STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675712	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avir at Itasca	409 S Files St Itasca, TX 76055

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and support for daily living safely for 1 of 1 facility observed.A)The facility failed to ensure the walls in the secure unit were free of gouges, scuffs, holes, peeling paint, and shredded sheetrock.The facility failed to ensure the handrails in the secure unit were free from peeling paint.The facility failed to ensure the blinds in the secure unit dining room were not broken.The facility failed to ensure the community shower room toilet was clean from feces and urine.The facility failed to ensure the floor tile was not broken and missing in the hallway in front of the kitchen entrance.B)The facility failed to empty Resident #20's 3 bedside urinals observed full on 01/06/26 and 01/07/26 at different times of the day resulting in a urine odor, gnats/flies, and unsanitary environment.This failure could place residents at risk of feeling uncomfortable and uncared for in their home.Findings Included: A)In an observation on 01/06/2026 at 12:30 p.m., of the secure unit the following was noted:- broken blinds on 2 of 5 windows in the dining room,-the community shower bathroom had a brown foul-smelling substance on the toilet seat and urine in the toilet,-the floor had a sewage drainage hole exposed and uncovered with gnats flying out of it,-the hallway rails was covered with chipped and peeling paint,-the paint around the room doors and on walls was scuffed, peeling, with gouged sheetrock in the hall,-the floor tile at entrance of the secure unit was missing and broken with a large black mat laying over it, the kitchen door is just to the right of the entrance and a hallway to the smoking area was to the left of the secure unit entrance.During an observation on 01/7/2026 at 3:08 p.m., urine and brown substance remained on toilet in secure unit shower. The exposed pipe remained without a cover, and gnats were flying in the shower room.In an interview with 01/08/2026 at 11:15 a.m., the Dietary Aide stated the floor in front of the kitchen and secure unit had been broken for several months. She stated there have been no falls that she is aware of. She stated they have to roll their meal carts to the right of the mat to ensure it doesn't tip over. The dietary aide said residents who smoke all know the mat and broken tile is there because they come by this area multiple times a day. She stated it could be a trip hazard for residents. In an interview on 01/08/2026 at 11:20 a.m., CNA B stated the housekeeper's clean the secure unit 3-4 times a day. The housekeepers were responsible for cleaning the shower room. She stated she was not aware of the brown substance on the toilet seat or the urine in the commode. CNA B stated any staff who sees a mess should take initiative to clean it up or notify housekeeping to come and clean. That included the broken blinds and generalized dirtiness of the secure unit she stated having a dirty toilet could spread germs and cause infection. She stated having broken blinds and dented drywall, and scratched paint was not a very homelike environment. She stated the gnats have been a problem in the shower room for several months, the drainage pipe has been uncovered for some time. In an interview on 01/08/2026 at 11:27 a.m. Housekeeper stated he did not normally work on the secure unit. He stated the person who did work back there quit yesterday, The Houskeeper stated that all surfaces should be cleaned every day, and some may require to be cleaned more frequently. He stated he was not aware of the urine in the shower room or the brown substance on the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	seat. He stated it definitely could spread germs. The Houskeeper stated the drainage pipe in the shower room had been uncovered there was a top that went on that, but he had no idea where it went. He stated he had poured household cleaner down the pipe to help fight them, but they just returned, he stated he was not sure the gnats had been reported to the administrator or not. He stated that all the problems in the secure unit did not make for a homelike environment.In an interview on 01/08/2026 at 11:48 a.m., The Maintenance Director stated the facility had ordered new blinds for the windows, but they were the wrong size. He stated he was responsible for painting on the secure unit, he said he had not painted it in about 2 weeks. He stated the building was old and he prioritized the work orders as they came in. He stated anything reported regarding life safety was fixed first. He stated the facility does have new flooring coming and a contract crew coming to install it. He stated the floor for the entire south wing, including in front of the kitchen would be replaced. He stated the contract did include drywall and painting repairs. The shower room drainpipe did have a cover on it he was not sure what happened to it, but he did have a replacement to fix it. The Maintenance Director stated, housekeeping was responsible for the cleaning of the secure unit, he stated department heads do rounds every day to monitor problems within the building. He stated staff do notify him in his app for needed repairs he stated the building had so much, he said we do our best to keep up. He stated it's not a very homelike environment.Attempted to call the housekeeping supervisor on 01/08/2026 at 12:07 p.m., no answer.Interview on 01/08/2026 at 12:42 p.m., the ADM stated the facility had a housekeeping supervisor and he was responsible for monitoring and assisting housekeeping services. She stated she expects the bathrooms to be clean, and maintenance to be notified of any issues such as gnats, broken blinds, and paint issues. She stated there had been no fall due to the broken floor tiles and the rug had adhesive on it so it would not move from the floor. She stated it was not a homelike environment the residents deserved better and expected the secure unit to be clean and orderly. B)Review of Resident #20's face sheet dated 01/08/26 reflected a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis that included paraplegia (paralysis of the lower body), edema (swelling caused by fluid in the body trapped in the body tissues), immobility syndrome, and anxiety disorder (group of mental health conditions characterized by excessive fear, worry, and apprehension.Review of Resident #20's quarterly MDS assessment dated [DATE] reflected a BIMS score of 15 indicating cognition intact. Section GG for functional abilities reflected resident was independent of bed to wheelchair transfers and toilet transfers. Section I for active diagnosis reflected paraplegia was checked.An observation on 01/06/26 at 11:41 AM, in Resident #20's room observed gnats in the room and hanging from bedside drawer 3 full bedside urinals. Urine odor noted in the room. Resident #20 was in his room in bed with miltipodus boots on both legs.An observation on 01/07/26 at 11:14 AM, in Resident #20's room observed gnats in the room appeared around Resident #20 and appeared to be attracted to 3 full bedside urinals that had not been emptied. A fly was also noted flying around the room. Urine odor noted in the room. Resident #20 was in his room in bed with miltipodus boots on both legsAn observation on 01/07/26 at 02:20 PM, in Resident 20's room observed gnats still surrounding Resident #20 along with urinals (3) still not emptied. Urine odor noted in the room. Resident #20 was in his room in bed with miltipodus boots on both legsIn an interview on 01/07/26 at 11:14 AM, with Resident #20 he stated that he observed gnats and flies in the room, does not know what could be attracting them. He stated he usually empties the bedside urinals but hasn't been able to. Resident #20 was observed in bed with multipodus boots to both legs, a staff member was observed entering and leaving room without emptying the bedside urinals.In an interview on 01/08/26 at 10:00 AM, with CNA E stated a negative outcome of not emptying the bedside urinals in Resident #20's room had the potential to attract pests such as the gnats and flies and contribute to the foul smell in the room. She stated these were emptied upon request by the resident.In an interview on 01/08/26 at 10:13 AM, with the ADM she stated that most of the residents that were cognitive and able to move would dump the bedside urinals on their own. She stated that if residents required assistance that they could push their call light and ask a staff member to dump the urinal out (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	as well. She stated it was her expectation that staff assisted the residents to dump the urinals out if the residents requested or they saw that they were full. She stated if they are full and not dumped the residents could not use the restroom if they needed, they could overflow and create a fall risk and be unsanitary. She stated that residents used to only get one bedside urinal which promoted more frequent emptying but that they began asking for more urinals.In an interview on 01/08/26 at 11:48 AM, with Maintenance Director, he stated that urinals that were full and not emptied could attract pests. He stated he believed they should be emptied, and staff could assist. He stated full urinals created a smell or attracted pests did not create a homelike environment.In an interview on 01/08/26 at 12:13 PM, the DON stated it was her expectation that bedside urinals were checked and emptied between every 2-4 hours. She stated that any staff member can assist a resident to empty the bedside urinal out if they see it is full but that it was ultimately the responsibility of the CNAs to assist. She stated when she learned they were not being emptied she went around to ask CNAs how often they should be emptied and that each CNA she questioned provided a different response; she stated she would be providing retraining on the expectation of checking them and emptying every 2-4 hours.Record review of facility policy titled Homelike Environment dated February 2021 reflected the following: The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary and orderly environment;

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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 observations, interviews, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation. The facility failed to ensure stored food in 1 of 2 reach in refrigerators were labeled and dated. The facility failed to ensure expired items were removed from dry storage and discarded. The facility failed to ensure Dietary Aide A properly sanitized a food thermometer when taking food temperatures for lunch services on 01/07/26. These failures could place residents who received prepared meals from the kitchen at risk for foodborne illness and cross-contamination.The findings included: During an initial tour on 01/06/26 beginning at 10:00 AM of the one and only kitchen revealed: 1 of the 2 reach-in refrigerators in the dry storage room of the kitchen contained a large zip sealed bag holding smaller prepackaged bags of sliced sandwich meat. Neither the large zip seal bag or the smaller bags inside contained the open date or the use by date.The dry storage room contained a box of bananas that were dark brown/black in color and mushy in texture and a 50-pound sack of onions which had multiple onions that were observed dark black and spoiled and others that had approximately 6-inch sprouts. Upon closer inspection of the onions and bananas were observed to have a large swarm of gnats that flew around when the items were disturbed. In an interview 01/06/26 at 11:10 AM, with the DM who was in the dry storage room at the time she stated it was her expectation that items in the refrigerator were labeled and dated to indicate what the item is, when it was received, when it was opened and the use by or expiration date. She stated it was also her expectation that there were no expired items in the kitchen and that any expired items should be discarded. She stated the unmarked sandwich meat and the spoiled bananas and onions did not meet her expectations. She stated it was both her and her staff responsibility to ensure items were labeled properly and that spoiled items were discarded. She stated that not having items labeled with a use by date could result in food reaching the residents that could not be good for them. She stated that having spoiled items in the dry storage room could result in food reaching residents that could potentially make them sick and could attract pests like those we observed. She stated a negative outcome of those pests being around the food were that it could contaminate food going to the residents and cause illness. In a follow up observation and interview in the kitchen on 01/07/26 at 11:44 AM, an observation was made of Dietary Aide A taking the temperature of the lunch foods. Dietary Aide A was observed using the same alcohol swab when cleaning the food thermometer probe for 3 of 4 food items checked. Dietary Aide A stated that when she used the same alcohol swab to clean the probe in between foods it could have caused cross contamination of foods which had the potential to make residents sick. She stated she believed it was ok previously to use the same one each time because she was told she could use the same alcohol wipe for each temperature check if she flipped it to the other side but would not specify who advised that. In an interview on 01/08/26 at 08:40 AM. with the DM she stated it was her expectation that when food temperatures are completed that staff are to use an alcohol swab to clean the food thermometer probe in between each food item and that a new clean swab is used each time. She stated failure to do so and using the same swab each time could result in cross contamination of the food. The DM stated that Dietary Aide A should be using a new alcohol swab after each temperature check moving forward and revealed that she had spoken to Dietary Aide A and provided retraining on this matter. In an interview on 01/08/26 at 10:28 AM, with the ADM she stated it was her expectation that food items stored in the refrigerator are labeled to include what the item is and a use by or expiration date. She stated it was also her expectation that the kitchen is not to have expired or spoiled items stored, that they should be regularly inspected and discarded if they go bad. She stated failing to label items properly or remove them if they go bad has the potential to make residents sick and cause foodborne illness which she stated, is not right because they trust us to have safe food in (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the kitchen. The ADM stated, if bananas or onions go bad get rid of them she stated, nothing should be in there allowing pests to grow. The ADM stated it was the DM's responsibility to ensure all items in the kitchen were being properly labeled and dated and that spoiled items were discarded. Review of the facility Food Receiving and Storage policy revised November 2022 reflected: Food shall be received and stored in a manner that complies with safe food handling practices Non-refrigerated foods, disposable dishware and napkins are stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents and kept clean. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). Refrigerated foods are labeled, dated and monitored so they are used by their use by date, frozen, or discarded. Review of the 2022 U.S. Food and Drug Administration Food Code revealed:3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.(B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: P if(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Of and(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition.(A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it:(2) Is in a container or PACKAGE that does not bear a date or day; or3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation.FOOD shall be protected from cross contamination by:(4) Except as specified under Subparagraph 3-501.15(B)(2) and in (B) of this section, storing the food in packages, covered containers, or wrappings.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the residents' right to be treated with respect and dignity during personal care for 1 of 6 residents (Resident #39) reviewed for respect and dignity in that:The facility failed to ensure RN A provided resident care with the door shut during an observation on 1/7/2026 at 9:13 am of wound care.The failure could place residents at risk for a lack of privacy. Findings included:Review of Resident #39's undated face sheet reflected Resident #39 was a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of paraplegia (paralysis affecting the lower half of the body), non-pressure ulcer of the right foot, non-pressure ulcer of the left foot, and unspecified open wound to the left ankle.Record review of Resident #39's quarterly MDS assessment, datd 10/10/2025, reflected Resident #39 had a BIMS score of 7 indicating she was cognitively impaired. Resident #39 required partial to moderate assistance with bathing and was independent with dressing. The MDS indicated Resident #39 has a pressure ulcer injury over a bony prominence requiring the application of a nonsurgical dressing.Record review of Resident #39's care plan reflected a focus area, dated 12/04/2025, reflected Rights Heel, Left Hallux abrasion, and Ankle Goal included, . Wound will show signs of improvement. Interventions included to Provide wound care per treatment order.Observation on 01/07/2026 at 9:13 a.m., revealed RN A performed wound care to the right heel, left hallux abrasion, and ankle with the door open. She proceeded to clean all 3 wounds in the same manner as described. In an interview on 01/07/2026 at 9:40 a.m., RN A stated she just messed everything up, she stated she did wound care with the door open because the residents room light was out, she stated she could have closed the door, that performing wound care with the door open violated residents' rights to privacy.In an interview on 01/7/26 at 12:30 p.m., Resident #39 stated the light works in her room. She stated it was out a couple of weeks ago, but the maintenance man had since fixed it. She stated the nurses always leave my door open when they doctor my feet. She stated it's probably not a very nice sight if they can see her feet. In an interview on 01/08/2026 at 12:13 p.m, the DON stated it was her expectation the door to be closed when providing resident care. She stated the door must be closed for privacy and dignity. She stated she was responsible for monitoring and making sure nursing staff follow rules related to privacy and she does that by making rounds frequently throughout the day. She stated that not closing the door could make the residents uncomfortable. Record review of facility's policy titled Resident Rights revised in February 2021, reflected: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: privacy and confidentiality

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and 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 diseases and infections for 1 (Resident #39) of 6 residents reviewed for infection control practices.The facility failed to ensure RN A used a clean technique on Resident #39's right and left foot ulcers during an observation of wound care on 1/7/2026 at 9:13 am.The failure could place residents at risk for healthcare associated cross contamination leading to worsening pressure ulcers, discomfort, pain, and potential infections.Findings included:Review of Resident #39's undated face sheet reflected Resident #39 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of paraplegia (paralysis affecting the lower half of the body), non-pressure ulcer of the right foot, non-pressure ulcer of the left foot, and unspecified open wound to the left ankle.Record review of Resident #39's quarterly MDS assessment, dated 10/10/2025, reflected Resident #39 had a BIMS score of 7 indicating she was cognitively impaired. Resident #39 required partial to moderate assistance with bathing and was independent with dressing. The MDS indicated Resident #39 has a pressure ulcer injury over a bony prominence requiring the application of a nonsurgical dressing.Record review of Resident #39's care plan reflected a focus area, dated 12/04/2025, reflected Rights Heel, Left Hallux abrasion, and Ankle Goal included, . Wound will show signs of improvement. Interventions included to Provide wound care per treatment order.Observation on 01/07/2026 at 9:13 a.m., revealed RN A opened gauze, calcium alginate (a type of wound dressing that goes inside of open wound to promote healing and fight bacteria) and wound covering on top of her cart prior to entering the room. RN A did not clean or disinfect area or place a barrier down on the surface prior to setting up supplies. She proceeded into Resident #39's room and placed her gloves on. RN A removed the old dressings and laid open right heel wound on the bedsheets, she cleansed her hands with wound cleanser, applied gloves, and proceeded to clean wound and apply clean dressing. RN A performed wound care with the door open. She proceeded to clean all 3 wounds in the same manner as described. In an interview on 01/07/2026 at 9:40 a.m., RN A stated she should not have used wound cleanser to clean her hands, but she did not have any alcohol-based hand sanitizer on the treatment cart. She stated she just forgot to clean her work surface prior to the start of her wound care, and laying wounds directly on the sheet after it had been cleaned just made the wound contaminated again. She stated she had been checked off and educated by the DON on wound care, but she could not remember when. RN A stated all of this could spread infection making the wound worse and delay healing. In an interview on 01/08/2026 12:13 p.m., the DON stated she was responsible for monitoring and ensuring nurses perform wound care properly. She stated she had seen RN A perform wound care. She stated it was her expectation that nurses follow the wound care policy for proper wound care. The nurses were expected to not contaminate clean wounds when doing wound care, have 2 pads down for clean surfaces, remove dirty/contaminated pads, and wash their hands with either soap and water or alcohol-based hand sanitizer. The DON stated once a week the wound care nurse Practitioner evaluated Resident #39's wounds to ensure healing. The DON stated not following policy for wound care opens the residents up to infection.Record review of facility's policy titled Wound Care dated October 2010 and updated July 2024 reflected:1. Use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table. Place all items to be used during procedure on the clean field. Arrange the supplies so they can be easily reached. 2. Wash and dry your hands thoroughly.3. Position resident. If necessary, place disposable cloth next to residents (under the wound) to serve as a barrier to protect the bed linen and other body sites.4. Put on exam gloves. Loosen tape and remove dressing.5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly (handsanitizer can be used).6. Put on gloves. Gown as indicated based on EBP definition. Masks and eyewear will (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	only be necessary if splashing of blood or other body fluids into your eyes or mouth is likely.7. Use no-touch technique. Use tongue blades and applicators to remove ointments and creams from their containers.8. Pour liquid solutions directly on gauze sponges on their papers.9. Wear exam gloves for holding gauze to catch irrigation solutions that are poured directly over the wound. 10. Wear gloves when physically touching the wound or holding a moist surface over the wound.l l. Wash tissue around the wound that is usually covered by the dressing, tape or gauze with antiseptic or normal saline solution.12. Apply treatments as indicated.

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to ensure an effective pest control program was implemented so the facility was free of pests and rodents for 1 of 1 facility reviewed for pest control. The facility failed to keep an effective pest control program to ensure areas including residents' rooms and kitchen (dry storage) were free of flies and gnats. This failure could place residents at risk for reduced quality of life and poor sanitary environment.An observation on 01/06/26 at 10:00 AM, in the kitchen revealed a swarm of gnats surrounding a box of spoiled bananas and 50-pound bag of spoiled onions in the dry storage room. An observation on 01/06/26 at 11:41 AM, in Resident #20's room observed gnats in the room and near 3 full bedside urinals. Urine odor noted in the room. An observation on 01/07/26 at 11:14 AM, in Resident #20's room observed gnats in the room appeared around Resident #20 and appeared to be attracted to 3 full bedside urinals that appeared to have not been emptied. A fly was also noted at this time flying around the room. Urine odor noted in the room. An observation on 01/07/26 at 02:20 PM, in Resident 20's room observed gnats still surrounding Resident #20 along with urinals (3) still not emptied. Urine odor noted in the room. In an interview 01/06/26 at 11:10 AM, with the DM stated it was her expectation that spoiled foods were not stored which attracted pests and had the potential to contaminate food which could make residents sick. She stated pest control was at the facility on a monthly basis and that it was her responsibility to notify maintenance or ADM if she needed services sooner for pests. She stated she was not aware of the pests on the spoiled food items. In an interview on 01/07/26 at 11:14 AM, with Resident #20 stated he had observed the gnats and flies in the room, does not know what could be attracting them. He stated he usually empties the bedside urinals but hasn't been able to and stated he felt staff would help if he asked. Resident #20 was observed in bed with multipodus boots to both legs, a staff member was observed entering and leaving room without emptying the bedside urinals. In an interview on 01/08/26 at 10:00 AM, with CNA E she stated a negative outcome of not emptying the bedside urinals in Resident #20's room had the potential to attract pests such as the gnats and flies and contribute to the foul smell in the room. She stated pests are reported to maintenance; she stated she did not recall reporting pests in Resident #20s room. In an interview on 01/08/26 at 10:28 AM, the ADM stated it was her expectation that the facility pest control was effective. She stated if food was spoiled in the kitchen it needs to be discarded and it would be the responsibility of the DM to monitor that and to report to her or the Maintenance Director if pest control services are needed. The ADM stated the pest issues in the kitchen were not reported by the DM on 01/06/26 when addressed by surveyor and that she was only learning of the pest issues today 01/08/26. The ADM stated staff can report pest issues to Maintenance Director and they can get emergency pest control services out here if they know there is an issue, she stated their contract allows for emergency pest control services. The ADM stated the last time pest control was in the building was December 2025 and that they are in the building on a monthly basis. In an interview on 01/08/26 at 11:48 AM, the Maintenance Director stated it was his responsibility along with the ADM to manage the pest control services of the facility. He stated it was the responsibility of the DM to let him know if there were gnats or other pests in the kitchen and that staff could advise him if there were pest issues in the residents rooms or other common areas. He stated that rotting food in the kitchen has the potential to attract pests as well as bedside urinals that are full and not being dumped could also attract them. Maintenance Director stated pest control comes to the facility monthly but they could also call them sooner as needed for emergency services. Review of the facility Pest Control policy revised May 2008 reflected: Our facility shall maintain an effective pest control program. This facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. Maintenance services assists, when appropriate and necessary, in providing pest control services.