STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555712	A. Building B. Wing	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morgan Hill Healthcare Center	530 West Dunne Avenue & LA Selva Morgan Hill, CA 95037

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44185 Based on observation, interview, and record review, the facility failed to ensure, provision of care and services related to pressure ulcers were consistent with professional standards of practice for one of 14 sampled residents (Resident 22), when there were no proper description and measurements of the pressure ulcer of Resident 22 in her weekly wound assessments. These failures had the potential for the residents with pressure ulcers, not being properly monitored and treated which could delay the healing or worsen the wound. Findings: During the observation of Resident 22 on 4/7/25 at 12:46 p.m., Resident 22 was in her bed, eating lunch. She needed total assistance with feeding. Resident was calm, comfortable and able to answer questions. Review of Resident 22's admission record (document created when a resident is admitted to a healthcare facility, containing the vital information about the resident), indicated, Resident 22 was admitted to the facility on [DATE] with diagnoses including chronic systolic congestive heart failure (progressive syndrome where the left ventricle loses the ability to contract normally), stage 4 pressure ulcer (most serious pressure ulcer, extending below the subcutaneous fat into the deep tissues, including muscle, tendons, ligaments and even as far down as the cartilage or bone) of the sacral region or sacrum (at the bottom of the spine and lies between the fifth segment of the lumbar spine and the coccyx or tailbone) and functional quadriplegia (complete immobility due to severe disability or frailty from another medical condition without injury to the brain or spinal cord). Review of Resident 22's clinical records indicated, Resident 22 had chronic (persistent), non-healing stage 4 pressure ulcer to sacrum that was present upon admission. Review of Resident 22's nursing weekly wound assessments indicated, Resident 22 did not have proper description and measurements of her pressure ulcer in the sacral region, in Resident 22's nursing weekly wound assessments on 2/10/25, 2/17/25, 2/24/25, 3/3/25, 3/10/25, 3/17/25, 3/24/25 and 3/31/25. (continued on next page)

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

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the concurrent review of Resident 22's weekly wound assessments and interviews with licensed vocational nurse supervisor E (LVNS E) and licensed vocational nurse B (LVN B) on 4/10/25 at 1:30 p.m., both, LVNS E and LVN B acknowledged that there were no proper description of the pressure ulcer in the sacral region of Resident 22, including the measurements, color, drainage, odor and whether it's painful, in Resident 22's nursing weekly wound assessments on 2/10/25, 2/17/25, 2/24/25, 3/3/25, 3/10/25, 3/17/25, 3/24/25 and 3/31/25. During the interview with the regional nurse consultant (RNC), on 4/11/25 at 11:50 a.m., RNC verified that nurses should have proper documentation for weekly wound assessments. RNC also stated nurses should have documented properly, the description of the pressure ulcer which includes the measurement, color, drainage, odor and pain assessment of the pressure ulcer to promote wound healing. Review of the facility's policy and procedure titled, Skin Assessment and Documentation Policy, implemented on 6/1/24 indicated, It is our policy to perform a full body skin assessment as part of our systemic approach to pressure injury prevention and management. This policy includes the documentation guidelines skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission and weekly thereafter Documentation of skin assessment: document observations, type and or description of wound, describe wound measurements, color, type of tissue in wound bed, drainage, odor and pain, document if resident refused assessment and other information as indicated or appropriate.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 46553 Based on observation, interview, and record review, the facility failed to ensure the controlled substance (drugs with high potential for abuse or addiction) medications were fully accounted for on the medication administration record (MAR) to indicate they were given for three out of six residents (Residents 13, 39, and 49) showed that medications were signed out of the Antibiotic or Control Drug Record (CDR, an inventory sheet that keeps record of the usage of controlled medications). This failure had the potential for access to medications and supplies by unauthorized persons such as residents and visitors. Findings: 1. The CDRs for six (6) random residents receiving PRN (meaning as needed) controlled medications were requested for review during the survey. a. A review of Resident 13's MAR indicated to give Butalb-APAP-CAFF (Butalbital -Acetaminophen -Caffeine (used to treat tension headaches) 50-325-40 MG (milligram, unit of dose of measurement) 1 tablet by mouth every 4 hours as needed for severe migraines 7-10 with start date of 9/18/24. During a concurrent interview and record review with the Regional Nurse Consultant (RNC) on 4/10/25 at 9:42 a.m., review of Resident 13's CDR for Butalb-APAP-CAFF and the January and March 2025 MAR reflected the nursing staff signed out of the CDR (meaning they removed the medication from the locked controlled medication compartment in the medication cart) but did not document the respective administration on the MAR on 1/2/25 at 20:36 p.m., and 3/14/25 at 9:29 a.m., and 3/21/25 at 12:24 p.m. The RNC verified this finding and acknowledged three (3) tablets of Butalb-APAP-CAFF was not accounted for all the dates the medication was given in the MAR. b. Resident 39's had a physician's order, dated 4/3/25 for Hydrocodone- Acetaminophen (used to manage pain) Oral Tablet 5 -325 MG every 6 hours as needed for pain management Administer for pain (5-7). During a concurrent interview and record review with the RNC on 4/10/25 at 9:55 a.m., review of Resident 39's CDR for Hydrocodone- Acetaminophen Oral Tablet 5 -325 MG and the 3/2025 MAR reflected the nursing staff signed out in the CDR but did not document the respective administration on the MAR on 4/4/25 at 20:30 p.m. The RNC verified this finding and acknowledged one Hydrocodone- Acetaminophen tablet was not accounted c. A review of Resident 49's MAR indicated to give Tramadol (a controlled medication for pain) HCL Oral Tablet 50 MG by mouth every 6 hours as needed for pain During a concurrent interview and record review with the RNC on 4/10/25 at 10:00 a.m., review of Resident 49's CDR for Tramadol HCL and the 3/2025 MAR reflected the nursing staff signed out of the CDR but did not document the respective administration on the MAR on 4/5/25 at 10:56 a.m., and 4/5/25 at 20:09 p.m. The RNC verified this finding and acknowledged two (2) Tramadol HCL tablet were not accounted. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the RNC on 4/10/24 at 10:07 a.m., RNC further stated narcotics medication should have been accounted for by the nursing staff both in MAR and the CDR because of diversion. During an interview with Pharmacy Consultant (PC) on 4/10/25 at 4:30 p.m., PC stated medication should have been documented in both papers and MAR to avoid diversion of medication. Review of the facility's policy titled Controlled Substance Administration &Accountability, dated 5/1/23, indicated, It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place to prevent loss, diversion or accidental exposure. General Protocols' all cases, the dose noted on the usage form or entered into the automated dispensing system must match the dose recorded on the Medication Administration Record (MAR), Controlled Drug record, or other facility specified form and placed in the patient's medical record.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 46553 Based on observation, interview and record review, the facility had a medication error rate of 9.68%, when three medication errors out of 31 opportunities occurred during medication administrations for two of four residents (Residents 7 and 13) as follow: 1. Resident 7 missed to receive Gabapentin (medication used for nerve pain) and Docusate Sodium (DSS-stool softener used to treat and prevent constipation) during medication pass observation; and 2.Resident 13 was given Xarelto (Rivaroxaban - used to treat or prevents blood clots) 20 milligram (mg, metric unit of measurement) medication without meal. These deficient practices resulted in medications not being given in accordance with the prescriber's orders and/or manufacturer's specifications, which could have resulted in the residents not receiving the full therapeutic effects of the medications. Findings: 1. During a medication pass observation on 4/8/25, at 8:36 a.m., with Licensed Vocational Nurse (LVN) A, LVN A administered ten oral medications to Resident 7. A review of Resident 7's medication administration record indicated to give gabapentin oral capsule 100 mg, 1 capsule by mouth three times a day for type 2 diabetic mellitus(DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) with diabetic Neuropathic Arthropathy(a progressive condition that causes the bones and joints in the foot to degenerate[deterioration of a tissue] at 9:00 a.m. and DSS Capsule 250 mg (Docusate Sodium) 1 capsule by mouth one time a day for constipation at 9:00 a.m. medication to be given. During a concurrent interview and record review with LVN A on 4/8/25, at 10:44 a.m., LVN A verified the order indicated to give gabapentin capsule and docusate sodium capsule at 9:00 a.m., it was missed to administer the two medications to Resident 7. LVN A stated I thought I gave it. During an interview with Pharmacy Consultant (PC) on 4/10/25 at 4:20 p.m., the PC stated if the medication is not given the nurse should have put what's the reason why. The PC further stated it's not ok for not giving the medication. 2. During a medication pass observation and interview with LVN C on 4/8//25 at 4:40 p.m., LVN C administered one medication to Resident 13, LVN C prepared Xarelto 20 mg tablet, on the blister pack written to give 1 tablet by mouth one time a day for blood clot prevention take with dinner. Review of facility mealtimes are as follow Dinner: 5:45 pm cart 1, 6:00 pm - Cart 2, and 6:15 pm - Cart 3. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview with LVN C on 4/8/25 at 4:52 p.m., LVN C verified the order summary report of Xarelto oral tablet 20 mg to give one tablet by mouth a day for blood clot take with dinner. LVN C acknowledged the physician's order for Xarelto (Rivaroxaban) indicated to take with dinner. During an interview with Regional Nurse Consultant (RNC), on 4/10/25 at 10:10 a.m., the RNC stated the licensed nurse should have matched the medication administered and the medication ordered by the doctor. The RNC further stated its a triple check making sure following the right medication, right dose, right dosage. During an interview with Pharmacy Consultant (PC) on 4/10/25 at 4:20 p.m., the PC stated the medication Xarelto based on the guidelines it should be given with food in the evening. A reviewe of drug resource, DailyMed(https//dailymed.nlm.nih.gov/dailymed). If you take XARELTO for: Blood clots in the veins of your legs or lungs: For the 15 mg and 20 mg doses, take XARELTO with food at the same time each day. A review of the facility's policy titled, Medication Administration, dated 3/1/2023, indicated, Medication s are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .14. Administrated medication as ordered in accordance with manufacture specification a. Provide appropriate amount of food and fluid.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 46553 Based on observation, interview, and record review, the facility failed to ensure proper medication storage and labeling of medication for one of one medication storage room and one of two medication carts, when: 1. Three blister pack of Buspirone HCL (used to treat anxiety disorder) 5 milligram (mg-unit of dose measurement) has expired on 2/2/25; 2. Two vials of tuberculin purified protein (Aplisol- a sterile aqueous solution of purified protein fraction for intradermal administration used in the diagnoses of tuberculosis) with no open date written on the vial; 3. A bottle of Latanoprost 0.005% (used to treat glaucoma [a condition in which increased pressure in the eye can lead to gradual loss of vision]) eye drop with expiration date of 4/7/25; 4. A bottle of Ciprofloxacin 0.3 % (used to treat infections of the eye) eye drop with no open date written on the bottle; 5. One vial of unopened Humulin R (a short acting, human-made injection that helps manage blood sugar levels in people with diabetes) was not refrigerated; 6. Oral medication and eye drop bottles were stored in one drawer in the medication cart; 7. One drawer in medication cart were not clean and sticky substance (material with particular features); and 8. Discontinued medications were stored in one of two medication carts. These deficient practices had a potential for residents to receive medications with reduced potency from expired medications, and /or medication error due to medications not being labeled. Findings: 1. During an inspection of medication cart AA and interview with Licensed Vocational Nurse (LVN) B on 4/9/25 at 11:25 a.m., a blister pack of Buspirone HCL was found in the medication cart AA that has expired on 2/2/25. LVN B confirmed the medication has expired and should have been discarded medication. During an interview with the Pharmacy Consultant (PC) on 4/10/25 at 2:32 p.m., the PC stated discontinued medication should be taken away in the active medication to prevent medication error. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During an inspection of medication refrigerator in the medication storage room with Minimum Data Set Consultant (MDSC) on 4/9/25 at 10:41 a.m., has identified two open vials of Tuberculin Purified Derivatives was identified without an open date. The MDSC confirmed that the two vials of tuberculin was not dated. Review of the facility's policy titled Labeling of Medications and Biologicals, dated 2/1/24, indicated All medications and biologicals used in the facility will be labeled in accordance with current state and federal regulations to facilitate consideration of precautions and safe administration of medications. 8. Labels for multi-used vials must include: The date the vials was initially opened or accessed(needle-puncture). 3. During a concurrent inspection of medication cart AA and interview with LVN B on 4/09/25 at 11:52 a.m., a bottle of latanoprost 0.005% of eye drop was identified open with expiration date of 4/7/25. LVN B verified the medication has expired. 4. During an inspection of medication cart AA and interview with LVN B on 4/09/25 at 11:54 a.m., a bottle of Ciprofloxacin 0.3 % eye drops was identified with no open date. LVN B confirmed the bottle of eye drop has no open date. LVN B further stated it should have a date to avoid giving expired medications. During an interview with the Regional Nurse Consultant (RNC) on 4/10/25 at 10:20 a.m., the RNC stated open date should have been written on the medication bottles of the to make sure the efficacy (the ability to produce a desired or intended result) of the medications. 5. During an inspection of medication cart AA and interview with LVN B on 4/9/25 at 11:46 a.m., it was identified a vial of Humulin R that was unopened and not refrigerated. LVN B confirmed the unopened vial of Humulin R should have been refrigerated. Review of the facility's policy titled Medication Storage, dated 3/1/23, indicated, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and /or medication rooms according to the manufacturer's recommendation s and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.6. Refrigerate Products: a. All medications requiring refrigeration's are stored in refrigerators located in the pharmacy and at each medication room. 6.During an inspection medication cart AA and interview with LVN B on 4/9/25 at 11:56 a.m., it was identified that oral medication and eye drop were stored in one drawer. LVN B confirmed the medications were stored in one drawer and it should have been separated accordingly. During interview with RNC on 4/10/25 at 10:24 a.m., RNC stated the oral medication should have been separated from eye drop to avoid mix up. Review of the facility's policy titled Medication Storage, dated 3/1/23, indicated, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and /or medication rooms according to the manufacturer's recommendation s and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. 4.Internal Products: Medications to be administered by mouth are stored separately from other formulations (i.e., eye drops, ear drops, injectables). (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. During an inspection of medication cart AA and interview with LVN B on 4/9/25 at 12:01 p.m., one drawer in the medication cart was found not clean with sticky substance. LVN B confirmed the bottom part of the medication cart drawer was sticky and not clean, she further stated it was because of the medication. During an interview with the RNC on 4/10/25 at 10:25 a.m., the RNC stated the nurse should have maintained the medication cart clean. 8.During an inspection of medication cart BB and interview with LVN D on 4/9/25 at 4:07 p.m., discontinued medication of residents were stored in the medication cart. LVN D confirmed the medications were discontinued and should been given to the Director of Nursing (DON). During an interview with the covering DON on 4/9/25 at 4:30 p.m., the DON stated discontinued medication will be collected for destruction. The DON further stated it should have been stored in a lock cabinet. During an interview with the RNC on 4/10/25 at 10:43 a.m., the RNC stated once the medication was discontinued, it should have been removed from the cart. NC further stated the nurse should give the discontinued medication to the DON. During an interview with the PC on 4/10/25 at 2:23p.m., the PC stated no discontinued medication should have been kept in the medication cart. The PC further stated it should have been separated to active medication to prevent medication administration error. Review of the facility's policy and procedure(P&P) titled Medication Storage , dated 3/1/2023, the policy indicated, It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and /or medication rooms according to the manufacturer's recommendation and sufficient to ensure proper sanitation , temperature , light, ventilation , moisture control , segregation , and security .8. Unused Medications: the pharmacy and all medication room are routinely inspected by the consultant pharmacist for discontinued , outdated , defective , or deteriorated medications with worn, illegible , or missing labels . These medications are destroyed in accordance with our destruction Unused Drugs policy.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 44185 Based on observation, interview and record review, the facility failed to ensure the food recipes for making puree (smooth, crushed or blended food that's made by breaking down solid foods into a creamy paste or liquid) were being followed when the cook did not follow the recipes for making pureed baked beans and deluxe coleslaw. These failures had the potential to lead in decreased food palatability that could decrease the food consumed by residents which could lower the nutrient intakes for the eight residents on puree diet order out of fifty-one facility residents. Findings: 1. During the puree making observation with cook F (COOK F) on 4/9/25 at 11:15 a.m., COOK F was making puree baked beans. COOK F put 36 ounces (oz, a unit of measurement for weight) of baked beans, good for the 8 residents on puree diet, plus 1 extra serving, into the robot coupe machine (used for making puree foods), then pureed the baked beans. She added 2 teaspoons of thickener and set it aside after in the container with desired temperature. Review of the facility's undated recipe titled, Baked Beans: Puree, it stated, Place portions needed into a food processor, process until smooth, reheat to 165 degrees Fahrenheit (F, a unit of temperature measurement) and serve. The recipe did not mention to add thickener in the puree baked beans. 2. During another pureed making observation with COOK F on 4/9/25 at 11:37 a.m., COOK F was making pureed deluxe coleslaw. COOK F put 36 ounces of deluxe coleslaw, good for the 8 residents on puree diet, plus 1 extra serving, into the robot coupe machine, then pureed the deluxe coleslaw. She added 1 teaspoon of thickener and set it aside after in the container with desired temperature. Review of the facility's undated recipe titled, Deluxe Coleslaw: Puree, it stated, Serve pureed cooked vegetable of your choosing. There was no mention of adding thickener. During the concurrent review of the recipe for making puree baked beans and puree deluxe coleslaw and interview with COOK F on 4/10/25 at 10:45 a.m., COOK F acknowledged that the recipe for making puree baked beans and puree deluxe coleslaw were not followed and stated that she would check on those recipes and would follow them next time. During the concurrent review of the recipe for making puree baked beans and puree deluxe coleslaw and interview with the certified dietary supervisor (CDS), on 4/9/25 at 3:25 p.m., CDS verified that the recipe for making puree baked beans and puree deluxe coleslaw were not followed and stated that he would check on the recipes and would follow up on those concerns. During an interview with the registered dietitian (RD), on 4/9/25 at 3:18 p.m., RD verified that the cook should have followed the recipe and not adding thickener when making puree baked beans and puree deluxe coleslaw. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy and procedures titled, Food Preparation Guidelines, implemented on 3/1/2023 indicated, It is the policy of this facility to prepare foods in a manner to preserve or enhance a resident's nutrition and hydration status The cook or designee, shall prepare menu items following the facility's written menus and standardized recipes

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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. 44185 Based on observation, interview, and record review, the facility failed to ensure, kitchen equipment were sanitary and dishwashing chemicals and garbage containers were stored in accordance with professional standards for food safety when: 1. There were kitchen large pan trays and kitchen equipments that were unsanitary; and 2. Dishwashing chemicals and garbage containers in the kitchen were not stored safely and properly. These failures had the potential to cause the growth of micro-organisms which could cause foodborne illness (illness resulting from contaminated food) or cross-contamination (transfer of harmful substances or disease-causing microorganisms to food by hands, food contact surfaces, sponges, cloth towels, or utensils which are not cleaned properly) and food contamination (unintended presence of potentially harmful substances) for the fifty-one residents who received foods from the facility kitchen. Findings: 1. During the initial kitchen tour observation with cook F (COOK F), on 4/7/25 at 9:05 a.m., there were brownish to blackish discoloration and rusty spots in their large tray pans and plate storage containers. During the interview with COOK F, who was also around during the initial kitchen tour observation, on 4/7/25 at 9:08 a.m., COOK F verified the unsanitary brownish to blackish discoloration and rusty spots in their large tray pans and plate storage containers and would inform the certified dietary supervisor (CDS) about them. During another kitchen observation on 4/9/25 at 10:30 a.m. to 10:35 a.m., there were stainless racks carrying the plastic pitchers, plastic containers for utensils, baking pans and large tray pans which had brownish to blackish discolorations and rusty spots in them. During the interview with COOK F on 4/9/25 at 10:37 a.m., COOK F verified the unsanitary stainless racks carrying the plastic pitchers, plastic containers for utensils, baking pans and large tray pans, that had brownish to blackish discolorations and rusty spots in them. During the interview with the certified dietary supervisor (CDS) on 4/9/25 at 10:38 a.m., CDS acknowledged those unsanitary stainless racks carrying the plastic pitchers, plastic containers for utensils, baking pans and large tray pans, that had brownish to blackish discolorations and rusty spots in them. CDS further acknowledged that they would replace those unsanitary stainless racks and kitchen equipment. 2. During the initial kitchen tour observation with COOK F on 4/7/25 at 8:55 a.m., the two containers of dishwashing chemicals and one garbage container were placed beside the plastic pitchers and plastic containers for utensils. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555712	A. Building B. Wing	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morgan Hill Healthcare Center	530 West Dunne Avenue & LA Selva Morgan Hill, CA 95037

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During the interview with COOK F on 4/7/25 at 8:57 a.m., COOK F acknowledged that the dishwashing chemicals and garbage container should have not been placed beside the plastic pitchers and plastic containers for utensils, which they were still using currently for the residents. During the initial kitchen tour observation with COOK F on 4/7/25 at 9:00 a.m., three more containers of dishwashing chemicals and another garbage container were stored beside the flour, pancake flour and mashed potatoes flour. During the interview with COOK F on 4/7/25 at 9:03 a.m., COOK F acknowledged that the dishwashing chemicals and garbage container should have not been placed beside the flour, pancake flour and the mashed potatoes flour. During the interview with the registered dietitian (RD) on 4/9/25 at 3:18 p.m., RD verified the above findings: the unsanitary kitchen equipments and dishwashing chemicals and garbage containers in the kitchen were not stored safely and properly. RD further verified that she would follow up on these concerns and she would do in-services with the staffs. Review of the facility's policy and procedure titled, Sanitization, revised November 2022, indicated, The food service area is maintained in a clean and sanitary manner kitchen areas are kept clean, free from garbage and debris, and protected from rodents and insects. All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions that may affect their use or proper cleaning Review of the undated facility's policy and procedure titled, Poisonous and Toxic Materials, indicated, Poisonous and toxic materials shall be stored in areas away from the food service area poisonous and toxic materials will be stored on shelves that are used for no other purpose, or stored in a place outside the food storage, food preparation, and cleaned equipment and utensil storage areas

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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. 46553 Based on observation, interview, and record review, the facility failed to implement infection control measures when one out of 14 sampled Residents (Resident 6's) nasal cannula was not replaced in a timely manner. Findings: During an observation on 4/7/25 at 9:18 a.m., Resident 6's nasal cannula (NC, flexible tubing inserted into the nostrils and attached to an oxygen [a colorless and odorless gas that people need to breathe] tubing was dated 3/25/25. Review of Resident 6's Order Summary Report dated 5/10/24, indicated, Change and date nasal cannula tubing every Thursday if actively in use one time a day every Tue. During a concurrent observation and interview on 4/7/25 at 1:15 p.m., with the License Vocational Nurse (LVN) A, LVN A confirmed the nasal cannula was dated 3/25/25. LVN A further stated NC should had been changed every week to prevent infection, it's a weekly change of NC. Review of the facility's policy and procedure(P&P) titled Oxygen Administration, dated 5/1/23, the P&P indicated, Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goal and preferences. 5 .Other infection control measures include b. Change oxygen tubing and mask /cannula weekly and as needed if it became soiled or contaminated.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 42819 Based on observation, interview and record review, the facility failed to ensure multiple rooms had at least 80 square feet per resident. Having less than 80 square feet per resident had the potential to compromise the care and services the residents receive. Findings: During the initial pool observation on 4/7/2025 at 9:35 a.m., the following was observed: Room Beds Sq.ft./Room Sq.Ft./Resident 1 3 224.28 74.76 2 3 194.67 64.89 3 3 194.67 64.89 6 3 194.67 64.89 7 3 194.67 64.89 12 3 189.03 63.01 14 2 140.52 70.26 15 2 146.46 73.23 During multiple observations and staff and resident interview during survey, there were no care issues identified regarding the size of the rooms. Recommended continuance of the room waiver.