

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents had the right to personal privacy and confidentiality of his or her personal and medical records for 1 of 5 residents (Resident #37) reviewed for privacy, in that:</p> <p>MA (A) did not lock the computer after she walked away and left it unattended, which exposed Resident #37's morning medication list.</p> <p>This failure could place residents at risk of having their medical information exposed to others and cause residents to feel uncomfortable and disrespected.</p> <p>The findings include:</p> <p>Record review of Resident #37's face sheet dated 6/04/25 reflected an [AGE] year-old female resident who was admitted to the facility on [DATE] with diagnoses which included: Heart Failure (condition in which the heart isn't pumping as well as it should), kidney disease (means your kidneys are damaged and can't filter blood the way they should) and Peripheral vascular disease(disorder of the blood vessels that affects the legs and feet).</p> <p>Record review of Resident #37's Quarterly MDS assessment, dated 3/27/25, reflected a BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>During an Observation on 6/04/25 at 8:40 AM revealed MA (A) prepared Resident #37's morning medication and walked away from the computer, leaving the computer screen unlocked ; she was away from the computer for 4 minutes.</p> <p>During an interview on 6/04/25 at 8:50 AM, MA (A) stated she was not aware of the option to lock the computer screen and believed minimizing the screen was sufficient. MA (A)noted Resident #37's private medical information might have been exposed when she stepped away from the computer.</p> <p>During an interview on 06/05/25 at 2:34 PM, the DON stated her expectation was for the facility nursing staff to uphold HIPAA regulations and lock computer screens when they were away from them. The DON emphasized that all staff members should protect residents' information. The DON expressed concern that leaving residents' charts open and unattended could lead to unauthorized access. The DON also stated she would be responsible for overseeing compliance with this task, and she would monitor it by conducting random computer screen checks.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	
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)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy dated 10/1/2019, titled medication administration, reflected: Privacy is maintained at all times for all resident information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately complete assessments for 1 of 6 residents reviewed (Resident #20) for accuracy of assessments, in that:</p> <p>Resident #20's MDS assessment was inaccurate.</p> <p>This deficient practice could result in diminished quality of care due to inaccurate resident assessment.</p> <p>The findings were:</p> <p>Record review of Resident #20's face sheet, dated 06/06/2025, revealed the resident was admitted to the facility on [DATE] with diagnoses including: Unspecified Dementia, Cognitive Communication Deficit, and Chronic Obstructive Pulmonary Disease.</p> <p>Record review of Resident #20's Quarterly MDS, dated [DATE], revealed the resident was rarely or never understood, and Staff Assessment for Mental Status revealed the resident had both short-term and long-term memory problems. Further review revealed the MDS noted the resident was not receiving hospice services.</p> <p>Record review of Resident #20's Care Plan, revised 10/22/2024, revealed The resident has a terminal prognosis and is on hospice [company name].</p> <p>Record review of Resident #20's clinical record as of 06/06/2025, revealed an order dated, 10/9/2024, Admit to hospice .</p> <p>During an interview with the MDS Coordinator on 06/05/2025 at 2:42 p.m., the MDS Coordinator confirmed Resident #20's Quarterly MDS, dated [DATE], was incorrectly coded no for hospice services and stated the deficient practice was an oversight.</p> <p>During an interview with the DON on 06/05/2024 at 3:54 p.m., the DON stated she expected all MDS assessments to be correctly coded. The DON stated the facility followed the RAI manual for MDS assessments and did not have an additional policy regarding MDS assessments.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals were stored in accordance with currently accepted professional principles for, 1 of 4 medication carts observed, in that:</p> <p>The Nurse Medication Cart in the 300 hall contained five loose medication pills.</p> <p>This failure could place residents who receive medications at risk for not receiving the intended therapeutic effects of medications.</p> <p>The findings were:</p> <p>Observation on 06/05/2025 at 10:18 a.m. of the 300 Hall Nurse Medication Cart revealed there were five loose medication pills inside one of the drawers.</p> <p>During an interview with LVN (B) on 06/05/2025 at 10:25 a.m., LVN(B) confirmed there were five loose medication pills inside a drawer of the Nurse Medication Cart. She stated the pills must have dropped at some point during her medication pass this morning, or perhaps another nurse at an undetermined time.</p> <p>During an interview with the DON on 06/05/2025 at 10:30 a.m., she stated medication carts should not have loose medications. They were the responsibility of the nurse who accepted responsibility for the cart.</p> <p>Record review of the facility policy, Labeling of medications, 10/1/2019, revealed Prescription medication will be labeled with the following information: medication name, name of resident, strength of medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to employ staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care, and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required for 1 of 1 facility reviewed for dietary requirements.</p> <p>The Food Service Director did not have the appropriate certification, education, or qualifications to serve as the Director of Food and Nutrition Services.</p> <p>This deficient practice could place the residents who consume food prepared from the kitchen at risk of food borne illness and not receiving adequate nutrition.</p> <p>Findings included:</p> <p>During an interview on 6/5/25 at 9:50am, the Food Service Director was hired 03/10/25. She stated she was not a certified dietary manager or certified food service manager, and she did not have an associate's or higher degree in food service management or in hospitality. The Food Service Director stated she previously worked in positions in the medical records and central supply departments. The Food Service Director stated she had no other dietary management experience. She stated she registered with a national dietary certification course on 6/1/25 called My Food Service License. The Food Service Director stated having the national dietary certification would increase her knowledge base on serving the resident's dietary needs.</p> <p>During an interview with the Administrator on 6/5/25 at 10:25am she stated if the Food Service Director obtained her dietary certification, it would increase her knowledge base of kitchen operations. She stated she understood the regulation requirement for the Food Service Director to be certified and she was now enrolled in a dietary manager certification course.</p> <p>During an interview with the Human Resource Director on 6/5/25 at 11:57am she stated the Food Service Director obtaining her national certification would provide her with an increased knowledge base of food quality and presentation for the residents.</p> <p>Record review of the facility's job description for Certified Dietary Manager that was undated revealed the education/training requirements for the position was being a graduate of a 2 or 4 year Dietary Manager's program or a Registered Dietician. It stated the licensing requirements for the position was a successful completion of a Certified Dietary Manager exam.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed 1-201.10.10(B) Accredited Program. (1) Accredited program means a food protection manager certification program that has been evaluated and listed by an accrediting agency as conforming to national standards for organizations that certify individuals.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed 2-102.12 Certified Food Protection Manager. (A) The PERSON IN CHARGE shall be a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. 2-102.20 Food Protection Manager Certification. (B) A FOOD ESTABLISHMENT that has a PERSON IN CHARGE that is certified by a FOOD protection manager certification program that is evaluated and listed by a Conference for FOOD Protection-recognized accrediting agency as conforming to the Conference for FOOD Protection Standard for Accreditation of FOOD Protection Manager Certification Programs is deemed to comply with &sect;2-102.12.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 for 1 of 1 facility in that:</p> <ol style="list-style-type: none"> 1. The facility failed to clean an overhead ceiling vent in the main kitchen area. 2. The facility failed to close an attic trap door on the outside kitchen patio area. 3. The facility failed to paint over a peeling ceiling area located over the dish machine conveyor line. <p>These failures could place residents at risk for food borne illness.</p> <p>The findings included:</p> <p>Observation on 06/03/2025 from 9:05am until 9:40am with the Food Service Director revealed the following:</p> <ol style="list-style-type: none"> a. There was a 4x1.5 foot overhead ceiling vent in the main kitchen area that was covered with dirt and dust particles. b. There was an attic ceiling trap door that was not fully closed above the outside kitchen patio area where two food storage freezers used by kitchen staff were located c. In the dish room above the dish machine conveyor belt that was an area on the ceiling that measured approximately 1 foot by 6 inches that had exposed and peeling paint particles. <p>During an interview on 06/03/25 at 9:45am, the Food Service Director stated that she had placed a work order for the dirty ceiling vent to be cleaned and that the dirt/dust particles could potentially fall onto the kitchen floor. The Food Service Director stated that the ceiling attic trap door should be fully closed at all times and that a rodent could potentially access the kitchen patio area. The Food Service Director stated that the ceiling above the dish machine conveyor belt needed to be re-painted and that paint particles could potentially fall onto the clean dishware. She stated that the Maintenance Director was responsible for the work in the dish room and a work order had not been requested.</p> <p>During an interview with the Administrator on 6/3/25 at 9:50am she stated that the Maintenance Director was responsible for repairs in the kitchen including the ceiling vent cleaning, the patio attic door closure, and the dish room ceiling painting to maintain a clean kitchen environment.</p> <p>During an interview with the Maintenance Director on 6/6/25 at 10:35am he stated he had received a work order for the kitchen ceiling vent to be cleaned, to maintain a clean kitchen environment, in May of 2025. The Maintenance Director stated that the ceiling in the dish room that needed re-painted to prevent the paint chips from falling onto the dish conveyor belt was last noted on a TELS work order in 2024.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility policy entitled General Kitchen Sanitation Policy Number 04.003 stated All Nutrition and Foodservice employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food Codes in order to minimize the risk of infection and food borne illness. Clean non-food-contact surfaces of equipment at intervals as necessary to keep them free of dust, dirt, insects and other contaminants.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Non-FOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records that were complete and accurate, in accordance with accepted professional standards and practices, for 1 of 6 residents (Resident #159) reviewed for complete and accurate medical records in that:</p> <p>Resident #159's diagnoses list was incomplete.</p> <p>This deficient practice could result in errors in care and treatment.</p> <p>The findings were:</p> <p>Record review of Resident #159's face sheet, dated 06/06/2025, revealed the resident was admitted to the facility on [DATE] with diagnoses including: Heart Failure, Pneumonia, and Muscle Wasting and Atrophy. Further review revealed Hypertension and Hypothyroidism were not included.</p> <p>Record review of Resident #159's clinical record as of 06/06/2025 revealed an admission MDS assessment was not yet due to be completed and therefore, the resident's BIMS score was unavailable.</p> <p>Further review of Resident #159's clinical record as of 06/06/2025 revealed the resident's comprehensive care plan was in process but not yet due to be completed and therefore, did not include all of the resident's diagnoses.</p> <p>Further review of Resident #159's clinical record as of 06/06/2025 revealed an order dated 05/29/2025, Levothyroxine Sodium Oral Tablet 50 MCG (Levothyroxine Sodium) Give 1 tablet by mouth one time a day for hypothyroidism, and an order dated 05/31/2025, Lisinopril-hydroCHLOROthiazide Oral Tablet 10-12.5 MG (Lisinopril & Hydrochlorothiazide) Give 1 tablet by mouth one time a day for Hypertension.</p> <p>Record review of Resident #159's clinical record as of 06/06/2025 revealed the resident's list of diagnoses did not include Hypertension or Hypothyroidism.</p> <p>During an interview with the DON on 06/05/2025 at 12:26 p.m., the DON confirmed Resident #159's diagnoses of Hypertension and Hypothyroidism were not included in her list of diagnoses in her clinical record or on her face sheet. The DON confirmed the resident's face sheet was utilized by outside health providers and should accurately reflect the resident's health status.</p> <p>Record review of the Documentation in Medical Record policy, dated 10/24/22, revealed Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Val Verde Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Hermann Dr Del Rio, TX 78840	

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)
<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>Based on interview, and record review, the facility failed to provide the required 80 square feet per resident in 23 of 37 resident rooms (Rooms 7-8, 20-40) reviewed for bedroom measurement.</p> <p>The facility failed to ensure rooms measured the required 80 square feet per resident.</p> <p>This failure could impede the ability of residents living in these rooms to attain their highest practicable well-being.</p> <p>Record review of previous citation noted on the 2567 document dated 4/08/23 revealed an observation was made on 4/3/23 at 12:28 pm noting for rooms 7-8, 20-21, 24, 26-32, 34, 36, 39 (which had two beds) was calculated to be between 144-155 square feet resulting between 72 and 77.5 square feet per resident.</p> <p>Record review of the Provider History Profile which was updated on 2/2/23 revealed an existing room size waiver from the re-certification survey with an exit date of 4/08/23.</p> <p>Interview with the Administrator on 6/5/25 at 3:00pm who stated she wanted to provide a copy of a signed Form 3762-Room Size Waiver request form. The Administrator stated that the facility would be requesting that the same room size waiver be continued for the next year. The Administrator stated there had been no change in the number or size dimensions of the affected rooms requested for waiver consideration.</p> <p>Interview with the Life Safety Code Manager on 6/6/25 at 1000am who stated that she would have no concerns with the facility request for room size waiver continuation based on the Life Safety Survey which had been conducted on 6/5/25 at the facility.</p>