STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675677	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Del Rio Nursing and Rehabilitation Center	301 W. Martin Street Del Rio, TX 78840

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interview and record review, the facility failed to consider the views of the resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility and demonstrate their response and rationale for such response for 1 of 1 resident council reviewed. The facility failed to follow up on concerns and requests expressed in resident council meetings from February 2026 - May 2026. This failure placed residents at risk of not having their preferences honored.The findings included: Review of Resident Council minutes reflected failure to follow up with group grievances: 05/04/2026 Dietary: Why is coffee prepared late, especially in the morning? We want coffee earlier, at least by 7 AM. We want coffee during meals, not after.04/07/2026 Dietary: Sometimes our meat is hard and gravy is too strong. Can something be done to better it? The coffee times feel off, there are no coffee or cups at some moments that we expect it to be. Aside from one dietary aide, do the other dietary aide know the coffee times?03/06/2026 Why are the utensils dirty at times? They have white residues. Why are there some items missing, at times? Can dietary be more careful and double check their work?02/03/2026 Dietary: Dinner has been getting there cold at times. Are they still using plate warmers? During a confidential interview on an undisclosed date and time 12 anonymous residents stated that meals were usually late. They stated there have been issues with the dietary department and most recently more than three dietary staff members left and the department had been short, which had caused issues with meals. They stated the Administration was constantly telling them there would be changes to the dietary department, but that it had been more than three months with these issues. They stated less than two weeks back the Activity Director became the Dietary Manager and he was also learning. He was trying to make changes, but there were too many to make. They stated the grievances would be addressed by the management team, but actions were not being taken to make real change.During an interview on 06/15/2026 at 7:52 p.m., the Regional Nurse stated the Activity Director was responsible for grievances and follow-up. She stated grievances are assigned to the department heads to address; however, the ADMIN was responsible for the overall function of the grievance process.During an interview on 06/16/2026 at 4:01 p.m., the DS stated as the former Activity Director he was responsible for helping facilitate grievances submitted by the residents. He stated the ADMIN is the grievance officer, and he would help residents with the grievance process. He stated he would help residents write individual and group grievances and would deliver it directly to the ADMIN for follow-up. He stated that not resolving grievances could cause a resident to feel unheard. He stated he did not recall the group grievances submitted for months of February 2026 - May 2026 and was not sure they were fully addressed or resolved. He stated that with no Dietary Manager in the role for about two months the food complaints would go up and down and he was unsure if the grievances regarding dietary concerns were addressed. The DS stated that he believed dietary concerns had improved. He stated he was working on improving the group and individual grievances about coffee and late meals that had been submitted to the ADMIN. He stated that he was aware that this was an issue and with no Dietary Manager overseeing the dietary department for some time it was not being addressed. He stated now that he was the Dietary Manager he would be implementing changes to improve the dietary program which will also address resident (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	and group grievances.During an interview on 06/16/2026 at 6:31 p.m., CNA E was knowledgeable of resident rights and provided examples. She stated that the impact on a resident for violation of their rights could cause them to become angry. She stated that if a resident were to notify her of a grievance, she would immediately notify the charge nurse. She stated she was not sure who managed grievances. She stated not responding to grievances could make residents angry.During an interview on 06/16/2026 at 6:45 p.m., CNA F stated all grievances are directed to the charge nurse to manage.During an interview on 06/15/2026 at 7:36 p.m., the ADMIN stated that she was the grievance official, and the NF is constantly trying to accommodate all residents and their grievances. She stated that the resignation of several dietary staff from the dietary department had setback the dietary program significantly. She stated the individual and group grievances from February 2026 - May 2026 were addressed with the dietary staff, and they were being in-serviced, and were counseled on their duties, but efforts were not correcting the issues. She stated that she believed NF staff were trying to address grievances, but because of the previous dietary team the grievances did not receive the proper response or actions.Record review of policy titled, Activities Program, date revised January 2023, revealed .When a resident or family group exists, the community listens to the views and acts upon the grievances and recommendations concerning proposed policy and operational decisions affecting resident care and life in the community. Acting upon these issues does not mean that the community must accede to all group recommendations. However, the community will seriously consider the group's recommendations and must attempt to accommodate those recommendations, to the extent practicable, in developing and changing community policies affecting resident care and life in the community. The community communicates its decisions regarding proposals to the resident or family group.

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F 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure the activities program is directed by a qualified professional. Based on interview and record review the facility failed to ensure the activities program was directed by a qualified professional who was a qualified therapeutic recreation specialist or an activities professional who was licensed or registered by the State for 1 of 1 facility reviewed for qualifications of activity professionals. The facility failed to have a qualified Activities Professional to direct their activities program. This deficient practice could place residents at risk of not receiving approaches that were individualized to match the skills, abilities, and interests/preferences of each resident for activities.The findings included: During an interview on 06/15/2026 at 1:49 p.m., the ADNS revealed the former Activity Director transitioned to a role with the dietary department recently and the Activity Director position was currently vacant and was not filled.During an interview on 06/15/2026 at 1:50 p.m., CNA D revealed that the former Activity Director transitioned to the dietary department at the beginning of June and the facility was actively recruiting an Activity Director. He stated he was the former Activity Director more than a year back and was familiar with activities department, but his certification lapsed. He stated he had agreed to provide activities on a part-time basis, roughly 20-25 hours per week during the afternoons.During an interview on 06/15/2026 at 5:14 p.m. the ADMIN revealed that the former Activity Director was transitioned to the dietary department as of 06/04/2026. She stated that CNA D was an assistant Activity Director who was previously certified as an Activity Director a year back and returned on a part-time basis but was not sure if his certification was active or lapsed. She stated that CNA D is scheduled at 12:00 p.m. and he provided activities for residents on a part-time basis.During an interview on 06/15/2026 at 6:25 p.m., CNA D revealed that his Activity Director certification lapsed one year back after he left the position. He returned to employment two weeks back to help with the activities program on a part-time basis until the position was filled. CNA D revealed that he provided group activities in the afternoon. He stated at this time he had not provided in-room activities for residents but was working on implementing. He stated the former Activity Director had implemented a sensory cart to use during in-room activities.During an interview on 06/15/2026 at 8:00 p.m., the ADMIN revealed the NF did not have a certified Activity Director on staff, but that the management staff were actively recruiting.During an interview on 06/16/2026 at 4:01 p.m., the DS revealed he was the former Activity Director, and he transitioned into his current role with dietary department 10 days ago. He stated as the former Activity Director he provided group and in-room activities for the residents. He stated he would visit residents throughout the week, some residents were visited once a week if they participated in group activities and others were daily as they were bedbound. He stated he documented group and individual in-room activities in the residents' electronic medical record. He stated activities are necessary to promote the residents' physical and emotional well-being. He stated if residents were not provided with activities, it could affect their emotional and physical well-being. He stated CNA D is volunteering part-time as the wellness staff, but he was not the Activity Director. He stated the Activity Director position was currently vacant and the facility was actively recruiting staff to fill the position.Record review of policy titled, Activities Program, date revised January 2023, revealed .The community provides an ongoing, organized program of activities designed, in accordance with the comprehensive assessment, to meet the interests and to maintain the physical, mental, and psychosocial well-being of each resident. The activities program is an essential component of the community's fulfillment of its obligation to care for its residents in a manner and environment that maintain or enhance each resident's quality of life. The activity program is designed to encourage restoration of self-care and maintenance of normal activity and is geared to meet the individual resident's needs. The community provides adequate team members with appropriate training and experience to meet the varied needs and multiple interests of each resident. The activities program is directed by a qualified professional.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation, interview, and record review the facility failed to provide drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration, for 2 of 2 dining rooms (Dining Room A and Dining Room B) at meal services.The facility failed to ensure facility residents in both dining rooms received drinks while they waited for their late meals (lunch) on 06/14/2026.The facility failed to ensure facility residents in both dining rooms received drinks while they waited for their late meals (breakfast and lunch) on 06/15/2026 and 06/16/2026.This failure could place residents at risk of discomfort, dehydration, and/or a diminished quality of life.Findings included:During an observation on 06/14/2026 at 12:02pm in dining room A (meal service at 11:45am) the meal had not arrived to the dining room. Eight unknown residents were seated around the dining room at the tables without any drinks in front of them. The meals did not arrive to the dining room and tray pass did not begin until 12:19pm. The residents did ask about coffee while they wait. Staff stated that there was no coffee yet.During an observation on 06/14/2026 at 12:22pm in dining room B (meal service at 12:15) 12 unknown residents were seated around dining room at the tables without any drinks in front of them. The meal did not arrive to dining room and tray pass did not begin until 12:33pm. During an observation on 06/15/2026 at 12:50pm in dining room A (meal service at 11:45am) meal trays did not arrive and were not passed until 1:00pm. Seven unknown residents were seated at the table with no drinks in front of them. Residents did ask for coffee while they wait and were told by staff that there was not any coffee.During an observation on 06/15/2026 at 1:25pm in dining room B (meal service at 12:15pm) 14 unknown residents were seated at tables without and drinks in front of them. Trays were not passed until 1:30pm. Residents did ask for coffee or a snack and were told by staff that there were no drinks yet, they would come on the tray.During an observation on 06/16/2026 at 12:25pm in dining room B (meal service at 11:45) the meal trays did not leave kitchen until 12:25pm. Observation revealed no drinks on the tables. Residents did ask for coffee.During an observation on 06/16/2026 at 12:44pm in dining A (meal service at 12:15pm) half of the meal trays did not leave kitchen until 12:44pm. Observation revealed out of 13 in dining room B only 4 or 5 had coffee in front of them. The remaining trays left the kitchen at 1:15pm to dining room A. The residents who did not receive their trays on the first tray run were still sitting with no drinks in front of them. Residents did ask for coffee but were told by staff that the kitchen had run out and they would have drinks on their trays.During an interview on 06/14/2026 at 12:04pm, CNA B stated that meals were normally late. Especially depending on who was cooking in the kitchen. CNA B stated that drinks came out on the resident trays.During interviews on 06/15/2026 at 4:22pm with Resident Council, council members shared that the food is always late and sometimes cold. Resident Council members also stated that there are never any drinks while they wait, especially coffee. If a drink and a soup or salad could be given then that would help them while they wait so long for their food.During an interview on 06/16/2026 at 9:45am, DS stated that he knows the meals are running behind and that he is working on getting the meals out on time.During an interview on 06/17/2026 at 9:40am, DCS stated that getting the meals out on time is one of the issues they are working on.Record review of facility grievances on 06/16/2026 revealed complaints regarding meals being late and it affecting food temperatures.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to provide each resident with at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care for 2 of 2 (Dining Room A and Dining Room B)dining rooms reviewed for designated meal service times.The facility failed to provide breakfast and lunch according to the designated meal service schedules for dates 06/14/2026, 06/15/2026, 06/16/2026, 06/17/2026.This deficient practice could place residents at risk of low blood sugar levels, increased stress levels, slowed metabolism rates, weakened immune systems, malnutrition, and organ failure. Findings include: During an observation on 06/14/2026 at 12:02pm, in the facility's dining room A, residents sat at tables for the lunch meal service with no drinks or food in front of them. Observation revealed food trays arrived by staff at 12:19pm for distribution. During an observation on 06/14/2026 at 12:22pm, in the facility's dining room B, residents sat at tables for lunch meal service with no drinks or food in front of them. Observation revealed food trays arrived by staff at 12:33pm for distribution. During an observation on 06/15/2026 at 7:15am, in facility's dining room A, residents sat at tables with no food or drinks in front of them. Observation revealed food trays arrived by staff at 8:05am. During an observation on 06/15/2026 at 8:15am, in facility's dining room B, residents sat at tables for breakfast meal service with no food or drinks in front of them. Observation revealed food trays arrived by staff at 8:30am for distribution. During an observation on 06/15/2026 at 12:50pm, in the facility's dining room A, residents sat at tables for lunch meal service with no drinks or food in front of them. Observation revealed food trays arrived by staff at 1:00pm for distribution. During an observation on 06/15/2026 at 1:05pm, in the facility's dining room B, residents sat at tables for lunch meal service with no drinks or food in front of them. Observation revealed food trays arrived by staff at 1:10 pm for distribution. During an observation on 06/16/2026 at 12:25pm, for facility's dining room A, meal trays left kitchen at 12:25pm for lunch meal service. During an observation on 06/16/2026 at 12:44pm, for facility's dining room B, meal trays left kitchen at 12:44pm to start meal service. The surveyor observed not all of the food for lunch was temping at appropriate temperatures, so close to half of the trays for dining room B's lunch service were sent to dining room. Observation revealed remaining trays leaving kitchen for dining room B at 1:15pm. During an interview on 06/14/2026 at 12:04pm, CNA B revealed that meals were frequently late and depending on who was cooking changed how late the trays arrived. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	During an interview on 06/15/2026 at 10:30am, DS revealed that he had just taken over as the manager for the kitchen and was still adjusting. DS also revealed that most of staff were new. During an interview on 06/15/2026 at 1:00pm, ADMIN revealed that she was aware of concerns for dining and mealtimes and that they had hired almost all new staff for the kitchen and they were training and adjusting. ADMIN also stated she was assisting to cover oversight of kitchen due to no Dietary Supervisor for several weeks to a couple of months. During resident council interview on 06/15/2026 at 4:22pm, resident council stated that meals were always late, all three of them. During an interview on 06/17/2026 at 9:40am, DCS revealed that the staff at facility were working with the dietician to address the concerns. DCS also revealed that all findings are shared with ADMIN. DCS revealed that not only had they changed over personnel, but they were also working to distribute kitchen tasks a little more fairly and remove time constraint issues. Record review of the facility's updated posted meal service reflected breakfast mealtime was 7:30am for dining room A and 8:00am for dining room B, lunch mealtime was 11:45am for dining room A and 12:15pm for dining room B, and dinner mealtime was 5:30pm for dining room A and 6:00pm for dining room B. Record review of policy titled, Dietary Services, date revised January 2023, revealed . The community provides each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. The community employs sufficient support personnel competent to carry out the functions of the dietary service. Sufficient support personnel is defined as enough team members to prepare and serve palatable, attractive, nutritionally adequate meals at proper temperatures and appropriate times. Frequency of meals. The community provides three daily meals at times comparable to normal mealtimes in the community. Review of Resident #51's Annual MDS assessment dated [DATE] reflected Resident #51 had a BIMS of 14 indicating he was cognitively intact. Review of Resident #60's admission record dated 06/16/2026 reflected Resident #60 was a new admission on [DATE]. During an observation on 06/14/2026 at 12:30 p.m., in the main dining room of meal times posting revealed SCHEDULED MEAL TIMES STATIONS: (A) & (B) undated revealed Lunch: . 11:45 AM (A); 12:15 PM (B). During an observation on 06/14/2026 at 12:50 p.m., numerous residents were sitting in dining room B waiting for lunch meals to arrive. During an interview on 06/14/2026 at 12:52 p.m., Resident #51 revealed he preferred to eat meals in his room. Resident #51 revealed lunch is usually late. During an interview on 06/14/2026 at 1:20 p.m. Resident #60 revealed lunch trays were late most times. He preferred to eat in his room. Resident #60 was orientated to person, place, and time. He was (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	cognitively intact. During an observation on 06/14/2026 at 1:15 p.m. revealed the lunch cart arrive to dining room B and meal trays were passed out to residents. During a confidential group interview at an undisclosed date and time with 12 residents revealed resident meal trays were served late often. During an interview on 06/15/2026 at 7:36 p.m., the ADMIN stated that the resignation of dietary staff and non-vested or committed staff in the dietary department had setback the dietary program significantly. ADMIN stated the change of Dietary Manager and cooks had setback the program, dietary staff were being in-serviced, were counseled on their duties, but efforts were falling on deaf ears. She stated within the last two weeks significant changes have started occurring with the dietary department with the new hire of cooks, committed and caring staff who want to see the dietary program succeed had joined the team. She stated that she believed staff were trying to address grievances regarding meal service, but because of the previous dietary team the grievances did not receive the proper response or actions. She stated the dietary team was constantly doing their best to get meals out on time and on schedule. She stated these concerns are being addressed at this time. During an observation on 06/16/2026 at 1:04 p.m., it revealed five residents sitting in dining room B without lunch trays. Residents were sitting patiently without drinks, staff did not communicate reason for late meals, and all other residents were finishing their meals. During an observation on 06/16/2026 at 1:16 p.m., revealed the remaining five lunch trays arrived for residents in dining room B. During an interview on 06/16/2026 at 1:53 p.m., CNA A revealed lunch mealtimes were posted at 11:45 a.m. and 12:15 p.m., but dining room trays are sometimes delivered 15-45 minutes late. There have been delays recently because of the transition of the dietary staff. During an interview on 06/16/2026 at 4:01 p.m., the DS revealed that with no dietary manager in the role for months the food complaints would go up and down. The DS stated that he believed dietary concerns have improved and the dietary team is now actively trying to improve the concerns with the dietary program. He stated he was improving the group and individual grievances about meals being late that had been submitted to the ADMIN. He stated that he was aware that this was an issue and due to no dietary manager overseeing the dietary department it was not being addressed. He stated now that he is the dietary manager he would be implementing changes to address resident grievances and to improve the dietary program. During an interview on 06/16/2026 at 6:31 p.m., CNA E stated that residents' meals are usually running behind. She stated when meals are late the residents become upset and are constantly asking when meals will be ready. During an interview on 06/16/2026 at 6:45 p.m., CNA F stated lately meals have been a bit late due to the change of dietary staff. She stated meals are extremely late after 45 minutes and they become upset, edgy and they feel it physically. She stated residents are used to their routine, they want to eat early, let food go down, and lay down and late meals upset them. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Record review of policy titled, Dietary Services, date revised January 2023, revealed . The community provides each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. The community employs sufficient support personnel competent to carry out the functions of the dietary service. Sufficient support personnel is defined as enough team members to prepare and serve palatable, attractive, nutritionally adequate meals at proper temperatures and appropriate times. Frequency of meals. The community provides three daily meals at times comparable to normal mealtimes in the community.

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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 for 1 of 1 kitchens reviewed for food safety requirements. The facility failed to store food in accordance with professional standards for food service safety by not labeling, dating, sealing, or thawing meat per recommended guidelines. This failure could place residents who eat meals from the kitchen at risk for the spread of food borne illness. The findings include:Observation on 06/14/2026 at 11:06am, revealed two milk containers were in fridge that did not have lids to close them. A small dessert was not labeled or dated, half of a cut onion in a plastic bag had no date, half used roll of ground meat with no date was in a plastic bag, and a container of what was referred to as soup by the cook did not have a date in the refrigerator. Observation on 06/14/2026 at 11:06am, of standing freezers contained multiple items that were not labeled and/or dated; waffles, ice cream, French toast, and cups with plastic coffee lids placed on them with frozen pink substance in them. The bottom of one of the standing freezers had several packages of butterball meat sitting on the actual bottom of freezer that were surrounded with reddish-brown frozen slush.Observation on 06/14/2026 at 11:06am, of the pantry revealed a bin of bananas and a bin of apples were not dated. Observation of the kitchen area revealed 3 bottles of spaghetti sauce without label or dates. Floors and countertops of kitchen had scattered egg, bread crumbs, onion and were splattered with varying colors of substances that could be easily wiped off. Multiple flies were seen in kitchen area, landing on countertops, dishes, and covered food items. Observation, on 06/14/2026 at 11:06am, of the kitchen revealed [NAME] A had frozen chicken in a container in the sink with hot water running over it to thaw the chicken for lunch. During observation it was noticed that steam from chicken where water was running over it and tapped the faucet slightly to move the stream of water away from the chicken to test temperature. During observation it was revealed that an individual could not keep fingers on faucet due to temperature of the metal faucet against skin, when water was tested by placing finger into stream of running water, it revealed that finger could not stay in stream of water due to temperature of water. Noted the water to be too hot to leave finger in stream.During an interview on 06/14/2026 at 11:20am with [NAME] A it was revealed that the evening staff did not pull the chicken out to thaw the day before so [NAME] A stated he was having to thaw it quickly for meal service. [NAME] A acknowledged that this was not the appropriate way to thaw the meat, but he had to get lunch ready and would now be behind. [NAME] A stated that the meat should be brought to temp with cool water and that he could not reuse the chicken once heated and cooked after thawing from frozen this way, due to potential foodborne illness. [NAME] A stated that thawing the chicken this way should be okay because he was cooking the chicken right away. During an interview on 06/15/2026 at 10:30am Dietary Supervisor revealed that he had been in the position for about two weeks so far and recognized that the kitchen needed work. Dietary Supervisor stated that he had been in kitchen cleaning until midnight to get everything up to code. Dietary Supervisor stated that he was implementing things to make the kitchen better. Dietary Supervisor revealed that the Administrator was covering the kitchen during the lapse of dietary management. Dietary Supervisor also stated that the kitchen team was all new. During an interview on 06/15/2026 at 1:15pm, the Administrator stated that they had to replace the kitchen staff and that the Dietary Supervisor had just started. The Administrator also revealed that she was the one managing the kitchen in the interim and she did do some in-services with the kitchen staff, but that it was hard to find the time to spend in the kitchen to cover all the issues. The administrator admitted that the kitchen did have some concerns and she was aware of them. During an interview on 06/16/2026 at 11:55am, Dietician shared that she sends her reports up and that the Administrator is aware of what is found, good or bad. The last report did cover kitchen cleanliness, labeling, temperature checks and storage. During an interview on 06/17/2026 at (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Del Rio Nursing and Rehabilitation Center	301 W. Martin Street Del Rio, TX 78840

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8:54am, the Dietary Supervisor stated that he was not sure what the frozen reddish-brown substance at the bottom of the freezer surrounding the meat could be. The Dietary Supervisor also stated that the policy for food is that it is to be labeled and dated when opened, arrives to facility, or placed into appropriate area with dates and labels. Dietary Supervisor stated that the kitchen needs to be cleaned and items labeled and dated to prevent the residents from becoming sick.During an interview on 06/17/2026 at 9:40am the DCS revealed that she oversaw 28 communities within the company and that she had been to this particular community twice in the last eight months. The DCS also stated that she works closely with the dietician and will facetime into the facility for observations and walk-throughs. The DCS was aware of the Dieticians last report where the facility scored and 83 and it was shared that the report covered that the kitchen was dirty, items were not labeled, and that the staff were not temping foods correctly. The DCS shared that the Administrator was also aware of the concerns in the kitchen. Record review of facility Dietary Services Compliance Guidelines, dated 01/2023, revealed that the facility expectation is that the facility stores, prepares, distributes, and serves food under sanitary conditions. The policy also revealed that the purpose of the policy is to prevent the spread of foodborne illness and reduce practices that result in food contamination and compromised food safety. The policy defines sanitary conditions as the proper storage, preparation, distribution, and serving of food to prevent food borne illness. The policy also covered the correct processes for thawing foods.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents have a right to a dignified existence and treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 (Resident #4) of 8 residents and 1 (Dining Room A) of 2 dining rooms reviewed for dignity. The facility failed to provide Resident #4 privacy during ostomy care on 06/14/2026 when RN G kept resident door open and privacy curtain was not drawn exposing resident to other residents, staff, and visitors walking by the room.The facility failed to ensure residents receiving meals in Dining Room A were treated with dignity on 06/16/2026 when CNA A provided residents with feeding assistance while on personal cell phone making a personal phone call. These failures could lead to psychosocial harm due to feelings of low self-esteem and/or embarrassment regardless of resident cognition. The findings included: Record review of Resident #4's admission Record, dated 06/17/2026, revealed a [AGE] year-old female admitted [DATE]. Record review of Resident #4's Medical Diagnoses, undated and accessed on 06/17/2026 at 11:50 a.m., revealed diagnoses including cerebral infarction due to unspecified occlusion or stenosis (condition is an ischemic stroke caused by a blockage or narrowing in the left middle cerebral artery), hemiplegia (severe or complete paralysis on one side of the body, where muscles cannot respond voluntarily) and hemiparesis (mild to moderate weakness on one side of the body). Record review of Resident #4's care plan, undated, revealed resident had a Self-Care deficit *Hemiparesis, *Cognitive Impairment, *Weakness & Debility., Incontinent of bladder (total loss of control), *Paralysis, *Requires colostomy (is an opening in the colon that lets stools pass from the body without going through the anus) with interventions including, Ostomy (a surgical procedure that creates an opening in the body for the discharge of body wastes) care / empty collection bag & ensure appliance is intact Date Initiated: 06/08/2026. During an observation on 06/14/2026 at 1:01 p.m., RN G was observed providing ostomy care to Resident #4 with the privacy curtain open and door open. Residents, visitors, and staff were observed passing by Resident #4's room when she was being provided with ostomy care. ADNS observed RN G providing ostomy care and she intervened by helping with care and closing the door immediately. During an observation of Resident #4 on 06/15/2026 at 1:18 p.m., she was noted to be lying in bed, watching television. She was dressed well, groomed appropriately, with no odors, colostomy bag clipped to bed, and the call light pad was within reach. Attempted interview with Resident #4 revealed she was not interviewable. During an observation on 06/16/2026 at 12:40 p.m. in Dining Room A, CNA A was observed on personal call while on her personal cell phone while at the table providing feeding assistance to an unidentified male resident. During an interview on 06/16/2026 at 1:53 p.m., CNA A revealed she was knowledgeable of resident rights and provided examples. She stated that not closing doors and not closing privacy curtain while (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	providing resident care or medical care could expose the residents and cause them anger and could cause them to feel uncomfortable. She stated staff should not have cell phones out during shifts and that using cell phones when providing direct care services to residents does not make them feel good. She stated she was on a personal call on her cell phone earlier during lunch while providing unidentified male resident with feeding assistance and she should not have been. She stated she was in-serviced on cell phone use in the workplace and was aware it was not allowed. During an interview on 06/16/2026 at 6:31 p.m., CNA E revealed she was knowledgeable of resident rights and provided examples. She stated that the impact on a resident for violation of their rights could cause them to become angry. She stated she had received education on privacy and dignity. She stated if a resident's privacy and dignity were violated it could cause them to become disappointed. She stated when providing care to a resident the door and privacy curtain should be closed. If privacy and dignity procedures were not followed it could cause a resident to believe the NF staff to not care about them. She stated that when helping a resident with eating staff were expected to be present and not on their phones. She stated she had been in-serviced on this topic. During an interview on 06/16/2026 at 6:45 p.m., CNA F revealed she was knowledgeable of resident rights and provided examples. She stated privacy curtain and door should be closed when providing a resident with personal care. She stated if a resident's privacy was violated, they would feel uncomfortable. She stated staff are not to be on personal cell phones during resident care, including helping residents with eating their meals. She stated this violation could cause residents to not feel important. During an interview on 06/17/2026 at 10:15 a.m., BOM revealed she provided NF staff with resident rights education, NF staff were expected to provide residents with privacy and dignity during ostomy care. She stated NF staff should be closing the privacy curtain and closing doors when providing residents with any personal care. She stated failure to do so would make residents not feel safe and feel their privacy was being violated. BOM stated NF staff should not have personal cell phone out, this is the resident's home, and they need to feel comfortable. She stated that the NF staff are provided with cell phone policy during new hire orientation and have received periodic in-services. During an interview on 06/17/2026 at 12:04 p.m., LVN H revealed she was provided with resident rights training during orientation and periodically. She stated NF staff were expected to use privacy curtain and close door when providing resident personal care, including ostomy care. She stated it would be a dignity and privacy violation to expose the residents, and it could affect them emotionally. She stated NF staff should not be on personal phone calls while providing personal care to residents and this would include during dining room feeding assistance. Violations could impact residents and cause them physical anxiety, feelings of not being seen and not being a priority. During an interview on 06/17/2026 at 12:17 p.m., LVN J revealed she was knowledgeable of resident rights and provided examples. She stated privacy curtain and door should be closed when providing a resident with personal care. She stated not using privacy curtains or closing door while providing resident with personal care could be a violation of one's privacy. She stated it could cause a resident to not feel good, cause them to become sad or upset. She stated NF staff should not be using personal phones on their shift unless they were calling 911. She stated NF staff should be focused and pay attention to the residents. She stated using personal cell phones in the dining room in front of residents could make them believe they were taking pictures of them or talking about them. During an interview on 06/17/2026 at 12:29 p.m., the RNAC revealed that she will help with direct (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care services and meals. She stated privacy should be maintained when providing residents with personal care including ostomy care. She stated violations could affect a resident's social and emotional state. She stated cell phones should not be used when providing residents with personal care as it could make them feel embarrassed and uncomfortable. During an interview on 06/17/2026 at 12:43 p.m., the ADNS stated that residents have the right to privacy and this would include when personal care or ostomy care was being provided. She stated NF staff should close the privacy curtains and close the door when providing patient care. She stated residents could be made to feel uncomfortable and exposed when privacy and dignity were violated. She stated she did recall the incident with RN G and her failure to close the door and privacy curtain exposing Resident #4 when providing her with ostomy care. She stated she counseled RN G on privacy immediately following the incident. She stated NF staff should not be using cell phones when providing care, including feeding assistance during meals. She stated the residents could feel like NF staff were not paying attention to them. Attempted interview with RN G, on 06/16/2026 at 5:00 p.m., no return call received. Requested a policy for Cell Phone In the Workplace on 06/17/2026 and it was not provided. Record review of facility In-Service, dated 05/15/2026, revealed NF staff were educated on Phone Use/Cell Phone use while on the clock and air pods. Record review of facility In-Service, dated 05/14/2026, revealed NF staff were educated on No Cell Phone use while on the clock or with resident care. Record review of facility In-Service, dated 12/22/2025, revealed NF staff were educated on cell phone policy. Record review of facility In-Service, dated 07/30/2025, revealed NF staff were educated on Patient care rounds should be done in a manner that is respectful, professional and compassionate. It is our expectation that residents receive compassionate care and services that are necessary to promote quality of life. Record review of policy titled, Statement of Resident Rights, date revised January 2023, revealed .the community should educate, encourage, and honor the rights of those we serve. Resident/Patient Rights Include: 4. To be treated with courtesy, consideration and respect; 6. To privacy, including privacy during visits.The community will promote the exercise of rights for each resident, including any who face barriers a (such as communication problems, hearing problems, and cognition limits) in the exercise of these right. Residents have the right to personal privacy and confidentiality. Personal privacy includes accommodations, medical treatment. personal care. Residents' right to privacy includes full visual and, to the extent desired for visits or other activities, auditory privacy. This is in addition to the explicit requirement for privacy curtains in all initially certified communities'. Residents will be examined and treated in a manner that maintains the privacy of their bodies. In situations where a resident requires assistance, authorized team members are required to respect the individual's need for privacy. Team members will ensure that privacy curtains are pulled, doors are closed, or residents are otherwise removed from public view or covered or draped to prevent unnecessary exposure of body parts during the provision of personal care and services.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every three months for 1 (Resident #37) of 2 residents reviewed for MDS assessments. The facility failed to complete Resident #35's Quarterly MDS Assessment within three months of their most recent comprehensive assessment.This failure could lead to residents not receiving necessary, complete, or correct care due to lack of current information for their care plans.Findings include:Record review of Resident #35's admission Record, dated 06/17/2026, revealed resident admitted on [DATE] with diagnoses including Type 2 Diabetes Mellitus (chronic condition where your body does not use insulin properly or cannot make enough of it), Dysphagia (difficulty swallowing), and Occlusion and Stenosis of Bilateral Carotid Arteries (severe condition where both major neck arteries that supply blood to the brain become narrowed (stenosis) or completely blocker (occlusion) by fatty plaque).Record review of Resident #35's Quarterly MDS, dated [DATE], revealed that it was not completed, signed and uploaded. The previous Quarterly MDS was completed, signed and uploaded 02/05/2026. The current MDS was due to be completed by 06/05/2026.Record review of Resident # 35's electronic health record under the MDS tab revealed that there was not a more recent MDS Assessment Submitted since 02/05/2026. Per PCC, the Quarterly Assessment was 12 days overdue.During an interview on 06/17/2026 at 10:19am, the RNAC revealed there was not an RN on staff that could sign the MDS Assessments and she was having to wait for it as the Director of Nursing had resigned. RNAC stated that when they had a Director of Nursing it was not a problem. RNAC revealed that she is aware of the three-month guidelines and that she would have the assessment signed as soon as possible.During an interview on 06/17/2026 at 11:35am, the ADMIN revealed that she does not really get into clinical as that is not her specialty, but the company would hold the staff to the highest standards per guidelines.Record review of the facility Care Plan Development, Review, and Update Policy, revised 01/2026, revealed that the assessments should be updated and reviewed at least quarterly as defined in the RAI manual.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs for 1 of 8 residents (Resident #4) reviewed for comprehensive care planning. The facility failed to develop a comprehensive person-centered care plan for Resident #4 following admission on [DATE]. This failure could result in decreased quality of life. The findings included: Record review of Resident #4's admission Record, dated 06/17/2026, revealed a [AGE] year-old female admitted [DATE].Record review of Resident #4's Medical Diagnoses, undated and accessed on 06/17/2026 at 11:50 a.m., revealed diagnoses including cerebral infarction due to unspecified occlusion or stenosis (condition is an ischemic stroke caused by a blockage or narrowing in the left middle cerebral artery), hemiplegia (severe or complete paralysis on one side of the body, where muscles cannot respond voluntarily) and hemiparesis (mild to moderate weakness on one side of the body).Record review of Resident #4's baseline care plan, undated, revealed resident had a Self-Care deficit *Hemiparesis, *Cognitive Impairment, *Weakness & Debility., Incontinent of bladder (total loss of control), *Paralysis, *Requires colostomy with interventions including, Ostomy care / empty collection bag & ensure appliance is intact Date Initiated: 06/08/2026. Resident #4's care plan did not reveal mention of individual activities for individual with paralysis.Record review of Resident #4's MDS tab on 06/17/2026 did not reveal documentation of completed assessment.Record review of Resident #4's Activity Assessment progress note, dated 05/22/2026 reflected Resident #4 enjoys doing things with groups of people and it is important to them. Resident stated doing their favorite activities is somewhat important to them. Resident stated it is very important and enjoys getting out in the fresh air when the weather is good. religious services and practices is very important to them. Resident's preference for scheduled activities is in the morning. Resident choice is to have activities in the Day/Activity room. By review and assessment, the resident will need assistance getting to and from activity functions. Overall attitude toward life and activities is showing an interest. Resident not able to comprehend instructions for cognition/communication.During an observation of Resident #4 on 06/15/2026 at 1:18 p.m., she was noted to be lying in bed, watching television. She was dressed well, groomed appropriately, with no odors, colostomy bag clipped to bed, and the call light pad was within reach. Attempted interview with Resident #4 revealed she was not interviewable.During an interview on 06/16/2026 at 1:53 p.m., CNA A revealed former AD would visit bedbound residents with cart of activities. She stated since the former AD transitioned over to the dietary program two weeks back, she had not seen activities for bedbound residents occurring. She stated that residents who do not receive activities could be made to feel isolated. She stated she provides Resident #4 with direct care and she was unsure if in-room activities had been provided to her during the last two weeks.During an interview on 06/15/2026 at 6:25 p.m., CNA D revealed that he provided group activities in the afternoon. He stated at this time he had not provided in-room activities for residents but was working on implementing.During an interview on 06/16/2026 at 4:01 p.m., the DS revealed he was the former Activity Director, and he transitioned into his current role with dietary department on 06/04/2026 and he was unsure if resident activities were being offered or provided to Resident #4.During an interview on 06/17/2026 at 12:29 p.m., RNAC revealed care plans are updated at admission, during quarterly reviews and for a change of condition. She stated the care plan lists different areas pertaining to resident care, level of assistance, activities, and preferences. RNAC stated the impact to not updating care plans could be missed information. She stated care plan was not created for Resident #4 as she was a new resident. She stated preferences and activities should have been captured on the baseline care plan upon admission. She stated that she was responsible for ensuring care plans were (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	comprehensive and person centered and she was responsible for ensuring Resident #4's care plan was comprehensive, and person centered and including activities and preferences. She stated while working on the MDS assessment that it normally will transfer information onto the baseline and comprehensive care plans and she was not sure why the software had not performed this function. She stated she would generate the baseline care plan immediately.Record review of policy titled, Care Plan Development, Review, and Update Policy date revised January 2026, revealed .To ensure that each resident receives an individualized, person-centered care plan that reflects their assessed needs, goals, preferences, risks, and strengths, and that the care plan is developed, implemented, and updated in accordance with federal regulations. The community will develop and maintain a comprehensive, interdisciplinary, person-centered care plan for each resident. The care plan will include measurable objectives, appropriateinterventions, and resident-directed goals designed to support the resident's highest practicable physical, mental, and psychosocial well-being. A Baseline Care Pian should be initiated upon admission and completed within 48-72 hours of admission. The baseline care plan should: Reflect the residents' assessed needs. Include essential health information as indicated. Identify risks, safety needs, and initial interventions-pending the completion of the comprehensive care plan. Guide staff until the comprehensive care plan is completed. The baseline care plan should be accessible to all staff and used in conjunction with the medical record. Developed within 21 days of admission per federal timelines. The comprehensive care plan should include: Interventions appropriate to the resident's needs, abilities, medical condition, and preferences. Resident's expressed choices and preferences. The care plan should also allow for appropriate variability in care approaches when the resident's needs fluctuate, and within the scope of the resident's assessed needs and abilities. Record review of policy titled, Statement of Resident Rights, date revised January 2023, revealed . The community should educate, encourage, and honor the rights of those we serve. Resident/Patient Rights Include: 10. To participate in developing a plan of care. The community will promote the exercise of rights for each resident, including any who face barriers a (such as communication problems, hearing problems, and cognition limits) in the exercise of these right.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews, the facility failed to ensure that the comprehensive care plan was reviewed and revised by the interdisciplinary team after each assessment for one resident (Resident #8) reviewed for care plans. The facility failed to update or add interventions to Resident #8's care plan regarding the use of an indwelling urinary catheter. This failure could place residents at risk of not receiving the necessary services or having the appropriate interventions to meet their current needs. The findings included: Record review of Resident #8's face sheet, dated 06/17/2026 revealed Resident #8 was admitted to the facility on [DATE] with diagnoses which included: neuromuscular dysfunction of bladder (when a person does not have bladder control because of brain, spinal cord, or nerve problems). Record review of Resident #8's Quarterly MDS assessment, dated 05/28/2026, revealed Resident #8's BIMS score was 13 indicating cognition was intact and Section H-Bladder and Bowel H0100 Appliances A. Indwelling catheter (including suprapubic catheter and nephrostomy tube) was coded as Yes. Record review of Resident #8's care plan, dated 06/17/2026, revealed Resident #8 did not have a care plan for an indwelling urinary catheter. Record review of Resident #8's physician order summary dated 06/17/2026, revealed, Foley Catheter 16Fr 10cc, change monthly and PRN every night shift starting on the 15th of every month and as needed, start date 05/25/2026, Foley catheter care with perineal wipes and/or soap and water as needed, start date 05/25/2026, and Foley Output every shift, start date 06/10/2026. Observation of peri-care and catheter care on 06/15/2026 at 10:45am revealed Resident #8 had an indwelling urinary catheter. During an interview on 06/17/2026 at 8:33am, the Registered Nurse Assessment Coordinator stated she was responsible for updating care plans. On 06/17/2026 at 8:45 am the RNAC stated there was no care plan for Resident #8's Foley catheter and did not know why the care plan was not updated, and it was an oversight that she would correct immediately. The RNAC stated Resident #8 returned from the hospital with the catheter in place and presence of the Foley catheter should have been added to the care plan upon completion of the MDS dated [DATE]. The RNAC stated the consequences of not having an accurate care plan causes a breakdown of communication with nursing staff regarding the care needs of Resident #8. During an interview on 06/17/2026 at 10:28am, the ADNS stated she was aware that the care plan for Resident #8 had not been updated to include use of Foley catheter. The ADNS stated the RNAC is responsible for updating the care plans in PCC. The ADNS stated the importance of care plans is to reflect the needed care of the residents to the nursing staff including the Kardex and they should be updated when changes occur. Record review of facility policy titled, Care Plan Development, Review, and Update Policy, dated 01/2026 read: II. Policy Statement. The community will develop and maintain a comprehensive, interdisciplinary, person-centered care plan for each resident. The care plan will include measurable objectives, appropriate interventions, and resident-directed goals designed to support the resident's highest practicable physical, mental, and psychosocial well-being. IV. A Comprehensive Care Plan should be: Completed no later than 7 days after completion of the comprehensive MDS assessment.

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	675677	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Del Rio Nursing and Rehabilitation Center	301 W. Martin Street Del Rio, TX 78840

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents received an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident for 2 of 8 residents (Resident #4 and Resident #31) reviewed for activities. The facility failed to ensure Resident #4, and Resident #31 had the option of participating in daily, organized activities to meet the residents' psychosocial needs and preferences during June 2026. This failure could result in decreased psychosocial well-being or decreased quality of life. The findings included: 1. Record review of Resident #4's admission Record, dated 06/17/2026, revealed a [AGE] year-old female admitted [DATE].Record review of Resident #4's Medical Diagnoses, undated and accessed on 06/17/2026 at 11:50 a.m., revealed diagnoses including cerebral infarction due to unspecified occlusion or stenosis (condition is an ischemic stroke caused by a blockage or narrowing in the left middle cerebral artery), hemiplegia (severe or complete paralysis on one side of the body, where muscles cannot respond voluntarily) and hemiparesis (mild to moderate weakness on one side of the body).Record review of Resident #4's care plan, undated, revealed resident had a Self-Care deficit *Hemiparesis, *Cognitive Impairment, *Weakness & Debility., Incontinent of bladder (total loss of control), *Paralysis, *Requires colostomy with interventions including, Ostomy care / empty collection bag & ensure appliance is intact Date Initiated: 06/08/2026. Resident #4's care plan did not reveal mention of individual activities for individual with paralysis.Record review of Resident #4's MDS tab on 06/17/2026 did not reveal documentation of completed assessment capturing Section F: Preferences for Customary Routine and Activities. Record review of Resident #4's Activity Assessment, dated 05/22/2026 conducted by the former AD now the DS, revealed Resident stated it is very important and enjoys getting out in the fresh air when the weather is good. During interview, resident stated that religious services and practices is very important to them. Resident's preference for scheduled activities is in the morning. Resident's preference for scheduled activities is in the afternoon. Resident's preferences for scheduled activities is in the evening. Resident choice is to have activities in the Day/Activity room. Resident does not require adaptive activities. By review and assessment, the resident will need assistance getting to and from activity functions. Overall attitude toward life and activities is showing an interest. Resident not able to comprehend instructions for cognition/communication.Record review of Resident #4's Documentation Survey Report, dated May 2026, revealed Individual Activity entries of (1), ?Resident Council entries of (0), and In Room Visits entries of (1) for the month were recorded. Record review of Resident #4's Life Works Daily Activity Participation, dated June 2026, revealed in-room activities were inaccurately documented for the month for this resident . Reviewing 22 other unidentified residents' Life Works Daily Activity Participation logs for June against Resident #4's activity log reflected no other residents received more than 3 entries for the month of June while Resident #4's activity log reflected 23 entries for the month. Staff interviews did not line up with activity entries for Resident #4.During an observation of Resident #4 on 06/15/2026 at 1:18 p.m., she was noted to be lying down in bed, watching television. She was dressed well, groomed appropriately, with no odors, colostomy bag clipped to bed, and the call light pad was within reach. Attempted interview with Resident #4 revealed she was not interviewable. 2. Record review of Resident #31's admission Record, dated 06/17/2026, revealed a [AGE] year-old female admitted [DATE] and re-admitted on [DATE].Record review of Resident #31's Medical Diagnoses, undated and accessed on 06/17/2026 at 11:30 a.m., revealed diagnoses including Cerebrovascular Accident (CVA) (sudden interruption of blood flow to the brain), Non-Alzheimer's Dementia (refers to any form of dementia that is not caused by Alzheimer's disease, encompassing a variety of neurological conditions that impair memory, cognition, and daily functioning) and Hemiplegia (complete or near-complete paralysis on one side) (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Hemiparesis (partial weakness on one side of the body). Record review of Resident #31's quarterly MDS assessment, dated 05/01/2026 and signed 05/1/2026 as completed, reflected a BIMS of score of 00, indicating severe cognitive impairment. Resident #31's functional abilities were documented as being dependent. MDS assessment reflected that it did not document Section F: Preferences for Customary Routine and Activities for Resident #31.Record review of Resident #31's care plan undated, did not reveal mention of individual activities for individual with paralysis.Record review of Resident #31's Life Works Daily Activity Participation, dated June 2026, revealed in-room activities were inaccurately documented for the month for this resident . Reviewing 22 other unidentified residents' Life Works Daily Activity Participation logs for June against Resident #31's activity log reflected no other residents received more than 3 entries for the month of June while Resident #31's activity log reflected 26 entries for the month. Staff interviews did not line up with activity entries for Resident #31.During an observation of Resident #31 on 06/16/2026 at 2:02 p.m., she was noted to be lying down in bed. She was dressed well, groomed appropriately, with no odors, and the call light pad was within reach. Attempted interview with Resident #31 revealed she was not interviewable.During an interview on 06/15/2026 at 1:49 p.m., the ADNS revealed the former Activity Director transitioned to a role with the dietary department recently and the Activity Director position was currently vacant.During an interview on 06/15/2026 at 5:14 p.m. the ADMIN revealed that the former Activity Director was transitioned to the dietary department as of 06/04/2026. She stated that CNA D was an Assistant Activity Director who was previously certified as an Activity Director a year back and returned on a part-time basis but was not sure if his certification was active or lapsed. She stated that CNA D is scheduled at 12:00 p.m. and he provided activities for residents on a part-time basis.During an interview on 06/15/2026 at 6:25 p.m., CNA D revealed that his Activity Director certification lapsed one year back after he left the position. He returned to employment two weeks back to help with the activities program on a part-time basis until the position was filled. CNA D revealed that he provided group activities in the afternoon. He stated at this time he had not provided in-room activities for residents but was working on implementing. He stated the former Activity Director had implemented a sensory cart to use during in-room activities.During an interview on 06/15/2026 at 8:00 p.m., the ADMIN revealed the NF did not have a certified Activity Director on staff, but that the management staff were actively recruiting.During an interview on 06/16/2026 at 1:53 p.m., CNA A revealed former AD would visit bedbound residents with cart of activities. She stated since the former AD transitioned over to the dietary program two weeks back, she had not seen activities for bedbound residents occurring. She stated that residents who do not receive activities could be made to feel isolated. She stated she provides Resident #4 with direct care, and she was unsure if in-room activities had been provided for her during the last two weeks. During an interview on 06/16/2026 at 4:01 p.m., the DS revealed he was the former Activity Director, and he transitioned into his current role with dietary department on 06/04/2026. He stated activities are necessary to promote the residents' physical and emotional well-being. He stated if residents were not provided with activities, it could affect their emotional and physical well-being. He stated CNA D is volunteering part-time as the wellness staff, but he was not the Activity Director. He stated the Activity Director position was currently vacant, and the facility was actively recruiting to fill the position, and he was unsure if resident activities were being offered or provided to Resident #4 and Resident #31.During an interview on 06/16/2026 at 6:31 p.m., CNA E stated group activities are provided daily. She stated she does not recall if Resident #4 and Resident #31were provided with in-room activities.During an interview on 06/16/2026 at 6:45 p.m., CNA F stated she had not seen Resident #31 provided with in-room activities. She stated she could not recall the last in-room activities provided to Resident #31.Record review of policy titled, Activities Program, date revised January 2023, revealed .The community provides an ongoing, organized program of activities designed, in accordance with the comprehensive assessment, to meet the interests and to maintain the physical, mental, and psychosocial well-being of each resident. The activities program is an (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	essential component of the community's fulfillment of its obligation to care for its residents in a manner and environment that maintain or enhance each resident's quality of life. The activity program is designed to encourage restoration of self-care and maintenance of normal activity and is geared to meet the individual resident's needs. the community provides adequate team members with appropriate training and experience to meet the varied needs and multiple interests of each resident.The activities program is directed by a qualified professional. The activities program consists of individualized and group sessions and: reflects the schedules, choices, and rights of the resident. The activity program consists of individual and small and large group activities that are designed to meet the needs and interests of each resident and includes, at minimum: individualized activities in-room activities. When residents refuse to participate in activities, however, document in the clinical record the reason for the refusal. Also document efforts to encourage resident participation. Each resident must have an individualized care plan, and the community is obligated to provide activities that meet each resident's individual needs. When there is a limitation on their ability to participate, the community should find alternative means of addressing the interest. The activity director is responsible for keeping appropriate departmental records in order to maintain, plan, and develop the activity programs. The following records, at minimum, are maintained by activity department personnel: Attendance records Activity progress notes Individualized activity plan. Residents who are confined or who choose to remain in their rooms are provided with in-room activities and in-room projects they can work on independently.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 2 residents (Resident #8) reviewed for incontinent care and catheter care, in that: While providing catheter/incontinent care for Resident #8, CNA C cleaned resident buttocks and then turned resident back onto soiled draw sheet.These deficient practices could place residents at-risk for infection and skin break down due to improper care practices.The findings were: Record review of Resident #8's face sheet, dated 06/17/2026 revealed Resident #8 was admitted to the facility on [DATE] with diagnoses which included: neuromuscular dysfunction of bladder (when a person does not have bladder control because of brain, spinal cord, or nerve problems). Record review of Resident #8's Quarterly MDS assessment, dated 05/28/2026, revealed Resident #8's BIMS score was 13 indicating cognition was intact and was indicated to always be incontinent of bowel and had an indwelling catheter. Record review of Resident #8's care plan, dated 05/25/2026, reflected a problem of I have a Self-Care deficit: Limited Physical Functioning r/t stiff or limited joint ROM. Poor physical functioning, Recently in hospital that resulted in weakness and debility, Incontinent of bowel and bladder, and an intervention of Incontinent Care: Check and change upon rounds and as indicated. Observation on 06/15/2026 at 10:45am revealed CNA A and CNA C provided catheter/incontinent care for Resident #8. During care CNA C removed Resident #8's soiled brief and left the draw sheet under the resident. CNA C turned resident to right side, cleaned buttocks, then turned resident back onto the same draw sheet. CNA C then turned resident back to right side and applied clean brief. During an interview with CNA C on 06/15/2026 at 11:05am, CNA C stated the proper procedure was to remove the soiled draw sheet with the soiled brief, clean the resident, and apply a clean brief before turning the resident onto her back. CNA C stated she was nervous. She stated she has received training in incontinent care and catheter care annually. During an interview with the ADNS on 06/17/2026 at 7:52am, the ADNS stated she assists with conducting staff training including peri-care/catheter care and skills checks for CNAs on an annual basis and as needed. The ADNS stated her expectation for peri-care is to apply a clean brief to the residents after they have been cleaned to prevent cross-contamination and potential infection. Record review of facility's policy titled, Incontinence and Catheterization Assessment and Evaluation, dated 01/2023, revealed: The community employs standard infection control practices in managing catheters and associated drainage system. There were no policies or procedures provided as requested for incontinence/catheter care.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on interview and record review the facility failed to employ sufficient staff with the appropriate competencies and skills 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 kitchen reviewed.The facility failed to employ a qualified dietician who designates a person to serve as a full-time director of food and nutrition services for the facility. The person designated to serve as a director of food and nutrition services did not have the qualifications to serve as the director of food and nutrition.These failures could place residents at risk of not having their nutritional needs met.The findings include:Based on observation on 06/14/2026 at 11:06am the surveyor found the kitchen to be unclean, haphazardly organized, staff unsure of what to do and multiple tasks unfinished.During an interview on 06/14/2026 at 11:06am [NAME] A stated that he had just been promoted to cook and that the DS was also new. [NAME] A stated he was running behind in the kitchen and was trying to get caught up but that lunch would be late again.During an interview on 06/14/2026 at 3:00pm, ADMIN revealed that the DS is new and that the last one left around mid-April. ADMIN also stated that the facility contracts their dietician with Nutritious Lifestyles. During an interview on 06/17/2026 at 8:54am, DS stated that he had not previously been in the kitchen before taking the job to see what needed to be done. DS stated that he had been in the job a few weeks and was the activity director previously. DS could not remember exact date he took over kitchen duties but did share that he did take the food manager course.During an interview on 06/17/2026 at 2:45pm, BOM revealed that the DS signed his job description on 06/03/2026 to start as the DS for the kitchen.Record review of facility policy Dietary Services, dated 01/2023, revealed that Food services are managed by either a qualified dietician or an experienced or qualified food service director. If a qualified dietician is not employed full-time, the community has designated a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietician. Policy for Dietary Services also revealed that The director of food service must be at least:. d) A person who has completed a state-agency-approved 90-hour course in food service supervision.Record review of facility kitchen staff training revealed that DS completed a state-approved food manager course on 06/15/2026.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 1 halls (B hall) reviewed for infection control. The facility failed to ensure CNA B sanitized their hands between resident meal trays while passing out trays for 8 of 8 residents and 1 of 1 halls (B hall) reviewed for infection control.This failure could place residents at risk of cross-contamination and the spread of infection. The findings include:During an observation on 06/14/2026 at 1:15pm, CNA B was observed passing meal trays out on B halls. CNA B was observed not sanitizing or washing hands before beginning meal tray pass. CNA B was observed not sanitizing hands between passing out meal trays. CNA B passed meal trays to 8 different residents on B halls. During an interview on 06/14/2026 at 2:15pm, CNA B stated that not washing hands or sanitizing between residents and tasks could put residents at risk for infection. CNA B stated they have held training for it. CNA B stated they were not sure why they did not sanitize hands, stated they may have been nervous.During an interview on 06/15/2026 at 1:15 pm, the ADMIN stated that the expectation for staff is that they wash or sanitize hands according to policy.During an interview on 06/16/2026 at 9:45am CMA E stated that washing or sanitizing hands between the residents is important and she makes sure to clean her hands between residents when passing medication. They have in-servicing for it.During an interview on 06/16/2026 at 1:25pm LVN G stated that cleaning hands between care and residents was important and must be done. LVN G stated that they have had training on it.Record review of facility Handwashing/Hand Hygiene policy, dated 01/2023, revealed that the company considers hand hygiene the primary means to prevent the spread of infections. Policy also revealed that all personnel should follow the handwashing/hand hygiene procedures to help prevent the spread of infections and that washing or utilizing hand sanitizer is used for the following situations (including but not limited to) Before and after direct contact with residents, before and after handling food, and before and after assisting residents with meals.