion of protein, and a second lunch tray was delivered. The second lunch tray included carrots. Resident 10 stated he frequently received single portions of protein and food he dislikes, including carrots. On April 8, 2026, at 10:05 a.m., an interview was conducted with the Registered Dietitian (RD) regarding tray card (meal ticket) and honoring food preference for residents. The RD stated resident's food preference was indicated in the meal ticket and dietary staff should honor food preference and follow instruction as indicated in the meal ticket. The RD stated not honoring food preferences could result in decreased intake. The RD stated decreased food intake could result in resident not getting enough nutrition, weight loss and compromise his or her nutrition status. On April 9, 2026, at 2:15 p.m., a concurrent interview and record review were conducted with the Dietary Supervisor (DS). The DS stated Resident 10 should have received double portion and should have not been served carrots. The DS stated not following meal ticket instructions could result in decreased intake and negatively affect the resident's nutritional status. 2. On April 8, 2026, at 10:05 a.m., an interview was conducted with the Registered Dietitian (RD) regarding tray card (meal ticket) and honoring food preference for residents. The RD stated resident's food preference was indicated in the meal ticket and dietary staff should honor food preference and follow instruction as indicated in the meal ticket. The RD stated not honoring food preferences could result in decreased intake. The RD stated decreased food intake could result in resident not getting enough nutrition, weight loss and compromise his or her nutrition status. A review of Resident 117 admission Record dated April 9, 2026, indicated the resident was admitted (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	on [DATE], with diagnoses including dysphagia (difficulty in swallowing). A review of Resident 117's lunch meal tray ticket dated April 9, 2026, indicated, .Tray Instructions .GIVE SOUP .Likes Grill cheese with Tomatoes soup . On April 9, 2026, at 12:49 p.m., a concurrent observation and interview were conducted at the bedside with Resident 117's Legal Guardian (LG) and CNA 6. Resident 117's meal tray was observed without soup. CNA 6 confirmed Resident 117's meal tray was missing soup. The LG stated food items were often missing from the resident's meal trays. A review of the facility policy and procedure titled, Resident Food Preferences, dated January 23, 2026, indicated, .Purpose To ensure resident food preferences are identified, honored, and incorporated into care while maintaining needs and safety. Policy The facility will provide meals that respect each resident's preferences.and dietary needs, consistent with physician orders and nutritional requirements Procedure.Preferences will be.communicated to dietary staff.Meal Service Residents will receive meals: In accordance with preferences.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation, interview, and record review, the facility failed to ensure beverages were served in accordance with residents' meal tickets for four out of seven sampled residents (Resident 90, 102, 139, 146) during lunch service. This failure had the potential to result in decreased fluid intake, which may lead to dehydration and compromise residents' hydration and overall medical status. Findings:On April 6, 2026, at 12:31 p.m., a concurrent observation and meal ticket review were conducted with Resident 90 in the RNA dining room. Resident 90's meal ticket indicated an 8 fluid ounce (oz-unit for measurement) beverage. Resident 90 was observed being served a 4 oz beverage.On April 6, 2026, at 12:33 p.m., a concurrent observation and meal ticket review were conducted with Resident 102 in the RNA dining room. Resident 102's meal ticket indicated an 8 oz beverage. Resident 102 was observed not being served 8 oz beverage.On April 6, 2026, at 12:34 p.m., a concurrent observation and meal ticket review were conducted with Resident 146 in the RNA dining room. Resident 146 meal ticket indicated an 8 oz beverage. Resident 146 was observed not being served 8 oz beverage.On April 6, 2026, at 12:46 p.m., a concurrent observation and meal ticket review were conducted with Resident 139 in the RNA dining room. Resident 139 meal ticket indicated an 8 oz beverage. Resident 139 was observed being served a 4 oz beverage.On April 7, 2026, at 12:07 p.m., an interview was conducted with the Director of Food and Nutrition (DFN). The DFN stated Food and Nutrition Service Department would supply pitchers of beverage like coffee, juices, and water in the dining room and nursing staff would serve the beverage in accordance with each resident's meal ticket.On April 7, 2026, at 12:49 p.m., a concurrent observation and meal ticket review were conducted with Resident 146 and Certified Nursing Assistant (CNA) 5 in the RNA dining room. Resident 146's meal ticket indicated an 8 oz beverage. Resident 146 was observed not served the required amount. CNA 5 confirmed the resident did not receive 8 oz.On April 7, 2026, at 12:56 p.m., a concurrent observation and meal ticket review were conducted with Resident 102 and CNA 5 in RNA dining room. Resident 102 meal ticket indicated beverage 8 fluid oz. Resident 102 not being served 8 oz beverage. CNA 5 confirmed Resident 102 not being served 8 fluid oz beverage.On April 8, 2026, at 10:05 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated nursing staff should serve beverages in accordance with resident's meal ticket. The RD stated dehydration risk could happen without following Resident's meal ticket serving fluid. The RD stated the expectation was for nursing staff to follow the meal ticket instructions to ensure adequate hydration. During a review of the facility's policy and procedure (P&P) titled, Hydration, dated January 23, 2026, the P&P indicated, Policy Residents will be offered adequate hydration based on their assessed needs. Procedures: .The Food and Nutrition Service Department will supply fluids on trays or with meals as is appropriate for assessed needs.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on dietary observations, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when:1. A food preparation sink in Prep area did not have an air gap (refers to a fixture that provides back-flow prevention.)2. Two dietary staff did not know cooling process for egg and tuna salad. 3. Ice machine in kitchen found brown grime buildup on ice maker.4. [NAME] splash spots found on the wall and ceiling in dishwashing area and food Prep area.5. Cooking pans did not air dried before stacked and stored.6. Four broken plastic containers and covers found in kitchen.7. Trash found on floor in several area in kitchen.8. Grease buildup on hood.9. Grime buildup found on several pieces of equipment.10. Several dietary staff had exposed facial hair during meal preparation.11. Dust found on several pieces of equipment and area in the kitchen.12. An expired soy sauce found in cook area. 13. Opened food items exposed to the air in walk in freezerThese failures had the potential to result in cross contamination (bacteria are unintentionally transferred from one substance or object to another with harmful effect) and foodborne illnesses (are illnesses that results from ingesting contaminated foods) for 146 out of 150 sampled residents who received foods from the kitchen. Findings:1. On April 6, 2026, at 11:29 a.m., a concurrent observation and interview were conducted with the Registered Dietitian (RD) in Prep area at the kitchen. There was a Prep sink (sink used for preparation of foods) observed did not have an air gap. The RD confirmed the Prep sink did not have an air gap.During a review of the facility's policy and procedure (P&P) titled, Policy: Air Gap and Backflow Prevention-Dietary Services, Reviewed January 23, 2026, the P&P indicated, Air Gap and Backflow Prevention in kitchen Equipment.Policy Statement The facility maintain proper air gaps and backflow devices on all applicable kitchen equipment and plumbing fixtures to prevent contamination of the potable water supply and ensure compliance with infection control and sanitation standards.Procedure .Air gaps shall be maintained on: .Food Prep sinks.2. During a review of the FDA (Food and Drug Administration) Food Code 2022, the FDA Food Code indicated, 3-501.14 Cooling. (A) Cooked time/temperature control for safety food shall be cooled:(1) Within 2 hours from 135 F to 70 F; and(2) Within a total of 6 hours from 135 F to 41 F or less.(B) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled within 4 hours to 41 F or less if prepared from ingredients at ambient temperature, such as reconstituted FOODS and canned tuna.On April 7, 2026, at 3:24 p.m., a concurrent observation and interview were conducted with the Director of Food Service (DFS) in walk-in refrigerator 1. There was one-half steam pan of Tuna salad that was labeled with a preparation date of 4/6/26. And another one-half steam pan of egg salad that was labeled with a preparation date of 4/7/26. The DFS checked the Tuna salad temperature indicated 44 F and egg salad temperature 51.6 F. The DFS discarded the Tuna and egg salad because both food items were in dangerous temperature zone.On April 8, 2026, at 9:24 a.m., an interview was conducted with Food and Nutrition Specialist (FNS) 7. FNS 7 was asked to demonstrate how to monitor cooling process (is an essential process used in food production to prevent foodborne illness. Bacteria grow best in food in the temperature range 135 F to 41 F, also referred to as the temperature danger zone. Food must be cooled quickly to minimize bacterial growth. If left out to cool, cooked food can become unsafe to eat in a matter of hours.) for egg salad or Tuna salad. FNS 7 unable to demonstrate cooling process for egg and Tuna salad. FNS 7 stated she had been working here for 5 years; she never did cooling process for Tuna and egg salad. FNS 7 stated she never seen a cooling log.On April 8, 2026, at 2:34 p.m., an interview was conducted with FNS 4, and the RD. FNS 4 was asked to demonstrate how to monitor cooling process for Tuna and egg salad. FNS 4 unable to demonstrate because she never did cooling process. The RD stated it was very important dietary staff should know cooling process and monitor temperature for egg and Tuna salad. The RD stated there was potential food bone illnesses without monitoring cooling process for egg salad and Tuna (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	salad.During a review of the facility's policy and procedure (P&P) titled, Food Production Policy, Reviewed January 23, 2026, the P&P indicated, Food shall be prepared in a safe, sanitary, . and established food preparation standards. Procedure: .2. Food preparation shall follow safe sanitation and infection prevention practices. 5. Food shall be prepared in a manner that .safety3. On April 7, 2026, at 4:06 p.m., a concurrent observation and interview were conducted with the DFN and Director of Maintenance (DM) in front of ice machine at the kitchen. The ice maker inside ice machine was observed had brown grime buildup. The DFN stated the brown grime buildup could cross contaminate the ice. The DFN stated dietary staff used the ice for residents' beverage and food preparation.During a review of the facility's policy and procedure (P&P) titled, Receiving and Food Storage Policy, Reviewed January 23, 2026, the P&P indicated, All food and dietary supplies shall be .stored safely to maintain quality and prevent contamination. Procedure: .Ice shall be stored and handled in a sanitary manner.4. On April 6, 2026, at 4:06 p.m., a concurrent observation and interview were conducted with the DFN in dishwasher area. There was brown spots splash on wall and ceiling. The DFN stated those brown spots splash could promote bacteria growth. The DFN stated wall and ceiling supposed to be clean without splash.On April 6, 2026, at 4:06 p.m., a concurrent observation and interview were conducted with the RD in Prep area. There was brown spots stain on ceiling. The RD stated it definitely needed to be clean otherwise there was a potential risk growth mold and bacteria.During a review of the Federal Food and Drug Administration (FDA) 2022 Food Code, indicated, Cleanliness of the food establishment is important to minimize attractions for insects and rodents, aid in preventing the contamination of food and equipment, and prevent nuisance conditions.5. On April 6, 2026, at 3:57 p.m., a concurrent observation and interview were conducted with the RD in Prep area. Three stacks of hotel pans (cooking pans) were observed stacked wet and stored on rack. The RD stated cooking pans needed to air dried before stacked and stored otherwise would promote bacteria growth.During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Allow clean dishes to air dry completely before storing .6. On April 6, 2026, at 10:56 p.m., a concurrent observation and interview were conducted with the DFN in the kitchen. Four plastic containers and covers were observed broken being used to store utensils. The edge of broken area was sharp. The DFN stated broken plastic containers, and covers were not safe to use.7. On April 6, 2026, at 9:47 p.m., during a general kitchen tour was concurrent with the DFN. Several areas on the kitchen's floor found trash. These areas were hot beverage station, dishwasher area, and walk-in freezer. The DFN stated floor should kept clean to prevent attract pests.During a review of the facility's policy and procedure (P&P) titled, General Safety Rules/Operations, dated January 23, 2026, the P&P indicated, Food and Nutrition Service employees will practice safe handling practices for themselves and the equipment. Procedure: The following rules apply to Nutrition Services safety operations: Floors are to be kept clean .8. On April 6, 2026, at 3:31 p.m., a concurrent observation and interview were conducted with the DFN in cook area in front of griddle. Grease buildup was observed accumulated above griddle. The DFN stated it was fire hazard issue and grease could drip on foods while preparing meals on griddle.During a review of the facility's policy and procedure (P&P) titled, General Safety Rules/Operations, dated January 23, 2026, the P&P indicated, Food and Nutrition Service employees will practice safe handling practices for themselves and the equipment. Procedure: The following rules apply to Nutrition Services safety operations:.Wash grease filters in hoods over ranges at regular intervals to prevent grease build up that could result in a fire.9. On April 6, 2026, at 9:47 p.m., during a general kitchen tour was conducted with the DFN. Several kitchen equipment found had grime buildup including underneath storage shelves of the reach-in refrigerator number (#) 2's, can opener based, plastic dark blue dish rack in prep area; plastic drying rack in front of 3 compartment sinks and walk-in refrigerator # 3's door frame. The DFN stated kitchen equipment's needed to keep clean to prevent cross contamination.During a review of the facility's policy and procedure (P&P) titled, Infection Prevention Policy, dated January 23, 2026, the P&P indicated, Dietary staff shall follow infection prevention and control practices during food handling, preparation, and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	service. Procedure: .Food contact surfaces and equipment shall be cleaned . 10. During a review of the FDA (Food and Drug Administration) Food Code 2022, the FDA Food Code indicated, Food employees shall wear hair restraints such as, hair coverings, nets, or bears restraints to cover body hair to keep hair from contacting exposed food, clean equipment, and utensils. On April 6, 2026, at 11:12 a.m., an observation was conducted with FNS 2. FNS 2 with mustache did not cover while working in Prep area.On April 6, 2026, at 11:35 a.m., an observation was conducted with [NAME] (CK) 1.CK 1 with facial hair did not cover while working in cook area.On April 6, 2026, at 11:36 a.m., an observation was conducted with Assistant [NAME] (AC). AC with facial hair did not cover while working in cook area.On April 6, 2026, at 3:10 p.m., a concurrent observation and interview were conducted with the DFN and FNS 2. The DFN confirmed FNS 2 with mustache needed to wear a beard guard while working in kitchen.On April 7, 2026, at 9:29 a.m., a concurrent observation and interview were conducted with the DFN and AC. The DFN confirmed AC needed to wear a beard guard while working in kitchen. The DFN stated dietary staff who had facial hair needed to wear beard guard while working in kitchen, otherwise facial hair could fall into food.11. On April 6, 2026, at 9:47 p.m., during a general kitchen tour was concurrent with the DFN. Several kitchen equipment found had brown debris (dust per the DFN) including rack stored cleaned plastic containers in prep area; utensil hanger; outside top reach-in refrigerator #2 and ventilator in prep area. The DFN stated dust could contaminate clean equipment and foods.During a review of the FDA (Food and Drug Administration) Food Code 2022, the FDA Food Code indicated, Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Also, The objective of cleaning focuses on the need to remove . soil from non-food contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.12. On April 6, 2026, at 3:49 p.m., a concurrent observation and interview were conducted with the DFN in cook area. There was a 64 ounce sauce soy with expired date [DATE], found in cook area. The DFN discard the expired soy sauce.During a review of the facility's policy and procedure (P&P) titled, Policy: Expired Food Management -Dietary Services, dated January 23, 2026, the P&P indicated, The facility shall ensure that all food .are safe .and within manufacturer .use by dates. Expired .food items are strictly prohibited from use or service.Removal and Disposal Expired food .13. On April 7, 2026, at 3:49 p.m., a concurrent observation and interview were conducted with the DFN in walk-in Freezer. Several opened food items (Country Fried Beef Steak Fritters, Salisbury steak, fried chicken) were observed exposed to the air. The DFN stated open food items needed to be seal to protect from freezer burn.During a review of the facility's policy and procedure (P&P) titled, Food Storage, dated January 23, 2026, the P&P indicated, Policy: .The Nutrition Service Manager is responsible for proper storage of nutrition service food and supplies.Procedure: .all opened and partially used foods shall be .sealed before being returned to storage area.b. Frozen .Wrap all food well to prevent freezer burn.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly when trash were found outside surrounding the compactor dumpster.This failure had the potential to attract pests and rodents.Findings:On April 7, 2026, at 4:01 p.m., a concurrent observation and interview were conducted with the Registered Dietitian and Director of Food and Nutrition (DFN) at the outside back building. There was a compactor dumpster. On the floor, trash was observed surrounding the dumpster with strong unpleasant odor. Unknown liquid was observed on the ground near the compactor dumpster. The DFN stated surrounding the compactor dumpster should keep clean and without any smell, otherwise it was going to attract pests.During a review of the facility's policy and procedure (P&P) titled Food - Related Garbage and Rubbish Disposal, dated January 23, 2026, indicated, Outside dumpsters provided by garbage pickup services will be kept . free of surrounding litter.During a review of FDA (Food and Drug Administration) Food Code 2022, Section 5-502.11, the FDA Food Code indicated, Refuse shall be removed from the PREMISES at a frequency that will minimize the development of objectionable odors and other conditions that attract or harbor insects and rodents.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to ensure the proper maintenance of essential equipment when:1. One walk-in refrigerator was maintained in good working condition.2. Walk-in freezer was maintained in good working condition with ice condensation buildup.3. The dish machine wash temperature was not maintained per manufacturer guideline.These failures had the potential to cause food borne illnesses and poor quality of food served to a population of 146 of 150 residents who received food from the kitchen.Findings:1. During a review of FDA (Food and Drug Administration) Food Code 2022, Section 4-501.11, Equipment Good Repair and Proper Adjustment, the FDA Food Code indicated, Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable of properly cooling or holding time/temperature control for safety foods at safe temperatures.On April 6, 2026, at 4:06 p.m., an observation was conducted with the walk-in refrigerator number (#) 3. Water condensation was observed on the copper pipes.On April 7, 2026, at 10:05 a.m., a concurrent observation and interview were conducted with the DFN in the walk-in refrigerator # 3. Water condensation was observed on the copper pipes. Observed some of the condensation water dripping into the foods stored under the copper pipe. The DFN stated condensation water could contaminate the foods.2. During a review of FDA (Food and Drug Administration) Food Code 2022, Section 4-501.11, Equipment Good Repair and Proper Adjustment, the FDA Food Code indicated, Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable of properly cooling or holding time/temperature control for safety foods at safe temperatures.On April 7, 2026, at 3:51 p.m., a concurrent observation and interview were conducted with the DFN and RD in the walk-in Freezer. There was ice condensation on storage shelves under ventilator and ice all over the place on the floor. An opened box of country fried steak stored on the storage shelves under the ventilator covered with a layer of ice. The RD and DFN stated this could result in poor quality of the fried steak.3. During a review of FDA (Food and Drug Administration) Food Code 2022, Section 4-501.15, Warewashing Machines, Manufacturers' Operating Instructions, the FDA Food Code indicated, To ensure properly cleaned and sanitized equipment and utensils, warewashing machines must be operated properly. The manufacturer affixes a data plate to the machine providing vital, detailed instructions about the proper operation of the machine including wash, rinse, and sanitizing cycle times and temperatures which must be achieved.During a review of the data plate affixed on the dish machine, the manufacturer's instructions indicated, The wash water to reach 120 degrees Fahrenheit (F - a unit of measurement)On April 6, 2026, at 10:08 a.m., an observation was conducted in dishwasher area. The data plate affixed on the dish machine indicated 90 F while operating.On April 6, 2026, at 3:22 p.m., a concurrent observation and interview were conducted with Food and Nutrition Specialist (FNS) 8 in dishwasher area. FNS 8 stated the data plate affixed on the dish machine always indicated lower than 120 F. Therefore, the facility installed water booster for the dish machine. FNS 8 stated dietary staff being trained monitoring water booster out temperature instead of focusing on the data plate affixed on the dish machine. Surveyor checked the dish machine while operating at plate level which indicated 100 F.On April 8, 2026, at 9:45 p.m., a concurrent observation and interview were conducted with the Dish Machine Service Vendor (DMSV) in front of dish machine. DMSV stated about 3 months ago, this dish machine was not able maintain water temperature per manufacturer guideline, so the facility installed water booster. The DMSV checked the dish machine temperature at plate level while operating, it indicated 106.9 F. The DMSV stated the dish machine needed to maintain manufacturer (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	guideline water temperature otherwise the kitchenware was not able clean properly.On April 8, 2026, at 9:45 a.m., an interview was conducted with the RD. The RD stated couple month ago, there was a problem with the data plate affixed on the dish machine which always indicated low. The facility installed water booster and dietary staff including him depending on water booster out temperature for monitoring the dish machine. The RD stated he did not check the dish machine water temperature. The RD stated the dish machine needed to maintain manufacturer guideline water temperature otherwise the kitchenware was not able clean and sanitize properly. The RD expectation was following manufacturer guideline.During a review of the facility's policy and procedure (P&P) titled, Ware Washing, dated January 23, 2026, the P&P indicated, .Mechanical washing: Low temperature dish machine 120 -140 F with chemical sanitizer .

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure the facility remained free of pests when drain flies and a house fly were found in the kitchen.This failure had the potential to lead to food borne illnesses (illness caused by food contaminated with bacteria, viruses, parasites or toxins) for 146 out of 146 sample residents who eat food prepared in the kitchen. Findings:On April 6, 2026, at 10:07 a.m., a concurrent observation and interview were conducted with the Director of Food and Nutrition (DFN) in the dishwashing area. Five flies were seen on the wall of the dishwasher room. The DFN stated he could not identify the type of flies. The DFN stated flies were not supposed to be present in the kitchen. The DFN stated flies could fly throughout the kitchen, causing cross-contamination and posing a food safety concern. On April 7, 2026, at 10 a.m., a concurrent observation and interview were conducted with the DFN in the dishwashing area. Five flies were again observed on the dishwashing room wall. The DFN confirmed the flies were not the same flies as those observed the previous day, and dietary staff had eliminated the flies seen in April 6, 2026.On April 7, 2026, at 10:34 a.m., an observation was conducted with the Registered Dietitian (RD) in the kitchen preparation area. The RD confirmed a house fly was observed flying in the preparation area. On April 7, 2026, at 1 p.m., an interview was conducted with the Pest Management vendor, who identified the flies observed on the dishwashing room wall as drain flies. On April 8, 2026, at 9:46 a.m., a concurrent observation and interview were conducted with the DFN at the dishwashing area. The DFN confirmed another 3 drain flies were observed on the wall.On April 8, 2026, at 10:05 a.m., an interview was conducted with the RD. The RD stated the kitchen should not have any pests because pests could cause cross contamination by spreading bacteria and viruses, which may result in food borne illness. During a review of the facility's policy and procedure (P&P) titled, Pest Control, dated January 23, 2026, the P&P indicated, Policy Statement: Our facility shall maintain an effective pest control program.This facility maintain an on-going pest control program to ensure that the building is kept free of insects .

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the Interdisciplinary Team (IDT- a collaborative group of healthcare professionals who work together to develop and implement a comprehensive care plan tailored to a resident's specific physical, mental, and psychosocial needs) determined that self-administration of medications was clinically appropriate and safe before allowing a resident to keep a prescribed Ciclesonide inhaler (inhaled medication used to prevent asthma [lung disease that cause airway inflammation] at the bedside for self-administration for one of one residents reviewed for self-administration of medications (Resident 177).This failure had the potential to result in medication mismanagement by the resident which could compromise asthma control and delay needed medical intervention. Findings:On April 7, 2026, at 8:46 a.m., Resident 177 was observed alert, oriented, and sitting on the edge of his bed. One medication inhaler Ciclesonide 160mcg (micrograms - a unit of measurement) was observed on the bedside table available for use. During a concurrent interview, Resident 177 stated the inhaler was for emergency use and that he kept it at his bedside.Resident 177's record was reviewed. Resident 177 was admitted to the facility on [DATE], with diagnoses which included asthma and dementia (loss of memory)The history and physical dated March 29, 2026, indicated Resident 177 had fluctuating capacity to make and understand medical decisions.The BIMS (Brief Interview Mental Status - standardized tool used to assess cognitive function) dated March 28, 2026, indicated a score of 13 (intact cognition).The physician order dated March 27, 2026, indicated Ciclesonide Inhalation Aerosol Solution 80 MCG/ACT (mcg/ACT - actuation each pump) 2 puff inhale orally two times a day for SOB (shortness of breath).There was no documented evidence that Resident 177 was evaluated by the IDT for self-administration of the medication inhaler Ciclesonide.On April 7, 2026, at 9:39 a.m., a concurrent observation, interview, and record review was conducted with Licensed Vocational Nurse (LVN) 2. LVN 2 stated the facility policy for self-administration of medication was to call the physician for an order to evaluate a resident for self-administration, have the resident seen by the IDT document the evaluation in the resident's chart, and, if approved by the IDT, allow the resident to have medication at the bedside. LVN 2 observed one medication inhaler Ciclesonide on Resident 177's bedside table available for use. LVN 2 stated the medication inhaler Ciclesonide should not have been at the bedside. LVN 2 stated there was no documented evidence that Resident 177 had an assessment completed by the IDT for self-administration of inhaler medication. LVN 2 stated the potential outcome for medication at bedside without an assessment for self-administration could result in medication mismanagement.On April 10, 2026, at 8:31 a.m., an interview was conducted with DON. The DON stated the facility process for self-administration was for residents to have a physician order to be evaluated by the IDT team to determine if the resident could safely self-administer their medication. The DON stated if a resident was deemed safe, the resident could administer their medication. The DON stated Resident 177 should not have had the medication inhaler Ciclesonide at the bedside without an evaluation. A review of the facility policy and procedure titled Self-Administration of Medications, revised December 2016, indicated Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so.As a part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administration is clinically appropriate for the resident.Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents.A review of the facility policy and procedure titled Administering Medications, revised April 2019, indicated, .Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the PASRR (Preadmission Screening and Resident Review - a federal requirement to determine whether or not an individual who has an active diagnosis of mental illness or intellectual disability meets the criteria for admission to a nursing facility and identify what specialized services an individual needs) was accurately updated when the resident's Level 1 screening was not corrected to reflect the resident's diagnoses of psychosis (symptom involving the distortion or loss of contact with reality) and anxiety (a strong feeling of worry, fear, or nervousness that is hard to control and can affect how you think, feel, and act in everyday life), for one of two residents reviewed for PASRR (Resident 145).This failure had the potential to result in the inappropriate admission of the residents to the facility and for Resident 145 to not receive necessary specialized services.Findings:A review of Resident 145's PASSR dated January 3, 2025, completed by the (name of hospital) indicated .Level 1-Negative for SMI (serious mental illness).Does the individual have a serious diagnosed mental disorder such as.anxiety.psychosis.mood disorder.NO.Psychotropic medications (mind-altering medications) .NO.A review of Resident 145's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses which included anxiety (excessive worry), psychosis, and mood affective disorder (mental illness).A review of Resident 145's History and Physical, dated January 9, 2025, indicated .does not have the capacity to understand and make decisions.A review of the Physician order, dated December 8, 2025, indicated .buspirone hcl (hydrochloride) oral tablet 5 mg (milligram -unit of measurement) (buspirone hcl) give 1 tablet by mouth three times a day for anxiety m/b (manifested by) unprovoked physical and verbal aggression.Further review of Resident 145's record indicated no documented evidence that the facility corrected PASRR Level I or a Level II evaluation to address Resident 145's documented psychosis and anxiety or the ongoing use of medication for anxiety. On April 8, 2026, at 4:16 p.m., a concurrent interview and record review were conducted with MDSN (MDS- [assessment tool] Nurse), MDSN stated the PASRR completed by the hospital on January 3, 2025, should have been reviewed and updated upon resident's admission to reflect the diagnosis of psychosis and the use of medication for anxiety. The MDSN further stated, the failure to correct the PASRR could result in the resident being inappropriately admitted to the facility and not receiving appropriate mental health services. A review of the facility policy and procedure titled PASRR Policy, dated January 23, 2025, indicated, .The facility shall ensure that all residents are screened for mental illness (MI) and.through the PASRR process prior to admission and as required post admission, in compliance with state and federal regulations.To ensure.appropriate placement in the less restrictive setting.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a comprehensive care plan (specific interventions to provide effective and person-centered care to meet the resident's needs) for one of five sampled residents (Resident 45) had adequate interventions in accordance with facility policy when Resident 45 was prescribed a psychotropic (drugs that affects brain activities associated with mental processes and behavior) medication. This failure had the potential to result in delays in treatment and care for Residents 45. Findings: A review of Resident 45's admission Record, dated April 9, 2026, indicated Resident 45 was originally admitted to the facility on [DATE], readmitted on [DATE], and had diagnoses including major depressive disorder and anxiety. A review of Resident 45's medical record indicated a physician's order for Xanax 0.5 mg (milligram, unit of measurement) Give 2 tablets by mouth two times a day for anxiety m/b (manifested by) self report of anxiety, dated February 20, 2026. A review of Resident 45's MARs dated February 2, 2026 to April 8, 2026, indicated Resident 45 was administered Xanax as prescribed by the physician. A review of Resident 45's Care Plan Report, dated October 31, 2025 indicated, Focus: Alteration in Mood State [related to] Anxiety.Goal: Will minimize side effects from medication.Interventions.Xanax Oral Tablet 0.5 mg (Alprazolam) Give 2 tablets by moth two times a day for anxiety m/b self report of anxiety.Date initiated: 02/26/2026. During an interview and current record review on April 9, 2026 at 9:08 a.m., with Licensed Vocational Nurse (LVN) 4, Resident 45's medical record was reviewed. LVN 4 confirmed Resident 45 was started on Xanax in February 2026. LVN 4 stated the care plan intervention for Xanax initiated on February 26, 2026 was not complete and should have included interventions such as monitoring for side effects, target behavior, and non-pharmacologic interventions. LVN 4 confirmed Resident 45's care plan interventions for Xanax dated February 26, 2026 only listed the medication order but no other interventions were documented. During an interview and current record review on April 9, 2026 at 10:25 a.m., Resident 45's medical record was reviewed with the ADON. The ADON confirmed Resident 45 was started on Xanax in February 2026. ADON stated Resident 45's care plan interventions for Xanax initiated on Feburary 26, 2026 was not complete because it needed to include monitoring for side effects, target behaviors, and non-pharmacologic interventions. The ADON confirmed Resident 45's care plan interventions for Xanax initiated February 26, 2026 only listed the medication order but no other interventions were documented. During an interview on April 9, 2026 at 2:21 p.m., the DON stated the expectation was for nursing staff to complete the care plan including interventions such as side effect monitoring, behavioral monitoring, and non-pharmacological interventions. The DON confirmed Resident 45's care plan interventions for Xanax dated February 26, 2026 only listed the medication order but no other interventions were documented. A review of the manufacturer's instructions for Xanax tablets, dated January 2023, retrieved from DailyMed indicated, Adverse reactions.impaired coordination, hypotension (low blood pressure), dysarthria (slurred or slowed speech). A review of the facility's policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, dated May 2019 indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. A review of the facility's P&P titled, Subject: Psychopharmacological, dated January 23, 2026, indicated, If a resident is admitted with orders for psychopharmacological drug use, the following will occur.licensed nurse and/or Social Service Director will make every effort to determine if there are any potential behavior symptoms that may require special monitoring and/or care planning. The licensed nurse of designee will document any known target behaviors and potential interventions.This will help assure certified nursing assistants receive communication related to the initial plan of care as appropriate.admission Meeting: The admission record is reviewed within 72-hours (weekdays).This review will include the use of (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	psychopharmacological drugs, appropriate diagnosis, behavioral symptom(s) and the initial plan of care.Psychotropic Care Plan.1. The interdisciplinary team will proceed to care planning for the use of psychopharmacological drugs, and the Care Plan for psychopharmacological medications will be implemented. 2. The care plan will include the resident's focus and target behaviors for the medication. Realistic and measurable goals will be utilized and approaches will include alternatives to psychopharmacological drug use. 3. The plan of care must include behavior interventions and medication monitoring/dosage reduction if appropriate.Monitoring.Licensed nurses and additional staff will monitor and document any targeted behaviors that occur.

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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 revise the comprehensive care plan to reflect the resident's ongoing poor oral intake and ordered nutritional interventions, for one of six residents reviewed for nutrition (Resident 101).This failure had the potential to delay implementation of appropriate, person-centered interventions and placed the resident at risk for nutritional decline. Findings:A review of Resident 101's record indicated Resident 101 was admitted to the facility on [DATE], with diagnosis including morbid obesity (severe fat accumulation), chronic kidney disease (reduced kidney function), and anemia (a condition of the blood which reduces the blood's ability to transport oxygen).The Minimum Data Set (MDS - an assessment tool), dated March 15, 2026, indicated a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact).A review of the Care Plan dated March 16, 2026, indicated the following:- .At risk in alteration in Nutrition r/t (related too) Dx (diagnosis) of morbid obesity, anemia.Goal.Consume at least 75% of most meals x 3 months.Interventions.Maintain adequate nutrition & hydration x 3 months.Diet.Regular diet. Nutritional supplements as ordered.Encourage 75% meal intake.Meal alternate/substitute offered.Monitor meal intake.- .Alteration in Nutrition: Potential for nutrition alteration/weight change/dehydration.Interventions.Nutritional supplements as ordered.Health shake with meals for inadequate po intake for 14 days.A review of Resident 101's Food and nutritional assessment dated March 18, 2026, indicated, .resident consumes mostly 25% for all meals (breakfast, lunch, and dinner). Nutrition intervention/recommendations: 4oz (ounce - a unit of measurement) Health Shake TID (three times a day) w (with) /meals x (for) 14 days for inadequate PO intake.Current weight over IBWR (ideal body weight ration).Continue to monitor PO (by mouth) intake, skin integrity, weight trends, labs.Reassess as needed.A review of Resident 101's nutrition report from March 18 to April 8, 2026, indicated an average meal intake of 41% with multiple instances of intake less than 50 % and documented meal refusals.A review of the progress note dated March 19, 2026, at 9:12 a.m. indicated, .MD (physician) and RD (registered dietitian) .health shake with meals for inadequate po intake for 14 days.start date.March 19, 2026.End date . April 2, 2026.Further review of Resident 101's care plan indicated there was no documented evidence the comprehensive care plan was revised after March 18, 2026, to reflect the resident's ongoing poor intake or the ordered health shake intervention. On April 9, 2026, at 2:03 p.m., an interview and record review were conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 stated that decreased intake should prompt a change of condition, physician notification, and care plan revision. LVN 1 stated there was no care plan updates. On April 9, 2026, at 2:48 p.m. a concurrent interview and record review were conducted with the Director of Nursing (DON). The DON stated Resident 101's care plan had not been revised to address the resident's poor oral intake and stated care plans should be updated timely following a change in condition. A review of the facility policy and procedures titled, Care Plans, Comprehensive Person-Centered, dated January 23, 2026, indicated, .includes measurable objectives and timetables to meet the resident's physical, psychosocial and functions needs is developed and implemented for each resident.assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.the interdisciplinary team reviews and updates the care plan.when there has been a significant change in the resident's condition.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation and interview, the facility failed to ensure good oral hygiene for one of three residents reviewed for Activities of Daily Living (ADL) (Resident 180) when the resident was observed with poor oral hygiene. This failure had the potential to contribute to poor nutrition, infection, and unplanned weight loss for Resident 180.Findings:On April 9, 2026, at 3:18 p.m., a concurrent observation and interview were conducted with Certified Nurse Assistant (CNA 2) and Resident 180 in the resident's room. Resident 180 was observed with several areas of yellowish, dry, clumpy, old residue on the tongue, the roof of his mouth, and lodged between the teeth. Resident 180 stated that oral care had not been performed. CNA 2 stated Resident 180 did not look like oral care had been provided and it should have been. CNA 2 stated oral care should be performed by the assigned CNA in the morning and after dinner. CNA 2 stated oral care was important to maintain hygiene and prevent dental damage. A review of Resident 180's admission Record dated April 10, 2026, indicated an admission date of April 4, 2026, with diagnoses which included hemiplegia (paralysis of one side of the body).A review of Resident 180's History and Physical dated April 6, 2026, indicated Resident 180 did not have the capacity to make medical decisions.A review of Resident 180's Minimum Data Set (MDS - an assessment tool) Section GG dated April 10, 2026, indicated Resident 180 was dependent (the helper does all of the effort) for oral hygiene. A review of Resident 180's Care Plan dated April 4, 2026, indicated the following:- .Focus.The resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) stroke.Goal.risk for decline in ADL function will be minimized.Interventions.ORAL CARE.requires oral inspection.- .Focus.Resident is at risk for aspiration (foreign materials entering the airway) r/t difficulty swallowing r/t acute stroke.Goal.Will have no choking episodes.Interventions.Check mouth after meal for pocketed food and debris.Provide oral care to remove debris.On April 10, 2026, at 10:20 a.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated CNAs were primarily responsible for providing oral care in the morning, evening, and as needed. The DSD stated oral care should have been provided to Resident 180 when his mouth was observed to be unclean. The DSD stated oral care was important to ensure Resident 180 met nutritional needs through consuming meals, to prevent illness, and ensure good oral hygiene.On April 10, 2026, at 2:47 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated CNAs should provide oral care in the morning, after meals, and as necessary. The ADON stated she observed residue in Resident 180's mouth on April 9, 2026, and Resident 180 should have been provided with oral care. The ADON stated poor oral care could result in poor nutrition, infection, and weight loss.A review of the facility's policy and procedure titled, Oral Care Policy, dated January 23, 2026, indicated, .All residents will receive routine oral care to maintain hygiene, comfort, and overall health.Nursing staff and CNAs are responsible for providing and documenting oral care.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the ordered side rail (a device used to assist with in-bed mobility) was evaluated, care planned, and installed for one of three residents reviewed for mobility needs (Resident 175).This failure had the potential to cause further decline in limited mobility and loss of independence for Resident 175, who required services, equipment, assistance to maintain or improve mobility with the maximum practicable independence. Findings:On April 6, 2026, at 11:47 a.m., a concurrent observation and interview were conducted with Resident 175 in the resident's room. Resident 175 was alert and observed lying on her left side in bed. No side rails were present on the bed frame. Resident 175 stated she was admitted a week ago to the facility for mobility rehab and the lack of side rails made it difficult for her to reposition herself in bed. Resident 175 stated she had requested rails and was told staff would assess and install them but had not received any follow-up.A review of Resident 175's record indicated the resident was admitted to the facility on [DATE], with diagnoses which included morbid (severe) obesity (excessive fat accumulation) and abnormalities of gait and mobility (physical weakness).The Minimum Data Set (MDS - an assessment tool), dated April 6, 2026, indicated a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). A review of the physician's orders dated April 2, 2026, indicated .May have left side grab bar (side rails) for mobility.A review of Resident 175's care plan, dated April 1, 2026, indicated .ADL (activities of daily living) self-care performance deficit r/t (related to) weakness, arm paresthesia (painless sensation, often described as tingling-caused by pressure on or damage to nerves).Goal.risk for decline in ADL function will be minimized.bed mobility.the resident requires: use of side rail bar for assistance in self-repositioning.On April 10, 2026, at 1032 a.m. a concurrent interview and record review were conducted with the Rehabilitation Director (DOR). The DOR stated PT (physical therapy) had recommended a left-side side rail on April 2, 2026. The DOR stated nursing was responsible for obtaining the physician's order, coordinating an IDT meeting with the resident, and work with maintenance for installation. The DOR further stated, nursing was responsible for implementing the physician order after PT approval.On April 10, 2026, at 10:40 a.m. a follow up observation and interview were conducted with Resident 175. Resident 175 was alert and lying on her left side. There were no side rails on her bed frame. Resident 175 stated she had informed nursing staff several times between April 7 and April 9, 2026, but the side rail had not been installed. Resident 175 stated without the side rail it was hard for her to reposition herself and that she could reposition independently if the side rail were added. On April 10, 2026, at 10:45 a.m. a concurrent interview and record review were conducted with Licensed Vocational Nurse (LVN 1). LVN 1 stated Resident 175 had a physician order for a side rail dated April 2, 2026, and Resident 175 requested for it. LVN 1 stated Resident 175 did not have one installed. On April 10, 2026, at 10:51 a.m. a concurrent interview and record review was conducted with DON. The DON stated that before installing side rails for residents needing mobility aid, an IDT meeting should be held to assess risks and benefits, obtain a physician order, obtain consent from the resident and/or family, and arrange installation by maintenance. The DON stated the nurse who ordered them should have ensured communication for installation after approval on April 2, 2026. The DON further stated, the side rails were needed for the residents' in-bed mobility and staff did not follow facility protocols, putting the resident's mobility rights at risk.A review of the facility policy and procedure titled, Side Rail Use and Safety dated January 23, 2026, indicated, .side rails will be used only when clinically necessary and not as a restraint. The facility will ensure safe use.appropriate use.bed mobility assistance.staff will ensure proper installation.documentation.assessment findings.physicians order.consent.monitoring and observations.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure intravenous (IV - a small, flexible tube inserted into a vein to deliver medication) sites were maintained in accordance with professional standards of practice, including proper labeling (dating, timing, and identification) and ongoing monitoring for one of two residents reviewed for IV (Resident 19). Resident 19's IV site was unlabeled, and there was no monitoring for signs and symptoms of complications.These failures had the potential to place the resident at risk for catheter-related bloodstream infection.Findings:1.On April 6, 2026, at 3:51 p.m., Resident 19 was observed alert, oriented, and lying in bed watching television., with her right arm exposed on top of a blanket. Resident 19's right forearm IV site was observed with an unlabeled dressing.During a concurrent interview, Resident 19 stated the IV was placed while she was in the hospital and was removed when she returned to the facility. Resident 19 stated a facility nurse removed the hospital IV and inserted a new IV.On April 6, 2025, at 3:58 p.m., a concurrent observation and interview was conducted with Registered Nurse (RN) 1. RN 1 observed the IV site and stated the IV dressing was not labeled and should have included the catheter size, date, time, and initials of the nurse who inserted the IV.2. A review of Resident 19's record indicated the resident was admitted on [DATE], with diagnoses including urinary tract infection (when germs get into the urinary system and cause irritation or infection).A physician's order dated March 31, 2026, indicated Ceftriaxone sodium (a medicine that kills bacteria in the body) 1 gram intravenously once daily for five days.A nursing progress note dated April 1, 2026, at 6:26 a.m., indicated attempted twice.IV line right forearm 22 g (size of the IV catheter).A further review of Resident 19's Medication Administration Record for the month of April 2026 indicated there was no documented evidence that the IV site had been monitored for signs and symptoms of complications, including infection, throughout the course of IV therapy.On April 10, 2026, at 8:31 a.m., a concurrent interview and record review were conducted with the Director of Nursing (DON). The DON stated the facility's process was to lable all IV sites, document IV insertion, and monitor IV sites every shift for signs and symptoms of infection. The DON further stated licensed nurses should have labeled the IV site and documented ongoing monitoring.A review of the facility policy and procedure titled IV Therapy - Parenteral Fluids & Peripheral Line with Infection Control, dated January 23, 2026, indicated .To ensure safe administration of IV fluids and proper management of peripheral IV lines while preventing infection.The facility will ensure that IV therapy is .monitored for complications.IV Insertion.label dressing with date, time, and initials.Monitoring.Assess and document: IV site condition (redness, swelling, pain, leakage).

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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. Based on observation, interview and record review, the facility failed to ensure provision of pharmacy services met the needs of the residents when one IV (intravenous, into the vein) Medication Emergency Kit (E-kit; a sealed kit/box containing medications and supplies for immediate use during a medical emergency) was stored open and unsealed, medications were used without documentation on the E-kit logbook, and the E-kit was not replaced timely after being opened in accordance with facility policy. These failures resulted in the potential for emergency medications to be unavailable when needed, and the potential for not meeting the residents' therapeutic needs or worsening of their medical conditions. Findings: On April 6, 2026 at 3 p.m. an observation and concurrent interview was conducted with the Director of Nursing (DON) in the medication storage room at the North Station. One IV Medication E-kit was identified unsealed and unlocked. The DON stated nursing staff should have resealed the E-kit after it was opened, documented usage (date, medication used and resident's name) in the E-kit logbook, and called the pharmacy for E-kit replacement. The DON stated pharmacy would have replaced the opened E-kit on the next day or within 72 hours. During the same interview on April 6, 2026 at 3 p.m., the DON stated he was unable to locate documentation in the E-kit logbook and was unable to identify when the IV medication E-kit was opened, which medication(s) were used, and which resident(s) received the medication(s). The pharmacy label observed on outside of IV Medication E-kit indicated it was filled by the pharmacy on March 30, 2026. The DON stated the e-kit would have been opened by nursing staff sometime after March 30, 2026. To identify which medication(s) were removed, the DON compared the remaining contents inside the IV Medication E-kit to the inventory list. The DON stated one bottle of sodium polystyrene (medication used to treat high potassium levels in the blood) 15 g (grams, unit of measurement) powder for suspension and one 60 ml (milliliter, unit of measurement) bottle of sterile water (purified water to remove bacteria, viruses, and fungi) to dilute the sodium polystyrene powder were missing. The DON stated he needed to review medical records to identify when the IV medication E-kit was opened and which resident received the sodium polystyrene medication. The DON stated he would follow-up. On April 6, 2026 at 4:34 p.m., a follow-up interview and concurrent record review was conducted with the DON. The DON stated Resident 44 had a physician's order dated April 2, 2026 at 22:27 (or 10:27 p.m.), for sodium polystyrene suspension 15 g/60 ml. The DON stated Resident 44's Medication Administration Record (MAR) indicated one dose of sodium polystyrene was administered on April 3, 2026 at 00:12 (or 12:12 a.m.). Additionally, the DON stated Resident 44 had a nursing progress note dated April 3, 2026 at 00:19 (or 12:19 a.m.), indicated Abnormal labs .pt [patient] is alert and verbally responsive medication given for abnormal labs tolerated well . The DON stated nursing staff did not follow the facility policy and the expectation was for nursing staff to have documented E-kit medication usage in the logbook, resealed the E-kit after opened, and call the pharmacy for E-kit replacement. A review of the facility's policy and procedure (P&P) titled, Emergency Medications, dated Revised April 2021, indicated Any medication that is removed from the emergency kit must be documented on the emergency medication administration log.Medication and supplies used from the emergency kit must be replaced upon the next routine drug order . A review of the facility's contracted provider pharmacy's P&P titled, Process for Use of E-Kits, undated, indicated Once the e-kit is opened, you must identify which medication was used by writing the information on the form located inside the ekit.reseal with red zip tie/pull tag.You are required to retain a log of all e-kit usage in your E-kit log book binder.E-kits are to be replaced within 72 hours from the time opened.

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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 Consultant Pharmacist (CP) identified and reported irregularities during the monthly medication regimen review (MRR) for two of five sampled residents (Residents 16 and 45) when: 1. Resident 16 was administered quetiapine (an antipsychotic medication for bipolar disorder, depression, and schizophrenia) without manufacturer's specified monitoring during use of quetiapine; and 2. Resident 45 was administered Xanax (or alprazolam, used to treat anxiety) without adequate documentation of behavioral monitoring and without adequate monitoring for signs and symptoms of adverse effects during use of Xanax.This failure had the potential for medications not being optimized for best possible health outcome, and increased risk for adverse effects for Resident 16 and 45. Findings: 1. A review of Resident 16's admission Record, dated April 9, 2026, indicated Resident 16 was elderly, originally admitted to the facility on [DATE], and had diagnoses including: schizophrenia, transient ischemic attack (TIA, mini-stroke), cerebral infarction (stroke), vascular dementia (decline in thinking and memory), psychosis (a mental health condition where a person loses touch with reality), major depressive disorder, generalized anxiety disorder, hyperlipidemia (high cholesterol or fats in the blood), and cataract (clouding of the lens of the eye causing blurred vision). A review of Resident 16's Minimum Data Set (MDS, a care area assessment and screening tool), dated March 15, 2025, June 13, 2025, June 25, 2025, September 12, 2025 and March 11, 2026 indicated the resident had active diagnoses including dementia, TIA or stroke, depression, anxiety, hyperlipidemia, and cataract. A review of Resident 16's current Order Summary Report, dated April 9, 2026, indicated a provider order for quetiapine 12.5 mg (milligram, unit of measurement) by mouth every 8 hours for Schizophrenia m/b (manifested by) physical aggression, dated June 28, 2025. A review of Resident 16's Care Plan Report, dated June 29, 2025 indicated, Focus: Resident is taking an antipsychotic medication. Schizophrenia m/b physical aggression.Antipsychotic Medication(s): quetiapine.Goal: Will be free from discomfort or adverse reactions related to antipsychotic medications.Interventions.Monitor adverse reactions for antipsychotic medications.Increase total cholesterol and triglycerides. During an interview and concurrent record review on 4/9/26 at 1:48 p.m. with the DON, the DON reviewed quetiapine manufacturer specifications dated February 2026 and Resident 16's medical records. The DON confirmed Resident 16 started quetiapine on June 28, 2025. DON acknowledged quetiapine manufacturer specifications indicated warnings and precautions including dyslipidemia, cataracts, and hypothyroidism. The DON stated there was no documented evidence of laboratory monitoring for manufacturer's specified monitoring for lipids (blood cholesterol levels), TSH (a thyroid hormone), or an eye exam in Resident 16's medical record. The DON stated monitoring for adverse reactions according to the manufacturer specifications should have been completed during quetiapine use. The DON stated it was important to ensure severe side effects were monitored to avoid adding comorbidities for the resident. During an interview on April 9, 2026 at 5:28 p.m. with the DON, he stated during the monthly MRR, the consultant pharmacist should have identified and reported irregularities including needed monitoring for adverse reactions and drug interactions, labs, side effect/behavior monitoring, or parameters such as blood pressure. When asked if the CP reported Resident 16 was missing manufacturer specified monitoring for lipids, TSH, and eye exam during quetiapine use, DON stated he needed to review the pharmacist's MRRs and follow-up. A review of the CP's monthly MRRs for Resident 16, dated June 2025 to March 2026, indicated there were no recommendations from the CP related to manufacturer's specified monitoring of lipids, TSH, or eye exam during quetiapine use. During a follow-up telephone interview on April 10, 2026 at 9 a.m., the DON confirmed there were no recommendations from the CP for Resident 16 related to manufacturer's specified monitoring of lipids, TSH, or eye exam during quetiapine use and stated there should have (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been recommendations from the CP. During a group telephone interview on April 10, 2026 at 9:17 a.m. with the CP and DON, the CP stated he should have identified and reported the missing monitoring of lipids, TSH and missing eye exam during quetiapine use for Resident 16. A review of the manufacturer's instructions for quetiapine tablets, dated February 2026, retrieved from DailyMed (The contents of DailyMed is provided and updated daily by the U.S. Food and Drug Administration.), indicated, Warnings and precautions .Dyslipidemia.fasting blood lipid testing at the beginning of, and periodically, during treatment.Cataracts: Lens changes have been observed during long-term quetiapine treatment.Hypothyroidism Adults: Clinical trials with quetiapine demonstrated dose-related decreases in thyroid hormone levels.The mechanism by which quetiapine effects the thyroid axis is unclear.measurement of TSH alone may not accurately reflect a patient's thyroid status. Therefore, both TSH and free T4, in addition to clinical assessment, should be measured at baseline and at follow-up .Some patients with TSH increases needed replacement thyroid treatment. A review of the facility's policy and procedures (P&P) titled, Subject: Psychopharmacological, dated January 23, 2026, indicated, Monitoring.The primary care physician will be responsible for ordering appropriate lab tests to assure adequate monitoring of psychopharmacological drugs. 2. A review of Resident 45's admission Record, dated April 9, 2026, indicated Resident 45 was originally admitted to the facility on [DATE], readmitted on [DATE], and had diagnoses including major depressive disorder and anxiety. A review of Resident 45's medical record indicated a physician's order for Xanax 0.5 mg (milligram, unit of measurement) Give 2 tablets by mouth two times a day for anxiety m/b (manifested by) self report of anxiety, dated February 20, 2026. A review of Resident 45's MARs dated February 2, 2026 to April 8, 2025, indicated Resident 45 was administered Xanax as prescribed by the physician. A review of Resident 45's medical record on April 8, 2026 indicated there was no documented evidence of physician's orders for: non-pharmacologic behavior interventions for Xanax; monitoring of target behavior for Xanax; and monitoring for adverse side effects related to the use of Xanax. During an interview and current record review on April 9, 2026 at 9:08 a.m., with Licensed Vocational Nurse (LVN) 4, Resident 45's medical record was reviewed. LVN 4 confirmed Resident 45 was started on Xanax in February 2026. LVN 4 stated the target behavior for Xanax should have been documented in the resident's Medication Administration Record (MAR) and nursing staff should have documented the number of episodes during each shift. LVN 4 stated side effects of Xanax should have been monitored and documented on the MAR. LVN 4 stated prior to starting Xanax non-pharmacologic interventions such as turning/repositioning, going outside, or listening to music should have been attempted and documented on the MAR. LVN 4 acknowledged there was no documented evidence in Resident 45's medical record that side effect monitoring, target behavior monitoring, or non-pharmacologic interventions were documented during Xanax use and stated there should have been documentation. During an interview and current record review on April 9, 2026 at 10:25 a.m., Resident 45's medical record was reviewed with the ADON. The ADON confirmed Resident 45 was started on Xanax in February 2026. The ADON stated all psychotropic medications needed to have an order on the MAR for monitoring side effects and target behaviors, and documentation of non-pharmacologic interventions. The ADON stated when nursing staff received the order for Xanax, the orders for side effect/behavior monitoring and non-pharmacologic interventions should have been added to the MAR at the same time. ADON stated she was unable to locate documented evidence in Resident 45's medical record of any non-pharmacologic interventions, side effects or target behavior monitoring during Xanax use. The ADON stated I don't see it. During an interview and current record review on April 9, 2026 at 2:16 p.m., Resident 45's medical record including physician's orders and MARs dated December 2025 to April 2026 were reviewed with the DON. The DON acknowledged there was no documented evidence of physician's orders for non-pharmacologic behavior interventions for Xanax, monitoring of target behavior for Xanax, and monitoring for adverse side effects related to the use of Xanax. During an interview on April 9, 2026 at 5:28 p.m. with the DON, he stated during the monthly MRR, the consultant pharmacist should have identified and reported irregularities including needed monitoring for adverse (continued on next page)

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	555566	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility had a medication error rate of 12% when three (3) medication errors occurred out of 25 opportunities during the medication administration for one out of three residents (Resident 179). The errors resulted in one medication given without a physician's order and two medications given not in accordance with manufacturer's instructions and had the potential for Resident 179 not receiving the full therapeutic effects of medications.Findings: During a medication pass observation on April 7, 2026 at 9:07 a.m., licensed vocational nurse (LVN) 2 was observed preparing four oral (by mouth) medications for Resident 179. The medications included: one famotidine (used to treat heartburn) 10 mg tablet, one multivitamin with minerals (supplement) tablet, one ferrous sulfate (iron supplement) 325 mg tablet, and one doxycycline (antibiotic to treat infection) 100 mg tablet. During the same medication pass observation at 9:18 a.m., LVN 2 was observed administering the above medications to Resident 179 and Resident 179 requested a pain pill for pain level four out of 10. During the same medication pass observation at 9:26 a.m., LVN 2 was observed preparing and administering two additional oral medications to Resident 179, including one packet cholestyramine (a bile acid binder, used to lower cholesterol levels in the blood) 4 g (grams, unit of measurement) powder dissolved in seven ounces of water and two acetaminophen (pain medication) 325 mg (milligram, unit of measurement) tablets. During review of Resident 179's medical record on April 7, 2026, there was no documented evidence of an active physician's order for two acetaminophen 325 mg tablets (650 mg) by mouth for pain level four out of 10. During an interview on April 7, 2026 at 11:32 a.m. with LVN 2, LVN 2 acknowledged Resident 179 did not have a physician's order for acetaminophen 650 mg by mouth for pain level four out of 10. LVN 2 stated she should have called the physician to obtain an order for the medication before it was administered. During an interview on April 7, 2026 at 11:48 a.m., the Director of Nursing (DON) stated the facility's nursing drug information reference, dated 2022, indicated the following: Cholestyramine: give all other medications 1 hr [hour] before or 4-6 hr after cholestyramine to avoid poor absorption.Doxycycline: Avoid dairy products, antacids, laxatives, iron containing products; if these must be taken, give 2 hr before or after product. During an interview on April 7, 2026 at 11:56 a.m. with LVN 2, regarding the administration of cholestyramine and doxycycline, LVN 2 stated she was not aware that cholestyramine should have been administered separately from all medications. Additionally, LVN 2 stated she was not aware doxycycline should not have been administered at the same time as products containing calcium and iron such as multivitamins with minerals and ferrous sulfate. LVN 2 added, when the medications were scheduled at 9 a.m., she gave them at the same time according to the orders. During an interview on April 7, 2026 at 4:03 p.m. with the DON, regarding acetaminophen 650 mg given to Resident 179 without a physician's order, the DON stated the nurse should have notified the doctor and obtained a new order. Regarding cholestyramine and doxycycline not administered according to manufacturer's instructions, the DON stated the expectation was for nursing staff to follow manufacturer's instructions. During a telephone interview on April 10, 2026 at 9:17 a.m. with the Consultant Pharmacist (CP), the CP stated cholestyramine should have been given separately from other medications to avoid binding to other medications and making other medications less effective. Additionally, the CP stated doxycycline should have been administered separately from any medications or products containing calcium or iron because doxycycline could have been less effective when given at the same time. A review of cholestyramine manufacturer's instructions, dated October 2025, indicated, Since cholestyramine resin may bind other drugs given concurrently, it is recommended that patients take other drugs at least 1 hour before or 4 hours to 6 hours after cholestyramine resin (or at as great an interval as possible) to avoid impeding their absorption. A review of doxycycline manufacturer's instructions, dated January 2020, indicated Absorption of [doxycycline] is impaired by.calcium.and iron-containing preparations. A review of the facility's policy and procedures (P&P) titled, Medication Administration, dated April 2019, indicated, Medications are administered in accordance with prescriber orders.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper medication storage and labeling of medications in one of three medication carts inspected and one of two medication rooms inspected when:1a. Medication cart D in South Station contained one (1) expired medication vial; and1b. Medication room in South Station contained one (1) refrigerated medication vial opened without an open date label.The deficient practices had the potential for residents to receive unsafe and ineffective medications (reduced potency) from being used past their discard (expiration) date and not being removed from active stock.Findings: 1a. During a concurrent observation and interview on [DATE] at 10:04 a.m., an inspection of Medication cart D in the South Station with Licensed Vocational Nurse (LVN) 3 identified Resident 25 had one expired Insulin Lispro (fast-acting insulin, medication to lower blood sugar level) vial that was labeled opened on [DATE]. Additionally, the pharmacy's label on the Insulin Lispro vial indicated Discard 28 days after open. LVN 3 stated the opened Insulin Lispro vial was good until [DATE] and should have been discarded. LVN 3 stated Resident 25 did not have another Insulin Lispro vial or prefilled Insulin Lispro pen available inside the medication cart. A review of Resident 25's medical record indicated a physician's order, dated [DATE], for Insulin Lispro Injection Solution 100 units/ml (ml, unit of measurement), inject as per sliding scale (chart that tells nurse how much insulin to give based on blood sugar reading) if [blood sugar]: 180 - 200 = 4 units; 201 - 230 = 5 units; 231 - 260 = 6 units; 261 - 290 = 9 units; 291 - 320 = 12 units; 321 - 350 = 15 units; Above 350 give 18 units and notify MD; subcutaneously before meals and at bedtime for [diabetes]. During a concurrent interview and record review on [DATE] at 10:20 a.m. with LVN 3, Resident 25's medical record was reviewed, including the Medication Administration Records (MARs) dated March and [DATE]. The MARs indicated nursing staff administered Insulin Lispro insulin to Resident 25 after [DATE], between [DATE] at 06:30 (or 6:30 a.m.) to [DATE] at 06:30 (or 6:30 a.m.) as follows: [DATE]: 4 doses;[DATE], 3 doses;[DATE]: 3 doses;[DATE]: 4 doses; [DATE]: 3 doses;[DATE]: 2 doses;[DATE]: 2 doses; and[DATE]: 1 dose. During an interview on [DATE] at 3:57 p.m. with the Director of Nursing (DON), regarding Resident 25's Insulin Lispro vial that was opened on [DATE], the DON stated was the vial was expired 28 days after opened and should have been discarded by [DATE]. The DON stated nursing staff should have requested a new vial. The DON stated when the expired vial was used for Resident 25 from [DATE] to [DATE], there is concern about the efficacy of the medication and the sterility of the vial. A review of the Insulin Lispro injection solution manufacturer's instructions, dated [DATE], indicated, In-Use (Opened) 28 days Refrigerated or room temperature. A review of the facility's policy and procedure (P&P) titled, Administering Medications, revised [DATE], indicated, The expiration/beyond use date on the medication label is checked prior to administering. 1b. During a concurrent observation and interview on [DATE] at 10:38 a.m. with LVN 3, an inspection of the medication refrigerator in the South Station medication room identified one opened and used refrigerated multi-dose vial (MDV) of Tuberculin PPD (test agent used in the diagnosis of tuberculosis) 5 TU (test unit) per 0.1 ml (milliliter; unit of measurement) did not have an open date label. LVN 3 stated the vial should have been dated so nursing staff would know when the vial expired. LVN 3 stated the opened and undated PPD vial should have been discarded. During an interview on [DATE] at 3:57 p.m. with the DON, regarding the opened and undated PPD vial, the DON stated the expectation was for nursing staff to have dated the vial and undated opened vials should have been discarded. The DON stated the PPD manufacturer required opened vials to be discarded 30 days after opened. The DON stated it was important to follow the manufacturer instructions to ensure efficacy and sterility of the medication. A review of the PPD vial manufacturer's instructions dated [DATE], indicated, Vials in use more than 30 days (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should be discarded due to possible oxidation and degradation which may affect potency.A further review of the facility's P&P titled, Administering Medications, revised [DATE], indicated, When opening a multi-dose container, the date opened is recorded on the container.