STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676193	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Waterton Healthcare & Rehabilitation	2875 Shiloh Road Tyler, TX 75703

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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 - Few	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 observations, interviews, and record reviews, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 1 of 3 resident bathrooms (the shared bathroom of Resident #55 and Resident #62) reviewed for environment. The facility failed to ensure Resident #55 and Resident #62's shared bathroom was free of water on the floor, wet towels, and flying insects. This failure could place residents at risk of an unsanitary environment which could lead to a decrease in quality of life. The findings included: Resident #55Record review of Resident #55's undated facesheet revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Resident #55 had diagnoses which included unspecified dementia, diabetes, morbid obesity due to excess calories, muscle weakness, unspecified lack of coordination, and cognitive communication deficit. Record review of Resident #55's most recent Quarterly MDS dated [DATE] revealed a BIMS of 5, which indicated severe cognitive impairment. Resident #55's MDS indicated she was dependent on staff for toileting hygiene and was always incontinent with bowel and urinary continence. Resident #62Record review of Resident #62's undated facesheet revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Resident #62 had diagnoses which included unspecified dementia, age-related physical debility, other lack of coordination, muscle weakness, unsteadiness on feet, and weakness. Record review of Resident #62's most recent Quarterly MDS dated [DATE] revealed a BIMS of 5, which indicated severe cognitive impairment. Resident #62's MDS indicated she was dependent on staff for toileting hygiene, utilized a wheelchair for mobility, and was always incontinent with bowel and urinary continence. An observation on 05/04/2026 at 10:05 AM indicated Residents #55 and #62's bathroom had water on the floor, wet towels and blankets surrounding the toilet and underneath the sink, and flying insects. During an interview on 05/04/2026 at 10:08 AM, Resident #55 indicated she did not use the bathroom located within her room and she was unaware of any issues. An interview was attempted on 05/04/2026 at 10:10 AM with Resident #62, but she was unable to answer questions appropriately. An observation on 05/04/2026 at 10:59 AM, housekeeping was observed cleaning the bathroom of Residents #55 and #62. During an observation on 05/04/2026 at 11:02 AM, the same towels remained on the wet floor and flying insects were still present in the bathroom of Residents #55 and #62. During an observation on 05/04/2026 at 3:43 PM, the same towels remained on the wet floor and flying insects were still present in the bathroom of Residents #55 and #62. During an observation 05/05/2026 at 8:30 AM, the same towels remained on the wet floor and flying insects were still present in the bathroom of Residents #55 and #62. During an observation on 05/06/2026 at 8:42 AM, the same towels remained on the wet floor and flying insects were still present in the bathroom of Residents #55 and #62. During an interview on 05/06/2026 at 8:45 AM, the Life Safety Director indicated a water line outside was being fixed and was causing water to come out from underneath the toilet in Resident #55 and #62's shared bathroom. The Life Safety Director indicated housekeeping should have been changing the towels and mopping up excess water. The Life Safety Director recognized the flying insects in the room but indicated he did not know what they were. The Life (continued on next page)

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 - Few	Safety Director declined to indicate any potential risk to residents due to the bathrooms sanitation. During an interview on 05/06/2026 at 9:05 AM, the Housekeeping Supervisor indicated CNA's were responsible for picking up the wet towels off the ground in the shared bathroom of Residents #55 and #62. The Housekeeping Supervisor indicated that after CNA's pick up the towels, housekeeping could then mop up the excess water in the bathroom. During an interview on 05/06/2026 at 9:38 AM, CNA A indicated she did provide some care to Residents #55 and #62. CNA A indicated she was aware of the towels on the floor in the shared bathroom and she understood housekeeping was to change the towels out daily. CNA A indicated she had not been told to change the towels, but that she does not regularly provide care to that room and CNA B does. During an interview on 05/06/2026 at 9:45 AM, CNA B indicated he provided care to Residents #55 and #62. CNA B indicated Residents #55 and #62 do not use the shared bathroom, but he would enter it to obtain wet rags for the residents to wash their faces with. CNA B indicated he was aware of the towels on the floor and he believed housekeeping to be responsible for ensuring they were changed regularly. CNA B indicated he had not observed any flying insects in the shared bathroom. During an interview on 05/06/2026 at 9:50 AM, LVN D indicated she had not been notified of any issues within the shared bathroom of Residents #55 and #62. LVN D indicated she was unaware who would be responsible for ensuring wet towels were not left on the floor, but that the CNA's should know who was responsible. During an interview on 05/06/2026 at 10:50 AM, the DON indicated she was aware of the toilet in the shared bathroom of Residents #55 and #62 leaking. The DON indicated when the toilet had been leaking housekeeping was to clean the room more often. The DON indicated if CNAs knew there were wet towels on the floor they should have removed them from the shared bathroom. The DON indicated she was unaware if the task of removing the towels was assigned to any specific staff member. The DON indicated she expected CNAs to notify her of the shared bathroom's appearance. The DON indicated she believed the flying insects observed in the shared bathroom to have been gnats. During an interview on 05/06/2026 at 11:15 AM, the ADM indicated Resident #55 and #62's shared bathroom had a leaking toilet due to current construction of a pipe. The ADM indicated he was unsure how long this had occurred. The ADM indicated he was unsure who initially placed the towels on the floor to soak up the excess water, but believed it likely to have been CNAs or housekeeping staff. The ADM indicated that anybody could have picked up the wet towels. A record review of an undated facility policy titled Physical Environment/Homelike Environment indicated the following: It is the policy of this facility that the facility must provide a safe, functional, and comfortable environment for residents. A record review of facility policy titled Environmental Services - Housekeeping last revised 2022 indicated the following: Housekeeping and Maintenance services include the cleaning, sanitization, and care for rooms and common areas of the facility to ensure that the facility is safe for all who reside, work, and visit. Procedures:All rooms of residents will be cleaned regularly. These duties include:.c. Properly clean and disinfect the restroom which includes the toilet, sink, mirror, and floor.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the PICC line site was maintained consistent with professional standards of practice for 1 of 1 resident reviewed for PICC line care (Resident #69). The facility failed to ensure the Peripherally Inserted Central Catheter (PICC) line dressing change for Resident #69 were performed according to physician orders, infection prevention principles, and accepted standards of nursing practice. This failure could place the residents at risk for contamination, infection, interruption of therapy and adverse outcomes.Findings included: A record review of a face sheet dated 05/06/2026 indicated Resident #69 was an [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses which included intraspinal abscess, streptococcal infection, depression, phlebitis (inflammation of a vein), and thrombophlebitis (inflammatory process causing a blood clot to form in a vein) of left moral vein, non-pressure chronic ulcer of back, muscle weakness, infection following a procedure (deep incisional surgical site), and cognitive communication deficit. A record review of Resident # 69's MDS dated [DATE] Section C0500: indicated Resident #69, had a BIMS score of 15 which indicated she was cognitively intact. MDS Section K Nutritional Status: indicated, an average fluid intake per day by IV (500 cc/day or less). MDS Section O-H1: indicated IV medications. MDS Section O: indicted IV access. A record review of the physician's orders dated 05/06/2026 indicated PICC Line care: Change PICC line dressing every 7 days. Apply Bio Patch with dressing change. Change dressing PRN if loose or soiled as needed. Order status Active. Order/Start Date 04/23/2026. A record review of a Care Plans dated initiated 04/27/2026 indicated, Resident # 69 was on antibiotic therapy related to infection. Interventions indicated: PICC line care per facility protocol. An observation on 05/04/2026 at 9:30AM Resident # 69's Peripherally Inserted Central Catheter (PICC) line site covered with a Bio patch (an antimicrobial dressing designed to reduce PICC line-associated infections), was intact. The dressing was dated 4/23/2026. An observation on 05/05/2026 at 8:30AM Resident # 69's PICC line site covered with a Bio patch dressing was intact. The dressing was dated 4/23/2026. During an interview with LVN A on 5/5/2026 at 2:30PM, LVN A stated Resident #69's PICC line and dressing changes were completed by the Charge nurse or the ADON. She said the risk of not changing the IV site dressing could increase infection at the site. During an interview with LVN B (wound care team) on 5/5/2026 at 3:30PM., she said Resident #69's PICC line dressing was to be changed every seven days by the Charge nurse, or ADON per facility protocol. She further said this failure could increase the risk of infection. During an interview with ADON on 5/5/2026 at 4:00PM., she said Resident #69 had a PICC line in the upper left arm and the dressing was to be changed every seven days by the trained nursing staff or the ADON. She said Charge nurses normally changed the PICC line dressing and notified her if unable to complete it. She further said this failure could put residents at risk for infection and bloodstream infection. During an interview with LVN C on 5/6/2026 at 9:30AM., she said Resident #69's PICC line dressing was changed late the previous afternoon by ADON and confirmed the date of change was overdue. She stated the nurses typically performed the PICC line dressing change and would notify ADON if they were unable to do so. She said the failure to complete IV dressing site changes could put the residents at risk for IV site infection. During an interview with DON on 5/6/2026 at 11:30AM., she said she expected the charge nurses and the ADON to follow Physician orders, infection prevention and the facility's central line/PICC line dressing changes policies and procedures. She said this included changing PICC line dressings every seven days or sooner if compromised, as failure to do so places residents at risk of infection and device complications. A review of the Facility's Infection Prevention and Control Policy and Procedure dated/revision June / 2021, January / 2022, and October / 2022 indicated: Policy: The elements of the infection prevention and control program consist of coordination /oversight, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and safety. Goals: Decrease the risk of infection to residents and personnel. Recognize infection control practices while providing care. Identify and correct problems relating to infection control. Ensure compliance with state and federal regulations related to infection control. A review of the Facility's Central Vascular Access Device Peripherally Inserted Central Catheter (PICC). Dated May / 2021 Reviewed August / 2022 indicated: Dressing Change Policy: The transparent dressings are changed every 7 days or sooner when it becomes loosened to the point of compromising sterility or presents a risk of accidental dislodgment of the catheter. An accumulation of moisture, fluid, blood, or exudate could also be criteria for a dressing change. A review of the Facility ?PICC Dressing Change Procedure, dated, 8 /2022 indicated: .J. apply transparent dressing with insertion site centered in the dressing. M. Label dressing and discard used supplies appropriately.N. Chart the procedure.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medical records, in accordance with accepted professional standards and practices, were complete and accurately documented for 2 of 2 residents (Resident #3 and Resident #6) reviewed for medical records accuracy.The facility failed to ensure Resident #3's and Resident #6's OOH DNR records were complete and accurately signed and dated. This failure could place residents at risk for receiving resuscitation actions against their declared instructions. Findings included:1.A record review of Resident #3's face sheet dated 05/06/2026 indicated he was a [AGE] year-old male who admitted to the facility 11/20/2020. He had diagnoses which included cerebral infarction (a stroke), diabetes, and coronary heart disease (a progressive condition where plaque [fat, cholesterol, calcium) builds up in the heart's arteries, restricting blood flow).A record review of a quarterly MDS dated [DATE] noted Resident #3 had a BIMS score of 5 which indicated his cognition was severely impaired. A record review of Resident #3's EHR noted his profile was flagged with a DNR status.A record review of Resident #3's physician's orders dated 05/06/2026 reflected an order which read Do Not Resuscitate OOH DNR on chart and was dated 04/28/2025.A record review of Resident #3's care plan reflected he had elected a Do Not Resuscitate status with a goal to honor his Advance Directive. A record review of an OOH DNR form with witness signatures dated 01/20/2026 indicated the form was signed by Resident #3 but was not dated. Further review of the form indicated the physician's signature was undated also.2. A record review of Resident #6's face sheet dated 05/06/2026 indicated he was a [AGE] year-old male who admitted to the facility 04/05/2016. He had diagnoses which included myasthenia gravis (a chronic autoimmune neuromuscular disease characterized by fluctuating voluntary muscle weakness), diabetes, cerebral infarction (a stroke), chronic venous ulcer, PVD (peripheral vascular disease), memory deficit, and hypertension (high blood pressure). A record review of an annual MDS dated [DATE] noted Resident #6 had a BIMS score of 7 which indicated his cognition was severely impaired. A record review of Resident #6's EHR noted his profile was with a DNR status.A record review of Resident #6's physician's orders dated 05/06/2026 reflected an order which read DNR-DO Not RESUSCITATE and was dated 07/09/2025.A record review of Resident #6's care plan reflected he had elected a Do Not Resuscitate status dated as initiated on 01/25/2023 and revised on 02/15/2024. A record review of an OOH DNR form with witness signatures dated 01/20/2026 indicated the form was signed by Resident #6 but was not dated. Further review of the form indicated the physician's signature was undated also.During an interview on 05/05/2026 at 03:58 PM, the SW said she was responsible for ensuring OOH DNR forms were properly executed with dated signatures of both, the person requesting DNR status and the physician. She said Resident #3's and Resident #6's most recent OOH DNRs were not valid because of the missing dates and should not have been placed into their charts. The SW said incomplete and inaccurately executed OOH DNR forms could place residents at risk for receiving resuscitation actions against their desired wishes and/or instructions. A review of the facility's undated policy titled Advance Directives and Associated Documentation indicated the following: It is the policy of this facility to implement the resident decisions and directives that are in compliance with State and/or Federal Law and the policies of this facility.5. When the Advance Directive is completed: a. Review the Advance Directive to validate the document reflects the resident choices and that the document is signed and dated by the resident or responsible agent. A review of the Instructions For Issuing An OOH-DNR Order provided on the Texas Department of State Health Services' OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH DNR) ORDER form included the following instructions: Section A - If an adult person is competent and at least [AGE] years of age, he/she will sign and date the Order in Section A.A review of the official State of Texas website for obtaining an OOH DNR form indicated the following: An OOH DNR Order form must (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	be properly executed in accordance with the instructions on the opposite side to be considered a valid form by emergency medical services personnel.

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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 observations, interviews, 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 diseases and infections for 2 of 3 resident bathrooms (the shared bathroom of Resident #36 and Resident #40 and the shared bathroom of Resident #55 and Resident #62) reviewed for infection control. The facility failed to ensure antibacterial soap was provided in the shared bathroom of Resident #36 and Resident #40 and the shared bathroom of Resident #55 and Resident #62. This failure could place residents at risk for ineffective hand hygiene practices, which may contribute to the transmission of communicable diseases and cross-contamination among residents, staff, and visitors. The findings included: A record review of Resident #36's undated facesheet revealed she was a [AGE] year-old female most recently admitted to the facility on [DATE]. Resident #36 had diagnoses which included acute kidney failure (when the kidneys can no longer effectively filter waste and toxins from the blood), chronic obstructive pulmonary disease (a progressive lung disease which can cause difficulty breathing), and unspecified dementia. A record review of Resident #36's most recent Quarterly MDS dated [DATE] revealed a BIMS of 12, which indicated moderate cognitive impairment. Resident #36's MDS revealed she was independent with toileting hygiene. During an interview on 05/04/2026 at 9:59 AM, Resident #36 indicated she could not recall the last time there was soap in her bathroom. Resident #36 indicated she had been using shampoo to wash her hands after using the restroom. A record review of Resident #40's undated facesheet revealed she was an [AGE] year-old female admitted to the facility on [DATE]. Resident #40 had diagnoses which included acute on chronic diastolic (congestive) heart failure (a worsening of heart failure), end stage renal disease (the final stage of chronic kidney disease when the kidneys can no longer function adequately to sustain life without treatment), and type 2 diabetes. A record review of Resident #40's most recent Significant Change in Status MDS dated [DATE] revealed a BIMS of 7, which indicated severe cognitive impairment. Resident #40's MDS revealed she required partial/moderate assistance with toileting hygiene, was occasionally incontinent of urinary continence, and was always continent of bowel continence. During an interview on 05/04/2026 at 10:02 AM, Resident #40 indicated there had been no soap in the bathroom for at least days. Resident #40 indicated she used bar soap to wash her hands after using the restroom. An observation on 05/04/2026 at 9:46 AM indicated there was no antibacterial soap in the shared bathroom of Residents #36 and #40. During an observation on 05/04/2026 at 10:43 AM, housekeeping was observed cleaning the bathroom of Residents #36 and #40. During an observation on 05/04/2026 at 10:45 AM, there was no antibacterial soap observed in the bathroom of Residents #36 and #40. Record review of Resident #55's undated facesheet revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Resident #55 had diagnoses which included unspecified dementia, diabetes, morbid obesity due to excess calories, muscle weakness, unspecified lack of coordination, and cognitive communication deficit. Record review of Resident #55's most recent Quarterly MDS dated [DATE] revealed a BIMS of 5, which indicated severe cognitive impairment. Resident #55's MDS indicated she was dependent on staff for toileting hygiene and was always incontinent with bowel and urinary continence. During an interview on 05/04/2026 at 10:08 AM, Resident #55 indicated she did not use the bathroom located within her room and she was unaware of any issues. Record review of Resident #62's undated facesheet revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Resident #62 had diagnoses which included unspecified dementia, age-related physical debility, other lack of coordination, muscle weakness, unsteadiness on feet, and weakness. Record review of Resident #62's most recent Quarterly MDS dated [DATE] revealed a BIMS of 5, which indicated severe cognitive impairment. Resident #62's MDS indicated she was dependent on staff for toileting hygiene, utilized a wheelchair for mobility, and was always incontinent with bowel (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and urinary continence. An observation on 05/04/2026 at 10:05 AM indicated there was no antibacterial soap in the shared bathroom of Resident #55 and #62. An interview was attempted on 05/04/2026 at 10:10 AM with Resident #62, but she was unable to answer questions appropriately. During an observation on 05/04/2026 at 10:59 AM, housekeeping was observed cleaning the bathroom of Residents #55 and #62. During an observation on 05/04/2026 at 11:02 AM, there was no antibacterial soap observed in the bathroom of Residents #55 and #62. During an observation on 05/04/2026 at 3:43 PM, there was no antibacterial soap observed in the bathrooms of Residents #36, #40, #55, and #62. During an observation on 05/05/2026 at 8:30 AM, there was no antibacterial soap observed in the bathrooms of Residents #36, #40, #55, and #62. During an observation on 05/06/2026 at 8:42 AM, there was no antibacterial soap observed in the bathrooms of Residents #36, #40, #55, and #62. During an interview on 05/06/2026 at 8:56 AM, the Housekeeping Supervisor indicated it was the responsibility of housekeeping staff to ensure antibacterial soap was located in each resident's bathroom. The Housekeeping Supervisor indicated antibacterial soap was not in the dispenser because the dispenser needed to be replaced by maintenance. She indicated she had obtained pump bottles of antibacterial soap to be placed in resident bathrooms while they waited for maintenance. She indicated housekeeping should have notified her there was no antibacterial soap in these bathrooms. She indicated she believed gaps in communication to have created the problem of resident bathrooms not having antibacterial soap. The Housekeeping Supervisor recognized that it was a sanitation issue for residents, staff, and guests to not have antibacterial soap available in resident bathrooms for hand hygiene. During an interview on 05/06/2026 at 9:34 AM, Floor Tech A indicated he was filling in for housekeeping staff. Floor Tech A indicated he had just cleaned Resident #55 and #62's shared bathroom and noticed there was no antibacterial soap. Floor Tech A indicated he should have told the housekeeping supervisor and asked about the process on notifying her. Floor Tech A indicated it is a hygiene issue for residents, staff, and guests to not have antibacterial soap available in resident bathrooms for hand hygiene. During an interview on 05/06/2026 at 9:35 AM, CNA A indicated she provided care to Residents #36, #40, #55, and #62. CNA A indicated she washed her hands before and after providing direct care to residents, specifically incontinent care with Residents #55 and #62. CNA A indicated she utilized the nutrition room behind the nurses station to wash her hands due to the lack of soap in the resident's bathrooms. CNA A indicated she expected soap to be in the resident's bathrooms and she probably should have told housekeeping staff about the lack of soap. CNA A indicated the risk to residents for a lack of access to antibacterial soap for proper hand hygiene included the risk of infection. During an interview on 05/06/2026 at 9:41 AM, CNA B indicated he provided care to Residents #36, #40, #55, and #62. CNA B indicated he washed his hands before and after providing direct care to residents. CNA B indicated if there was no soap in the residents bathroom he utilized the nutrition room behind the nurses station to wash his hands. CNA B indicated he should have told somebody that there was no soap in the bathrooms, but that he got busy providing care to residents. During an interview on 05/06/2026 at 9:48 AM, LVN D indicated she was unaware of any issues with resident bathrooms. LVN D indicated she was unsure if CNAs were utilizing the nutrition room to conduct hand hygiene. LVN D indicated that a lack of antibacterial soap available in resident bathrooms for residents, staff, and guests could cause a risk of infection. LVN D indicated housekeeping was responsible for ensuring soap was in resident bathrooms and if she was notified she would have told the housekeeping supervisor. During an observation and interview on 05/06/2026 at 9:54 AM, the Life Safety Director was seen repairing the soap dispenser for Residents #55 and #62's shared bathroom. The Life Safety Director indicated he was unaware the soap dispensers were broken as a maintenance request had not been placed in the system. During an interview on 05/06/2026 at 10:03 AM, the Housekeeping Supervisor indicated she had notified the Life Safety Director that the soap dispensers were broken, but had not put in a request for maintenance. During an interview on 05/06/2026 at 10:43 AM, the DON indicated she expected CNAs to wash their hands prior to leaving a resident's room after providing direct care and she was aware of the issue with the (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lack of antibacterial soap in resident bathrooms. The DON indicated CNAs should have notified housekeeping about the lack of soap. The DON indicated she was unsure why CNAs would not have told housekeeping the resident bathrooms did not have soap. The DON indicated there is a risk of infection for residents, staff, and guests if they do not have access to antibacterial soap. During an interview on 05/06/2026 at 11:10 AM, the ADM indicated he had the expectation that broken equipment be fixed, supplies be replenished as needed, and staff to inform the maintenance director when things needed to be replaced. The ADM indicated he did not believe there was a risk to residents through staff as they were still able to conduct hand hygiene and guests had access to soap in the public restrooms, but indicated residents should not have to perform their own toileting function and not have a chance to wash their hands. A record review of a facility grievance dated 01/06/2026 revealed a complaint regarding a lack of toilet paper, hand soap in the bathroom dispenser, liners in the trash cans, and an unclean room. The facility grievance indicated the room was inspected and cleaned and toilet paper and paper towels were replenished. The facility grievance does not indicate soap was provided to the resident bathroom. A record review of the Maintenance Log dated 05/05/2025 through 05/05/2026 revealed no closed or open work orders related to fixing the soap dispensers. Record review of facility policy titled Infection Prevention and Control Program last revised 10/2022 indicated the following: 6. The facility will provide areas, equipment, and supplies to implement its Infection Control Program with the goal of:Ready availability of hand cleaning supplies and paper towels at each sink