

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER The Gardens Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17650 Devonshire Street Northridge, CA 91325	
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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, interview, and record review, the facility failed to ensure residents were free from physical restraints (refers to means of purposely limiting or obstructing the freedom of a person's bodily movement) to one of three sampled residents (Resident 30) investigated under the physical restraints care area by failing to: - Obtain a physician's order, informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), restraint assessment, and developed and implemented a care plan on the use of low air loss mattress with bilateral bolsters (a soft foam pillow or wedge attached to a bed or chair that acts as a physical barrier to keep a resident from rolling out or sliding forward, but it becomes legally classified as an Physical Restraint Overview if the person cannot easily move or remove it themselves). - Assess the use/need of pad alarm (a pad with sensors that will alarm when a resident stands up unassisted to help prevent falls by alerting staff) on the resident. These failures had the potential for Resident 30 not able to move around freely and at risk for further injuries. Cross-reference F726. Findings: During a review of Resident 30's admission Record, the admission record indicated the facility admitted the resident on 5/4/2026, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (muscle weakness or partial loss of control) following cerebral infarction (a type of ischemic stroke where a blocked blood vessel stops blood and oxygen from reaching an area of the brain, causing those brain cells to die), muscle weakness, and history of falling. During a review of Resident 30's History and Physical (H&P), dated 5/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 30's Minimum Data Set (MDS - a resident assessment tool), dated 5/7/2026, the MDS indicated the resident rarely to never had the ability to make self-understood and sometimes had the ability to understand others, and had impaired vision. The MDS indicated the resident had severely impaired cognitive skills (a major loss of mental function-such as memory, thinking, and reasoning-that completely stops a person from living on their own) and the resident was dependent to needing substantial/maximal assistance on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). The MDS indicated the resident had history of falls. During a review of Resident 30's Order Summary Report, dated 7/16/2026, the order summary report indicated an order for: - 5/12/2026 Sensor pad alarm while on bed secondary to alert staff when getting up unassisted. Monitor for function and placement. Document (Y) if functioning and in place and (N) if nonfunctioning or not in place every shift for fall precautions replace if nonfunctioning. - 5/12/2026 Sensor pad alarm while on wheelchair secondary to alert staff when getting up unassisted. Monitor for function and placement. Document (Y) if functioning and in place and (N) if nonfunctioning or not in place. Replace if nonfunctioning every shift for fall precautions. - 5/25/2026 Pressure Redistribution Mattress - Low (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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Air Loss (LALM - a specialized medical bed that uses a continuous stream of air escaping through tiny holes to keep a person cool, dry, and free of bedsores) every shift for preventative. - The order summary report did not indicate an order for low air loss mattress with bilateral bolsters. During a review of Resident 30's Fall Risk Evaluation, dated 5/4/2026, the fall risk evaluation indicated the resident was at risk for falls. During a review of Resident 30's Physical Therapy Treatment Encounter, dated 7/13/2026, the physical therapy treatment encounter indicated Precautions: Fall risk, recent cerebrovascular accident (CVA, also known as a stroke, loss of blood flow to a part of the brain) affecting right (R) side, history of (h/o) recent fall. The physical therapy treatment encounter also indicated Bed Mobility = Set Up Level Surfaces = contact guard assistance (CGA - describes a level of physical assistance where the therapist maintains light, continuous contact with the resident to provide support, balance, or immediate physical intervention if they begin to lose their balance or stumble) (200 ft x 2 using small base quad cane (SBQC, it is a mobility aid used to provide more stability than a standard single-point cane) with wheelchair (w/c) to follow) Transfers = CGA Stairs = did not try (DNT). During a review of Resident 30's Care Plan (CP) Report titled, High risk for falls and injury related to recent fall in the last 30 days, bladder incontinence (the accidental loss of bladder control, which leads to the unwanted leakage of urine), bowel incontinence (a person cannot control when they pass solid waste, liquid waste, or gas), CVA with right sided weakness, aphasia (a disorder that makes it difficult to speak), gastrostomy (gt, a soft plastic tube placed directly through the skin of the belly into the stomach) status, infection, pressure redistribution mattress - low air loss every shift for preventative, last revised on 7/14/2026, the CP indicated a goal of risk factors will be managed to minimize falls and injury through the next review, with an intervention to use bed and wheelchair alarm to alert staff when resident is attempting to get out of bed unattended. The CP did not indicate the use of bilateral bolster on the low air loss mattress. During an observation on 7/13/2026 at 9:58 a.m., inside Resident 30's room, observed Resident 30 with a LALM with bolster on, bilateral grab bars, and bed/pad alarm on lying in bed and a Certified Nursing Assistant (CNA) was preparing the resident to transfer to a wheelchair. During a concurrent observation and interview on 7/14/2026 at 10:15 a.m. with Registered Nurse (RN) 2, inside Resident 30's room, observed the resident's bed on a low air loss mattress with elevated sides (bolster) combined with a grab bar, and a bed alarm in place. RN 2 stated he does not know what the purpose of the elevated sides of the resident's low air loss mattress and he will ask somebody what it is and its purpose. RN 2 stated the resident was a fall risk and had fallen before admission. RN 2 came back and stated the mattress is just a low air loss mattress. During an interview on 7/15/2026 at 11:56 a.m. with Low Air Loss Mattress Representative (LALM Rep) 1, LALM Rep 1 stated all the mattresses that they are delivering in the facility had bilateral bolsters on the side that they can inflate. During an interview on 7/15/2026 at 12:30 p.m. with LALM Rep 2, LALM Rep 2 stated all LALM had the ability to have inflated bolsters. During a concurrent interview and record review on 7/16/2026 at 11:03 a.m. with the Quality Assurance Nurse (QAN), Resident 30's Medical Diagnoses, Order Summary Report, Assessment for Restraints, Informed Consents, Care Plans, and policies and procedures (P&Ps). The QAN stated that she did not find a physician's order, informed consents, restraint assessment, and a care plan on the use of restraint low air loss mattress with bilateral bolsters. The QAN also stated she was not able to find a restraint assessment on the use of pad alarms. The QAN stated they were not using bolsters in the facility, that is why we will not be able to find the physician's order, informed consent, restraint assessment, and the care plan on the electronic healthcare record. The QAN stated the failure of the staff to obtain a physician's order, informed consent, restraint assessment, and develop a care plan on the use of restraint low air loss mattress with bilateral bolsters had the (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	potential for residents to suffer from injuries such as bed entrapment (when a person gets accidentally caught, wedged, or tangled in the gaps around a bed) and falls. The QAN stated the application of the bilateral bed bolster had increased the likelihood of injury because the bolster increases the height of fall. The QAN also stated the facility failed to assess the use of the restraint pad alarm on the resident and had the potential for the resident to not move around in bed and cause deconditioning of the resident. The QAN stated they did not follow the P&Ps titled, Use of Restraints, Personal Alarms, Care Plans, Comprehensive Person-Centered, the facility provided Owner's Manual on the use of Pressure Alarm, and the manufacturer's specification on the use of LALM. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON) and the QAN, the DON stated during the identification of the resident's fall risk status they applied appropriate interventions based on the resident's history of falls. The DON stated if the resident had fallen, it was not recommended to place a regular low air loss mattress so they applied special low air loss mattress (does not want to emphasize the elevated side of the mattress). The DON stated the fall assessment is followed depending on the needs of the resident. The DON stated the use of the bed/pad alarm should have an assessment on its use. The DON stated the facility uses bed/pad alarms for fall prevention and should have an assessment for safe use. During a review of the facility's recent P&P titled, Use of Restraints, last reviewed on 1/12/2026, the P&P indicated restraint shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Policy Interpretation and Implementation 1. Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, that device is considered as a restraint. 6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessments shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. 9. Restraints shall only be used the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. The specific reason for the restraint (as it relates to the resident's medical symptom); b. How the restraint will be used to benefit the resident's medical symptom; and c. The type of restraint, and period of time for the use of restraint. 14. Residents and/or surrogate/ sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use. 16. Restraint individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. 17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptoms(s), but the underlying problems that may be causing the symptom(s). During a review of the facility's recent P&P titled, Personal Alarms, last reviewed on 1/12/2026, the P&P indicated it is facility policy to utilize resident alarms in limited circumstances, in accordance with Resident's needs, goals, and preferences, to attain or maintain highest practicable levels of physical, mental, and (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	psychosocial well-being. Policy Explanation and Compliance Guidelines: 3. Identification of risk b. When alarms are in use or are under consideration, risks of adverse consequences related to the alarms shall be identified. 4. Evaluation and analysis of risk c. Interventions shall be developed to address root cause(s) of each risk. 5. Implementation of interventions b. Alarms shall be initiated only to address a specific medical symptom or unique risk, when the benefit of the alarm outweighs the risk associated with its use. 6. Monitoring and modification c. Ongoing assessment of Resident shall occur to identify changes in patterns, routines, or medical symptoms of the Resident. Interventions shall be modified, as needed, to address changes. During a review of the facility's recent P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed on 1/12/2026, the P&P 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. 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. During a review of the facility's recent policy and procedure titled, Care Planning- Interdisciplinary Team, last reviewed on 1/12/2026, the P&P indicated the facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident. Policy Interpretation and Implementation 1. A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS). During a review of the facility-provided Pad Alarm (PA) 1 Owner's Manual, undated, the owner's manual indicated: Warning- This device is not appropriate for all patients and residents. A caregiver should determine appropriateness as part of the resident's care plan and assessment. Warning- This device is not designed to replace good care giving practices including, but not limited to the following: -Direct resident supervision -Adequate care plans and training for staff personnel regarding fall prevention, patient repositioning and elopement -Inspection and testing before use		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, interview, and record review, the facility failed to develop and implement a person-centered care plan for three of thirteen sampled residents (Resident 1, 2, and 26) investigated for care plans by failing to ensure: 1. Resident 1's Continuous Glucose Monitoring (CGM - a wearable medical device that measures blood sugar levels in real-time via subcutaneous [beneath the skin] sensor) care plan was developed and implemented. This failure had the potential for inadequate care provided to Resident 1's wearable sensor and potential to cause infection. 2. Resident 2 had a care plan on the use of the antibiotic (medication used to treat bacterial infections by killing bacteria or stopping them from growing) Amoxicillin-Pot Clavulanate (also known as Augmentin, a type of antibiotic) tablet 875-125 milligrams (mg - a unit of measure for weight). 3. Resident 26 had a care plan on the use of grab bars/bedrail (sturdy, securely anchored metal or plastic safety rails designed to help residents safely hold their weight, keep their balance, and prevent dangerous falls when sitting down, standing up, or moving around) and the use of antibiotic Cephalexin (a type of antibiotic) oral capsule 500 mg. These failures had the potential to deliver unnecessary care and services and subjecting residents to adverse effects (a harmful or abnormal result) of significant medications and equipment. Cross-reference F726. Findings: 1. During a review of Resident 1's admission Record, dated 7/16/2026, the admission record indicated the facility admitted Resident 1 on 4/24/2026 for aftercare following surgery on the digestive system (body parts system including mouth, throat, esophagus stomach and intestines), gastrostomy tube presence (a surgical opening fitted with a device [tube] to allow feedings and medication to be administered directly to the stomach common for people with swallowing problems), and diagnoses of pneumonitis (inflammation of the lung tissue) due to inhalation of food and vomit, bacterial pneumonia (infection of the lungs), hemiplegia and hemiparesis following cerebral infarction, affecting right dominant side (lack of effort or movement in arm and leg on one side of the body, caused by disrupted blood flow to the brain), dysphagia (difficulty swallowing), cognitive communication deficit (difficulty in expressing self verbally and/or nonverbally, caused by disrupted brain functions such as memory, attention, or executive functioning), type two (2) diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool), dated 4/26/2026, the MDS indicated Resident 1's cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) was severely impaired and Resident 1 never/rarely made decisions. The MDS indicated Resident 1 was dependent on assistance (helper does all of the effort, resident does none of the effort to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with feeding, dressing, toileting, showering, transferring to wheelchair. During a concurrent observation and interview on 7/14/2026 at 12:13 pm with Resident 1's caregiver, the caregiver showed the continuous glucose monitoring (CGM) sensor attached to Resident 1's right upper arm above the elbow. Resident 1's caregiver stated the sensor needle is changed by nurses at the facility when Resident 1's wife brings the replacement of needle. (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 7/15/2026 at 2:07 p.m. with Registered Nurse (RN) 1, Resident 1's physician's order, dated 7/14/2026, were reviewed. The physician's orders indicated an order to monitor for skin breakdown at CGM and notify the physician if noted every shift and an order to monitor for the CGM placement every shift. RN 1 stated Resident 1 has CGM device. RN 1 stated the sensor needle should be changed every 30 days or so depending on the brand. RN 1 stated the family usually brings supplies to change the needle as needed or per family request. ^ During a concurrent interview and record review on 7/15/2026 at 2:07 p.m. with RN 1, Resident 1's care plan titled, At risk for Skin breakdown secondary to presence of CGM on the skin, dated 7/14/2026, was reviewed. The care plan indicated interventions to monitor CGM placement every shift, observe for pain, swelling, redness, drainage. RN 1 stated there is no intervention or care plan to change the sensor needle. RN 1 stated there are no nurses' notes about needle change. RN 1 stated it is important to have a care plan because this device is foreign to the resident's body and skin infection can happen. RN 1 stated if no care plan is present, then no one will provide the care. RN 1 stated there should be a care plan and there should be documentation of when the needle was changed. During a concurrent interview and record review on 7/17/2026 at 4:40 p.m. with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Continuous Glucose Monitoring, dated May 2026, was reviewed. The DON stated we are not responsible for change of the needle, it is family's responsibility, we don't use it in the facility for any glucose reading, and we don't replace implantable sensor needle. Our staff can monitor skin changes. The P&P indicated Replace sensors in accordance with manufacturer's recommendations or per physician's order; incorporate CGM use, monitoring parameters, and response protocols in plan of care. The DON stated the risk of having the implantable device in the skin is infection. 2. During a review of Resident 2's admission Record, the admission record indicated the facility admitted the resident on 4/21/2026, and readmitted the resident on 6/3/2026, with diagnoses including urinary tract infection (UTI - an infection in the bladder/urinary tract) and fracture (break in bone) of neck of left femur (thigh bone). During a review of Resident 2's History and Physical (H&P), dated 6/5/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a person has noticeable trouble with thinking and memory that actively disrupts daily independence). The MDS indicated the resident was on a high-risk drug class antibiotic. During a review of Resident 2's Order Summary Report, dated 5/29/2026, the order summary report indicated an order for Amoxicillin-Pot Clavulanate Tablet 875-125 mg. Give one tablet by mouth two times a day for UTI. For 10 Days start from emergency kit (EKIT - a backup box of urgent medications and life-saving supplies kept on hand for sudden medical crises when a pharmacy is closed or help cannot reach the building). During a concurrent interview and record review on 7/16/2026 at 9:45 a.m. with the Quality Assurance Nurse (QAN), Resident 2's Medical Diagnoses, Order Summary Report, Care Plans, and the facility's P&Ps were reviewed. The QAN stated the Amoxicillin-Pot Clavulanate Tablet 875-125 mg (Augmentin) was ordered for 10 days for UTI, and there was no care plan on its use. The QAN stated it was important to have a care plan on the use of Amoxicillin-Pot Clavulanate Tablet to ensure all interventions are implemented to meet their set goal for Resident 2. During an interview on 7/17/2026 at 8:49 a.m. with (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the DON, the DON stated the licensed staff should have developed and created a care plan on Resident 2's use of antibiotic Amoxicillin-Pot Clavulanate Tablet 875-125 mg to make sure that they follow the physician's order correctly and everything is in place. The DON stated the care plan was one of their tools to track the care of the resident and it was a part of standard antibiotic monitoring. 3. During a review of Resident 26's AR, the AR indicated the facility admitted the resident on 6/19/2026, with diagnoses including UTI, sepsis (a life-threatening blood infection), and muscle weakness. During a review of Resident 26's H&P, dated 6/22/2026, the H&P indicated the resident can make needs known but cannot make medical decisions. During a review of Resident 26's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had severe cognitive impairment (a person has a major loss of mental function that stops them from living on their own). The MDS indicated the resident needed substantial to set up assistance on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). The MDS indicated the resident was on a high-risk drug class antibiotic. During a review of Resident 26's Order Summary Report, the order summary report indicated an order for: 6/19/2026 Cephalexin Oral Capsule 500 mg (Cephalexin). Give one capsule by mouth two times a day for UTI for 10 Days. 6/26/2026 May have bilateral grab bars up as an aid to bed mobility, turning and repositioning, and to assist with transfers. Every shift. During a review of Resident 26's Bed Safety Assessment (BSA), dated 6/19/2026, the BSA indicated the resident had grab/transfer assist bars or rails. During a review of Resident 26's Fall Risk Evaluation (FRE), dated 6/19/2026, the FRE indicated the resident was at risk for falls. During a concurrent observation and interview on 7/14/2026 at 10:14 a.m. with RN 3, inside Resident 26's room, observed Resident 26 had bilateral grab bars on the bed. RN 3 stated the resident had grab bars for mobility. During a concurrent interview and record review on 7/16/2026 at 10:50 a.m. with the QAN, Resident 26's Medical Diagnoses, Order Summary Report, BSA, FRE, and the facility's P&Ps were reviewed. The QAN stated the order for Cephalexin Oral Capsule 500 mg, give one capsule by mouth two times a day for UTI for 10 Days, and the resident's use of grab bars did not have care plans. The QAN stated the licensed staff should have developed and implemented a care plan on the use of antibiotic Cephalexin Oral Capsule 500 mg and the resident's use of the grab bars to ensure the safe use of both interventions. The QAN stated it was important to have a care plan on the use of Amoxicillin-Pot Clavulanate Tablet and the grab bars to ensure all interventions are implemented to meet their set goal for Resident 26. The QAN stated the facility did not follow the P&P titled, Care Plans, Comprehensive Person-Centered, and Care Planning- Interdisciplinary Team. During an interview on 7/17/2026 at 8:49 a.m. with the DON, the DON stated the licensed staff should have developed and created a care plan for Resident 2's use of the antibiotic Amoxicillin-Pot Clavulanate tablet 875-125 mg and grab bars to make sure that they follow the physician's order correctly and everything is in place. The DON stated the care plan was one of their tools to track the care of the resident and it was a part of standard monitoring for resident care. During a review of the facility's recent P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed on 1/12/2026, the P&P 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. 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. During a review of the facility's recent P&P titled, Care Planning- Interdisciplinary Team, last reviewed on 1/12/2026, our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents with pressure ulcers/injury (a skin and tissue injury caused by prolonged pressure on the skin, often over bony areas) received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for three of three sampled residents (Residents 54, 4, and 53) reviewed under the pressure ulcer/injury care area by failing to ensure the facility set the residents' low air loss mattress (LALM - a medical bed that blows tiny amounts of air through microscopic holes to keep skin cool, dry, and free of bed sores) according to resident's weight. These failures had the potential for developing or worsening pressure injury on residents. Cross-reference F726.Findings: 1. During a review of Resident 54's admission Record (AR), the AR indicated the facility admitted the resident on 7/28/2021, and readmitted the resident on 7/4/2026, with diagnoses including severe protein-calorie malnutrition (a life-threatening medical condition where the body wastes away because it does not get enough food, calories, and protein), pressure-induced deep tissue damage/injury (DTI - a serious type of pressure sore where the deep muscle and soft tissue near a bone are damaged by too much squeezing or pressure, even though the top layer of skin may still look whole and closed) on the left heel and sacral region (the lower back area right above the tailbone and between the hip bones). During a review of Resident 54's History and Physical (H&P), dated 7/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 54's Minimum Data Set (MDS - a resident assessment tool), dated 7/10/2026, the MDS indicated the resident usually had the ability to make self-understood and usually understands others and had severe cognitive impairment (a major loss of mental function, such as severe memory loss, confusion, and trouble reasoning, that makes a person completely unable to live independently). The MDS indicated the resident was dependent on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily) and was at risk for developing pressure ulcers/injuries. The MDS indicated that the resident had a one DTI that was present on admission and was on a pressure-reducing device for bed and on pressure ulcer/injury care. The MDS indicated the resident's latest weight of 91 pounds (lbs. - a unit of measure for weight weight) During a review of Resident 54's Order Summary Report (OSR), the OSR indicated an order for: 7/8/2026 Pressure Redistribution Mattress - Low Air Loss every shift for Wound Management. 7/13/2026 Left Heel DTI: Cleanse with normal saline (NS, a simple mixture of purified water and salt that matches the natural salt level of human blood), pat dry apply zinc oxide cream (a thick, white, over-the-counter skin protectant made from zinc and oxygen) every day shift for 14 Days. 7/7/2026 Sacrococcyx (an articulation between the apex of the sacrum and the base of the coccyx (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(tailbone)) DTI: Cleanse with NS, pat dry, apply zinc oxide cream every day shift for 14 Days. During a review of Resident 54's Braden Scale (BS) for Predicting Pressure Ulcer Risk Evaluation, dated 7/4/2026, the BS indicated the resident was at risk for pressure injury development. During a review of Resident 54's Care plan (CP) Report titled, Altered skin integrity related to DTI on Right Metatarsal Joint (toe knuckle), last revised on 7/10/2026, the CP indicated interventions of Pressure Redistribution Mattress - Low Air Loss every shift for Wound Management and Treatment as ordered. During an observation on 7/13/2026 at 9:27 a.m. inside Resident 54's room, observed Resident 54 lying in bed and the LALM was set at 220, alternating. During a concurrent observation and interview on 7/13/2026 at 9:33 a.m. with Registered Nurse (RN) 1, inside Resident 54's room, observed Resident 54's LALM was set at 220, alternating. RN 1 stated the LALM was set to 220 and was in alternating mode. RN 1 stated they set the bed according to the resident's weight and he does not think the resident weighs 220 lbs. RN 1 stated he checked the resident's latest weight and the resident was 91 lbs. on 7/4/2026. During a concurrent interview and record review on 7/16/2026 at 8:56 a.m. with the Quality Assurance Nurse (QAN), Resident 54's Medical Diagnoses, OSR, BS, CP, and the facility's policy and procedures (P&Ps) were reviewed. The QAN stated there was an order for LALM every shift for wound management and we set the LALM according to resident's weight. The QAN stated the failure of the staff to set the bed according to resident's weight had the potential of development or worsening of pressure injury on Resident 54. The QAN stated they did not follow the P&Ps titled, Support Surface Guidelines, Pressure Injury Prevention and Management, and the facility-provided low air loss mattress (LALM) 1 manufacturer's guidelines by not setting the bed according to resident's weight. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON) and in the presence of the Administrator (ADM), the DON stated they follow the manufacturer's specification on the use of LALM in the facility. The DON stated the purpose of the LALM was to prevent skin breakdown on residents. The DON stated the setting on the LALM was incorrect. During a review of the facility's recent P&P titled, Support Surface Guidelines, last reviewed on 1/12/2026, the P&P indicated the purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown. Steps in the Procedure 2. Use a pressure ulcer risk scale such as the Braden Scale to help determine need for an appropriate type of pressure-relieving devices. Refer to bed selection algorithm for support surface selection. During a review of the facility's recent P&P titled, Pressure Injury Prevention and Management, last (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	reviewed on 1/12/2026, the P&P indicated the facility is committed to preventing pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal a pressure injury, prevent infection, and avoid additional pressure ulcers. Policy Explanation and Compliance Guidelines 3. Interventions for Prevention and to Promote Healing c. Evidenced-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions may include, but are not limited to: iii. Provide appropriate, pressure-redistributing, support surfaces. During a review of the facility-provided LALM 1 Manufacturer's Guidelines, undated, under Product Function: Pump - Press Pressure Range (3) 26-65 mmHg adjustable pressure range selected by patient's weight guide listed on panel providing pressure range options. 2. During a review of Resident 4's AR, the AR indicated that the facility admitted the resident on 6/30/2026 with diagnoses including lumbar region (lower back) spinal stenosis (narrowing of the spinal canal compressing nerves) with neurogenic claudication (a syndrome characterized by leg pain, numbness, tingling, or heaviness brought on by standing upright or walking), dorsalgia (a broad medical term for back pain), and generalized muscle weakness. During a review of Resident 4's H&P, dated 7/1/2026, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 4's MDS, dated [DATE], the MDS indicated that the resident has clear speech and adequate hearing and had the ability to understand others and makes self-understood. The MDS indicated that the resident with lower extremity impairment on both sides. The MDS indicated the resident needed substantial/maximal assistance (the helper does more than half the effort) with rolling left and right, sit to lying, and from lying to sitting on side of bed. During a review of Resident 4's physician order, the physician order indicated: - Pressure redistribution mattress & Low Air Loss every shift for preventative, order date 7/1/2026 and discontinued date 7/17/2026. - Pressure redistribution mattress & Low Air Loss every shift for wound management, order (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	date 7/17/2026. During a review of Resident 4's CP titled, Risk for skin breakdown/further skin breakdown, dated 7/1/2026, the CP indicated that the resident will maintain skin integrity which included interventions of pressure redistribution mattress &ndash; Low Air Loss. During a review of Resident 4's Change in Condition, dated 7/14/2026, the Change in Condition indicated that the resident weighed 155 lbs. During an observation on 7/13/2026 at 8:54 a.m., inside Resident 4's room, Resident 4 laid in bed on his back with the LALM setting at 220 lbs. During a concurrent observation and interview on 7/13/2026 at 9:03 a.m. with Treatment Nurse (TN) 1, inside Resident 4's room, TN 1 stated Resident 4 has a LALM and the setting is at 220 lbs. and every 10 minutes alternate. TN 1 stated the LALM setting options starting at 90 lbs., 150 lbs., then 220 lbs. TN 1 stated Resident 4 weighs 155 lbs. and she rounds up to 220 lbs. TN 1 stated Resident 4 is on a LALM because the resident has a left heel deep tissue injury and a moisture-associated skin damage on the sacrococcyx (the buttocks area) for pressure ulcer prevention. During a concurrent observation and interview on 7/14/2026 at 10:40 a.m. with Certified Nursing Assistant (CNA) 8, inside Resident 4's room, Resident 4 laid in bed lying on his back with the LALM set at 220 lbs. CNA 8 stated the LALM setting is at 220 lbs. During an observation on 7/15/2026 at 7:58 a.m., inside Resident 4's room, Resident 4 laid in bed, lying on back with head of the bed up, eating breakfast, and the LALM setting at 220 lbs.ˆ During an observation on 7/15/2026 at 1:20 p.m., inside Resident 4's room, Resident 4 laid in bed on his back with the LALM set to 220 lbs.ˆ During an interview on 7/17/2026 at 8:16 a.m. with the DON, the DON stated for the LALM setting they follow the manufacturer's guidelines and set it accordingly to the resident's weight. The DON stated for Resident 4, who weighs 155 lbs., the LALM should be set at 150 lbs. The DON stated LALM are used to ensure there is no skin breakdown. The DON stated in general it is used to prevent pressure ulcer. When asked when Resident 4's LALM setting was set at 220 lbs. and observed on multiple days, the manufacturer's guidelines were not followed and the DON stated there is a potential for skin breakdown if they do not follow it. During a concurrent observation and interview on 7/17/2026 at 1:33 p.m. with CNA 9, inside Resident 4's room, Resident 4 laid in bed lying on his back with the LALM setting set to 220 lbs. CNA 9 stated she does not touch the LALM machine setting. During a review of the facility provided LALM 1 manufacturer's guidelines, undated, the manufacturer's guidelines indicated that the Press Pressure Range (3) 20-65 millimeters of mercury (mmHg-a unit of measurement) adjustable pressure range selected by patients weight guide listed on panel providing pressure range options. (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled, Pressure Injury Prevention and Management, last reviewed and approved on 1/12/2026, the P&P indicated that the Facility is committed to preventing pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal a pressure injury, prevent infection, and avoid additional pressure ulcers. 'Pressure Ulcer/Injury' refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. Policy Explanation and Compliance Guidelines. 3. Interventions for Prevention and to Promote Healing. c. Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk who have a pressure injury present. Basic or routine care interventions may include, but are not limited to: iii. Provide appropriate, pressure-redistributing, support surfaces;. During a review of the facility's P&P titled, Support Surface Guidelines, last reviewed and approved on 1/12/2026, the P&P indicated that the purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown. Guidelines for Selecting Appropriate Pressure-Relieving Devices Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface such as foam, gel, static air, alternating air, or air-loss or gel when lying in bed. 3. During a review of Resident 53's admission record, the admission record indicated the facility admitted Resident 53 on 7/2/2026 for aftercare following lumbar spine fusion surgery (surgical procedure that permanently joins two or more vertebrae in lower back to eliminate painful motion), and with diagnoses of acute pulmonary edema (fluid collection around lung tissues), depression (persistent sad mood, feeling of hopelessness, loss of interest or pleasure), legal blindness (severe vision loss, not a medical diagnosis of total blindness), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), presence of right artificial knee joint. During a review of Resident 53's MDS, dated [DATE], the MDS indicated Resident 53 was cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) was severely impaired (problem with thinking and memory). The MDS indicated Resident 53 required maximal assistance (helper does more than half of the effort to complete the activity) with dressing, toileting, bathing, standing up or transferring to wheelchair. During a review of Resident 53's electronic health records, dated 7/14/2026, the electronic health records indicated Resident 53 weighed 164 lbs. During a review of Resident 53's Order Summary Report, dated 7/16/2026, the order summary report indicated, Pressure Redistribution Mattress - Low Air Loss every shift for Preventative measures. During a concurrent observation and interview on 7/13/2026 at 10:02 a.m., inside Resident 53's bedroom, Resident 53 was resting on a special air type of mattress, grab bars on both sides, and awake. Resident 53 stated she broke her back and had surgery done with screws in her back. Resident 53 stated it was not convenient for her to get up from the mattress. (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 7/15/2026 at 9 a.m., inside Resident 53's room, Resident 53 sat in a wheelchair. Resident 53 stated she slept bad last night and could not be comfortable. Resident 53 stated the mattress was sinking and showed with her hands to indicate concave or boat-shape, it was difficult to get up from the bed and Resident 53 stated I have to scoot myself to get to the edge of the bed. During a concurrent observation and interview on 7/15/2026 at 9:05 a.m. with the QAN, inside Resident 53's room, observed Resident 53's LALM was currently inflated (filled with air) and had soft (deflated, not filled with air) sections and firm (inflated) sections. A sticker on the LALM pump indicated 162. The setting of the LALM pump was set at 260 lbs. per indicator light on the panel. The QAN stated the setting of the pump was wrong and more on the firm side and the LALM pump should be set up for 170 lbs. The QAN stated the mattress setting should be set according to the resident's weight. The QAN stated the risks of not following the weight settings were pain and pressure injury to resident's skin. During a review of the facility provided LALM manufacturer's Operating, Maintenance and Trouble Shooting Guide (LALM Guide), undated, the LALM Guide indicated a comfort control per patient weight grid for indicator panel and Select patient comfort setting: Based on average patient weight. During a review of facility's P&P titled, Pressure Injury Prevention and Management, last reviewed and approved on 1/12/2026, the P&P indicated, Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions may include, but are not limited to provide appropriate, pressure-redistributing, support surfaces. During a review of facility's P&P titled, Support Surface Guidelines, last reviewed and approved on 1/12/2026, the P&P indicated, Redistributing support surfaces are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction. Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, gel, static air, alternating air, or air-loss or gel when lying in bed.		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents' bed rails (metal or plastic bars or guards attached to the sides of a bed to act as a barrier or support) prior to installation were assessed for its use for four of four sampled residents (Residents 54, 25, 26, and 42) reviewed for accidents by failing to ensure: 1. Resident 54's Bed Safety Assessment (BSA), dated 7/4/2026, was followed by not applying the bed rails on the resident as recommended. 2. Resident 25's BSA, date 7/2/2026, was completed. 3. Resident 26's BSA, dated 7/4/2026, was followed by not applying the bed rails on the resident as recommended. 4. Resident 42's BSA, dated 6/22/2026, was assessed for the right bed rails applied to the resident. The physician's order was to apply bilateral grab bars (short metal or plastic handles attached to the side of a bed to help residents safely pull themselves up, sit, or get out of bed), the facility assessed for the use of half (1/2) bed rail (is typically 28 to 36 inches long, placed near the head of the bed, and used to help people sit up, turn over, or get in and out safely rather than locking them in). These failures placed the residents at risk for potential accident such as a body part being caught between the rails, falls if a resident attempts to climb over, around, between, or through the rails. Cross-reference F726. Findings: 1. During a review of Resident 54's admission Record (AR), the AR indicated the facility admitted the resident on 7/28/2021, and readmitted the resident on 7/4/2026, with diagnoses including muscle weakness, dementia (a progressive state of decline in mental abilities), and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body)/hemiparesis (paralysis or weakness of one side of body). During a review of Resident 54's History and Physical (H&P), dated 7/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 54's Minimum Data Set (MDS - a resident assessment tool), dated 7/10/2026, the MDS indicated the resident usually had the ability to make self-understood and understand others and had severe cognitive impairment (a large loss of mental function that stops a person from living on their own). The MDS indicated the resident was dependent on mobility and activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 54's Order Summary Report (OSR), dated 7/6/2026, the OSR indicated an order for May have Bilateral Grab bar(s) up as an aid to bed mobility, turning and repositioning, and to assist with transfers. Every shift. During a review of Resident 54's Bed Safety Assessment (BSA), dated 7/4/2026, the BSA indicated based on interdisciplinary team (IDT - is a group of different healthcare workers-such as nurses, physical therapists, social workers, and dietitians-who team up with the resident and their family to build and manage a single, shared plan for the resident's care and recovery) and Physician consultation the bed rails were not recommended. During a review of Resident 54's Fall Risk Evaluation (FRE), dated 7/4/2026, the FRE indicated the resident was at risk for falls. During a review of Resident 54's Care Plan (CP) Report titled, Use of side rail as an enabling device that does not limit freedom of movement, initiated on 7/6/2026, the CP indicated a goal of the resident will be able to use side rail to aid in turning and repositioning within the bed through next review. During a concurrent observation and interview on 7/14/2026 at 10:13 a.m., with Certified Nursing Assistant (CNA) 2, inside Resident 54's room, observed Resident 54 had bilateral grab bars on. CNA 2 stated the resident had bilateral grab bars for mobility. During an interview and record review on 7/16/2026 at 8:40 a.m. with the Quality Assurance Nurse (QAN), Resident 54's Medical (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Diagnoses, OSR, BSA, FRE, CP, and the facility's policy and procedure (P&P) were reviewed. The QAN stated grab bars are bed rails. The QAN stated in their facility, before they apply a bed rail or grab bars for residents, they need a physician's order, informed consent, bed rail assessment for entrapment (when a person gets stuck, caught, or tangled in the gaps around a bed-most often between the mattress, the bed frame, and side rails), and a care plan on its use. The QAN stated the resident was at risk for falls and the BSA, dated 7/4/2026, indicated the IDT and the Physician was not recommending the use of the bed rail/grab bars. The QAN stated the staff still applied the grab bars. The QAN stated the failure of the staff to follow the BSA can potentially cause entrapment and isolation to Resident 54. The QAN stated the facility did not follow their P&P titled, Bed Rails- Safe Use Policy, and Bed Safety. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), in the presence of the QAN, the DON stated grab bars are an example of a bed rail. The DON stated the bed rails should have a proper assessment, and they should follow the process of applying a bed rail.2. During a review of Resident 25's AR, the AR indicated the facility admitted the resident on 7/1/2026, with diagnoses including hemiplegia and hemiparesis, and muscle weakness. During a review of Resident 25's H&P, dated 7/3/2026, the H&P indicated that the resident can make needs known but cannot make medical decisions. During a review of Resident 25's MDS, dated [DATE], the MDS indicated the resident usually had the ability to make self-understood and understand others and had moderate cognitive impairment (a clear decline in thinking and memory that noticeably affects daily life, meaning a person needs help with complex tasks like managing money, taking medicines, or keeping track of time). The MDS indicated the resident was dependent to needing substantial assistance on mobility and ADLs. During a review of Resident 25's OSR, dated 7/2/2026, the OSR indicated an order for May have Bilateral Grab bar(s) up as an aid to bed mobility, turning and repositioning, and to assist with transfers. Every shift. During a review of Resident 25's BSA, dated 7/2/2026, the BSA had an incomplete assessment and had no recommendation for bed rail use. During a review of Resident 25's CP Report titled, Use of bilateral grab bars as an enabling device that does not limit freedom of movement, last revised on 7/2/2026, the CP indicated intervention of serious injuries from fall when resident climb over bars. During a review of Resident 25's FRE, dated 7/2/2026, the FRE did not indicate the resident was at risk falls. The FRE was not completed, the Gait/Balance, Medications, and Clinical Suggestions was not filled out. During a concurrent observation and interview on 7/14/2026, at 11 a.m., with Registered Nurse (RN) 2, inside Resident 25's room, observed Resident 25's bed had bilateral upper grab bars on. RN 1 stated the grab bars were for safety and mobility. During a concurrent interview and record review on 7/16/2026 at 10:14 a.m. with the QAN, Resident 25's Medical Diagnoses, OSR, BSA, FRE, CP, and the facility's P&P were reviewed. The QAN stated the grab bars are bed rails. The QAN stated in their facility, before they apply a bed rail or grab bars to residents, they need a physician's order, informed consent, bed rail assessment for entrapment, and a care plan on its use. The QAN stated the resident had moderate risk for falls however, the FRE was not completed on 7/2/2026. The QAN stated the failure of the staff to complete the BSA can potentially cause entrapment and isolation to Resident 25. The QAN stated the facility did not follow their P&P titled, Bed Rails- Safe Use Policy, and Bed Safety. During an interview on 7/17/2026, at 8:49 a.m. with the DON, in the presence of the QAN, the DON stated grab bars are an example of a bed rail. The DON stated the bed rails should have a complete assessment and they should follow the process of applying a bed rail. 3. During a review of Resident 26's AR, the AR indicated the facility admitted the resident on 6/19/2026, with diagnoses including reduced mobility, muscle weakness, and altered mental status. During a review of Resident 26's H&P, dated 6/22/2026, the H&P indicated the resident can make needs known but cannot make medical (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	decisions. During a review of Resident 26's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had severe cognitive impairment. The MDS indicated the resident was needing substantial to set up assistance on mobility and ADLs. During a review of Resident 26's OSR, dated 6/26/2026, the OSR indicated an order for May have bilateral grab bars up as an aid to bed mobility, turning and repositioning, and to assist with transfers. Every shift. During a review of Resident 26's BSA, dated 6/19/2026, the BSA indicated the grab bars were not recommended by the IDT and Physician. During a review of Resident 26's FRE, dated 6/19/2026, the FRE indicated the resident was at risk for falls. During a concurrent observation and interview on 7/13/2026 at 9:52 a.m. with RN 2, inside Resident 26 room, observed the resident was sleeping in bed with bilateral grab bars on. RN 2 stated the grab bars were for mobility. During a concurrent observation and interview on 7/14/2026 at 10:14 a.m. with RN 3, inside Resident 26's room, observed Resident 26's bed with bilateral upper grab bars on. RN 3 stated the grab bars were for mobility. During a concurrent interview and record review on 7/16/2026 at 10:41 a.m. with the QAN, Resident 26's Medical Diagnoses, OSR, BSA, FRE, and the facility's P&P were reviewed. The QAN stated the grab bars are bed rails. The QAN stated in their facility before they apply a bed rail or grab bars to residents they need a physician's order, informed consent, bed rail assessment for entrapment, and a care plan on its use. The QAN stated the resident was at risk for falls and the BSA, dated 6/19/2026, indicated the IDT and the Physician was not recommending the use of the bed rail/grab bars. The QAN stated the staff still applied the grab bars. The QAN stated the failure of the staff to follow the BSA can potentially cause entrapment and isolation to Resident 26. The QAN stated the facility did not follow their P&P titled, Bed Rails- Safe Use Policy, and Bed Safety. During an interview on 7/17/2026 at 8:49 a.m. with the DON, in the presence of the QAN, the DON stated grab bars are an example of a bed rail. The DON stated the bed rails should have proper assessment and they should follow the process of applying a bed rail. 4. During a review of Resident 42's AR, the AR indicated the facility admitted the resident on 6/22/2026, with diagnoses including muscle weakness, history of falling, and hemiplegia/hemiparesis. During a review of Resident 42's H&P, dated 6/24/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 42's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment. The MDS indicated the resident was dependent to needing supervision on mobility and ADLs. The MDS indicated the resident had fallen in the past month. During a review of Resident 42's OSR, dated 6/23/2026, the OSR indicated an order for May have Bilateral Grab bar(s) up as an aid to bed mobility, turning and repositioning, and to assist with transfers. Every shift. During a review of Resident 42's BSA, dated 6/22/2026, the BSA indicated an assessment for 1/2 rails (approximately 30 1/2 inches long). During a review of Resident 42's FRE, dated 6/22/2026, the FRE indicated the resident was at risk for falls. During a review of Resident 42's CP Report titled, Use of Bilateral grab bars as an enabling device that does not limit freedom of movement, last revised on 6/24/2026, the CP indicated an intervention serious injury from fall when resident climb over bars. During an observation on 7/13/2026 at 9:13 a.m., observed Resident 42 in bed with bilateral grab bars on. During a concurrent interview and record review on 7/16/2026 at 11:59 a.m. with the QAN, Resident 42's Medical Diagnoses, OSR, BSA, FRE, CP, and the facility's P&P were reviewed. The QAN stated the grab bars are bed rails. The QAN stated the BSA was for a 1/2 bed rail and the physician's order was for grab bars. The QAN stated the staff did assess for the incorrect bedrail which was for 1/2 bedrail. The QAN stated the failure of the licensed staff to perform the correct assessment for the bed rail applied had the potential for injury and entrapment on Resident 42. The QAN stated the facility did not follow the P&P titled, Bed Rails- (continued on next page)		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safe Use Policy, and Bed Safety. During an interview on 7/17/2026 at 8:49 a.m. with the DON, in the presence of the QAN, the DON stated grab bars are an example of a bed rail. The DON stated the licensed staff should have assessed for grab bars as it was the physician's order not the 1/2 bed rails. The DON stated the bed rails applied should have proper assessment and they should follow the process of applying a bed rail. During a review of the facility's recent P&P titled, Bed Rails- Safe Use Policy, last reviewed on 1/12/2026, the P&P indicated to facilitate safe and appropriate bed rail use, in compliance with regulatory requirements, while prioritizing the rights, dignity, safety, and individualized care needs of the resident, P&P not followed. General Guidelines 2. When bed rail use is desired/considered, Resident's sleeping environment shall be assessed by the Interdisciplinary team, considering safety needs, entrapment risks, medical conditions/symptoms, cognitive/behavioral status, functional needs, comfort, freedom of movement, and input from the resident and family regarding previous sleeping habits and bed environment. 5. When bed rails are indicated for use, physician will be consulted to establish concurrence/orders. 6. Informed consent for using bed rails shall be obtained from the resident or legal representative. 8. Facility shall assess spaces for unsafe gaps between mattress and bed rails and bed system components to reduce entrapment risk in consideration of resident's size, weight, and behavioral patterns. 10. Bed rail use and safety supervisions shall be included in resident's care plan. 11. Use shall be reassessed periodically for ongoing indications and safety. During a review of the facility's recent P&P titled, Bed Safety, last reviewed on 1/12/2026, the P&P indicated our facility shall strive to provide a safe environment for the resident. Policy Interpretation and Implementation 2. To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, side rails, headboard, footboard, and bed accessories), the facility shall promote the following approaches: a. Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks; b. Review gaps within the bed system are within the dimensions established by the FDA (Note: The review shall consider situations that could be caused by the resident's weight, movement or bed position.); e. Identify additional safety measures for residents who have been identified as having a higher than usual risk for injury including entrapment (e.g., altered mental status, restlessness, etc.). 7. Side rails may be used if assessment and consultation with the Attending Physician has determined that they are needed to help manage a medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified. During a review of the facility-provided User Service Manual Grab Bar (GB) 1, undated, the User Service Manual indicated a Warning: Risk of serious injury or death. Do not use this assist device until you have verified that it is locked in place. Injury to resident or caregiver may result if this procedure is not followed. Warning: An optimal bed system assessment should be conducted on each resident by a qualified technician or medical provider to ensure maximum safety of the resident. The assessment should be conducted within the context of, an in compliance with, the state and federal guidelines related to the use of restraints and bed system entrapment guidance, including the Clinical Guidance for the Assessment and Implementation of Side Rails published by the Hospital Bed Safety Workgroup of the U.S. Food and Drug Administration.		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure the facility had sufficient nursing staff with appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident by failing to ensure: 1. The facility provided documented evidence of the Director of Nursing's (DON's) annual skills competency checklist (yearly evaluation used to verify that employees maintain the specific technical, clinical, or professional proficiencies required for their roles). An unsigned document regarding the DON's annual skills checklist was provided to the State Survey Agency on 7/17/2026 at 5:37 p.m. after the State Survey Agency completed the facility's annual recertification survey and had exited the facility. 2. The facility was able to provide documented evidence on the skills competencies of Registered Nurse (RN) 2 and Licensed Vocational Nurse (LVN) 1 when the DON was only able to provide their (RN 2 and LVN 1) Annual Skills Assessments addressing medication administration and not addressing other competencies. 3. The DON was able to demonstrate appropriate competencies and skill sets by failing to recognize potential negative effects of licensed staff failing to provide evidenced-based nursing process/procedures (making patient care decisions using the best scientific research, a nurse's real-world experience, and the patient's personal needs and choices) on residents in the facility. These failures had the potential for provision of substandard nursing care leading to harm on residents. Cross-reference F550, F604, F605, F656, F686, F689, F700, and F760. Findings: 1. During an interview on 7/17/2026, at 3:07 p.m., with the DON, during Sufficient and Competent Nurse Staffing Facility Task, the DON stated the facility's Registered Nurse Clinical Consultant (R.N. CC - a healthcare professional who provides expert advice) was responsible for verifying his (DON) annual skill competency check. The DON stated the documented evidence of his (DON) annual skills competency check was with the R.N. CC, who had left the facility for personal reasons. The DON stated he (DON) did not know where the R.N. CC kept his (DON) annual skills competency check. During an interview on 7/17/2026 at 5:01 p.m. with the DON, the DON stated he (DON) could not provide documented evidence of his annual skills competency check. The DON stated that him (DON) or DON's designee (a person authorized to perform specific duties, make decisions, or act on behalf of another individual) were responsible for the verification and assessment of the annual skills competency checks for the facility's licensed staff. The DON stated failure to have his (DON) competencies assessed could potentially lead to failure of identifying problems in the competencies of the facility's licensed staff, which could negatively affect residents' care. During a review of the unsigned document regarding the DON's Annual Skills Checklist (provided on 7/17/2026 at 5:37 p.m., after the State Survey Agency had completed the facility's annual recertification survey and had exited the facility), dated 3/19/2026, the first page of the Annual Skills Checklist indicated the facility's name, the date of the evaluation, and the name and title of the employee (DON). The Annual Skills Checklist contained a table with four columns indicating the topic assessed, the employee's initials, the evaluator's initials, and the date of the assessment. Only the first column of the table on each page of the Annual Skills Checklist indicated the initials of the employee, the evaluator, and the date of the assessment with the rest of the rows marked with lines (continued on next page)		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(did not indicate what the lines meant). The end of each page of the Annual Skills Checklist indicated, upon completion, to place the form in the employee's personal file. The Annual Skills Checklist indicated that the evaluator of the assessment was the R.N. CC. The section of the Annual Skills Checklist for the evaluator's signature contained evaluator's printed name but was not signed by the evaluator. 2. During a concurrent interview and employee file review on 7/17/2026 at 1:57p.m. with the DON, RN 2's and LVN 1's employee files were reviewed. The DON stated the only Annual Skills Assessment he (DON) could provide for RN 2 and LVN 1 was addressing medication administration. The DON stated he (DON) would check the Director of Staff Development's (DSD's) office for annual skills checklist addressing other competencies but was not able to provide documented evidence on RN 2 and LVN 1's skills checklist on other competencies other than medication administration. During an interview on 7/17/2026 at 2:26 p.m. with the DON, the DON stated that the DON or the assigned designee, were responsible for monitoring for the compliance of the annual skills check completion of the facility staff. The DON stated he (DON) could not find the annual skills assessment of RN 2 and LVN 1 in the skills checklist binder. The DON stated he would need to check several binders in the DSD's office and in other parts of the facility to attempt to find the requested annual skills assessments for RN 2 and LVN 1. 3. During an interview on 7/17/2026 at 8:49 a.m. with the DON in the presence of the Quality Assurance Nurse (QAN), while presenting initial findings for the Recertification Survey (an unannounced, periodic health and safety inspection), the DON stated the low air loss mattress (LALM, a medical bed system that uses a continuous, gentle flow of air escaping through tiny microscopic holes to keep skin cool, dry, and free of pressure sores [are areas of damaged skin caused by staying in one position for too long]) was not set according to the manufacturer's specification to set the LALM according to the resident's weight had no effect on the resident's skin integrity. The DON was insisting the LALM was tampered per his interview with the family members (cross-reference F686). The DON stated he does not want to answer the potential effects of not setting the LALM according to the resident's weight as it is a hypothetical question. The DON was presented with certain residents with psychotropic medication (any prescription drug that changes how a person thinks, feels, acts, or perceives the world) with informed consents that were signed as verified by licensed nurses with no reason for use, the DON stated it was a physician issue. The DON stated there was no potential issue with the signed consent not having a reason for psychotropic medication use (cross-reference F605). The DON also refused to answer the issue regarding insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) administration sites not being rotated (a method to ensure repeated injections are not administered in the same area) per physician's order, manufacturer's specification and professional practice if it was considered a medication error (cross-reference F760). The DON also cannot foresee the potential harm of placing a side table on top of the floor mat (a cushioned floor pad designed to help prevent injury should a person fall) when they are trying to prevent an injury to a resident who was high risk for falls (cross-reference F689). The DON also cannot understand why placing a resident on a LALM with bolster (a padded roll, cushion, or specialized raised-edge mattress placed alongside a resident that traps them or blocks their movement, preventing them from getting out of bed or a chair on their own), together with the tab/pad alarm (a safety device featuring pressure (continued on next page)		

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pads, pull cords, or motion sensors designed to alert caregivers when a person attempts to get out of bed unassisted) in bed, and a bedrail (a metal or plastic bar attached to the side of a bed that helps residents move around, supports getting in and out of bed, and acts as a barrier to stop falls) constitutes as a restraint (any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body) to prevent the resident from getting out of bed to prevent further falls in the facility, the DON insisted the LALM with bolster does not need a physician's order, informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), restraint assessment (a careful check by a care team to see if a resident needs a device that limits movement, like a lap belt or bed rail, and whether it is legally allowed and safe), and a care plan (an individualized, written document created by healthcare professionals and the resident) (cross-reference F604). The DON also initially stated that grab bars (are sturdy, securely anchored safety handles designed to support a person's full body weight, prevent slips and falls, and help residents stand up or sit down safely) were not bed rails (cross-reference F700). During an interview on 7/17/2026 at 9:08 a.m. with the DON, in the presence of the Administrator, the DON stated that the staff sits down while assisting the resident with meals. When asked what the reason for staff to sit down while assisting the resident with meals, the DON stated, there is no federal regulation that the staff needs to sit down while assisting with feeding. When asked what the reason for staff to be at eye level while assisting with resident with meals, the DON stated, there is no federal regulation that the staff needs to sit down while assisting with feeding. When asked what potentially could happen to the residents when staff are standing over while assisting them with their meals, the DON stated there is no potential because nothing happened to the resident. The DON stated he does not answer hypothetically questions. When asked if he sees an issue when staff are standing over the residents while assisting with feeding, the DON stated that he does not see an issue (cross-reference F550).^ During a concurrent interview and record review on 7/17/2026 at 4:40 p.m. with the DON, in the presence of the QAN, the facility's policy and procedure (P&P) titled Continuous Glucose Monitoring (CGM, a wearable medical device that measures blood sugar levels in real-time via subcutaneous sensor) sensor (needle probe inserted into the skin and transmits signal to a reader machine), dated May 2026, was reviewed. The DON stated we are not responsible for changing of the needle, it is family's responsibility, we do not use it in the facility for any glucose reading, and we do not replace the implantable sensor needle. Our staff can monitor skin changes. The DON could not answer the question whether a care plan for the sensor needle change should be developed and implemented. The DON did not know if the CGM sensor needle was a self-administered device and the DON stated he had to check on that. The P&P indicated, Replace sensors in accordance with manufacturer's recommendations or per physician's order; incorporate CGM use, monitoring parameters, and response protocols in the plan of care. The DON stated the risk of having the implantable device in the skin was infection (cross-reference F656). During a review of Director of Nursing Services Job Description, copyright 2003, the job description indicated the primary purpose of your job description is to plan, organize, develop, and direct the overall operation of our Nursing Service Department in accordance with current federal, state, and (continued on next page)		

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

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	local standards, guidelines, and regulations that govern our facility, and as may be directed by the Administrator and the Medical Director, to ensure that the highest degree of quality care is maintained at all times. Personnel Functions -Assist the HR Director in developing performance evaluation schedules, criteria, and annual reviews for the nursing service department (e.g., RNs, LPNs, CNAs, medication aides, etc.) Staff Development -Assist the In-service Director/Educator in developing annual facility in-service training programs (e.g., OSHA, TB, HIPAA, Abuse Prevention, Safety, Infection Control, etc.) Specific Requirements -Must demonstrate the knowledge and skills necessary to provide care appropriate to the age-related needs of the residents served. -Must be knowledgeable of nursing and medical practices and procedures as well as laws, regulations, and guidelines that pertain to nursing care facilities. -Must not pose a direct threat to the health and safety of other individuals in the workplace. During a review of the facility's recent P&P titled, Competency of Nursing Staff, last reviewed on 1/12/2026, the P&P indicated, All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by State law. Policy Interpretation and Implementation 5. Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary based on the facility assessment.		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free of any significant medication errors (the observed or identified preparation or administration of medications or biologicals which are not in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards) for two of five sampled resident (Residents 2 and 30) reviewed for unnecessary medications by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (sq, beneath the skin) insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) administration sites. These failures had the potential for adverse effect (unwanted, unintended result) of the same site subcutaneous administration of insulin such as excessive bruising, lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin). Cross-reference F726. Findings: 1. During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted the resident on 4/21/2026, and readmitted the resident on 6/3/2026, with a diagnosis of type two (2) diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's History and Physical (H&P), dated 6/5/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 6/6/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a distinct middle ground where a person has noticeable trouble with thinking and memory that begins to disrupt independent daily life, requiring regular help with complex tasks). The MDS indicated that the resident was on a high-risk drug class hypoglycemic medication (a prescription drug used to lower high blood sugar levels, commonly prescribed for people with Type 2 diabetes). During a review of Resident 2's Order Summary Report (OSR), dated 6/4/2026, the OSR indicated an order for Humalog KwikPen Subcutaneous Solution Pen injector 100 units per milliliter (unit/ml, how strong the insulin is) (Insulin Lispro) Inject as per sliding scale (a personalized chart used to decide how much fast-acting insulin to inject based on your current blood sugar level right before a meal or at bedtime): if 71 - 150 = 0; 151 - 200 = 1; 201 - 250 = 2; 251 - 300 = 3; 301 - 350 = 4; 351 - 400 = 6; 401-999 = 8, subcutaneously every 6 hours for DM2 call MD if Blood sugar is less than (<) 70 or greater than (>) 400. Rotate sites. During a review of Resident 2's Location of Administration Report (LAR) for 5/2026 to present, the LAR indicated insulin was subcutaneously administered on: Humalog KwikPen Subcutaneous Solution Pen-injector 100 unit/ml 5/18/2026 at 12:45 p.m. on the Abdomen - Left Lower Quadrant (LLQ) 5/19/2026 at 12:35 p.m. on the Abdomen - LLQ 6/21/2026 at 1:26 p.m. on the Abdomen - LLQ 6/22/2026 at 12:13 p.m. on the Abdomen - LLQ 6/27/2026 at 5:48 a.m. on the Arm - Upper arm (rear) (left) 6/28/2026 at 6:36 a.m. on the Arm - Upper arm (rear) (left) During a review of Resident 2's Care Plan (CP) Report titled, At risk for hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) related to diabetes, last revised on 6/10/2026, the CP indicated an intervention to administer prescribed insulin as ordered. During a concurrent interview and record review on 7/16/2026 at 9:18 a.m. with the Quality Assurance Nurse (QAN), Resident 2's Medical Diagnosis, OSR, LAR, CP, and the facility's policy and procedure (P&P) were reviewed. The QAN stated there was an order to rotate sites of administration on the insulin order of the resident. The QAN stated to rotate means not repeating the same site it was given, example if at 6 a.m. the licensed nurse gave the insulin at the Right Upper Quadrant (RUQ) of the abdomen, at 12 noon they will give the insulin on a different site (continued on next page)		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	like Right Lower Quadrant (RLQ), right arm (RA), left arm (LA), Left Upper Quadrant of the abdomen (LUQ) etc. The QAN stated the facility was rotating sites of insulin administration to prevent lipodystrophy on residents. The QAN stated the staff did not follow the physician's order to rotate sites of administration, the facility's P&P, and the Manufacturer's Specification on the use of Humalog. The QAN added as a professional nurse they should be rotating insulin administration sites. The QAN stated not rotating insulin administration sites was considered a medication error. During an interview on 7/17/2026 at 12:11 p.m. with the Director of Nursing (DON) in the presence of the QAN, the DON stated the licensed staff should follow the physician's order to rotate the sites of insulin administration on Resident 2. The DON stated they did not follow the physician's order to rotate sites of administration. The DON stated the failure of the licensed staff had the potential to cause lipodystrophy on Resident 2. 2. During a review of Resident 30's AR, the AR indicated the facility admitted the resident on 5/4/2026, with a diagnosis of type 2 diabetes mellitus. During a review of Resident 30's H&P, dated 5/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 30's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others and had severely impaired cognition (a major loss of brain function that completely strips a person's ability to live, think, or care for themselves independently). The MDS indicated the resident was on a high-risk drug class hypoglycemic medication. During a review of Resident 30's OSR, dated 5/5/2026, the OSR indicated an order for Humalog KwikPen Subcutaneous Solution Pen injector 100 unit/ml (Insulin Lispro) Inject as per sliding scale: if 70 - 150 = 0; 151 - 200 = 1 unit; 201 - 250 = 2 units; 251 - 300 = 3 units; 301 - 350 = 4 units; 351 - 400 = 6 units, subcutaneously every 6 hours for DM call MD if BS < 70 or > 400. Rotate sites. During a review of Resident 30's Location of Administration Report (LAR) for 5/2026 to present, the LAR indicated insulin was subcutaneously administered on: Humalog KwikPen Subcutaneous Solution Pen-injector 100 unit/ml 5/6/2026 at 6:18 a.m. on the Arm - right 5/6/2026 at 12:45 p.m. on the Arm - right 5/14/2026 at 5:47 a.m. on the Arm - left 5/14/2026 at 11:57 a.m. on the Arm - left 5/28/2026 at 6:27 a.m. on the Abdomen - Left Upper Quadrant (LUQ) 5/29/2026 at 6:11 a.m. on the Abdomen - LUQ 6/29/2026 at 5:41 a.m. on the Arm - left 6/30/2026 at 7:20 p.m. on the Arm - left During a review of Resident 30's Care Plan (CP) Report titled, At risk for hypoglycemia and hyperglycemia related to diabetes, last revised on 5/5/2026, the CP indicated an intervention to administer prescribed insulin as ordered. During a concurrent interview and record review on 7/16/2026, at 10:56 a.m., with the QAN, reviewed Resident 30's Medical Diagnosis, OSR, LAR, CP, and P&P. The QAN stated there was an order to rotate sites of administration on the insulin order of the resident. The QAN stated to rotate means not repeating the same site it was given, example if at 6 a.m. the licensed nurse gave the insulin at the RUQ of the abdomen, at 12 noon they will give the insulin on a different site like RLQ, RA, LA, LUQ, etc. The QAN stated the facility was rotating sites of insulin administration to prevent lipodystrophy on residents. The QAN stated the staff did not follow the physician's order to rotate sites of administration, the facility's P&P, and the Manufacturer's Specification on the use of Humalog. The QAN added as a professional nurse they should be rotating insulin administration sites. The QAN stated not rotating insulin administration sites was considered a medication error. During an interview on 7/17/2026 at 12:11 p.m. with the DON in the presence of the QAN, the DON stated the licensed staff should follow the physician's order to rotate the sites of insulin administration on Resident 30. The DON stated they did not follow the physician's order to rotate sites of administration. The DON stated the failure of the licensed staff had the potential to cause lipodystrophy on Resident 30. During a review of the facility's recent P&P titled, Insulin Administration, last reviewed on 1/12/2026, the P&P indicated to provide guidelines for the safe (continued on next page)		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	administration of insulin to residents with diabetes. Steps in the Procedure (Insulin Injections via Syringe) 16. Select an injection site. b. Injection sites should be rotated, preferably within the same area general area (abdomen, thigh, upper arm). During a review of the facility's recent P&P titled, Adverse Consequences and Medication Errors, last reviewed on 1/12/2026, the P&P indicated the interdisciplinary team evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse reactions (ADRs) and side effects. Adverse consequences shall be reported to the Attending Physician and Pharmacist, and to federal agencies as appropriate. Policy Interpretation and Implementation 3. An adverse drug reaction (ADR), a form of adverse consequences, is defined as a secondary and usually undesirable effect of a drug and is different from the therapeutic and helpful effects of the drug. An ADR is any noxious and unintended response to a drug and occurs in doses for prophylaxis, diagnosis or therapy. 5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer's specification, or accepted professional standards and principles of the professional(s) providing services. During a review of the facility-provided KwikPen U-100 Instructions for Use Humalog KwikPen (insulin lispro) injection, for subcutaneous use, 3 ml single patient use pen (100 units per mL), copyright 2007, the Instructions indicated on Giving your injection, indicated to change (rotate) your injection sites within the area you choose for each dose to reduce your risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to: 1. Follow the recipe for serving egg rolls by not serving the egg rolls at or above 140 degrees Fahrenheit (F, a unit of measure for temperature) for 21 out of 35 residents listed in the diet list. 2. Provide a therapeutic diet (a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, or increase specific nutrients in the diet, or to provide food the resident is able to eat) menu and food for a liberal renal diet (a diet designed to reduce the buildup of waste products in blood to protect kidneys) during lunch for one of one sampled resident (Resident 14). These failures had the potential for residents to not meet their nutritional needs, to complain about the food temperature and palatability affecting the residents' appetite to eat the food served in the facility. Findings: 1. During a review of Resident 55's admission Record (AR), the AR indicated the facility admitted the resident on 7/2/2026, with diagnoses including pressure-induced deep tissue damage/injury (DTI, a serious type of pressure sore that starts as: a purple or dark red area on the skin, a blood-filled blister, or damage happening deep inside the muscle near a bone) of the sacral region (the lower part of the back located just above the buttocks and right between the hip bones, featuring a large, triangular bone that connects the spine to the pelvis) and gastro-esophageal reflux disease (GERD, a chronic digestive condition where stomach acid frequently flows backward into the esophagus (the tube connecting your mouth and stomach)). During a review of Resident 55's History and Physical (H&P), dated 7/3/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 55's Minimum Data Set (MDS, a resident assessment tool), dated 7/5/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a clear and noticeable decline in thinking skills, memory, and judgment that begins to disrupt daily independence). The MDS indicated the resident was on a therapeutic diet (a special meal plan prescribed by a doctor or planned by an expert to help treat, manage, or prevent a medical condition). During a review of Resident 55's Order Summary Report (OSR), dated 7/4/2026, the OSR indicated a diet order of NAS (No Added Salt) diet Regular texture, Thin Liquids consistency. During a review of Resident 55's Care Plan (CP) Report regarding the resident being at risk for impaired nutritional status and hydration status., last revised on 7/3/2026, the CP indicated an intervention to determine food likes and dislikes. During a review of the facility's Select Menu- Spring/Summer 2026, Regular/No Added Salt, indicated for Monday July-13 Lunch, the residents will receive soup of the day, seared tuna salad, alt. Carolina BBQ Pulled pork on a pita, mini egg roll, Alt. white bean, artichoke & caper salad, wheat dinner roll, margarine, butterscotch pudding, and 2% milk. (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's Quantified Recipe (QR), dated 4/29/2026, the QR for egg roll mini 0034233 to hold and serve hot food at or above 140 degrees F. During an interview on 7/13/2026 at 9:16 a.m. with Resident 55, Resident 55 stated her only complaint about the facility is the food. Resident 55 stated her breakfast today came with her blintzes cold and was served acidic foods. During a concurrent observation and interview on 7/14/2026 at 11:37 a.m. with Dietary Aide (DA) 1, inside the Tray Line Room, observed DA 1 measuring hot food temperatures being served for lunch that day. DA 1 stated hot food should be served 141 degrees F and above. DA 1 measured the following hot foods: rice - 165 degrees F; puree vegetables - 150 degrees F, puree soup - 150 degrees F; regular soup 165 degrees F, sandwich alternative- nobody ordered, so it was not reheated, and eggrolls - room temperature. DA 1 stated she will verify with cook what temperature should the eggrolls be served. DA 1 stated [NAME] 1 told her to serve the eggrolls on room temperature. During a concurrent interview and record review on 7/14/2026 at 12:09 p.m. with the Certified Dietary Manager (CDM), the facility's QR for egg rolls mini was reviewed. The CDM stated the QR for egg rolls mini indicated to serve the food at or above 140 degrees F. During a concurrent interview and record review on 7/16/2026 at 8:02 a.m. with the CDM, the facility's QR and policy and procedure (P&P) were reviewed. The CDM stated DA 1 should have served the egg rolls at 140 degrees F per the QR. The CDM stated the purpose of the QR is to ensure residents receives proper nutrition and to make sure the food is meeting the temperature and safe for consumption. The CDM stated the importance of serving the food according to the temperature indicated in the QR is to meet the resident's liking for palatability. The CDM stated they did not follow the recipe/QR because they did not serve the egg rolls at or above 140 degrees. The CDM stated they did not follow the P&P titled, Standardized Recipes. During a review of the facility's recent P&P titled, Standardized Recipes, last reviewed on 1/12/2026, the P&P indicated standardized recipes shall be developed and used in the preparation of foods. 2. During a review of Resident 14's admission Record, the admission record indicated the facility admitted Resident 14 on 5/19/2026 for aftercare following cerebral infarction due to thrombosis (condition of brain tissue damage due to blood vessels blocked by a blood clot), type two (2) diabetes mellitus with chronic kidney disease (DM 2, a disorder characterized by difficulty in blood sugar control and poor wound healing), end stage renal disease (ESRD, irreversible kidney failure, requiring artificial filtration of blood), dependence on renal dialysis (also known as hemodialysis [HD], a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), presence of other vascular implants and grafts (a surgically placed flexible tube into a large vein used for hemodialysis), cognitive communication deficit (an impaired ability to speak, listen, read, or write caused by disrupted thinking skills such as attention, memory, and executive function). During a review of the MDS, dated [DATE], the MDS indicated Resident 14's cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) had moderate (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cognitive impairment (moderate problems with thinking and memory). The MDS indicated Resident 14 is dependent on staff or requires maximal assistance (helper does more than half of the effort) with bed mobility, dressing, and dependent on standing, toileting, showering, transferring to wheelchair. During a concurrent observation and interview on 7/13/2026 at 10:45 a.m., in Resident 14's room, with Resident 14, Resident 14 was awake, sitting at the edge of the bed. Resident 14 stated food at the facility was awful, they give turkey and tuna sandwiches for each meal, often soggy, that's my lunch, sometimes no mayonnaise on bread, just tuna. During a concurrent observation and interview on 7/14/2026 at 12:16 p.m., in dining room, with Resident 14, Resident 14 stated she was served a hot dog type of sandwich with peppers and onion, the other residents were served chicken with pasta. Resident 14 asked the staff, Why can't I have chicken? Observed a nurse explain to Resident 14 that the pasta with chicken had cheese, and, because of Resident 14's diet, the kitchen served the sandwich to Resident 14. Certified Dietary Manager (CDM) came and offered to change Resident 14's food to pasta with chicken. Resident 14 agreed. Resident 14 further stated, I filled out their menu five times and told them what I like and not like, and they kept telling me what foods I cannot have, but that does not help me, I need to have options of what I can have. Observed current food on Resident 14's tray: hoagie with sausage, onion and red bell peppers, chicken noodle soup, salad, cranberry juice, apple sauce and piece of cake. Resident 14's tray ticket for 7/14/2026 lunch indicated diet order: Regular (RG 7 texture), Consistent Carbohydrate (CCHO, diet for persons with diabetes), Liberal Renal, Thin Liquids, fluid restriction 12 fluid ounces (oz, unit of measurement of liquid volume), (1500 milliliters [mL, metric unit measurements of liquid volume] per day), standing orders: applesauce 4 oz, sugar-free (SF) beverage, 4 oz, 8 oz water. No dislikes indicated. During a concurrent interview and record review on 7/14/2026 at 12:25 p.m. with Certified Dietary Manager (CDM), regular diet menu dated 7/14/2026 was reviewed. CDM stated Resident 14 was on renal diet and could not have cheese. CDM stated CDM offered Resident 14 an alternative with grilled chicken and pasta. CDM was not aware whether Resident 14 received the list of food items Resident 14 can eat at the facility. CDM stated regular diet menu for lunch indicated; Creamy Chicken Alfredo, (Alternative - Italian Sausage on a hoagie roll), Soup of the day, Arugula salad (alternative - artichoke and tomato salad), Garlic Bread, Lemon Cake with Lemon Icing, and 2% milk. During a concurrent observation and interview on 7/14/2026 at 1 p.m., in dining room, with Resident 14, Resident 14 sat at the table, eating lunch. Resident 14 stated she was served cooked pasta without sauce or cheese, and deep-fried chicken, with dipping sauce on the side. During a concurrent interview and record review on 7/16/2026 at 8:16 a.m. with the Registered Dietician (RD), Resident 14's Nutritional Risk Assessment, dated 5/25/2026, was reviewed. The nutritional risk assessment indicated Current diet order - Liberal Renal CCHO diet Soft and Bite-sized texture, Thin Liquids consistency. Describe food preferences (religious/cultural/ethnic foods), include family/ RD impact - noted by dietary. Poor dentition and chewing problems noted. Husband also requested glanced menu and list of food allowed for residents. Dietary made aware and will provide list. Husband grateful for the information provided and care given to resident. The RD stated residents had regular diet menus to look at, but Resident 14 would get therapeutic diet food replacing (continued on next page)		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	certain food items according to the therapeutic diet spreadsheet (a table with all menu items available at the facility's kitchen). The residents are not provided with a separate therapeutic diet menu listing the foods the residents can choose from. The kitchen should provide alternative menu, for example, if she dislikes chicken and rice, then she can have a sandwich. During a concurrent interview and record review on 7/16/2026 at 9:05 a.m. with DA 2, the Diet Spread Sheet, dated 7/14/2026, was reviewed. DA 2 stated she served lunch on 7/14/2026 to Resident 14. DA 2 stated she served initially Italian Sausage hoagie with peppers and onions, which was the alternative menu item to creamy chicken vegetable alfredo pasta on the regular diet menu. DA 2 stated DA 2 should have served pork loin sandwich, an alternative according to the liberal renal diet, and Resident 14 was not offered the alternative. DA 2 stated if residents don't like the food they are served, dietary aides change the food items for something residents prefer. During a concurrent interview and record review on 7/16/2026 at 9:42 a.m. with the CDM, the Regular diet menu and Diet Spreadsheet, both dated 7/14/2026, were reviewed. The CDM stated, the CDM assessed Resident 14 upon admission, assessed food choices and allergies, informed Resident 14 about prescribed diet, and any food dislikes. The CDM stated food alternatives on 7/14/2026 lunch menu for liberal renal diet were chicken with noodles, or pork loin sandwich. The CDM stated Resident 14 received Italian Sausage hoagie with peppers and onions, which was an alternative to creamy chicken alfredo on the regular diet menu. The CDM stated residents choose and decide what foods to be served to them. The CDM stated a regular diet menu was given to the residents each week and residents can circle the food items they would like to get and give back to the kitchen. The CDM stated that Resident 14 was never provided the menu with circled food items to the kitchen staff. The CDM stated residents do not receive therapeutic diet menu to choose from. The CDM stated the importance of following the preferences in diet is for residents to get enough nutrients, to get good oral intake, get better and it is their right. The CDM stated no more dietary assessments notes were done afterwards admission because no changes in Resident 14's oral intake, weight or complaints were reported to the CDM. During a concurrent interview and record review on 7/17/2026 at 10:33 a.m. with Resident 14, a hard copy of regular diet menu (menu), dated 6/28/2026, present in Resident 14's room, the menu indicated handwritten comments about food preferences. Resident 14 stated her husband filled it out on week of June 28 with preferences' comments and gave it to the kitchen staff, Resident 14 stated and emphasized she had filled out the menu and provided it to the kitchen staff five times. Resident 14 stated the other week resident 14 filled out the menu and gave it to the activity personnel, who took it to the kitchen. Resident 14 stated she didn't receive the liberal renal diet menu to choose foods from. During an interview on 7/17/2026 at 4:56 p.m. with the Director of Nursing (DON), the DON stated nurses and dietary staff need to make sure the staff serves residents appropriate foods per diet order." During a review of facility's P&P titled, Food Preferences & Honoring, dated 6/2026, the P&P indicated, Diet modifications and therapeutic diets will be implemented with resident's/representative's informed consent, as appropriate. Residents have the right to make informed choices regarding food and nutrition, including the right to decline recommended dietary restrictions or therapeutic diets after receiving education regarding potential risks and benefits.		

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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. Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety, on 7/13/2026 during kitchen tour found/observed the following: SEASONINGS -1 container of Granulated Garlic with open date of 7/1/2021, no received date, and no use by date. -1 big container of garlic powder with received date of 4/6, with use by date of 10/17/26, with no open date. -1 container of steak seasoning with use by date of 10/17/2026, no open date, and received date. -1 container of parsley flakes, no received date, no open date, and no use by date. -1 container of ground cummin seed with use by date of 10/17/26, no open date, and no received date. -1 container Ginger ground with received date of 11/25, with use by date of 5/21/26, no open date. -1 container of Jamaican jerk seasoning, with open date of 6/26, no use by date, and no received date. -1 container of Curry powder, with use by date of 10/17/26, no open date, and no received date. -1 container of Whole rosemary leaves with date received 5/26 no open date, and use by date. -1 container of Gumbo File with open date of 1/12/26, no use by date, and no received date. -1 container of Ground Bay leaves with open date 4/1/25, use by date of 4/2026, and no received date. -1 container of Ground nutmeg with use by date of 5/6/26, no open date, no received date. -1 container of Lemon pepper seasoning with date received 6/9, no open date, no use by date. -1 container of ground cummin seeds with received date of 4/6, no open date, no use by date. -1 container Spanish paprika, no open date, no received date, no use by date. -1 container of Ground cinnamon, received date of 4/6, with unreadable scribbling on the label. -1 container of Ground cinnamon with open date of 7/9/26, received date of 7/7, no use by date. -1 container of Dill weed, received date of 4/6, no open date, no use by date. DELI -2 packs of Deli hot dog buns with use by date of 7/9, no open date, no received date. - 1 pack of Sliced bread with date received 12/3, no open date, no use by date. -1 pack of Bagels no date open, no received date, and no use by date. -1 pack of English Muffin with use by date of 7/10, no received date, no open date. -1 pack of Sliced bread with use by date of 7/9, no received date, no open date. -1 pack of Sliced bread with received date of 12/3, with no open date and use by date. - 1 pack of opened English Muffin, without open date, with use by date of 7/10, no received date. -1 pack of Swirl bread with use by date of 7/9, no received date, no open date. -1 pack of open sliced bread with received date of 12/3, no open date, no use by date. Walk in Refrigerator - a tub of chopped garlic in oil, no open date, use by date, and no received date. - one 100% key lime juice, no expiration date, no open date, and no received date. -1 bottle of Kewpie mayonnaise with use by date of 6/27/26, no open date, and no received date. - 1 chef's celery with use by date of 7/11, no received date, no open date. - chopped salad in a pan with use by date of 7/11/2026. -lettuce heads in a plastic bag with use by date of 7/12/26, no received date. - a pan of chopped tomato with use by date of 7/12/26. -1 bag of parsley dated 6/29/26 with yellowing leaves. -1 bag of arugula no received date. -another bag of arugula no received date. -green onions with no received date. - green bell peppers with a cucumber with mold. - 1 bag of carrots no received date. - heads of lettuce without received date. -cantaloupes and honey dew without received dates. Dry Pantry -1 bag of Buttermilk Pancake with use by date of 7/10, no open date, no received date. -1 bag of opened powdered mash potato with received date of 6/18, no open date and use by date. These failures had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	chemicals).[^] Findings: During a observation on 7/13/2026, at 7:50 a.m., with [NAME] 1 and the Certified Dietary Manager (CDM) observed the food items in the kitchen: SEASONINGS[^] -1 container of Granulated Garlic with open date of 7/1/2021, no received date, and no use by date.[^] -1 big container of garlic powder with received date of 4/6, with use by date of 10/17/26, with no open date.[^] -1 container of steak seasoning with use by date of 10/17/2026, no open date, and received date.[^] -1 container of parsley flakes, no received date, no open date, and no use by date.[^] -1 container of ground cummin seed with use by date of 10/17/26, no open date, and no received date.[^] -1 container Ginger ground with received date of 11/25, with use by date of 5/21/26, no open date.[^] -1 container of Jamaican jerk seasoning, with open date of 6/26, no use by date, and no received date.[^] -1 container of Curry powder, with use by date of 10/17/26, no open date, and no received date.[^] -1 container of Whole rosemary leaves with date received 5/26 no open date, and use by date.[^] -1 container of Gumbo File with open date of 1/12/26, no use by date, and no received date. -1 container of Ground Bay leaves with open date 4/1/25, use by date of 4/2026, and no received date.[^] -1 container of Ground nutmeg with use by date of 5/6/26, no open date, no received date.[^] -1 container of Lemon pepper seasoning with date received 6/9, no open date, no use by date.[^] -1 container of ground cummin seeds with received date of 4/6, no open date, no use by date.[^] -1 container Spanish paprika, no open date, no received date, no use by date.[^] -1 container of Ground cinnamon, received date of 4/6, with unreadable scribbling on the label.[^] -1 container of Ground cinnamon with open date of 7/9/26, received date of 7/7, no use by date.[^] -1 container of Dill weed, received date of 4/6, no open date, no use by date.[^] DELI[^] -2 packs of Deli hot dog buns with use by date of 7/9, no open date, no received date. - 1 pack of Sliced bread with date received 12/3, no open date, no use by date.[^] -1 pack of Bagels no date open, no received date, and no use by date.[^] -1 pack of English Muffin with use by date of 7/10, no received date, no open date.[^] -1 pack of Sliced bread with use by date of 7/9, no received date, no open date.[^] -1 pack of Sliced bread with received date of 12/3, with no open date and use by date.[^] - 1 pack of opened English Muffin, without open date, with use by date of 7/10, no received date.[^] -1 pack of Swirl bread with use by date of 7/9, no received date, no open date.[^] -1 pack of open sliced bread with received date of 12/3, no open date, no use by date.[^] Walk in Refrigerator[^] -a tub of chopped garlic in oil, no open date, use by date, and no received date.[^] - one 100% key lime juice, no[^] expiration[^] date, no open date, and no received date.[^] -1 bottle of Kewpie mayonnaise with use by date of 6/27/26, no open date, and no received date.[^] - 1 chef's celery with use by date of 7/11, no received date, no open date.[^] - chopped salad in a pan with use by date of 7/11/2026.[^] -lettuce heads in a plastic bag with use by date of 7/12/26, no received date.[^] -a pan of chopped tomato with use by date of 7/12/26.[^] -1 bag of parsley dated 6/29/26 with yellowing leaves.[^] -1 bag of arugula no received date.[^] -another bag of arugula no received date.[^] -green onions with no received date.[^] - green bell peppers with[^] a[^] cucumber with mold.[^] - 1 bag of carrots no received date.[^] - heads of lettuce without received date.[^] -cantaloupes and honey dew without received dates.[^] Dry Pantry[^] -1 bag of Buttermilk Pancake with use by date of 7/10, no open date, no received date.[^] -1 bag of opened powdered mash potato with received date of 6/18, no open date and use by date. During a concurrent interview and record review on 7/16/2026, at 7:43 a.m., with the CMD, reviewed the list of items found in the kitchen with missing labels (received date, open date, use by date) and the facility policy and procedure (P&P). The CMD stated for all food products in the kitchen they have to put received date, open date, and use by date. To ensure the food cannot be used after the use by date because it is unsafe. The CMD stated the failure of the staff to label the food items in the facility with the received date, open date, and use by date had the potential for residents to experience food poisoning. The CMD stated the P&P titled, Labeling and Dating of Foods, (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER The Gardens Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17650 Devonshire Street Northridge, CA 91325	
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	was not followed. The CMS stated everybody is responsible for ensuring all food items in the facility were labeled appropriately. The CMD stated they were checking the food items in the facility for labeling of the items. During a review of the facility's recent P&P titled, Labeling and Dating of Foods, last reviewed on 1/12/2026, the P&P indicated all food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Procedure: -Food delivered to facility needs to be marked with a received date. Note that the delivery sticker is dated, and it can serve as the delivery date for the product. -Newly opened food items will need to be closed and labeled with an open date and use by the date that follows the various storage guidelines within this section- specifically the Dry Goods Storage Guidelines (page 6.9), Refrigerated Storage Guidelines (page 6.16), Produce Storage Guidelines (page 6.18), and Freezer Storage Guidelines (page 6.10). -Produce is to be dated with received date.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its antibiotic stewardship program (a coherent set of actions which promote using antimicrobials responsibly) that includes antibiotic (ATB, a medicine that fights bacterial infections by killing bacteria or stopping them from multiplying) use protocols and a system to monitor antibiotic use for two of three sampled residents (Residents 2 and 26) reviewed for antibiotic use by failing to ensure: 1. Resident 2's Amoxicillin-Pot Clavulanate Tablet 875-125 milligrams (mg, a unit of weight) had monitoring for its adverse effects (an unwanted, harmful, or unpleasant physical or mental reaction caused by a medical treatment, such as a medication or surgery). 2. Resident 26's Cephalexin Oral Capsule 500 mg (Cephalexin) had monitoring for its adverse effects. These failures had placed the residents at risk for adverse effects and multidrug resistant organisms (MDRO, are types of bacteria or germs that have developed the ability to withstand multiple, common antibiotics that used to kill them) resistance to antibiotics. 3. Resident 3's prescribed order for Terbinafine tablets (antifungal medication, [a class of anti-infectives], drug used to treat fungal infection [a disease caused by microscopic fungi, such as molds or yeasts]) had a stop date for one of one resident (Resident 3). This failure had potential to cause unnecessarily prolonged use of antifungal medication, decrease its effectiveness and potential to develop antibiotic drug resistance and cause adverse effects to Resident 3's health. Findings: 1. During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted the resident on 4/21/2026, and readmitted the resident on 6/3/2026, with diagnoses including fracture (break in bone) of neck of femur (thigh bone) and urinary tract infection (UTI, an infection in the bladder/urinary tract). During a review of Resident 2's History and Physical (H&P), dated 6/5/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 6/6/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a clear decline in thinking and memory that noticeably disrupts daily life, making tasks like managing money or medications harder). The MDS indicated the resident was on a high-risk drug class antibiotic. During a review of Resident 2's Order Summary Report (OSR), the OSR indicated an order for: 5/29/2026 Amoxicillin-Pot Clavulanate Tablet 875-125 mg. Give 1 tablet by mouth two times a day for UTI. for 10 Days start from the emergency kit (EKIT, a secured container holding backup medications and vital medical supplies). During a concurrent interview and record review on 7/16/2026, at 9:45 a.m., with the Quality Assurance Nurse (QAN), reviewed Resident 2's Medical Diagnoses, OSR, Progress Notes, and policy and procedure (P&P). The QAN stated the Amoxicillin-Pot Clavulanate Tablet 875-125 mg (Augmentin) was ordered for 10 days for UTI, and there were missing monitoring for adverse effects on its use in the progress notes on 6/4/2026, 7 a.m. to 3 p.m. shift, 6/7/2026, 7 a.m. to 3 p.m. shift, 6/9/2026, 7 (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a.m. to 3 p.m. shift, 6/10/2026, 7 a.m. to 3 p.m. shift, and 6/12/2026, 7 a.m. to 3 p.m. shift. The QAN stated the licensed staff should have monitored for its adverse effect every shift to ensure the antibiotic was appropriate and to prevent antibiotic resistance. The QAN stated the facility failed to follow the P&P titled, Antibiotic Stewardship Program and Antibiotic Stewardship- Orders for Antibiotic, by missing shift assessments. During an interview on 7/17/2026, at 8:49 a.m., with the Director of Nursing (DON), the DON stated Resident 2's use of antibiotic Amoxicillin-Pot Clavulanate Tablet 875-125 mg should have been monitored of its adverse effects and documented every shift. The DON stated it is an industry standard and there should be no missed documentations to prevent the adverse effects of the medication. 2. During a review of Resident 26's AR, the AR indicated the facility admitted the resident on 6/19/2026, with diagnoses including urinary tract infection and sepsis (a life-threatening blood infection). During a review of Resident 26's H&P, dated 6/22/2026, the H&P indicated the resident can make needs known but cannot make medical decisions. During a review of Resident 26's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had severe cognitive impairment (person has lost a large amount of their mental ability, such as memory, thinking, and reasoning, to the point where they cannot live alone or care for themselves safely). The MDS indicated the resident was on a high-risk drug class antibiotic. During a review of Resident 26's OSR, dated 6/19/2026, the OSR indicated an order for Cephalexin Oral Capsule 500 mg (Cephalexin). Give 1 capsule by mouth two times a day for UTI for 10 Days. During a concurrent interview and record review on 7/16/2026, at 10:50 a.m., with the QAN, reviewed Resident 26's Medical Diagnoses, OSR, Progress Notes, and P&P. The QAN stated the Cephalexin Oral Capsule 500 mg (Cephalexin). Give 1 capsule by mouth two times a day for UTI for 10 Days, and there was no monitoring for adverse effects on its use in the progress notes. The QAN stated the licensed staff should have monitored for its adverse effect every shift to ensure the antibiotic was appropriate and to prevent antibiotic resistance. The QAN stated the facility failed to follow the P&P titled, Antibiotic Stewardship Program and Antibiotic Stewardship- Orders for Antibiotic, by missing shift assessments. During an interview on 7/17/2026, at 8:49 a.m., with the DON, the DON stated Resident 26's use of antibiotic Cephalexin Oral Capsule 500 mg (Cephalexin). Give 1 capsule by mouth two times a day for UTI for 10 Days should have been monitored of its adverse effects and documented every shift. The DON stated it is an industry standard and there should be no missed documentations to prevent the adverse effects of the medication. During a review of the facility's recent P&P titled, Antibiotic Stewardship Program, last reviewed on 1/12/2026, the P&P indicated to establish and implement an Antibiotic Stewardship Program (ASP) to (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	promote appropriate use of antibiotics while optimizing the treatment of infections, and simultaneously reducing the possible adverse events associated with antibiotic use. This policy is aimed in limiting antibiotic resistance in the post-acute care setting, improving treatment efficacy and resident safety, and reducing treatment-related costs. During a review of the facility's recent P&P titled, Antibiotic Stewardship- Orders for Antibiotics, last reviewed on 1/12/2026, the P&P indicated antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program and in conjunction with the facility's general policy for Medication Utilization and Prescribing. Policy Interpretation and Implementation 9. When a resident is discharged home, the nurse will review complete antibiotic orders with the resident, including: c. Possible side effects. 3. During a review of Resident 3's admission Record, dated 7/16/2026, the admission record indicated the facility initially admitted Resident 3 on 4/11/2026 and readmitted on [DATE] with diagnoses of aspiration pneumonia (infection of the lungs following inhalation of food or a liquid), Parkinson's disease (a slow brain disorder marked by tremors, muscle stiffness, and a hard time moving), type 2 diabetes mellitus (DM 2, a disorder, characterized by difficulty in blood sugar control), acute respiratory failure with hypoxia (sudden severe difficulty breathing and low oxygen level in blood), dysphagia (difficulty of swallowing), depression (mood disorder, marked with persistent sadness, hopelessness, lack of interest in activities), bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs) dementia (a progressive state of decline in mental abilities), malignant neoplasm of breast (breast cancer), paraplegia (loss of movement and/or sensation, to some degree, of the legs), tinea unguium (a fungal infection of the fingernails or toenails). During a review of the MDS, dated [DATE], the MDS indicated Resident 3's cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) had severe cognitive impairment (severe problems with thinking and memory). MDS indicated Functional Abilities (ability to move body and perform activities of daily living like dressing, bathing, transfer, and walking) of Resident 3 are dependent on maximal assistance (helper does more than half of the effort) with bed mobility, dressing, standing, toileting, showering, transferring to wheelchair. During a concurrent interview and record review on 7/16/2026 at 1:18 p.m. with Quality Assurance Nurse (QAN) Resident 3's Order Summary Report dated 7/16/2026, and Hospitalist Discharge Summary report, dated 6/5/2026 were reviewed. QAN stated Resident 3 had a prescription for Terbinafine HCl oral tablet 250 milligrams (mg, unit of weight measurement), to give one tablet by mouth one time a day for toe fungus, start date on 7/9/2026 without stop date. QAN stated terbinafine is an antifungal medication and should have a stop date, and a nurse should have let the medical doctor (MD) know about the stop date. QAN stated that, according to hospitalist discharge summary report, dated 6/5/2026, Resident 3 had been taking Terbinafine 250 mg one tablet daily for (continued on next page)		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	one month now and per podiatrist (a specialist doctor that treats foot problems), Resident 3 needed to take Terbinafine continuously for three months. QAN stated that the stop date should be 8/5/2026 and QAN would notify the MD. QAN stated that it was important for antifungal medications administration to have a stop date. QAN stated if there was no stop date for medication, then there would be risks such as medications would not be effective anymore and side effects might develop. During an interview on 7/17/2026 at 4:45 p.m. with the Director of Nursing (DON), the DON stated that medication reconciliation (a formal healthcare process that compares a patient's current medication list including prescriptions, over-the-counter drugs, and supplements, against their newly prescribed or administered medications aimed to prevent adverse events like omissions, duplications, dosing errors, and drug interactions during care transitions) was completed by a desk nurse. The DON stated that Infection Preventionist Nurse (IP nurse) should have checked on antifungal medication to ensure the nurses follow the order. The DON stated that the DON or the DON designee was responsible for checking as well. The DON stated there should be a stop date for the antifungal medication. The DON stated if there was no stop date for the antifungal medication, there were risks associated with the drug administration for example, unnecessary medication or harm to the resident. During a review of the facility's policy and procedure (P & P) titled, Antibiotic Stewardship - Orders for Antibiotics, dated 1/12/2026, the P & P indicated, Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program. If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: drug name, dose, frequency of administration, duration of treatment, start and stop date, or number of days of therapy, route of administration, and indications for use. The P & P further indicated, If a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic or anti-infective orders.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity and respect in full recognition of their individuality for one of five sampled residents (Resident 4) during dining observation task by failing to ensure Certified Nursing Assistant (CNA) 3 was not standing over Resident 4 while assisting them during a meal. This deficient practice had violated the residents' right to be treated with dignity and respect. Findings: During a review of Resident 4's admission Record (AR), the AR indicated that the facility admitted the resident on 6/30/2026 with diagnoses including lumbar region (lower back) spinal stenosis (narrowing of the spinal canal compressing nerves) with neurogenic claudication (a syndrome characterized by leg pain, numbness, tingling, or heaviness brought on by standing upright or walking), dorsalgia (a broad medical term for back pain), and generalized muscle weakness. During a review of Resident 4's History and Physical (H&P), dated 7/1/2026, the H&P indicated the resident has the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 7/2/2026, the MDS indicated that the resident has clear speech and adequate hearing and had the ability to understand others and makes self-understood. The MDS indicated that the resident has lower extremity impairment on both sides. The MDS indicated the resident needed supervision or touching assistance with eating where the helper provides verbal cues and/or touching/steadying and/or contact guard assistant as resident completes activity where assistance may be provided throughout the activity or intermittently. The MDS indicated that the resident received mechanically altered diet (require change in texture of food or liquids) and therapeutic diet (specialized eating plans designed to manage or treat various health conditions). During a review of Resident 4's physician order, dated 7/1/2026, the physician order indicated consistent carbohydrate (CCHO - a diet containing the same amount of carbohydrates per meal for blood sugar management) with no added salt (NAS), soft & bite-sized texture (foods that are soft, tender, moist, but with no thin liquid leaking/dripping from the food), thin liquids consistency. During a review of Resident 4's Care Plan (CP) titled, Self Care and Mobility Deficit as evidenced by: requiring assistant in eating (supervision)., dated 7/1/2026, the CP indicated the resident with goals of maximizing activities of daily living (ADL - activities such as bathing, dressing and toileting a person performs daily) function within the limitation of the disease process which included interventions of providing verbal, visual, and physical cues as indicated and providing diet as ordered. During a concurrent observation and interview on 7/13/2026 at 12:36 p.m., inside Resident 4's room, Resident 4 stated he has carrots and rice, and he needs help to eat. Resident 4 stated he has hand tremors ever since he got out of the hospital. CNA 3 was inside the room assisting Resident 4's roommate. CNA 3 stated she will assist Resident 4 with his lunch. During an observation on 7/13/2026 at 12:39 p.m., inside Resident 4's room, CNA 3 assisted Resident 4 with his lunch while standing over the resident. During an interview on 7/13/2026 at 12:45 p.m. with CNA 3, CNA 3 stated she could not find a chair, but she is not supposed to be standing over the resident when assisting with feeding. CNA 3 stated Resident 4 requested for assistance to eat. Resident 4 stated CNA 3 should sit, and he needs help to eat. During an interview on 7/13/2026 at 2:18 p.m. with CNA 3, CNA 3 stated they (CNAs) are supposed to sit down while assisting with feeding for the resident's comfort. CNA 3 stated that when she continues to feed the resident standing over the resident, the resident would not be comfortable. During an interview on 7/17/2026 at 7:51 a.m. with the Quality Assurance Nurse (QAN), the QAN stated that standing over residents while assisting them to eat is a dignity issue and a safety issue. (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The QAN stated that the staff need to sit down. The QAN stated it does not meet the requirement for residents' rights. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, last reviewed and approved on 1/12/2026, the P&P indicated that employees shall treat residents with kindness, respect, and dignity. The P&P indicated that Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity. During a review of the facility's P&P titled, Assisting the Resident with In-Room Meals, last reviewed and approved on 1/12/2026, the P&P indicated that the purpose of this procedure is to provide appropriate assistance for residents who choose to receive meals in their rooms. Steps in the Procedure 1. Place the tray on the overbed table or serving area. Be sure it is adjusted to a comfortable position and height for the resident. 4. Assist the resident as necessary. However, encourage the resident to feed himself or herself as much as possible.		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure that the call light (a device used by residents to alert the staff of resident's needs) was within reach for one of four sampled residents (Resident 1) when Resident 1's call light was wrapped around the tube feeding pump pole (medical device used to deliver liquid formula to the resident's stomach via tube), outside of Resident 1's reach. This failure had the potential for Resident 1 to be unable to call for help when needed. Findings: During a review of Resident 1's admission Record, dated 7/16/2026, the admission record indicated the facility admitted the Resident 1 on 4/24/2026 for aftercare following surgery on the digestive system (body parts system including mouth, throat, esophagus stomach and intestines), gastrostomy tube presence (a surgical opening fitted with a device [tube] to allow feedings and medication to be administered directly to the stomach common for people with swallowing problems), and diagnoses of pneumonitis (inflammation of the lung tissue) due to inhalation of food and vomit, bacterial pneumonia (infection of the lungs), hemiplegia and hemiparesis following cerebral infarction, affecting right dominant side (lack of effort or movement in arm and leg on one side of the body, caused by disrupted blood flow to the brain), dysphagia (difficulty swallowing), cognitive communication deficit (difficulty in expressing self verbally and/or nonverbally, caused by disrupted brain functions such as memory, attention, or executive functioning), type two (2) diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool), dated 4/26/2026, the MDS indicated Resident 1 cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) was severely impaired and Resident 1 never/rarely made decisions. The MDS indicated Resident 1 was dependent on assistance (helper does all of the effort, resident does none of the effort to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with feeding, dressing, toileting, showering, transferring to wheelchair. During a review of Resident 1's care plan (a personalized document outlining a person's health conditions, care services, and treatment goals) with focus area High risk for falls and injury, dated 4/25/2026, the care plan indicated an intervention to Have things needed by the resident within reach including call light and other common personal items. During an observation on 7/15/2026 at 8:11 a.m. inside Resident 1's room, Resident 1 was in bed, sleeping, and the call light was not within reach. The call light was wrapped around the tube feeding pump pole, located on the side of the bed. During a concurrent observation and interview on 7/15/2026 at 8:17 a.m. with Certified Nurse Assistant (CNA) 1, observed CNA 1 take the call light from the feeding pump pole and placed the call light near Resident 1's left hand. CNA 1 stated the call light was on the pole where the tube feeding pump is attached. CNA 1 stated the call light was not within reach of the resident and the call light should be near the resident's hand or in their hand. CNA 1 stated it is important for Resident 1 to have it in case of emergency to call for help. During an interview on 7/17/2026 at 4:40 p.m. with the Director of Nursing (DON), the DON stated that all staff are responsible for ensuring the call light is within residents' reach. The DON stated it is the responsibility of the DON to make rounds on residents, and when the call light is not within reach, to rectify the issue with the staff. The DON stated the importance of having call lights within reach of residents is so residents can make needs known. During a review of the facility's policy and procedure (P&P) titled, Call Lights: Accessibility and Timely Response, dated 10/2025, the P&P indicated, Staff should facilitate call light placement within reach of resident and secure it as needed. Call system should be accessible to Residents while in bed or other sleeping accommodations in room.		

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NAME OF PROVIDER OR SUPPLIER The Gardens Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17650 Devonshire Street Northridge, CA 91325	
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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to uphold the resident's right to secure and confidential personal and medical records when: 1. Registered Nurse (RN) 1 left Resident 36's electronic health record opened, unattended, and out of RN 1's view. 2. During the kitchen facility task, Dietary Aide (DA) 3 threw meal tickets (a written or digital label containing resident information used by the food and care staff to ensure each resident receives the correct meal) in a regular trash bin during dish washing. These deficient practices had the potential to expose personal and medical information to individuals not involved in the resident's care. Findings: 1. During a review of Resident 36's admission Record, the admission record indicated that the facility originally admitted the resident on 4/28/2026 with diagnoses including sepsis (a life-threatening blood infection), urinary tract infection (UTI - an infection in the bladder/urinary tract), and chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing). During an observation on 7/14/2026 at 2:55 p.m., in the hallway, observed an unattended medication cart was parked in the hallway with its laptop screen open, displaying Resident 36's eMAR (electronic medication administration record & medical record used to track, schedule, and record every medication and dose given to a resident), and positioned out of RN 1's view. Observed RN 1 inside the dining room checking Resident 36's blood pressure. Observed visitors in the nursing station and housekeeping staff passing by the hallway. During a concurrent observation and interview on 7/14/2026 at 2:58 p.m. with RN 1, in the hallway, RN 1 returned to the medication cart. RN 1 stated this cart was assigned to him. RN 1 stated he left his laptop screen open with Resident 36's health record. RN 1 stated he was not supposed to do that because it is HIPAA (Health Insurance Portability and Accountability Act & law protecting the privacy and security of health information) and they are supposed to protect the resident's private information. RN 1 stated he forgot to lock his screen because he was with Resident 36 checking the resident's blood pressure. RN 1 stated potentially other people may see the resident's private information. During an interview on 7/17/2026 at 10:09 a.m. with the Director of Nursing (DON), the DON stated that the use of the laptop should follow the standard of HIPAA to protect the resident's health information which should be closed and should not be left unattended, it should not happen. During a review of the facility's policy and procedures (P&P) titled, Computer Terminals/Workstations, last reviewed and approved on 1/12/2026, the P&P indicated that Computer terminals and workstations will be positioned/shielded to ensure that protected health information (PHI) and facility information is protected from public view or unauthorized access. Policy and Interpretation and Implementation 1. In so far as practical/feasible, computer terminals/workstations will be positioned or shielded so that screens are not visible to the public or to unauthorized staff. 3. A user may not leave his/her workstation or terminal unattended unless the terminal screen is (continued on next page)		

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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cleared and the user is logged off. Each user must log off at the end of his/her work shift. 2. During an observation on 7/15/2026 at 12:31 p.m., observed DA 3 emptying food scraps/leftovers, including resident meal tickets, into a regular trash bin. During a concurrent observation and interview on 7/15/2026 at 1:15 p.m. with the Certified Dietary Manager (CDM), inside the kitchen during dish washing, observed DA 3 emptying food scraps/leftovers with the residents' meal tickets into the regular trash. The CDM stated DA 3 should not have thrown the meal tickets into the regular trash because it contains medical information such as diet order, allergies, food likes and dislikes, the resident's name, and room number. During a concurrent interview and record review on 7/16/2026 at 8:07 a.m. with the CDM, the P&P titled, Confidentiality of Information and Personal Privacy, last reviewed 1/12/2026, was reviewed and the CDM stated the staff should have disposed the meal tickets on a separate container for shredding. The CDM stated DA 3 failed to follow the P&P by disposing off the meal ticket in the regular trash. The CDM stated the failure of the staff throwing the meal ticket in the regular trash had the potential to break the resident's privacy. During a review of the facility's P&P titled, Confidentiality of Information and Personal Privacy, last reviewed on 1/12/2026, the P&P indicated that the facility will protect and safeguard resident confidentiality and personal privacy. Policy Interpretation and Implementation The facility will safeguard the personal privacy and confidentiality of all resident personal and medical records.		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 the resident's drug regimen was free from unnecessary drugs for five of nine sampled residents (Residents 54, 2, 25, 26, and 42) reviewed for unnecessary medications by failing to ensure the facility indicated in the informed consent (a voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) had the reason for the use of psychotropic medications (any prescription drug that changes how a person feels, thinks, behaves, or perceives the world) and benefits. This failure had the potential to result in the use of unnecessary psychotropic medications for residents and can lead to side effect/adverse effect (refers to the negative or harmful results that follow from a particular action or event) such as a decline in quality of life and functional capacity. Cross-reference F726. Findings: 1. During a review of Resident 54's admission Record, the admission record indicated the facility admitted the resident on 7/28/2021, and readmitted the resident on 7/4/2026, with diagnoses including Alzheimer's disease (brain disorder that destroys memory, thinking skills, and the ability to do simple daily tasks), dementia (a progressive state of decline in mental abilities), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 54's History and Physical (H&P), dated 7/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 54's Minimum Data Set (MDS - a resident assessment tool), dated 7/10/2026, the MDS indicated the resident usually makes self-understood and usually understands others, and had severe cognitive impairment (a major loss of brain function that prevents a person from living or caring for themselves independently). The MDS indicated that the resident was on a high-risk drug class antipsychotic (prescription medicines used to treat mental health conditions) and antidepressant medications (prescription medicines used to treat depression, anxiety [a mental health condition characterized by excessive, persistent, and uncontrollable fear or worry about everyday situations], and other conditions by changing natural chemicals in the brain). During a review of Resident 54's Order Summary Report, dated 7/6/2026, the order summary report indicated an order for Escitalopram Oxalate (medication used to treat depression and anxiety) Oral Tablet five (5) milligram (mg - a unit of measure for weight). Give one tablet by mouth one time a day for depression manifested by (M/B) loss of interest in daily activities consent obtained and verified by MD. During a review of Resident 54's Psychotherapeutic Drug Informed Consent Form, dated 7/4/2026, the informed consent did not indicate the reason for use of psychotherapeutic drug and benefits. During a review of Resident 54's Care Plan Report titled, The resident uses psychotropic medications., last revised on 7/6/2026, the care plan indicated an intervention to discuss with MD, family regarding ongoing need for use of medications. Review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy. During a concurrent interview and record review on 7/16/2026 at 9:01 a.m. with the Quality Assurance Nurse (QAN), Resident 54's Medical Diagnoses, order summary report, informed consents, care plans, and policy and procedures (P&Ps) were reviewed. The QAN stated the nurses who verified the consent should catch if there were missing information on the informed consent and call the physician for verification such as, on Resident 54's case, the reason for the use of psychotropic medication was not indicated. The QAN stated not indicating the reason for psychotropic medication use had the potential for residents having unnecessary medications and will impede gradual dose reduction (the slow and careful (continued on next page)		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lowering of a medicine dose over time to see if a lower amount works or if the drug can be stopped safely) of the drug. The QAN stated the P&P titled, Use of Psychotropic Medication, and Informed Consent Policy were not followed by the licensed staff. 2. During a review of Resident 2's admission Record, the admission record indicated the facility admitted the resident on 4/21/2026, and readmitted the resident on 6/3/2026, with a diagnosis of major depressive disorder. During a review of Resident 2's H&P, dated 6/5/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderately impaired cognition (having noticeable trouble with thinking, remembering, and focusing that goes beyond normal aging and makes daily tasks harder, yet still allows a person to keep some independence). The MDS indicated the resident was on a high-risk drug class antidepressant. During a review of Resident 2's Order Summary Report, dated 6/4/2026, the order summary report indicated an order for Escitalopram Oxalate Oral Tablet 10 mg (Escitalopram Oxalate). Give 1.5 tablet via gastrostomy tube (G-Tube, a soft plastic tube put directly into the stomach through a small cut in the stomach) in the evening for depression M/B isolative and withdrawn 1.5 tab = 15 mg. consents verified and obtained by MD. During a review of Resident 2's Psychotherapeutic Drug Informed Consent Form, dated 6/3/2026, the informed consent did not indicate the reason for use of psychotherapeutic drug and benefits. During a review of Resident 2's CP Report titled, The resident uses antidepressant medication related to depression, last revised on 6/10/2026, the CP indicated an intervention to educate the resident/family/care givers about risks, benefits and the side effects and/or toxic symptoms of Escitalopram. During a concurrent interview and record review on 7/16/2026 at 10:06 a.m. with the QAN, Resident 2's Medical Diagnoses, Order Summary Report, Informed Consent, Care Plans, and P&Ps were reviewed. The QAN stated the nurses who verified the consent should catch if there was missing information on the IC and call the physician for verification such as, on Resident 2's case, the reason for the use of psychotropic medication was not indicated. The QAN stated not indicating the reason for psychotropic medication use had the potential for residents having unnecessary medications and will impede gradual dose reduction of the drug. The QAN stated the P&P titled, Use of Psychotropic Medication, and Informed Consent Policy were not followed by the licensed staff. 3. During a review of Resident 25's AR, the AR indicated the facility admitted the resident on 7/1/2026, with a diagnosis of depression. During a review of Resident 25's H&P, dated 7/3/2026, the H&P indicated that the resident can make needs known but cannot make medical decisions. During a review of Resident 25's MDS, dated [DATE], the MDS indicated the resident usually had the ability to make self-understood and usually understand others and had moderate cognitive impairment. The MDS indicated the resident was on a high-risk drug class antidepressant medication. During a review of Resident 25's Order Summary Report, the order summary report indicated an order for: 7/2/2026 Trazodone HCl (medication used to treat depression and anxiety) Oral Tablet 50 mg (Trazodone HCl). Give 0.5 tablet via G-Tube at bedtime for depression M/B inability to sleep consent obtained and verified by MD 0.5 tab = 25 mg. 7/6/2026 Trazodone HCl Oral Tablet 50 mg (Trazodone HCl). Give one tablet via G-Tube as needed for depression M/B inability to sleep until 07/16/2026 11:59 p.m. every night (q hs) if routine 50 mg is ineffective. Consent obtained and verified by MD. During a review of Resident 25's Psychotherapeutic Drug Informed Consent Form, dated 7/8/2026, the informed consent did not indicate the reason for use of psychotherapeutic drug and benefits. During a concurrent interview and record review on 7/16/2026 at 10:24 a.m. with the QAN, Resident 25's Medical Diagnoses, Order Summary Report, Informed Consent, Care Plans, and P&Ps were reviewed. The QAN stated the nurses who verified the consent should catch if there were (continued on next page)		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	missing information on the IC and call the physician for verification such as, on Resident 25's case, the reason for the use of psychotropic medication was not indicated. The QAN stated not indicating the reason for psychotropic medication use had the potential for residents having unnecessary medications and will impede gradual dose reduction of the drug. The QAN stated the P&P titled, Use of Psychotropic Medication, and Informed Consent Policy were not followed by the licensed staff. 4. During a review of Resident 26's admission Record, the admission record indicated the facility admitted the resident on 6/19/2026, with diagnoses including anxiety disorder, depression, dementia. During a review of Resident 26's H&P, dated 6/22/2026, the H&P indicated the resident can make needs known but cannot make medical decisions. During a review of Resident 26's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had severe cognitive impairment. The MDS indicated the resident was on a high-risk drug class antidepressant. During a review of Resident 26's Order Summary Report, dated 6/22/2026, the order summary report indicated an order for Escitalopram Oxalate Oral Tablet 10 mg (Escitalopram Oxalate). Give one tablet by mouth one time a day for depression M/B verbalizing sadness consent obtained and verified with MD. During a review of Resident 26's Psychotherapeutic Drug Informed Consent Form (IC), dated 6/23/2026, the informed consent did not indicate the reason for use of psychotherapeutic drug and benefits. During a concurrent interview and record review on 7/16/2026 at 10:55 a.m. with the QAN, Resident 26's Medical Diagnoses, Order Summary Report, Informed Consents, Care Plans, and P&Ps were reviewed. The QAN stated the nurses who verified the consent should catch if there were missing information on the IC and call the physician for verification such as on Resident 26's case the reason for the use of psychotropic medication was not indicated. The QAN stated not indicating the reason for psychotropic medication use had the potential for residents having unnecessary medications and will impede gradual dose reduction of the drug. The QAN stated the P&P titled, Use of Psychotropic Medication, and Informed Consent Policy were not followed by the licensed staff. 5. During a review of Resident 42's admission Record, the admission record indicated the facility admitted the resident on 6/22/2026, with a diagnosis of depression. During a review of Resident 42's H&P, dated 6/24/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 42's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment. The MDS indicated the resident was on a high-risk drug class antidepressant. During a review of Resident 42's Order Summary Report, dated 6/24/2026, the order summary report indicated an order for Duloxetine HCl (medication used to treat depression and anxiety) Oral Capsule Delayed Release Sprinkle 60 mg (Duloxetine HCl). Give one capsule by mouth one time a day for depression M/B isolative and withdrawn behavior consent obtained and verified by MD. During a review of Resident 42's Psychotherapeutic Drug Informed Consent Form, dated 6/23/2026, the informed consent did not indicate the reason for use of psychotherapeutic drug and benefits. During a review of Resident 42's CP Report titled, The resident uses antidepressant medication r/t depression., last revised on 6/24/2026, the CP indicated an intervention to educate the resident/family/caregivers about risks, benefits and the side effects and/or toxic symptoms of Duloxetine. During a concurrent interview and record review on 7/16/2026 at 12:01 p.m. with the QAN, Resident 42's Medical Diagnoses, Order Summary Report, Informed Consents, Care Plans, and P&Ps were reviewed. The QAN stated the nurses who verified the consent should catch if there were missing information on the informed consent and call the physician for verification such as on Resident 42's case the reason for the use of psychotropic medication was not indicated. The QAN stated not indicating the reason for psychotropic medication use had the potential for residents having unnecessary medications and will (continued on next page)		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	impede gradual dose reduction of the drug. The QAN stated the P&P titled, Use of Psychotropic Medication, and Informed Consent Policy were not followed by the licensed staff. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), the DON stated the licensed staff should check if the informed consents are completed and if it was incomplete they should place them in the doctor's bin to complete or flag the chart so the doctors can complete them. The DON stated it was a physician's issue, they are only reinforcing the consent. The DON stated there should be a reason for psychotropic medication use and the staff should make sure it was signed by the physician and complete. During a review of the facility's recent P&P titled, Use of Psychotropic Medication, last reviewed on 1/12/2026, the P&P indicated psychotropic medications are used when medically necessary to treat a specific clinical indication or condition, as diagnosed by the physician, using evidenced-based criteria and professional standards. Policy Explanation and Compliance Guidelines: 13. Use of psychotropic medications in specific circumstances: a. Acute or emergency situations (i.e., acute onset or exacerbation of symptoms or immediate threat to health or safety of resident or others): i. A clinician in conjunction with the IDT shall evaluate and document the situation to identify and address any contributing and underlying causes of the acute condition and verify the need for psychotropic medication. b. Enduring conditions (i.e., non-acute, chronic, or prolonged): ii. An evaluation shall be documented to determine- if expressions or indications of distress are not: 1. Due to a medical condition or problems that can be expected to improve or resolve as the underlying condition is treated of offending medications(s) are discontinued. c. New admissions: i. The facility in collaboration with the physician shall identify the indication for use, as possible, using pre-admission screening and other pre-admission data. During a review of the facility's recent P&P titled, Informed Consent Policy, last reviewed on 1/12/2026, the P&P indicated it is the policy of the facility to involve residents in their care decisions by facilitating information and obtaining consent for the use of psychotropic drugs, physical restraints and medical devices which may lead to the inability to regain use of a body function after prolonged use. II. Procedure B. The Attending Physician determines the capacity of the resident to make decisions and give informed consent on his/her admission orders or progress notes. If the resident is determined to not have the capacity to make informed decisions, a surrogate decision maker is identified. E. When an order for psychotropic drug, physical restraint or medical device is obtained, the Licensed Nurse verifies with the Attending Physician that informed consent has been obtained. the Licensed Nurse documents this verification on the Informed Consent Form.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to provide written information to the resident or representative the seven (7)-day bed hold notification (notification is a written paper given by a nursing home (SNF) when a resident goes to the hospital) for one of three closed record samples (Resident 48). This failure had the potential for the resident/representative of their right to hold their beds in the facility for a period of time. Findings: During a review of Resident 48's admission Record (AR), the AR indicated the facility admitted the resident on 5/2/2026, with diagnoses including enterocolitis (an illness where both the small intestine and the large intestine (colon) become swollen, irritated, and painful at the same time), chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), and acute respiratory failure (a sudden, life-threatening condition where the lungs fail quickly, leading to low oxygen or too much carbon dioxide in the blood). During a review of Resident 48's History and Physical (H&P), dated 5/4/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 48's Minimum Data Set (MDS - a resident assessment tool), dated 5/5/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a clear decline in thinking and memory skills that actively disrupts independent daily life, falling midway between mild impairment and severe dementia). During a review of Resident 48's Order Summary Report (OSR), dated 5/5/2026, the OSR did not indicate an order to transfer to acute care hospital and a 7-day bed hold. During a review of Resident 48's eINTERACT Change in Condition Evaluation (CCE), dated 5/5/2026, the CCE indicated that the resident was transferred to General Acute Care Hospital (GACH) 1 for hypotension (low blood pressure). During a review of Resident 48's Notice of Transfer and Discharge (NTD), dated 5/5/2026, the NTD indicated the resident was transferred to GACH 1 and was unable to make contact with the spouse. During a review of Resident 48's Bed Hold Notification Form, the form was not updated to reflect resident transfer status to GACH 1 and the person provided with the written bed hold policy. During a concurrent interview and record review on 7/16/2026 at 8:24 a.m. with the Quality Assurance Nurse (QAN), Resident 48's Medical Diagnoses, OSR, CCE, NTD, and the Bed Hold Notification Form were reviewed. The QAN stated there was no order to transfer the resident to GACH 1 and 7-day bed hold in the resident's electronic healthcare record. The QAN stated the nurse who received the call from the clinic should have obtained the orders from the attending physician. The QAN also stated the bed hold notification form was only signed on admission however, during transfer, the bed hold notification form was not completed to include the transfer/discharge destination of the resident and the individuals provided with a written bed hold agreement. The QAN stated she was not sure if the resident representative was made known of the 7-day bed hold policy as the bed hold notification form was not completed and the NTD indicated the facility was not able to reach the representative by phone. The QAN stated the failure of the facility to notify the resident or representative of their right to hold their bed while in the hospital had violated their right to come back to the facility within 7- days. The QAN also stated the facility did not follow the policy and procedure (P&P) titled, Bed-Holds and Returns, and Transfer and Discharge (Including AMA). During a concurrent interview and record review on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), in the presence of the QAN, Resident 48's Bed Hold Notification Form was reviewed. The DON stated the purpose of the Bed Hold Notification Form is to offer residents when they go to the hospital if they would like their beds to be held for their return. The DON stated the residents initially signs the Bed Hold Notification (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Form on admission. The DON acknowledged the form was incomplete and did not reflect the transfer/discharge of the resident. The DON stated if the resident is unable to comprehend, they call the family member and inform them of the 7-day bed hold policy of the facility and there should be a documentation that the 7-day bed hold was discussed. The DON declined to answer the potential effect of the facility not notifying the family/representative of the bed hold policy and stated if there was a documentation on the chart that it was discussed then the facility followed the P&P if not then they failed. The DON stated the 7-day bed hold is a standard and should be provided to all residents. During a review of the facility's recent P&P titled, Bed-Holds and Returns, last reviewed on 1/12/2026, the P&P indicated prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy. During a review of the facility's recent P&P titled, Transfer and Discharge (Including AMA), last reviewed on 1/12/2026, the P&P indicated it is the facility's policy to permit each resident to remain in the facility and to refrain from initiating a transfer or discharge except under limited circumstance permitted by law or regulation. Policy Explanation and Compliance Guidelines: 2. Once admitted, the resident has the right to remain at the facility unless their transfer or discharge meets one of the following specified exemptions: a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the facility. 6. In these exceptional cases, notice shall be provided to the resident, resident's representative if appropriate, and LTC ombudsman as soon as practicable before the transfer or discharge. 7. The facility will maintain evidence of notices sent to the Ombudsman. 12. Emergency Transfers/Discharges- initiated by the facility for medical reasons to an acute care setting such as a hospital, for the immediate safety and welfare of a resident: a. Obtain physicians' orders for emergency transfer or discharge. f. Provide notice of transfer and facility's bed hold policy to resident and representative as indicated. g. Social Services Director, or designee, will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such copies.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure the resident environment was free of accident hazards for one of four sampled residents (Residents 26) reviewed for accidents by failing to ensure Resident 26's floor mat (a cushioned floor pad designed to help prevent injury should a person fall) did not have equipment or furniture on top of them. This failure increase the risk of accidents such as falls with injuries on residents. Cross-reference F726. Findings: During a review of Resident 26's admission Record (AR), the AR indicated the facility admitted the resident on 6/19/2026, with diagnoses including altered mental status, reduced mobility, and muscle weakness. During a review of Resident 26's History and Physical (H&P), dated 6/22/2026, the H&P indicated the resident can make needs known but cannot make medical decisions. During a review of Resident 26's Minimum Data Set (MDS - a resident assessment tool), dated 6/21/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had severe cognitive impairment (a major loss of mental function-such as memory, thinking, and reasoning-that completely destroys a person's ability to live or care for themselves independently). The MDS indicated that the resident was requiring substantial to set up assistance on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 26's Fall Risk Evaluation (FRE), dated 6/19/2026, the FRE indicated the resident was at risk for falls. During a review of Resident 26's Care Plan (CP) Report regarding the resident was at risk for falls and injury related to limitation of mobility, last revised on 6/20/2026, the CP indicated an intervention to keep room and common areas free from clutter. During a concurrent observation and interview on 7/13/2026 at 9:52 a.m. with Registered Nurse (RN) 2, inside Resident 26's room, observed Resident 26 had bilateral floor mats on, with a side table on the center of the right floor mat. RN 2 stated there should be no objects on top of the resident's floor mat as they can fall on them and cause injury to the resident. RN 2 also stated placing them on top of the floor mat makes the side table unstable and can fall on the resident. During a concurrent interview and record review on 7/16/2026 at 10:41 a.m. with the QAN, Resident 26's Medical Diagnoses, FRE, OSR, CP, and the facility's P&Ps were reviewed. The QAN stated there was no order for the floor mats because it can be a nursing intervention to decrease falls with injury. The QAN stated the floor mat serves as a safe soft-landing surface area for the resident to land on, and when there is an equipment or furniture on top of them it defeats the purpose of the floor mat and can cause injuries to residents such as fractures. The QAN stated the furniture could be rearranged to ensure the belongings of the resident can still be within reach. The QAN stated the facility failed to follow their P&P titled, Safety And Supervision of Residents, and the facility-provided Floor Mat (FM) 1 Manufacturer's Specification. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), the DON stated the purpose of the floor mat was to minimize the fall impact of the resident. The DON stated the side table should not be on top of the floor mat. When the DON was asked about the potential of having a side table on top of the floor mat on the resident, the DON stated he cannot baby proof the resident's room and he will have to investigate on them to answer the potential effect of placing an object on top of the floor mat. During a review of the facility's recent P&P titled, Safety And Supervision of Residents, last reviewed on 1/12/2026, the P&P indicated our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Policy Interpretation and Implementation Facility-Oriented Approach to Safety 2. Safety risks and environment hazards are identified on an (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ongoing basis through a combination of employee training, employee monitoring, and reporting processes; Quality Assurance and Performance Improvement (QAPI) reviews of safety and incident/accident data; and facility-wide commitment to safety at all levels of the organization. 4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents. Individualized, Resident-Centered Approach to Safety 5. Monitoring the effectiveness of interventions shall include the following: a. Ensuring that interventions are implemented correctly and consistently. Resident Risks and Environmental Hazards 1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include: a. Bed Safety; c. Falls During a review of the facility-provided FM 1, undated, the Information indicated the beveled floor mat reduces the impact of a fall from bed. Never leave heavy materials on the mat for an extended amount of time and may cause a permanent indentation.		

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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. Based on observation, interview, and record review, the facility failed to ensure parenteral fluids (liquids, such as medication or nutrition, that are administered to the body by bypassing the digestive system) were administered consistent with professional standards of practice to one of one sampled resident (Resident 54) reviewed for hydration by failing to ensure Resident 54's midline catheter (a long, soft plastic intravenous [IV - within a vein] tube put into a large vein in the upper arm) was changed per facility policy and procedure (P&P). The midline catheter dressing was observed loose and dated 7/3/2026 observed on 7/13/2026. This failure had the potential for complications associated with intravenous therapy (a medical technique that delivers fluids, medication, or nutrients directly into a person's bloodstream through a vein) and catheter-related infections. Findings: During a review of Resident 54's admission Record (AR), the AR indicated the facility admitted the resident on 7/28/2021, and readmitted the resident on 7/4/2026, with diagnoses including dehydration (a condition that happens when your body loses more water and fluids than it takes in), thrombocytosis (a condition where your blood has a higher-than-normal number of platelets, which are the tiny cells that help your blood clot), and viral pneumonia (a lung infection caused by a virus that makes the tiny air sacs in your lungs swell up and fill with fluid, making it hard to breathe). During a review of Resident 54's History and Physical (H&P), dated 7/6/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 54's Minimum Data Set (MDS - a resident assessment tool), dated 7/10/2026, the MDS indicated the resident usually had the ability to make self-understood and understand others and had severe cognitive impairment (a major loss of mental function-such as severe memory loss, confusion, and an inability to reason-that makes a person completely unable to live or care for themselves independently). The MDS indicated the resident was on a high-risk drug class antibiotic had a midline IV access. During a review of Resident 54's Order Summary Report (OSR), dated 7/4/2026, the OSR indicated an order to observe midline site during continuous therapy for signs and symptoms (s/sx) of infiltration (when fluid or medicine accidentally leaks out of a vein and into the soft tissue under the skin)/extravasation (when a harsh or damaging medicine leaks out of a vein and into the soft tissue under the skin), redness, swelling and pain. Every shift. During a review of Resident 54's Care Plan (CP) Report titled, Requires IV therapy related to poor PO (per os - oral or by mouth) intake with high risk for infection at the IV site, last revised on 7/9/2026, the CP indicated a goal for the resident's IV site will remain free from infection as evidenced by (aeb) no redness, swelling, drainage or pain during length of therapy. During a concurrent observation and interview on 7/13/2026 at 9:33 a.m. with Registered Nurse (RN) 4 and RN 1, inside Resident 54's room, observed Resident 54's midline catheter dressing was loose and dated 7/3/2026. RN 1 stated the dressing was loose and the dressing was dated 7/3/2026. RN 4 stated the dressing should have been changed on 7/10/2026 because they have to change the dressing of the midline catheter weekly or every seven (7) days. RN 4 stated they needed to change the dressing weekly to prevent infection. RN 4 added they were not able to change the dressing because they ran out of the bio patch (a small, medicated foam disk placed around medical tubes entering the body to kill germs, absorb small fluids, and prevent infections) that goes with the dressing of the midline catheter. RN 4 stated their failure to change the dressing of the midline catheter had the potential for infection to the resident. During a concurrent interview and record review on 7/16/2026 at 8:52 a.m. with the Quality Assurance Nurse (QAN), Resident 54's Medical Diagnoses, OSR, CP, and the facility's P&P. The QAN stated the dressing of the midline catheter should have been changed on 7/10/2026 per their facility protocol to change weekly and if needed (continued on next page)		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(PRN) for loose, soiled dressings. The QAN stated the IV RN is responsible for making sure the dressings were changed timely and for availability of dressing supplies. The QAN stated the failure of the staff to change the Midline catheter dressing weekly had the potential for infection at the site of insertion to the resident. The QAN also stated the facility did not follow their P&P titled, Peripherally Inserted Central Catheter (PICC, a long, soft, thin tube put into a vein in the upper arm and guided up to a large vein near the heart) Dressing Change. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), the DON stated Resident 54's midline catheter dressing should be changed weekly and PRN if soiled or loose. The DON stated Resident 54's midline catheter dressing should have been changed on 7/10/2026. The DON stated if the dressing was loose, it is compromised and the IV Nurses were responsible for making sure the dressing supplies are always available in the facility. The DON stated it was important to change the midline catheter dressing per protocol to prevent skin conditions and problems. During a review of the facility's recent P&P titled, PICC Dressing Change, last reviewed on 1/12/2026, the P&P indicated RNs and IV certified Licensed Vocational Nurses (LVNs) according to state law and facility policy. Policy: B. Dressing changes using transparent dressings are performed: 2. At least weekly 3. If the integrity of the dressing has been compromised (wet, loose or soiled) F. Change antimicrobial disc every 7 days and PRN.		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure each resident's drug regimen must be free from unnecessary drugs for one of one sampled resident (Resident 25), reviewed for anticoagulant (blood thinner) use by failing to monitor for adverse effects of the resident's use of Apixaban (also known as Eliquis, a type of anticoagulant, or blood thinner). This failure placed the resident at risk for bleeding and other adverse effects (harmful, unwanted, and unpleasant results that happen from a medical treatment, drug, or surgery) of the medication. Findings: During a review of Resident 25's admission Record (AR), the AR indicated the facility admitted the resident on 7/1/2026, with diagnoses including paroxysmal atrial fibrillation (an occasional, irregular, and fast heartbeat originating in the upper chambers of the heart [atria]), gastro-esophageal reflux disease (GERD - a chronic digestive condition where stomach acid frequently flows backward into the esophagus [the tube connecting your mouth and stomach]), and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body)/hemiparesis (muscular weakness or partial paralysis affecting one side of the body, often caused by a brain injury or stroke). During a review of Resident 25's History and Physical (H&P), dated 7/3/2026, the H&P indicated the resident can make needs known but cannot make medical decisions. During a review of Resident 25's Minimum Data Set (MDS - a resident assessment tool), dated 7/5/2026, the MDS indicated the resident usually had the ability to make self-understood and usually had the ability to understand others and had moderate cognitive impairment (a clear decline in thinking and memory skills that disrupts daily life, meaning a person needs help with routine tasks but is not fully dependent on others for basic self-care like dressing or eating). During a review of Resident 25's Order Summary Report (OSR), dated 7/1/2026, the OSR indicated an order for Apixaban Oral Tablet five (5) milligrams (mg - a unit of measure for weight). Give one (1) tablet via gastrostomy tube (G-Tube - a soft plastic tube placed directly through a small hole in the belly skin and into the stomach) two times a day for atrial fibrillation. During a review of Resident 25's Care Plan regarding the resident being at risk for signs and symptoms of bruising and bleeding related to anticoagulation therapy (the use of medicines, commonly called blood thinners, to slow down the body's blood-clotting process), last revised on 7/2/2026, the CP indicated an intervention to observe and report for signs and symptoms of bruising, bleeding gums, coffee ground emesis (throwing up dark, grainy vomit that looks like used coffee grounds), tarry stool (a bowel movement that is jet black, sticky, shiny, and thick like road tar, usually caused by bleeding in the upper part of the digestive tract) and hematuria (blood in the urine). During a record review on 7/13/2026 at 11 a.m., Resident 25's OSR, Medication Administration Record (MAR), and Progress Notes, were reviewed and the records did not indicate monitoring for adverse effects on the use of Apixaban on Resident 25. During a concurrent interview and record review on 7/16/2026 at 10:17 a.m. with the Quality Assurance Nurse (QAN), Resident 25's Medical Diagnoses, OSR, MAR, CP, Progress Notes, CP, and the facility's policy and procedure (P&P) were reviewed. The QAN stated there was an order for Apixaban, however there was no order to monitor for the adverse effects of its use. The QAN stated it was important to monitor for the adverse effects on the use of anticoagulant Apixaban on the resident to ensure its safe use. The QAN stated there was a potential for the staff to miss the adverse effects on the resident that will not be timely intervened or treated. The QAN stated the P&P titled Anticoagulant- Clinical Protocol, and the facility-provided Highlights of Prescribing Information (HPI) on the use of Eliquis was not followed. During an interview on 7/17/2026 at 8:49 a.m. with the Director of Nursing (DON), in the presence of the QAN, the DON stated Resident 25's use of Apixaban should have monitoring for adverse effects on its use. The DON stated it was important to monitor for (continued on next page)		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	adverse effects on the use of Apixaban because it can cause bleeding on residents. During a review of the facility's recent P&P titled, Anticoagulant- Clinical Protocol, last reviewed on 1/12/2026, the P&P indicated on Assessment And Recognition: 1. As part of the initial assessment, the physician and staff will identify individuals who are currently anticoagulated; for example, those who have had recent joint replacement surgery. a. Assess for any signs or symptoms related to adverse drug reactions due to the medication alone or in combination with other medications. Monitoring and Follow-Up 5. The staff and physician will monitor for possible complications in individuals who are being anticoagulated, and will manage related problems. a. If an individual on anticoagulation therapy shows signs of excessive bruising, hematuria², hemoptysis, or other evidence of bleeding, the nurse will discuss the situation with the physician before giving the next scheduled dose of anticoagulant. During a review of the facility-provided HPI on the use of Eliquis (apixaban) Tablets, for oral use, with initial U.S. approval in 2012, the HPI indicated Warnings and Precautions: -Eliquis can cause serious, potentially fatal, bleeding. Promptly evaluate signs and symptoms of blood loss. An agent to reverse the anti-factor Xa activity of apixaban is available. -Prosthetic heart valves: Eliquis use not recommended. -Increased Risk of Thrombosis in Patients with Triple Positive Antiphospholipid Syndrome: Eliquis use not recommended.		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to prepare foods in a form designed to meet individual needs for one of one sampled resident (Resident 4) when Resident 4 on soft and bite-sized diet (foods that are soft, tender, moist, but with no thin liquid leaking/dripping from the food) received hard carrots on the plate for lunch service and did not pass the International Dysphagia Diet Initiative ([IDDSI] a framework for categorizing food textures and drink thickness) level six (6) fork pressure test (a test used to check food softness for residents with swallowing difficulties). This failure had the potential to result in difficulty chewing, swallowing, decreased in food and nutrient intake to residents on soft and bite-sized diet. Findings: During a review of the facility's menu spreadsheet (a sheet containing kind and amount of food each diet would receive) titled Diet SpreadSheet, dated 7/13/2026, the spreadsheet indicated residents on soft and bite-sized (SB 6) diet would include the following foods in the tray: - SB 6 soup of the day 3/4 cup - SB 6 fish filet two (2) oz - SB 6 four (4) to five (5) oz vegetable During a review of Resident 4's admission Record (AR), the AR indicated that the facility admitted the resident on 6/30/2026 with diagnoses including lumbar region (lower back) spinal stenosis (narrowing of the spinal canal compressing nerves) with neurogenic claudication (a syndrome characterized by leg pain, numbness, tingling, or heaviness brought on by standing upright or walking), dorsalgia (a broad medical term for back pain), and generalized muscle weakness. During a review of Resident 4's History and Physical (H&P), dated 7/1/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 7/2/2026, the MDS indicated that the resident had clear speech and adequate hearing and had the ability to understand others and can make self understood. The MDS indicated that Resident 4 had lower extremity impairment on both sides. The MDS indicated Resident 4 needed supervision or touching assistance with eating where the helper provides verbal cues and/or touching/steadying and/or contact guard assistant as resident completes activity where assistance may be provided throughout the activity or intermittently. The MDS indicated that Resident 4 received mechanically altered diet (require change in texture of food or liquids) and therapeutic diet (specialized eating plans designed to manage or treat various health conditions). During a review of Resident 4's physician order, dated 7/1/2026, the physician order indicated consistent carbohydrate (CCHO - (a diet containing the same amount of carbohydrates per meal for blood sugar management) with no added salt (NAS), soft & bite-sized texture, thin liquids consistency. During a review of Resident 4's Care Plan (CP) titled, Self Care and Mobility Deficit as evidenced by: requiring assistant in eating (supervision).. dated 7/1/2026, the CP indicated the resident with goals of maximizing activities of daily living (ADL-activities such as bathing, dressing and toileting a person performs daily) function within the limitation of the disease process which included interventions of providing verbal, visual, and physical cues as indicated and providing diet as ordered. During an observation and interview on 7/13/2026 at 12:36 p.m., inside Resident 4's room, Resident 4 stated he has carrots and rice and he needs help to eat. Resident 4 stated he has hand tremors ever since he got out of the hospital. Certified Nursing Assistant (CNA) 3 inside the room assisting Resident 4's roommate. CNA 3 stated she will assist Resident 4 with his lunch. During an observation on 7/13/2026 at 12:45 p.m., CNA 3 stated Resident 4 requested for assistance to eat. Resident 4 stated he did not eat the carrots on his plate and the soup. CNA 3 stated the carrots were not soft, she tried to mash them with a fork, and she could not mash them. CNA 3 stated the carrots on the meal plate and in the soup were hard and not soft. CNA 3 stated (continued on next page)		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she tested the carrots on the plate and from the soup bowl using fork pressure test and cannot mashed them. CNA 3 stated she tested using the side of the fork to check if the carrots could be cut or broken apart, but they cannot be cut or broken apart. CNA 3 stated she offered an alternative to Resident 4 and Resident 4 said he wanted the carrots. CNA 3 stated Resident 4 wanted to eat the carrots, but they were hard to chew. Resident 4 stated CNA 3 should sit as he needed help to eat. Resident 4 stated he would like another tray because he cannot eat the carrots. During an interview on 7/15/2026 at 12:29 p.m. with the Certified Dietary Manager (CDM), the CDM stated soft and bite-sized foods are soft and can be mashed. The CDM stated they steam the carrots they serve for soft and bite-sized, and she did not know what happened that day, maybe the person preparing it had an off day. During an interview on 7/16/2026 at 8:51 a.m. with the Registered Dietitian (RD), the RD stated the kitchen staff has an IDDSI chart in the pantry that tells them the size of the soft and bite-sized food and training on testing had been given to the kitchen staff on the fork pressure test. The RD stated the fork pressure test is to push down the food and the person's thumbnail should blanch, and nothing too hard and see the food is completely squashed. The RD stated it should be able to cut with side of the spoon. The RD stated that when the food cannot be mashed by a fork, then it is not acceptable to be served to the residents and would need to recook and serve something else or provide an alternative. The RD stated Resident 4 may not get the nutrients from the carrots that did not pass the fork pressure test for IDDSI level 6. During a review of the facility's production recipe titled, Carrot Coins (frozen), undated, the recipe indicated 1. Steam or boil carrots until soft. Drain off excess water. IDDSI Level 6 - Soft & Bite Sized: Chop/cut food into pieces = 15 millimeters in size. Use the Fork Pressure Test to confirm texture is within IDDSI Level 6 specifications. During a review of the facility's policy and procedure (P&P) titled, Standardized Recipes, last reviewed and approved on 1/12/2026, the P&P indicated that Standardized recipes shall be developed and used in the preparation of foods. Policy Interpretation and Implementation 1. Only tested, standardized recipes will be used to prepare foods. During a review of the facility's P&P titled, Menus, last reviewed and approved on 1/12/2026, the P&P indicated that Menus are developed and prepared to meet resident choices including religious, cultural and ethnic needs while following established national guidelines for nutritional adequacy. Policy Interpretation and Implementation 1. Menus meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board (National Research Council and National Academy of Sciences. 2. Menus for regular and therapeutic diets are written at least two (2) weeks in advance, and are dated and posted in the kitchen at least one (1) week in advance. 7. Menus are written for regular and therapeutic diets in compliance with the diet manual. 8. Menus provide a variety of foods from the basic daily food groups and indicate standard portions at each meal. During a review of the IDDSI guideline titled, Soft & Bite-Sized dated 7/2019, the IDSSI guideline indicated that the description/characteristics including can be eaten with a fork, spoon or chopsticks, can be mashed/broken down with a pressure from fork, spoon or chopsticks, soft, tender and moist throughout but with no separate thin liquid. The IDDSI guidelines indicated that the Fork Pressure Test is pressure from a fork held on its side can be used to 'cut' or break apart or flake this texture into smaller pieces. When a sample of the size of a thumb nail (1.5 centimeters (cm-a unit of measurement) x 1.5 cm) is pressured with the lines of a fork to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape, and does not return to its original shape when the fork is removed.		

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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 - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to ensure medical records on a resident were complete and accurately documented for one of five sampled residents (Resident 18) reviewed under medication administration task and in one of two medication carts (Medication Cart 1) by failing to: 1. Accurately document when Flonase (an allergy symptom reliever) nasal spray medication was documented as given when it was not available for Resident 18. This failure had the potential for Resident 18 to not receive the medication as ordered and may compromise his health and safety. 2. Ensure controlled count was completed on multiple shifts and days on Medication Cart 1. There were missing signatures on the audit form: a. 6/27/2026 3 p.m. by the Oncoming Charge Nurse b. 7/7/2026 3 p.m. by the Outgoing Charge Nurse c. 7/8/2026 11 p.m. by the Oncoming Charge Nurse d. 7/10/2026 11 p.m. by the Oncoming Charge Nurse e. 7/11/2026 7 a.m. by the Outgoing Charge Nurse f. 7/12/2026 3 p.m. by the Oncoming Charge Nurse g. 7/12/2026 11 p.m. by the Outgoing Charge Nurse These failures had the potential to result in discrepancies in the count of controlled substances (drugs that are regulated by law due to their high potential for abuse or addiction). Findings: a. During a review of Resident 18's admission Record (AR), the AR indicated that the facility admitted the resident on 6/8/2026 with diagnoses including hypertensive heart disease (damage to the heart caused by long-term, unmanaged high blood pressure), hyperlipidemia (higher than normal levels of fats in the blood), and generalized muscle weakness. During a review of Resident 18's History and Physical (H&P), dated 6/10/2026, the H&P indicated that the resident had the capacity to understand and make decisions. During a review of Resident 18's Minimum Data Set (MDS-a resident assessment tool), dated 6/11/2026, the MDS indicated the resident makes self understood and can understand others. During a review of Resident 18's Medication Administration Record (MAR) for July 2026, the MAR indicated the medication Flonase sensimist nasal suspension 27.5 microgram (mcg-a unit of measurement)/spray (fluticasone furoate) one (1) spray in both nostrils two times a day for allergies, start date on 7/13/2026 at 5 p.m. The MAR indicated that Flonase was administered on 7/14/2026 at 5 p.m. During an observation on 7/15/2026 at 8:01 a.m. with Registered Nurse (RN) 2, inside Resident 18's room, Resident 18 stated she had a stuffy nose and three days ago her doctor saw her and ordered her a nasal spray but had not received it yet. RN 2 stated he will check and let her know. During an observation on 7/15/2026 at 8:09 a.m. with RN 2, in the hallway, RN 2 prepared Resident 18's medications. RN 2 stated he did not have the Flonase nasal spray and after this he will contact the doctor to let him know that they do not have it, and he will ask the front desk staff to call pharmacy if they can expedite its delivery. During an observation on 7/15/2026 at 8:19 a.m. with RN 2, inside Resident 18's room, RN 2 administered the medications. RN 2 stated he did not have the Flonase but will call their pharmacy to have it delivered. During a concurrent interview with Resident 18, Resident 18 stated she (Resident 18) really needed it (Flonase) because she (Resident 18) had a hard time breathing through her nostrils being stuffy. During a concurrent interview and record review on 7/15/2026 at 8:25 a.m. with RN 2, reviewed Resident 18's MAR for July 2026, RN 2 stated that the Flonase was marked as given yesterday, 7/14/2026 at 5 p.m. RN 2 stated the medication was not here and had not been delivered yet. RN 2 stated he will call the pharmacy and see if they can expedite the Flonase before he does any documentation." During a review of the facility-provided receipt, dated 7/15/2026 at 9:51 a.m., Flonase nasal spray was purchased at a retail pharmacy for Resident 18. During a follow-up interview on 7/15/2026 at 1:55 p.m. with RN 2, RN 2 stated medications are signed right after they are given to the resident before moving on to the next (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	included in the Drug Enforcement Administration (DEA) classification as controlled substances, and medications classified as controlled substances by state law, are subject to special ordering, receipt, and recordkeeping requirements in the facility, in accordance with federal, state laws and regulations. A. The director of nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized, licensed nursing and pharmacy personnel have access to controlled medications. During a review of the facility's P&P titled, Charting and Documentation, last reviewed and approved on 1/12/2026, the P&P indicated that All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Policy Interpretation and Implementation. 2. The following information is to be documented in the resident medical record:. b. Medications administered;. 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to implement its policy and procedure on Coronavirus Disease 2019 (COVID-19 -a highly contagious disease spread from person to person through droplets released when an infected person coughs, sneezes, or talks) vaccination (the act of introducing a vaccine [a substance that stimulates the body's immune system to fight disease]) by failing to maintain documentation related to COVID-19 vaccination including offering or providing information on obtaining COVID-19 vaccine and verification of vaccination or documentation of exemption or refusal for Certified Nursing Assistant (CNA) 10. This failure had the potential to result to spread infections such as COVID-19, COVID-19 outbreaks, and risk of severe illness and/or complications especially residents with underlying health among 41 residents that are residing at the facility. Findings: During a review of CNA 10's onboarding (the process of integrating new hires) documents, dated 1/13/2026, the onboarding documents indicated policies and documents were acknowledged and signed by CNA 10. During a concurrent interview and record review on 7/17/2026 at 11:37 a.m. with the Infection Preventionist (IP), the IP stated their facility offers COVID-19 vaccine to residents and staff. The IP stated she does not have a declination form for the staff. The IP stated she fills out the vaccine consent form when the staff wants to receive it. The IP stated she only has the influenza consent form filled out for CNA 10. During a concurrent interview and record review on 7/17/2026 at 12:02 p.m. with the IP, reviewed the facility's policy and procedure titled, COVID-19 Vaccination Policy, the IP stated she missed CNA 10 COVID-19 vaccine consent form. The IP stated she does not have it documented. The IP stated COVID-19 vaccine is offered to staff upon hire; she does not know how she missed CNA 10's COVID-19 vaccine form. The IP stated COVID-19 is offered to staff for the safety of the residents and staff. The IP stated that when COVID-19 vaccine is not offered to the staff there is potential to spread infections such as COVID-19, COVID-19 outbreaks, and risk of severe illness and/or complications especially residents with underlying health conditions. During an interview on 7/17/2026 at 12:21 p.m. with the Director of Nursing (DON), the DON stated for COVID-19 vaccination are offered during the flu season. The DON stated flu vaccine is mandated but for COVID-19 vaccine the federal government has not required it since 2024. The DON stated COVID-19 is periodically offered by IP and offered in accordance when the flu season and dates when it's offered the pharmacy offers and comes and provides the vaccine to the staff. The DON stated when COVID-19 offering is missed, it is optional to give vaccine. The DON stated if it is missing then the IP can instruct the staff that they can get it through their healthcare provider. During a review of the facility's policy and procedures (P&P) titled, Infection Prevention & Control Program Policy, last reviewed and approved on 1/12/2026, the P&P indicated that An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. 2. Coordination and Oversight a. The infection prevention and control program is coordinated and overseen by an infection preventionist specialist (infection preventionist). 9. Immunizations a. Immunization is a form of primary prevention. c. Policies and procedures for immunization include the following: (1) Process for administering vaccines; (2) Who should be vaccinated; (3) Contraindications to vaccination; (4) Potential facility liability and release from liability; (5) Obtaining direct and proxy consent, and how often; (6) Monitoring for side effects of vaccination; and (7) Availability of the vaccine, and who pays for it. During a review of the facility's P&P titled, COVID-19 Vaccination Policy, (continued on next page)		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	last reviewed and approved on 1/12/2026, the P&P indicated last reviewed/revised 5/2026. The P&P indicated that Residents and staff will be offered the COVID-19 vaccine unless the immunization is medically contraindicated or they have already been immunized. Definition(s): ?Staff' means individuals who provide any care, treatment or other services for the facility and/or its residents, regardless of clinical responsibility or resident contact. Documentation and Reporting:. 3. The facility maintains documentation related to Staff COVID-19 vaccinations including: (as applicable): - Offering or providing information on obtaining COVID-19 vaccine;. - Verification of vaccination or documentation of exemption or refusal.		

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. Based on observation, interview, and record review, the facility failed to ensure the low air loss mattress (LALM, specialty air filled mattress for residents to prevent bed sores) fit the bedframe size and did not have any gaps between the grab bar and the LALM for one in one resident (Resident 53). This failure had potential for Resident 53 to be caught, trapped, or entangled in the gaps and to sustain injuries. Findings: During a review of Resident 53's admission Record, dated 7/16/2026, the admission Record indicated the facility admitted the Resident 1 on 7/2/2026 for aftercare following lumbar spine fusion surgery (surgical procedure that permanently joins two or more vertebrae in lower back to eliminate painful motion), and with diagnoses of acute pulmonary edema (fluid collection around lung tissues), depression (persistent sad mood, feeling of hopelessness, loss of interest or pleasure), legal blindness (severe vision loss, not a medical diagnosis of total blindness), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and presence of right artificial knee joint. During a review of the Minimum Data Set (MDS, resident assessment tool), dated 7/7/2026, the MDS indicated Resident 53's cognitive function (brain's complex mental processes involved in gaining knowledge and comprehension) was severely impaired (problem with thinking and memory). MDS indicated Functional Abilities (ability to move body and perform activities of daily living like dressing, bathing, transfer, and walking) of Resident 53 required maximal assistance (helper does more than half of the effort to complete the activity) with dressing, toileting, bathing, standing up or transferring to wheelchair. During an observation and interview on 7/13/2026 at 10:02 a.m. in Resident 53's room, Resident 53 was resting on special air type of mattress in bed, grab bars on both sides of the bed, awake, stated she broke her back (after she slipped out of bed) and had surgery done with screws in her back. Resident 53 stated it was not convenient for her to get up from the mattress. During a concurrent observation and interview on 7/15/2026 at 9:00 a.m. in Resident 53's room, Resident 53 was sitting in wheelchair, Resident 53 stated she slept bad last night, could not be comfortable, and it was difficult to get up from the bed. Resident 53 stated I have to scoot myself to get to the edge of the bed. Resident 53 stated she was in pain and told the nurse earlier about the pain and was waiting to get her medication for pain before going to neurosurgeon's appointment. During a concurrent observation and interview on 7/15/2026 at 9:05 a.m. with Quality Assurance Nurse (QAN) in Resident 53's room. Observed the low air loss mattress was currently inflated (filled with air) and had soft (deflated, not filled with air) sections and firm sections and did not fit well the bedframe. Observed approximately six-inch gap between the grab bar and mattress. QAN stated the mattress did not fit the bedframe and it was an entrapment risk. During a concurrent observation and interview on 7/15/2026 at 9:17 a.m. with Maintenance Supervisor (MS), MS stated the low air loss mattress was not fitting the bed frame and there was a gap between the rail and mattress, which posed a risk of resident's entrapment. MS stated the mattress should have been fitted. MS stated the reason the air mattress was smaller than bed frame was that the bed frame had width extensions for the original plain mattress. MS stated the width extensions should have been removed prior to installation to fit the mattress in the bedframe. During an observation 7/15/2026 at 11:42 a.m. noted the brand name and model number on the mattress pump. Mattress name indicated number 36. During a phone interview on 7/15/2026 12:04 p.m. with the mattress supplier company representative (LALM Rep) 2, the LALM Rep 2 stated alternating pressure low air loss with pressure sensing technology mattress model 36" means 36 inches (unit of length measurement), it means how wide the mattress is. During (continued on next page)		

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an interview on 7/17/2026 at 9:09 a.m. with the Director of Nursing (DON), the DON stated that the resident can get hurt if there is a gap. The DON stated on his rounds the DON must assess the mattress for appropriateness. The DON stated that nurses and maintenance personnel should also check bed safety. During a record review of the facility-provided bed frame User-Service Manual (Manual), dated 2017, the Manual indicated warning: possible injury or death. Use a mattress that is properly sized to fit mattress support platform, which will remain centered on mattress support platform relative to State and Federal guidelines. The manufacturer recommends the use of a mattress with minimum dimensions of 35 inches wide and six inches deep. Length should match mattress support platform. Use of an improperly fitted mattress could result in injury or death. Use a properly sized mattress in order to minimize the gap between the side of mattress and assist device. This gap must be small enough to prevent resident/patient from getting his/her head or neck caught in this location. Make sure that raising or lowering bed, or contouring the sleep surface, does not create any hazardous gaps. Excessive gaps may result in injury or death. Accessories and options: 42 inches Ultra-Wide (width extension). During review of the facility's policy and procedure (P & P) titled, Bed Safety, dated 1/2023, the P & P indicated, To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, side rails, headboard, footboard, and bed accessories), the facility shall promote the following approaches: Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks. Review that gaps within the bed system are within the dimensions established by the Food and Drug Administration (FDA). During review of the facility's P & P titled, Bed Rails - Safe use Policy, dated 10/2025, the P & P indicated, When bed rail use is desired/considered, Resident's sleeping environment shall be assessed by the Interdisciplinary Team, considering safety needs, entrapment risks, medical conditions/symptoms, cognitive/behavioral status, functional needs, comfort, freedom of movement, and input from the resident and family regarding previous sleeping habits and bed environment. Facility shall assess spaces for unsafe gaps between mattress and bed rails and bed system components to reduce entrapment risks in consideration of resident's size, weight, and behavioral patterns. Use shall be reassessed periodically for ongoing indications and safety.		