

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Del Amo Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22419 Kent Avenue Torrance, CA 90505	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medical records for three of five sampled residents (Residents 1, 5, and 7) were accurate, complete and readily accessible by failing to: 1. Document Resident 1 received Restorative Nursing Aide program (RNA, nursing aide program that help residents to maintain their function and joint mobility) treatment on 12/19/2025, 12/26/2025, 1/13/2026, and 1/19/2026. 2. Document Resident 5 received RNA treatment on 12/26/2025, 12/31/2025, and 1/19/2026. 3. Document Resident 7 received RNA treatment on 12/26/2025, 12/31/2025, and 1/19/2026. 4. Clarify daily dose of Risperdal ([Generic name - Risperidone] a medication used to treat bipolar disorder [sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs]) for Resident 1. These deficient practices resulted in inaccurate and unclear medical documentation, misunderstanding among facility's licensed nursing staff and had the potential to cause inaccurate care planning, medication errors and/or inappropriate treatment of mental disorders for Residents 1, 5 and 7. Findings: 1. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to metabolic encephalopathy (brain dysfunction caused by chemical imbalances), dementia (a progressive state of decline in mental abilities), and muscle weakness. During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool) dated 10/25/2025, the MDS indicated Resident 1 was severely impaired in cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 1 did not have any limitations in range of motion (ROM, full movement potential of a joint) in either side of the upper extremity (UE, shoulder, elbow, wrist/hand) and had functional limitations in ROM in one side of the lower extremity ([NAME], hip, knee, ankle/foot). The MDS indicated Resident 1 required dependent assistance with dressing, bathing, and maximal assistance with sit to lying and rolling left and right. During a review of Resident 1's Order Summary Report dated 1/21/2026, the Order Summary Report indicated an order dated 11/26/2025 for RNA program for passive range of motion (PROM, movement at a given joint with full assistance from another person) exercises to both [NAME] once a day five times a week as tolerated. During a review of Resident 1's Care Plan initiated on 11/25/2025, the Care Plan indicated Resident 1 was at risk for developing both [NAME] contractures (loss of motion of a joint). The Care Plan goal indicated Resident 1 will have reduced risk for developing both [NAME] contractures related to impaired mobility. The Care Plan intervention indicated for RNA program for PROM exercises to both (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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[NAME] once a day five times a week as tolerated. During an observation and interview on 1/21/2026 at 9:03 a.m., Certified Nursing Assistant (CNA 3) and Certified Nursing Assistant (CNA 1) assisted Resident 1 to put on clothes. Resident 1 was lying on his back and the left leg was crossed over the upper right leg. The left knee was bent and the right leg was straight. CNA 3 and CNA 1 required multiple attempts to put on jeans on Resident 1's legs. CNA 3 stated it was difficult to put on the pants because the right leg could not move and the left leg was bent. During a concurrent interview and record review on 1/22/2026 at 10:37 a.m., with the Director of Staff Development (DSD), Resident 1's December 2025 and January 2026 RNA DSR were reviewed. The DSD stated if the RNA DSR was blank, it meant Resident 1 did not receive RNA treatment that day or the RNAs did not document any treatments for that day. DSD confirmed the RNA DSR was blank on 12/19/2025, 12/26/2025, 1/13/2026, and 1/19/2026. The DSD reviewed the Nursing Sign-In sheets and DSD stated one or two RNAs worked on those days. The DSD stated if RNAs completed the RNA treatment, then RNAs should document each time an RNA treatment was completed right after the treatment or at least by the end of the shift. The DSD stated it was important to document each treatment timely so that staff could know if the resident completed their RNA treatments and the resident's tolerance to the RNA treatment. During a concurrent interview and record review on 1/22/2026 at 1:58 p.m., with Restorative Nursing Aide (RNA 3), Resident 1's December 2025 and January 2026 RNA DSR were reviewed. RNA 3 confirmed she completed PROM exercises with Resident 1 on 12/19/2025, 12/26/2025, and 1/13/2026, but did not realize she did not document on Resident 1. RNA 3 stated she did not double-check if the documentation was completed and should ensure that documentation was completed for each resident. During a concurrent interview and record review on 1/22/2026 at 2:24 p.m., with Restorative Nursing Aide (RNA 1), Resident 1's January 2026 RNA DSR was reviewed. RNA 1 stated she performed RNA PROM exercises with Resident 1 on 1/19/2026 but did not have time to complete the documentation because she was the only RNA working that day. RNA 1 stated she should document all RNA treatments by the end of the shift but stated she did not always have time to complete the documentation. During an interview on 1/22/2026 at 3:34 p.m., the Director of Nursing (DON), the DON stated all RNA staff were supposed to document each time they provide RNA treatment with a resident. The DON stated it was important to document each time so that staff knew the job (RNA treatment) was completed, how the resident responded to the treatment, or if the RNA treatment did not happen. The DON stated RNA staff should be given time to complete documentation because it was important to document everything that was done for each resident. During a review of the facility's policies and procedures (P&P) titled, Documentation Policy, revised 1/2025, the P&P indicated it is the policy of this facility to document relevant findings in the clinical record. 2. During a review of Resident 5's admission Record , the admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to metabolic encephalopathy, hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (blockage of the flow (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 1/22/2026 at 1:58 p.m., with Restorative Nursing Aide (RNA 3), Resident 5's December 2025 RNA DSR were reviewed. RNA 3 confirmed she completed ROM exercises with Resident 5 on 12/26/2025, 12/31/2025, but did not realize she did not document on Resident 5. RNA 3 stated she did not double check if the documentation was completed and should ensure that documentation was completed for each resident RNA 3 performed RNA treatment with. During a concurrent interview and record review on 1/22/2026 at 2:24 p.m., with Restorative Nursing Aide (RNA 1), Resident 5's January 2026 RNA DSR was reviewed. RNA 1 stated she performed RNA PROM exercises with Resident 5 on 1/19/2026 but did not have time to complete the documentation because she was the only RNA working that day. RNA 1 stated she should document all RNA treatments by the end of the shift but stated she did not always have time to complete documentation. During an interview on 1/22/2026 at 3:34 p.m., the Director of Nursing (DON) stated all RNA staff were supposed to document each time they provide RNA treatment with a resident. DON stated it was important to document each time so that staff knew the job was completed and how the resident responded to the treatment or if the RNA treatment did not happen. DON stated RNA staff should be given time to complete documentation because it was important to document everything that was done for each resident. During a review of the facility's policies and procedures (P&P) titled, Documentation Policy, revised 1/2025, the P&P indicated it is the policy of this facility to document relevant findings in the clinical record. 3. During a review of Resident 7's admission Record , the admission Record indicated Resident 7 initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to acute kidney failure (sudden loss of kidney function to filter waste products) and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7 had severe impairment in cognitive skills. The MDS indicated Resident 7 did not have any limitations in ROM in both upper extremities and had impairments on both sides of the lower extremities. The MDS indicated Resident 7 required supervision with eating. The MDS indicated Resident 7 required dependent assistance from staff for sit to lying, bed to chair transfers, and lower body dressing. During a review of Resident 7's Order Summary Report dated 1/21/2026, the Order Summary Report indicated an order dated 9/11/2025 for RNA to perform PROM exercises on both upper extremities and both lower extremities once a day, five days a week as tolerated. During a review of Resident 7's Care Plan initiated on 9/11/2025, the Care Plan indicated Resident 7 was at risk for decline in ROM and strength in both UE. The Care Plan goal indicated Resident 7 will be able to maintain current ROM and strength in both UE. The Care Plan intervention indicated RNA to perform PROM exercises on both UE once a day five times a week as tolerated. During a review of Resident 7's Care Plan initiated on 9/11/2025, the Care Plan indicated Resident 7 was at risk for contracture on both [NAME] related to impaired mobility. The Care Plan goal indicated Resident 7 will have reduced risk/delay onset of contractures on both [NAME]. The Care Plan intervention indicated RNA to perform PROM exercises on both [NAME] once a day, five days a week as tolerated. During an observation and interview on 1/21/2026 at 1:43 p.m., Restorative Nursing Aide (RNA 1) (continued on next page)		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain an effective pest control program to prevent the infestation of gnats (fruit flies: flying, winged insects) by not ensuring a sanitary environment for three of five residents (Residents 6, 22, and 69). This deficient practice had the potential to cause an increased risk of pest infestation, which could compromise infection control measures and negatively impact the health, safety, and well-being of 73 residents that reside in the facility. Findings: During a review of Resident 6's admission Record, the admission Record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 6's Minimum Data Set (MDS- a resident assessment tool) dated 12/6/2025, the MDS indicated Resident 6's cognition (ability to think, understand, learn, and remember) was severely impaired and required moderate assistance (helper does less than half the effort) with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing, and toileting a person performs daily to care for themselves). During a review of Resident 22's admission Record, the admission Record indicated Resident 22 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities) and immunodeficiency (the decreased ability of the body to fight infections and other diseases). During a review of Resident 22's MDS dated [DATE], the MDS indicated Resident 22's cognition was severely impaired and required maximal assistance with oral hygiene, toileting, and showering. During a review of Resident 69's admission Record, the admission Record indicated Resident 69 was admitted to the facility on [DATE] with diagnoses including atrial fibrillation (irregular heartbeat) and urinary tract infection (UTI- an infection in the bladder/urinary tract). During a review of Resident 69's MDS dated [DATE], the MDS indicated Resident 69's cognition was moderately impaired and required maximal assistance with ADLs. During an observation 1/20/2026 at 9:28 a.m., in Resident 22's room, three gnats were observed on Resident 22's pillow, a cord next to Resident 22's bed, and one flying around Resident 22's coffee mug. During an interview on 1/20/2026 at 9:57 a.m., with Resident 6, Resident 6 stated the care was great except for the gnats in his room. Resident 6 stated he notices the gnats every day and has told the staff about it. During a subsequent interview on 1/21/2026 at 8:56 a.m., with Resident 6, Resident 6 stated gnats were still present, stating, In fact, there is one flying around me right now. Resident 6 expressed concern that the gnats were unsanitary. During an interview on 1/22/2026 at 1:50 p.m., with Restorative Nurse Assistant (RNA) 2, RNA 2 stated she observed gnats while feeding a resident and the resident attempted to swat the gnat and hit herself in the face. RNA 2 stated the gnats could potentially land on the resident's food which was unsanitary. During an interview on 1/22/2026 at 2:12 p.m., with the Infection Prevention Nurse (IPN), IPN stated there has been an ongoing issue with gnats. IPN stated the gnats were not sanitary, especially if they land on residents' food. During an interview on 1/23/2026 at 11:19 a.m., with the Director of Nursing (DON), DON stated the gnats were unsanitary and could potentially land in the residents' food causing the residents to feel uncomfortable. During a review of the facility's policy and procedure (P&P) titled, Pest Control Program, dated 1/2025, the P&P indicated, To maintain a safe, sanitary environment that is free from insects, rodents, and other pests through an effective, integrated pest management program.		

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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 develop an individualized care plan with measurable objectives, timeframes, and interventions to meet the resident's needs for one of three sampled residents (Resident 34). The facility failed to include goals and interventions related to Resident 34's antibiotic therapy (medication prescribed to treat infection). This deficient practice had the potential to negatively impact on the delivery of necessary care and services to Resident 34. Findings: During a review of Resident 34's admission Record, Resident 34 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) and dementia (a progressive state of decline in mental abilities). During a review of Resident 34's Minimum Data Set (MDS- a resident assessment tool) dated 10/17/2025, the MDS indicated Resident 34's cognition (ability to think, understand, learn, and remember) was severely impaired and required moderate (helper does less than half the effort) assistance with toileting, bathing, and dressing. During a review of Resident 34's Order Details dated 8/15/2025, the Order Details indicated an order for Ceftriaxone (antibiotic- medication to treat infection) one gram (g- unit of measurement) for urinary tract infection (UTI- infection in the bladder/urinary tract) for five days. During a concurrent interview and record review on 1/22/2026 at 9:11 a.m., with the Infection Prevention Nurse (IPN), the IPN stated Resident 34 was readmitted to the facility on [DATE] with a UTI and prescribed an antibiotic. During a subsequent interview on 1/22/2026 at 10:23 a.m., with the IPN, the IPN stated there was not a care plan for Resident 34's antibiotic but one should have been developed to ensure the resident was properly monitored. During an interview on 1/23/2026 at 11:20 a.m., with the Director of Nursing (DON), the DON stated Resident 34's care plan should have been developed for Resident 34's antibiotic usage. The DON stated the care plan was essential because it guides how residents were monitored, the approach taken in their care, and the goals that need to be met. During a review of the facility's policy and procedure (P&P) titled, Develop-Implement Comprehensive Care Plans, dated 1/2025, the P&P indicated, Each resident will have a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs.		

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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 one of five sampled residents (Residents 22) received appropriate services to prevent a decline in range of motion (ROM, full movement potential of a joint) and mobility by failing to provide Resident 22 Restorative Nursing Aide (RNA, nursing aide program that help residents to maintain their function and joint mobility) treatment for ambulation (walking) on 1/19/2026. This deficient practice had the potential for Resident 22's decline in ambulation and overall physical functioning. Findings: During a review of Resident 22's admission Record, the admission Record indicated Resident 22 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including but not limited to non-Hodgkin lymphoma (cancer in white blood cells) and encounter for palliative care (specialized medical care that focuses on providing relief from pain and other symptoms of serious illness). During a review of Resident 22's Minimum Data Set (MDS, resident assessment tool) dated 10/16/2025, the MDS indicated Resident 22 was moderately impaired in cognitive (ability to think, understand, learn, and remember) skills for daily decision making. The MDS indicated Resident 22 did not have any limitations in range of motion in both arms and legs. The MDS indicated Resident 22 required supervision with eating and oral hygiene and moderate assistance with sit to stand, bed to chair transfer and with walking 10 feet. During a review of Resident 22's Order Summary Report dated 1/22/2026, the Order Summary Report indicated a physician order dated 7/7/2025 for RNA for ambulation with front-wheeled walker (FWW, type of mobility aid with wide base of support and two wheels in the front) once a day five times a week. During a review of Resident 22's Care Plan dated 7/7/2025, the Care Plan indicated Resident 22 was at risk for decline in ability to ambulate with assistance. The Care Plan goal indicated Resident 22 will maintain ability to ambulate with assistance of RNA. The Care Plan interventions indicated RNA for ambulation with FWW once a day five times a week as tolerated. During a review of Resident 22's RNA Documentation Survey Report for January 2026, the RNA Documentation Survey Report indicated no documentation (blank) for RNA treatment on 1/19/2026. During an observation and interview on 1/22/2026 at 10:30 a.m., Restorative Nursing Aide 2 (RNA 2) approached Resident 22 who was sitting in a wheelchair outside of Resident 22's room. Resident 22 stood up and walked using a FWW with RNA 2 down the hallway and sat down to rest after the nursing station. Resident 22 stated she was tired and wanted to rest. During a concurrent interview and record review on 1/22/2026 at 10:37 a.m., with the Director of Staff Development (DSD), Resident 22's January 2026 RNA Documentation Survey Report was reviewed. DSD stated if the RNA Documentation Survey Report was blank, it meant Resident 22 did not receive RNA treatment that day or the RNAs did not document any treatments for that day. DSD confirmed on 1/19/2026, the RNA treatment was blank and was not documented. DSD reviewed the Nurse Staff Sign-In Sheet and indicated only one RNA worked on 1/19/2026 (Restorative Nursing Aide 1 [RNA 1]). DSD stated the other RNA assigned that day (1/19/26) did not report to work that day. DSD stated the facility did not have a process to make up any missed RNA treatments if an RNA did not come to work on a scheduled day. DSD stated it was important for residents who had RNA treatment orders to receive their RNA treatments as ordered, because if residents did not receive their RNA treatments, residents could have a decrease in mobility or their joints could get stiff and cause contractures (loss of motion of a joint). During an interview on 1/22/2026 at 2:24 p.m., RNA 1 stated she was the only RNA that worked on 1/19/2026. RNA 1 confirmed she did not perform any RNA treatments for ambulation for Resident 22 because she did not have time and focused on residents who required ROM exercises and splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) first. During an interview on 1/22/2026 at 3:34 p.m., with the Director of Nursing (DON), the DON stated the RNA program was to help residents maintain their present level of functioning such as their ROM and ambulation. The (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON stated if a scheduled RNA did not come to work, then the facility should offer overtime to the working RNA until all the RNA treatments were completed and documented. The DON stated on 1/19/2026, this process did not happen and currently the facility did not have a process to make up any missed RNA treatments on a different day that week. The DON stated residents should receive their RNA treatments as ordered and if a resident did not receive their RNA treatments as ordered, then residents could develop stiffness, contractures, or may not be able to walk any more. During a review of the facility's policies and procedures (P&P) titled, Restorative Nurse Services, revised 1/2025, the P&P indicated The facility provides and each resident shall receive restorative nursing care as needed to help promote optimal safety and independence.as determined by their comprehensive care plan.		

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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, interviews, and record review, the facility failed to ensure that six discontinued medication orders, contained in seven medication bubble packs for Resident 92 who was discharged from the facility more than two years ago were removed from medication storage and properly disposed of in accordance with the facility's policy and procedure titled Medication Destruction (revision date: 01/2025). This deficiency affected one of five sampled medication storage locations (Director of Nursing [DON] office). This deficient practice of failing to ensure removal of discontinued medications that could be expired, ineffective or toxic increased the risk for misuse and drug diversion of Resident 92's medications. Findings: During a review of Resident 92's admission Record, dated [DATE], the admission Record indicated Resident 92 was admitted to the facility on [DATE] and discharged on [DATE]. During a review of Resident 92's History & Physical, dated [DATE], the document indicated Resident 92 had fluctuating capacity to understand and make decisions. During a concurrent observation and interview on [DATE] at 12:57 p.m. with the DON in the DON's office, regarding disposition of controlled (drugs or chemicals regulated by the government because they have a high potential for abuse, misuse, and addiction) and noncontrolled medications, the DON opened the locked storage cabinet and one of the drawers of the locked storage cabinet contained an opaque linen bag which contained Resident 92's Discharge summary, dated [DATE], with discharge date of [DATE] and the following seven medication bubble packs (a method of organizing medication where individual doses [pills or capsules] are sealed in small plastic cavities [bubbles]) or cards: 1. 25 tablets of Quetiapine fumarate (a medication used to treat schizophrenia [a mental illness that is characterized by disturbances in thought], bipolar disorder [sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs] and as an adjunct treatment option for depression (a serious mood disorder causing persistent sadness and loss of interest, affecting thoughts, feelings, and daily activities) 25 milligrams ([mg] a unit of measurement for mass) that indicated, A.M. (morning dose), Give 1 tablet by mouth two times a day for dementia (a progressive state of decline in mental abilities) w/ (abbreviation for with) behavioral. 2. 24 tablets of Quetiapine fumarate 25 mg that indicated, P.M. (evening dose), Give 1 tablet by mouth two times a day for dementia w/ behavioral. 3. 26 tablets of Quetiapine fumarate 50 mg that indicated, bedtime, Take 1 tablet by mouth every night at bedtime. 4. One capsule of Duloxetine hydrochloride (HCl) (a medication used to treat depression and other mood disorders) delayed release (DR) 20 mg that indicated, A.M., Give 1 capsule by mouth one time a day for depression mb (abbreviation for manifested by) sad. 5. One tablet of Pantoprazole sodium delayed release (DR) 40 mg that indicated, A.M. before meals, Give 1 tablet by mouth before meals for gastrointestinal (GI) prophylaxis. 6. Zero quantity of Allopurinol (a medication used to treat gout [a painful inflammatory form of arthritis caused by high uric acid levels forming crystals in joints]) 300 mg that indicated, A.M., Give 1 tablet by mouth one time a day for gout. 7. 12 tablets of Olmesartan medoxomil (a medication used to treat high blood pressure) 40 mg that indicated, A.M., Give 1 tablet by mouth one time a day for hypertension (HTN): hold for systolic blood pressure (SBP) less than 110. The DON stated, I'll be very honest and I am sorry, I forgot these medications were here in storage. The DON stated the resident's family was supposed to pick up the medications. The DON stated she did not write on any piece of paper that she contacted the resident. The DON stated she forgot because it was covered by thermometer, other supplies in the cabinet and was hidden in the bag. The DON stated usually the medications would be safe in the DON's office instead of the medication room. The DON stated, unfortunately they (referring to the resident's family) never returned the call. The DON stated if a noncontrolled medication was discontinued, then it should be destroyed within 90 (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	days or sooner. The DON stated she would not be able to return those medications to Resident 92, because they were probably outdated or not the right doses anymore. The DON stated she would inform the physician, Resident 92 and resident's family about this. During a review of the facility's P&P, titled Medication Destruction, dated 01/2025, the P&P indicated, Medications will be disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances. The P&P indicated, Disposal of non-controlled medications, Facility should dispose of discontinued medication, out-dated medications, or medications left in facility after a resident has been discharged within 90 days of the date the medication was discontinued by Physician/Prescriber. Non-controlled medications shall be disposed of in the presence of two nurses, in accordance with applicable State Law.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain the ice machine and scoop bucket under sanitary conditions. The facility failed to: 1. Ensure the ice machine does not contain black dust-like substances during inspection. 2. Ensure the scoop bucket was clean and sanitary, which had multiple stains in black, brown, and pink colors. This deficient practice had the potential to cause food-borne illnesses (illness caused by food contaminated with bacteria, viruses, parasites, or toxins). Findings: During an initial kitchen tour observation and interview on 01/20/26 at 08:33 am, with the Director of Food Services (DFS). The iced machine was observed filled with black dusty substance. The scoop bucket was filled with multiple stains inside the bucket. The DFS stated the ice machine, and the scoop bucket should be always kept clean and sanitary. The DFS stated the maintenance staff was responsible for cleaning the ice machine. During an interview on 01/21/26 at 1:12 pm with the Housekeeping Supervisor (HS), the HS stated that he had spent several hours cleaning the ice machine but may have missed the area containing dust. The HS stated he will ensure the machine will be properly cleaned and will follow the manufacturer's guidelines moving forward. The HS stated that the scoop bucket was cleaned earlier that morning (1/20/26) but will make sure it was thoroughly cleaned and maintained in a sanitary condition to prevent contamination. During a review of the facility's policy and procedures (P&P) titled, Ice Machine and Storage Chest revised in 1/2025, the P&P indicated, Ice machine shall be maintained in accordance with manufacturer cleaning and sanitizing schedules to prevent biofilm, mold, and scale buildup. Ice machines shall be visually inspected weekly for scale, slime mold and or residue. The policy indicated that the ice scoop will be cleaned and sanitized daily by the dietary department. The ice scoop will be kept in a clean container when not in use and will not contain standing water.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure: Certified Nursing Assistant (CNA) 1 was wearing gloves when handling soiled linen. Clean linen carts were accessed only by facility staff. Staff performed hand hygiene after touching the trash can lid to open the trash receptacle. This failure had the potential to increase the risk of infection and cross-contamination (the transfer of bacteria, viruses, microorganisms, or other harmful substances from one surface to another through improper or unsanitary equipment, procedures, or products) among residents. Findings: 1. During an observation on 1/20/2026 at 8:46 a.m. in room [ROOM NUMBER], CNA 1 was observed handling soiled linen without gloves. During an interview on 1/21/2026 at 1:15 p.m. with CNA 1, CNA 1 stated gloves should have been worn when handling the soiled linen. CNA 1 stated the importance of wearing gloves when handling soiled linen was to prevent the spread of infection to other residents. CNA 1 stated there would be an increased risk of infection that may result in other residents getting sick and placing their overall health at risk. During an interview on 1/22/2026 at 8:58 a.m. with Registered Nurse Supervisor (RNS) 1, RNS 1 stated it was important to wear gloves while handling soiled linen to prevent spread of bacteria or cross-contamination to other residents. RNS 1 stated if gloves were not worn and hand washing was not performed after handling soiled linen, there would be a risk for infection and the spread of bacteria to other residents. During a review of the facility policy and procedure (P&P) titled Personal Protective Equipment Gloves revised January 2025, indicated The purpose of this protocol is to provide guidelines for the appropriate use of gloves in the skilled nursing facility to reduce the risk of infection transmission and to protect resident and staff from exposure to blood, body fluids, and other potentially infectious materials. 1. Gloves shall be worn when there is anticipated contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated items. 2. During an observation on 1/20/2026 at 12:34 p.m. in hallway near room [ROOM NUMBER], a visitor was seen accessing linen from the clean linen cart without staff assistance. During an interview on 1/22/2026 at 8:55 a.m. with Certified Nursing Assistant (CNA) 5, CNA 5 stated clean linen carts should only be accessed by facility staff to prevent the spread of bacteria. CNA 5 stated if visitors were seen accessing clean linen carts without staff assistance there would be a risk for infection to other residents due to cross-contamination. During an interview on 1/22/2026 at 8:58 a.m. with Registered Nurse Supervisor (RNS) 1, RNS 1 stated the importance of staff assisting visitors to obtain linen from the clean linen cart was to prevent cross-contamination. RNS 1 stated residents may contract infection from linen that was potentially contaminated. During a review of the facility's policy and procedure (P&P) titled Linens revised January 2025, the P&P indicated .4. Laundry and nursing staff will use standard precautions and use PPE (personal protective equipment) while handling all soiled linen. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled Linens revised January 2025, the P&P did not indicate a procedure for individuals who were designated to access clean linen carts. 3. During a concurrent observation and interview on 1/22/2026 at 11:34 a.m. with the Director of Food Services (DFS), kitchen staff, including the DFS, were observed washing their hands and then touching the trash can lid to dispose of trash. The DFS stated to avoid direct contact with the lid, staff use a clean paper towel to open the trash can; however, he stated this practice could lead to cross-contamination and increase the risk of staff recontamination their hands. The DFS stated that the hands-free trash can was recently broken and that a replacement has already been ordered. During an interview on 01/22/2026 at 2:18 p.m. with the Director of Nursing (DON), the DON stated she was not aware that the kitchen trash was not hands-free. The DON stated from an infection control perspective, the current situation poses a risk for staff to inadvertently contaminate their hands after washing their hands. During an interview on 01/22/2026 at 2:18 p.m., with the Director of Nursing (DON), the DON states she was not aware that the kitchen trash can was not hand free but will follow up and get a new one. DON states for infection control, it is potential for staff to mistakenly get hands dirty again. During a review of the facility's policy and procedure (P&P) dated 01/2025, titled Hand Washing-Hand Hygiene, the P&P indicated This Facility considers hand hygiene the primary means to prevent the spread of infections. Personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel and residents.		