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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>                     |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><b>345468</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING   | (X3) DATE SURVEY COMPLETED<br><b>03/18/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>Liberty Commons Rehabilitation Center</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>121 Racine Drive , Wilmington, North Carolina, 28403</b>   |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETION DATE                            |
| E0000  | Initial Comments<br><br>The survey team entered the facility on 03/09/26 to conduct a recertification and complaint investigation survey and exited on 03/12/26. Additional information was obtained remotely on 03/18/26. Therefore, the exit date was changed to 03/18/26. The facility was found in compliance with the requirement CFR 483.73. Emergency Preparedness. Event ID #1F2976-H1.   | E0000   |  | 03/27/2026                                      |
| F0000  | INITIAL COMMENTS<br><br>The survey team entered the facility on 03/09/26 to conduct a recertification and complaint investigation survey and exited on 03/12/26. Additional information was obtained remotely on 03/18/26. Therefore, the exit date was changed to 03/18/26. Event ID #1F2976-H1.<br><br>The following intakes were investigated:<br><br>853550, 853553, 2707768, 2601438, 2625403, 2648823, and 2647245.<br><br>5 out of 21 complaint allegations resulted in deficiencies.  | F0000   |  | 03/27/2026                                      |
| F0550<br>SS = G  | Resident Rights/Exercise of Rights<br><br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br><br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must 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, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. | F0550   | To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.<br><br>F550<br><br>Corrective action for resident(s) affected by the alleged deficient practice:<br><br>Resident #86 no longer resides in the facility.<br><br>On 3/26/2026 the Staff Development Coordinator educated | 03/28/2026                                      |

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 reverse for further 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0550<br>SS = G  | <p>Continued from page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interviews with staff, Emergency Medical Services (EMS) personnel, and pest control specialist, the facility failed to ensure a resident's dignity was maintained when Resident #86 was observed by EMS personnel with multiple live cockroaches crawling on his body and in his bed prior to transferring the resident to the hospital. EMS personnel indicated the resident was not aware of the cockroaches. A reasonable person expects their dignity to be maintained by their caregivers and would have been traumatized and experienced feelings such as fear, dehumanization, humiliation, and anxiety. The deficient practice affected 1 of 2 residents (Resident #86) reviewed for dignity.</p> <p>Findings included:</p> <p>Resident #86 was admitted to the facility on 12/5/25.</p> <p>Resident #86's admission Minimum Data Set (MDS) assessment dated 12/11/25 revealed the resident had moderate cognitive impairment with no behaviors,</p> | F0550   | <p>Continued from page 1</p> <p>Nurse Aid #2, #5, and #7 on resident dignity, safe environment, and immediate reporting of pest to the maintenance Director and Administrator immediately related to pest seen or evidence of pest activity.</p> <p>Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>On 3/23/2026, all resident rooms, common areas, kitchen, laundry, and storage areas were inspected by Pest Control Company for any additional evidence of pest activity. The results included:<br/>101,102,103,105,107 201,205 single sitings, area treated. 300/400 halls, kitchen &amp; laundry no evidence of pests. Residents notified of treatment. Residents will be monitored by checking person and bed.</p> <p>On 3/25/2026, the Director of nursing and assigned nurses completed skin assessments on 100% of residents for skin integrity or bites and visual observation of resident and beds for pests. There were no areas of concern identified.</p> <p>On 3/25/2026, the Maintenance Director, conducted environmental inspection for pest entry points (cracks in foundation/walls, windows sealed) Results included: caulked around multiple windows, drain holes and stucco cracks.</p> <p>Measures /Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>On 3/23/2026, the Staff Development Coordinator began education of all FT, PT, PRN staff to include agency staff on Resident Dignity and Safe Environment related to Pest Control. This education was completed on 3/27/2026. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff that has not received scheduled in-service training will not be allowed to work until training has been completed.</p> <p>Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency</p> |   |

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| F0550<br>SS = G  | <p>Continued from page 2<br/>required a wheelchair for mobility and supervision with bathing and dressing.</p> <p>A nursing progress note written by Nurse #5 dated 1/3/26 at 8:02 PM indicated Resident #86 was oriented to himself earlier in the day but became increasingly confused with disorientation to self and place. The provider was notified of Resident #86's change in condition with altered mental status. Emergency Medical Services (EMS) arrived at 6:25 PM to transport Resident #86 to the emergency department for evaluation.</p> <p>Review of an Emergency Medical Services (EMS) report dated 1/3/26 indicated that EMS personnel arrived at the facility at 6:25 PM on 1/3/26. The EMS report indicated that while assessing Resident #86 prior to transporting him to the emergency department for evaluation, an unspecified number of live insects consistent with cockroaches were noted crawling on the resident and in his bed when he was turned over. The note indicated that when the EMS personnel asked the facility staff about a bug problem, the staff confirmed that the facility had a cockroach infestation. The note stated that Resident #86 was transported to the hospital and following the transport, EMS personnel completed an Adult Protective Services report due to the mandated reporter requirement.</p> <p>A telephone interview was conducted on 3/9/26 at 11:10 AM with EMS personnel that arrived at the facility on 1/3/26 to transport Resident #86 to the emergency department. The EMS personnel stated that on 1/3/26 when he arrived to transport Resident #86 to the hospital, he turned the resident over and observed several roaches, he was unable to recall how many, on the resident's body and in his bed. The EMS personnel stated that he informed the staff that he observed roaches on Resident #86 and the staff reported that the facility was infested with them. The EMS personnel stated that Resident #86 was unaware of having roaches on him or in his bed.</p> <p>Review of the Emergency Department provider note dated 1/3/26 indicated that Resident #86 presented to the emergency department for evaluation of altered mental status. The provider note stated that Resident #86 arrived in the emergency department with an unspecified number of insects on him and was immediately cleaned by the nursing staff. Resident #86 was minimally able to participate in the evaluation due to altered mental status and was able to nod or shake his head but was unable to answer questions consistently.</p> | F0550   | <p>Continued from page 2<br/>cited remains corrected and/or in compliance with regulatory requirements</p> <p>The Director of Nurses or designee will monitor compliance utilizing the F 550 QA Tool weekly x 3 weeks then monthly x 3 months or until resolved. This tool will monitor 8 random rooms, on various halls, various days, to observe for any pests to include person or bed. Any observation of pests will be reported to the Maintenance Director and/or designee immediately. Monitoring will start on 3/24/2026. QA reports will be presented to the monthly Quality Assurance committee by the Administrator or Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the monthly Quality Assurance Meeting. The monthly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Unit Manager, Health Information Manager, Maintenance Director, Housekeeping Services Director and the Dietary Manager.</p> <p>Date of Compliance: 3/28/2026</p> |   |

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| F0550<br>SS = G  | <p>Continued from page 3</p> <p>Review of Resident #86's electronic health record showed that the resident was readmitted on 1/17/26 and subsequently discharged to the hospital on 2/6/26. He did not return to the facility.</p> <p>An interview was conducted with Nurse #5 on 3/10/26 at 3:25 PM. Nurse #5 stated that Resident #86 had confusion and on the evening of 1/3/26, she transferred Resident #86 to the emergency department for a change in condition related to his medical condition. She stated that EMS personnel did not report to her that they observed cockroaches on the resident or in his bed at the time of transfer and she did not observe any roaches on the resident. Nurse #5 stated she learned later that the Director of Nursing received a report that the EMS personnel observed cockroaches on Resident #86.</p> <p>An interview was conducted with Nurse Aide (NA) #5 on 3/11/26 at 8:45 AM. NA #5 stated that she was assigned to Resident #86 on 1/3/26 from 7:00 AM to 7:00 PM. NA #5 stated that she heard from the other NA that was working with her on the hall, she did not recall which NA, that the EMS personnel observed cockroaches on Resident #86 and were "stomping the cockroaches out on the floor" when they were preparing to take the resident to the hospital for evaluation on 1/3/26. NA #5 indicated that she personally did not observe the cockroaches on the resident. NA #5 stated that Resident #86 was transferred to the hospital in the evening shortly after dinner. She added that it had been several hours before the transfer that she last assisted the resident with personal care.</p> <p>An interview was conducted with NA #6 on 3/11/26 at 10:41 AM. NA #6 stated that the cockroaches were terrible in the facility, especially in the fall and winter of last year. NA #6 stated that she observed cockroaches on the medication carts, on residents, in their beds, on the ceilings and in the resident rooms. NA #6 recalled an incident in the winter with a resident, she could not recall which resident or the date, in which she went to put a jacket on the resident and observed a cockroach on the resident. NA #6 stated that the resident was unaware that a roach was on him. NA #6 indicated that she felt badly that the residents had cockroaches in their rooms.</p> <p>An interview was conducted with the Maintenance Director on 3/10/26 at 1:18 PM. The Maintenance Director acknowledged that the facility experienced an</p> | F0550   |   |   |

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| F0550<br>SS = G  | Continued from page 4<br>infestation of cockroaches in November and December 2025 and stated that the staff reported they observed cockroaches as recently as approximately one month ago. He further stated he was told by an individual he could not recall on a date he could not recall that cockroaches were found on residents.<br><br>A telephone interview conducted with the Pest Control Specialist on 3/18/26 at 12:45 PM revealed that he was the owner of the new pest control company that began providing services to the facility in late January 2026. He reported that he completed a comprehensive evaluation of the facility, which included staff interviews, observations across all shifts, and assessments of resident rooms, offices, the kitchen, and common areas. He stated that during his initial evaluation, the facility was heavily infested with active cockroach activity.<br><br>An interview was conducted with the Administrator on 3/11/26 at 11:30 AM. He stated that cockroaches were frequently observed in the facility in October and November and that he realized the pest control company being used was not effective. He stated that he was aware that in January, EMS reported seeing cockroaches on a resident being transferred to the hospital and an Adult Protective Services report was filed.<br><br>During a follow up interview on 3/12/26 at 2:14 PM, the Administrator stated that his expectation was that all residents be treated with dignity and respect at all times, which included ensuring they were free from insects on their bodies and in their rooms. | F0550   |   |   |
| F0812<br>SS = E  | Food Procurement,Store/Prepare/Serve-Sanitary<br><br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br><br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br><br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br><br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility   | F0812   | The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.<br><br>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.<br><br>F812<br><br>For dietary services, a corrective action was obtained on 3/9/2026.<br><br>During initial walk through of the kitchen on 3/9/2026, | 03/28/2026                                      |

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| F0812<br>SS = E  | <p>Continued from page 5<br/>gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to label and date opened food items in 1 of 1 walk in cooler and 1 of 1 walk-in freezer; failed to label, date, and discard expired food items stored on shelving in the kitchen; and failed to discard expired food items stored in 2 of 2 nourishment room refrigerators (100 and 300 hall nourishment rooms). This deficient practice had the potential to negatively affect the safety of food served to residents.</p> <p>Findings included:</p> <p>a. An initial tour of the kitchen was conducted on 3/9/26 at 10:50 AM in the presence of the Dietary Manager.</p> <p>- At 10:50 AM on 3/9/26 an opened plastic bag containing hard boiled eggs was observed in the kitchen walk in cooler undated.</p> <p>- At 10:55 AM on 3/9/26 an opened undated plastic bag of breadsticks and an opened plastic bag of shredded cheese with an opened date of 1/9/26 was observed in the walk-in freezer.</p> <p>An interview conducted with the Dietary Manager on 3/9/26 at 11:00 AM revealed that all food items were expected to be labeled and dated upon opening, and any expired items were to be discarded.</p> <p>b. An observation of the 100-hall nourishment room on 3/9/26 at 11:05 AM with the Dietary Manager present revealed a plastic grocery bag with apples and oranges was observed in the 100-hall nourishment room refrigerator without a resident name or date. Seven single serve plastic containers of orange juice were observed in the refrigerator with a best by date of 1/24/26.</p> <p>An observation of the 300-hall nourishment room on</p> | F0812   | <p>Continued from page 5<br/>it was noted dietary services had failed to properly label, date, or discard expired food in the walk-in cooler, walk-in freezer, and 2 of 2 nourishment rooms. On 3/9/2026 the Dietary Manager discarded all improperly stored, unlabeled, and expired food items.</p> <p>Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 3/11/2026, the Dietary Consultant completed a kitchen and nourishment walk through with the Dietary Manager to ensure all food items were stored properly.</p> <p>Systemic changes</p> <p>In-service education was provided to all full time, part time, and as needed dietary staff on 3/11/2026. Topics included:</p> <p>Storage and dating policies and regulations.</p> <p>Use by dates.</p> <p>Inspections on shifts to observe all food are within their dates and tossed if out of date.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>4. Quality Assurance monitoring procedure.</p> <p>The Dietary Manager or assignee will monitor procedures for proper food storage weekly x2 and monthly x3. The Dietary QA Tool which will observe that all food is correctly labeled, dated, and stored. Reports will be presented to the Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS</p> |   |

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| F0812<br>SS = E  | <p>Continued from page 6<br/>3/9/26 at 11:15 AM with the Dietary Manager present revealed in the refrigerator there were four single serve plastic containers of orange juice with a best by date of 1/24/26 and six containers with a best by date of 1/17/26 observed in the 300-hall nourishment room refrigerator.</p> <p>An interview conducted with the Dietary Manager on 3/9/26 at 11:20 AM revealed that the Dietary Aides were responsible for checking the nourishment room refrigerators daily for expired items and for items that were not properly labeled or dated. The Dietary Manager stated that the refrigerator had been checked that day, and she did not know how the expired and unlabeled items were overlooked.</p> <p>c. During an observation in the kitchen on 3/10/26 at 12:10 PM with the Dietary Manager present, three opened bags of bread were observed on a shelf in very close proximity to two open half full containers of cleaning solution. The bread was not in its original packaging, instead each loaf was in clear, plain unmarked plastic bags with no stamped use by dates. One bag contained white bread dated 2/27, one bag of white bread had no date, and one bag of wheat bread was dated 3/6/26.</p> <p>An interview conducted with the Dietary Manager on 3/10/26 at 12:15 PM revealed that food items should not be stored near the buckets of cleaning solution and should be labeled and dated. The Dietary Manager verified that the buckets contained the sanitizing solution that was used to clean surfaces in the kitchen and the solution was harmful if ingested.</p> <p>An interview was completed with the Administrator on 3/12/26 at 1:15 PM. The Administrator stated that he expected the kitchen staff to check for expired food in the kitchen and nutrition rooms and to discard them. He further stated he expected the staff to label and date food stored in the kitchen and nutrition rooms.</p> | F0812   | <p>Continued from page 6<br/>Coordinator, Therapy, Health Information Manager, and the Dietary Manager.</p> <p>Date of Compliance: 3/27/2026</p>   |   |
| F0925<br>SS = F  | <p>Maintains Effective Pest Control Program</p> <p>CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p>   | F0925   | <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F925</p> | 03/28/2026                                      |

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| F0925<br>SS = F  | <p>Continued from page 7<br/>Based on observation, staff interviews, and record review, the facility failed to maintain a pest free environment for 3 of 3 residents reviewed for pest control (Resident #86, Resident #16 and Resident#5).</p> <p>Findings included:</p> <p>Resident # 86 was admitted on 12/5/25.</p> <p>A review of Resident #86's admission Minimum Data Set (MDS) dated 12/11/25 revealed the resident had moderate cognitive impairment with no behaviors, required a wheelchair for mobility and supervision with bathing and dressing.</p> <p>A review of the pest control company's invoices from December showed that weekly services were provided. The invoices dated December 3 and December 17, 2025, indicated that rooms on the 100 and 200 halls were treated with an aerosol product; however, they did not document the reason for the treatment or provide details about the specific application. The invoice dated December 24, 2025, noted evidence of German cockroaches in Room 410. The invoices did not include documentation of staff reports regarding cockroach activity, nor did they specify what pests the treated areas were being addressed for.</p> <p>A nursing progress note written by Nurse #5 dated 1/3/26 at 8:02 PM indicated Resident #86 was oriented to himself earlier in the day but became increasingly confused with disorientation to self and place. The provider was notified of Resident #86's change in condition with altered mental status. Emergency Medical Services (EMS) arrived at 6:25 PM to transport Resident #86 to the emergency department for evaluation.</p> <p>Review of an Emergency Medical Services (EMS) report dated 1/3/26 indicated that EMS personnel arrived at the facility at 6:25 PM on 1/3/26. The EMS report indicated that while assessing Resident #86 prior to transporting him to the emergency department for evaluation of altered mental status, an unspecified number of live insects consistent with cockroaches were noted crawling on the resident's body and in his bed. The note indicated that when the EMS personnel asked facility staff about a bug problem, the staff confirmed that the facility had a cockroach infestation. The note stated that Resident #86 was transported to the hospital and following the transport, EMS personnel completed an Adult Protective Services report due to the mandated reporter requirement.</p> | F0925   | <p>Continued from page 7<br/>Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>Resident #86 no longer resides in the facility.</p> <p>On 3/26/2026the Staff Development Coordinator re-educated Nurse Aid #2, #5, and #7 on resident dignity, safe environment, and immediate reporting of pest to the maintenance Director and Administrator immediately related to pest seen or evidence of pest activity.</p> <p>On 3/23/2026, the pest control company inspected resident #5 and #16 room for pest. Results included: no evidence of pest were seen in resident #16 room. Resident #5 room was treated on 3/23/26 by the pest control Company using (Vendetta Nitro) in accordance to manufacturer instructions. Resident notified of treatment.</p> <p>On 3/25/2026, the Director of nursing and assigned nurses completed skin assessments on resident #5 and resident #16 for skin integrity or bites and visual observation of resident and beds for pest. There were no areas of concern identified.</p> <p>Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>On 3/23/2026, all resident rooms, common areas, kitchen, laundry, and storage areas were inspected by Pest Control Company for any additional evidence of pest activity. The results included: Room numbers 101,102,103,105,107 201 and 205 had single sightings. These rooms were treated on 3/23/26 by the pest control Company using (Vendetta Nitro) in accordance to manufacturer instructions. Halls 300/400, the kitchen, the laundry and storage areas had no evidence or sightings of pests.</p> <p>On 3/23/26, any areas of concern had High-touch and food-contact surfaces to include siderails, call lights, over bed tables, door handles, and refrigerators were cleaned and disinfected with EPA-registered products by housekeeping staff.</p> |   |

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| F0925<br>SS = F  | <p>Continued from page 8<br/>Review of the Emergency Department provider note dated 1/3/26 indicated that Resident #86 presented to the emergency department for evaluation of altered mental status. The provider note stated that Resident #86 arrived in the emergency department with insects (number and site note specified) on him and was immediately cleaned by the nursing staff. Resident #86 was minimally able to participate in the evaluation due to altered mental status and was able to nod or shake his head but was unable to answer questions consistently. Resident #86 was admitted for treatment of altered mental status secondary to recurrent hepatic encephalopathy with history of cirrhosis.</p> <p>An interview was conducted on 3/9/26 at 11:10 AM with the Emergency Medical Services (EMS) personnel that arrived at the facility on 1/3/26 to transport Resident #86 to the emergency department. The EMS personnel stated that on 1/3/26 when he arrived to transport Resident #86 to the hospital, he observed several roaches (he could recall the exact number) on the resident's body and in his bed when he turned the resident over. The EMS personnel stated that he informed the staff that he observed roaches on Resident #86's body and in his bed and the staff reported that the facility was infested with them and there was nothing that could be done about it.</p> <p>An initial tour of the facility on 3/9/26 at 12:15 PM revealed that insects were not observed in the resident rooms on the 200 hall.</p> <p>An invoice dated 1/16/26 showed that a new pest control company completed a triage and remediation of the facility, including first pass treatment for German cockroaches in selected rooms on the 100 and 200 halls and in Room 310.</p> <p>An invoice dated 2/6/26 from the new pest control company indicated monthly maintenance was completed. The remarks on the invoice indicated that the 500 hall nursing staff reported cockroach sightings and treatment was provided. The invoice did not include details about the specific application.</p> <p>An interview was conducted with Resident #16 on 3/9/26 at 12:05 PM. Resident #16 stated that there had been a bad roach problem in the facility since last fall. Resident #16 stated that she observed cockroaches were in her room, on the walls, floor and other surfaces.</p> | F0925   | <p>Continued from page 8<br/>On 3/25/2026, the Director of Nursing and designees completed 100% head to toe skin assessment of all residents to ensure no concerns related to pest and visual observation of residents and their beds for pest. Results included: There were no areas of concern or visual observations identified.</p> <p>On 3/25/2026, the Maintenance Director, conducted environmental inspection for pest entry points (cracks in foundation/walls, torn window screens), inspections of closets, drawers, and behind refrigerators. Results included: no areas of concern since Pest Company application on 3/23/2026.</p> <p>On 3/24/2026 the Environmental Supervisor implemented new housekeeping hours to extend to 2pm-8pm, to allow cleaning of resident rooms and after dinner.</p> <p>Measures /Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>On 3/23/2026, the Staff Development Coordinator began education of all FT, PT, PRN Nursing, Housekeeping, Laundry, Dietary, and Maintenance to include agency staff on Safe, Sanitary Environment and Pest Prevention. This education was completed on 3/27/2026. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff that has not received scheduled in-service training will not be allowed to work until training has been completed.</p> <p>Housekeeping and nursing staff will ensure routine cleaning and sanitation of all resident care areas, including resident beds, mattresses, bed frames, bedside tables, wheelchairs, recliners, personal belongings, and the areas around and beneath beds. These areas will be addressed per facility cleaning schedules and policies to reduce environmental risks.</p> <p>Housekeeping and dietary staff will clean and disinfect all food contact areas on a scheduled basis, including dining room tables and chairs, tray tables, kitchen counters, food preparation surfaces, equipment handles, and other high touch surfaces. Cleaning will occur daily and after meals in the dining room and kitchen in</p> |   |

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| F0925<br>SS = F  | <p>Continued from page 9<br/>Resident #16 stated that the cockroaches were better in the last few weeks.</p> <p>An interview on 3/10/26 at 9:00 AM with Resident #5, a cognitively intact resident, revealed that he had last observed cockroaches in his room a few weeks ago.</p> <p>An interview on 3/11/26 at 4:15 PM with Resident #16 revealed that she had observed a cockroach in her room on the evening of 3/10/26 and she reported this to the Administrator.</p> <p>An interview was conducted with the Maintenance Director on 3/10/26 at 1:18 PM. The Maintenance Director reported he had been in the position for two years and explained that there were paper work order forms at each nursing station to record any maintenance issues and/or pest concerns. He stated he checked for work orders two times per day and there had not been any reports of pests. He reported the pest control service visited weekly and that the facility recently changed pest control companies due to ongoing issues with the previous company. The Maintenance Director initially stated there had been no pest problems in the past several months. However, he later acknowledged that the facility experienced an infestation of cockroaches in November and December 2025, primarily on the 200 hall. He stated there had been no reports of roaches recently, but then reported staff observed roaches approximately one month ago. He further stated he had been told—by an individual and on a date he could not recall—that cockroaches had been found on residents. He acknowledged that after receiving this information, he did not contact the pest control company, adjust the pest control program, or implement any monitoring. The Maintenance Director stated he did not participate in Quality Assurance Performance Improvement meetings and was not aware of any QA program related to pests. Although he initially stated he had a system to track work orders submitted and completed he later stated that he had no records of work orders, including orders regarding pest issues, and primarily learned of maintenance issues through word of mouth.</p> <p>An interview was conducted with Nurse #5 on 3/10/26 at 3:25 PM. She stated she was primarily assigned to the 200 hall. She reported that she informed the Administrator and Director of Nursing—date not recalled—that she observed cockroaches on the 200 hall. She did not report the issue to the Maintenance Director because she believed it was a serious problem</p> | F0925   | <p>Continued from page 9<br/>accordance with facility policy.</p> <p>The facility will maintain an active, documented pest control program through a licensed pest control vendor. Services will be provided on a monthly basis and PRN, and will include inspection and treatment of resident rooms, kitchens, dining areas, food storage areas, trash and waste areas, and utility spaces. Treatment methods will follow an integrated pest management approach with documentation of areas treated, methods used, and follow up actions as needed.</p> <p>Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements</p> <p>The Director of Nurses or designee will monitor compliance utilizing the F 925 QA Tool weekly x 3 weeks then monthly x 3 months or until resolved. This tool will monitor 8 random rooms/areas, on various halls, various days, to observe for any sanitation, environmental, or housekeeping concerns related to pest control. Any observation of pests will be reported to the Maintenance Director and/or designee immediately. Monitoring will start on 3/30/2026. QA reports will be presented to the monthly Quality Assurance committee by the Administrator or Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the monthly Quality Assurance Meeting. The monthly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Unit Manager, Health Information Manager, Maintenance Director, Housekeeping Services Director and the Dietary Manager.</p> <p>Date of Compliance: 3/28/2026</p> |   |

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| F0925<br>SS = F  | <p>Continued from page 10 that the Administrator should address. She stated that work orders were available at the nurses' station for other maintenance issues. Nurse #5 stated that Resident #86 had confusion and on the evening of 1/3/26, she transferred Resident #86 to the emergency department for a change in condition. She stated that EMS personnel did not report to her that they observed cockroaches on the resident or in his bed at the time of transfer and she did not observe any roaches on the resident, but she learned of this allegation afterward. She stated that had EMS informed her of seeing roaches, she would have reported it to the Administrator or Director of Nursing. She further stated that several days after Resident #86 was transferred, the Director of Nursing informed her that there was a report that indicated cockroaches were observed on the resident when he was picked up by EMS at the facility and when he arrived at the hospital.</p> <p>An interview was conducted with Nurse Aide (NA) # 5 on 3/11/26 at 8:45 AM. NA stated that there were a lot of cockroaches in the facility since last summer and she did not report to administration that she observed cockroaches as she assumed that they knew. NA #5 stated that she was assigned to Resident #86 on 1/3/26 from 7:00 AM to 7:00 PM. NA #5 stated that she heard that the EMS personnel observed cockroaches (she did not know how many) on Resident #86 and were "stomping the cockroaches out on the floor" when they were preparing to take the resident to the hospital for evaluation on 1/3/26 but she did not observe the cockroaches on the resident.</p> <p>An interview was conducted with NA #6 on 3/11/26 at 10:41 AM. NA #6 stated that the cockroaches were terrible in the facility, especially in the fall and winter of last year. NA #6 stated that she observed cockroaches on the medication carts, on residents, in their beds, on the ceilings and in the resident rooms. NA #6 indicated that cockroaches were everywhere on 100 and 200 hallways including on resident beds and clothing. NA #6 recalled an incident in the winter with a resident, she could not recall which resident or the date, in which she went to put a jacket on the resident and observed a cockroach on the resident. NA #6 stated that the resident was unaware that a roach was on him. NA #6 indicated that housekeeping cleaned during the daytime but there was no housekeeping in the evening and at night. NA #6 stated that most residents on 200 hallway ate meals in their rooms and food was frequently spilled on the floors. NA #6 indicated that she felt badly that the residents had cockroaches in their rooms, but everyone knew about it. NA stated that</p> | F0925   |   |   |

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| F0925<br>SS = F  | <p>Continued from page 11<br/>she did not report the cockroaches that she observed in the resident rooms as she assumed the administration and maintenance already knew.</p> <p>An interview was conducted with NA #2 on 3/11/26 at 10:00 AM. NA #2 stated that there had been a significant cockroach problem in the facility for a long time and that the exterminator "did not know what he was doing." She stated she observed the exterminator enter the facility every few weeks with a small can of spray and that he never thoroughly treated the building. She stated that everyone in the facility was aware of the pest problem. She did not report the issue to the Administrator or Maintenance because she assumed they already knew how severe the infestation was. NA #2 stated the roach problem had been ongoing for months, likely since October or November. She stated she observed heavy cockroach activity in November, December, and January, including roaches in resident beds and on surfaces in resident rooms. NA #2 further stated that cockroaches were frequently found behind refrigerators and coming from the heating and air conditioning units in resident rooms. She reported that although pests were still present, the situation had improved since the new pest control company began providing services.</p> <p>An interview was conducted with the Administrator on 3/11/26 at 11:30 AM. He stated that cockroaches were frequently observed in the facility in October and November and that he realized the pest control company being used was not effective. He stated that after the January incident in which EMS reported seeing cockroaches on a resident being transferred to the hospital, the facility cleaned rooms on the 200 hall, and he consulted a corporate consultant who recommended a different pest control company. He reported that the facility switched to the new company in late January, and since then pest activity had decreased. He stated he had been dissatisfied with the previous company's services for some time but had hoped the situation would improve. The Administrator stated the facility did not use a work order system to report pests and relied on word-of-mouth reporting. He stated there was no auditing of rooms for pest activity and that cockroaches were mainly observed on the 200 hall although they were reported in other parts of the facility as well. The housekeeping staff used an over the counter household spray if they were notified of pests. He stated he was informed that an Adult Protective Services (APS) report had been filed regarding a resident's condition, but he did not know the outcome of the APS investigation. He further stated</p> | F0925   |   |   |

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| F0925<br>SS = F  | <p>Continued from page 12<br/>he did not initiate monitoring, implement a performance improvement plan, or bring the issue to Quality Assurance for review.</p> <p>An interview was conducted with NA #7 on 3/11/26 at 12:04 PM. NA #7 stated she began working in the facility at the end of December 2025 and had observed cockroaches in resident rooms on the 200 hall since she started.</p> <p>An interview was conducted with the Housekeeping and Laundry Supervisor on 3/11/26 at 4:15 PM. She stated she had been in the position for two years, the department was fully staffed, and staff worked from 8:00 AM to 3:30 PM. She stated there were no housekeeping staff on duty in the evenings or at night, although some of the nursing staff assisted with cleaning spills in resident rooms at times. The Supervisor stated there had been a significant cockroach problem on the 100 and 200 halls for a long time and that the facility had been infested since the previous summer. She reported that staff sometimes informed her when they observed bugs, and she kept an over the counter spray that she used in resident rooms as needed between exterminator visits.</p> <p>The Supervisor stated that recently, she was instructed to accompany the exterminator on the visits.</p> <p>During a follow up interview on 3/12/26 at 2:14 PM, the Administrator acknowledged that the contracted pest control provider had not been successful in eliminating the pests. Despite this awareness, the facility did not implement additional corrective measures or alternative pest control services to adequately address the problem. The facility did not perform any documented monitoring, follow up, or escalation of the issue.</p> <p>An interview conducted with the Pest Control Specialist on March 18, 2026, at 12:45 PM revealed that he had more than 30 years of experience, including extensive education and training in the identification and treatment of German cockroaches. He explained that German cockroaches posed a significant health risk, carrying allergens and bacteria that can contaminate surfaces and lead to infections and gastrointestinal symptoms. The Pest Control Specialist stated that he was the owner of the new pest control company that began providing services to the facility in late January 2026. He reported that he completed a comprehensive evaluation of the facility, which included staff interviews, observations across all</p> | F0925   |   |   |

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| F0925<br>SS = F  | Continued from page 13 shifts, and assessments of resident rooms, offices, the kitchen, and common areas. He stated that during his initial evaluation, the facility was heavily infested with active cockroach activity; however, he noted a reduction in activity during subsequent visits. | F0925   |   |   |