STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115293	A. Building B. Wing	12/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resorts at Pooler Inc	508 South Rogers Street Pooler, GA 31322

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, resident and staff interviews, record review, and review of the facility policy titled Nursing Home and Resident Rights, the facility failed to ensure resident privacy during incontinent care for one of 37 sampled residents (R) (R90). This deficient practice had the potential to place R90 at risk of a diminished quality of life in an environment that promotes the maintenance or enhancement of each resident's quality of life.Findings include:Review of the facility's undated policy titled Nursing Home Resident Rights included, Right to a Dignified Existence -Be treated with consideration, respect, and dignity, recognizing each resident's individuality. Record review of the electronic health record (EHR) for R90 revealed diagnoses including, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side. Record review of the Quarterly Minimum Data Set (MDS) for R90, dated 10/1/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview Mental Status (BIMS) score of three (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented that the resident was dependent for Activities of Daily Living (ADLs). Section H (Bladder and Bowel) documented that the resident was always incontinent of bladder and frequently incontinent of bowel. Observation on 12/5/2025 at 9:21 am revealed Certified Nursing Assistants (CNA) BB and CNA AA providing incontinent care to R90. Continued observation revealed that the privacy curtain did not completely encircle the bed for R90, and R90 was observed with no covering on her bare body below her waist, allowing exposure of R90 to other persons entering her room. In an interview on 12/5/2025 at 9:33 am, R90 stated the staff never pulled the privacy curtains at the bottom of the bed during ADL care. She reported being unaware that the curtains could be pulled to prevent exposure of her private areas. She stated she would feel embarrassed if someone walked into the room while she was receiving incontinent care.In an interview on 12/5/2025 at 12:03 pm, the Director of Nursing (DON), the DON reviewed photographic evidence and confirmed that the CNAs failed to ensure that the privacy curtains were pulled completely around the bed to provide privacy during incontinent care for R90.In an interview on 12/5/2025 at 12:22 pm with CNA BB and CNA AA, both CNAs confirmed that they failed to pull the privacy curtains to ensure resident privacy during incontinent care for R90. CNA AA reported being unaware to pull the long curtain from the window to add privacy. CNA BB reported being aware that the privacy curtains should encircle the bed.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy titled Resident Self-Administration of Medication, the facility failed to ensure that one of 37 sampled residents (R) (R61) did not have unauthorized and unsecured medication and medicated treatment products at the bedside. This deficient practice had the potential to cause adverse effects for R61 and allow unsecured medication and medicated treatment products to be accessible to other residents.Findings include:Review of the facility's policy titled Resident Self-Administration of Medication dated 1/8/2025, revealed the section titled Policy stated, It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. The Policy Explanation and Compliance Guidelines section included, . 7. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other residents' rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: (a) The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is effective. (b) The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy. 8. All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of policy and procedures regarding resident self-administration when necessary.Review of R61's Electronic Health Records (EHR) revealed diagnoses that included, but were not limited to, pressure ulcer of sacral region stage 4, paraplegia, type 2 diabetes mellitus with diabetic autonomic polyneuropathy.Review of R61's admission Minimum Data Set (MDS) assessment, dated 12/9/2025, revealed, the assessment had not been completed with a status of In Progress.Review of R61's Physician's Orders revealed an order dated 12/4/2025 for Admelog 100 unit/ml (milliliter) solution, inject as per sliding scale subcutaneously before meals and at bedtime for diabetes. Further review revealed orders dated 12/6/2025 for the sacrum-cleanse area with NS (normal saline) or wound cleanser, pat dry. Apply calcium alginate to the area and cover with super absorbent 3 (three) x (times) week; left ischium-cleanse the area with NS or wound cleanser and pat dry. Apply Santyl ointment and calcium alginate. Cover with super absorbent dressing every day; right ischium-cleanse area with wound cleanser or ns, pat dry. Apply Santyl ointment and calcium alginate, and cover with a super absorbent every day, on the skin tag on the left side of the face. Cleanse the area with normal saline and pat dry. Apply skin prep to the area until the area stops bleeding. prn. There was no order for medication self-administration.Review of R61's EHR revealed a Self-Administration Evaluation form dated 12/3/2025 that determined the resident was not capable of self-administering medications.During a concurrent observation and interview on 12/5/2025 at 10:17 am, observation revealed one tube of silicone cream, one bottle of [Name] sodium hypochlorite solution, one bottle of antifungal powder, six antimicrobial dressings, one tube of ostomy paste, and one [Name] insulin glargine injection pen lying on top of the table inside R61's room. In an interview, R61 revealed that he was unable to apply wound treatment or administer insulin himself. He stated that stuff (medication and medicated treatment products) had been on the table since he was admitted from the hospital.During a concurrent observation and interview on 12/5/2025 at 11:37 am, the Director of Nursing (DON) and Licensed Practical Nurse (LPN) FF both confirmed the medication and medicated treatment products lying on top of the table inside R61's room. An interview (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Resorts at Pooler Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 508 South Rogers Street Pooler, GA 31322	

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the DON revealed that R61 had been at the facility for a couple of days. She revealed that, upon admission, the Certified Nursing Assistants (CNAs) should go through the resident's items from the hospital. She stated that if there were medications and/or wound supplies, they were to give them to the nurse. Her expectation was for the nurses to remove medications and wound supplies from the resident's room and not to leave it unattended.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, staff interviews, record reviews, and the facility policy titled Comprehensive Care Plans, the facility failed to follow the plan of care for one of 37 sampled residents (R) (R44). This deficient practice had the potential to place R44 at increased risk of unmet needs and a diminished quality of life. Findings include:Review of the facility's policy titled Comprehensive Care Plans, dated 1/18/2025 revealed the Policy section stated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. The Policy Explanation and Guidelines section included . 8. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made.Review of the electronic health record (EHR) for R44 revealed diagnoses, including, but not limited to, chronic respiratory failure with hypoxia. Review of the physician orders for R44 revealed an order dated 11/5/2025 for oxygen at two liters per minute via a nasal cannula continuously for shortness of breath. Record review of the care plan for R44 revealed a focus area of the resident has altered respiratory status/difficulty breathing related to chronic respiratory failure with hypoxia. The interventions included, but were not limited to, providing oxygen as ordered.Observation on 12/5/2025 10:17 am and 12:01 pm revealed R44 lying in bed receiving oxygen from an oxygen concentrator with the flow rate set to two-and-one-half liters per minute. Observation on 12/6/2025 at 12:99 pm revealed R44 sitting at a table in the dining room receiving oxygen from a portable oxygen cylinder at a flow rate of one liter per minute.In a telephone interview on 12/7/2025 at 12:03 pm, the MDS Coordinator stated her expectation was for staff to follow the care plan. When asked to clarify the meaning of the intervention provide oxygen as ordered, the MDS Coordinator stated that the intervention meant for nurses to check the order prior to administering oxygen because the order may change.Cross-Reference F695

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NAME OF PROVIDER OR SUPPLIER Resorts at Pooler Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 508 South Rogers Street Pooler, GA 31322	

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, staff and resident interviews, record review, and review of the facility's policy titled Oxygen Administration, the facility failed to ensure infection control measures were followed for one of 37 sampled residents (R) (R55) by not storing a Continuous Positive Airway Pressure (C-PAP) [a non-invasive mechanical ventilator] mask properly. In addition, the facility failed to ensure that the oxygen flow rate was set correctly for one of 10 R receiving oxygen (R44). These deficient practices had the potential to place R55 and R44 at increased risk of medical complications. Findings include: Review of the facility policy titled Oxygen Administration, dated 1/8/2025, revealed the Policy Explanation and Compliance Guidelines section included, 1. Oxygen is administered under orders of a physician, except in the case of an emergency. In such a case, oxygen is administered, and orders for oxygen are obtained as soon as practicable when the situation is under control.7. Cleaning and care of equipment shall be in accordance with facility policies for such equipment. 8. Storage of oxygen shall be in accordance with the facility's Oxygen Safety Policy. 1. Review of the Electronic Health Record (EHR) for R55 revealed diagnoses that included, but were not limited to, chronic obstructive pulmonary disease (COPD), acute respiratory failure with hypoxia, and morbid (severe) obesity due to excess calories. Review of the admission Minimum Data Set (MDS) assessment for R55, dated 12/1/2025, revealed Section C (Cognitive Patterns) documented a Brief Interview of Mental Status (BIMS) score of 14 (indicating the resident was cognitively intact). Section O (Special Treatments, Procedures, and Programs) revealed the use of a non-invasive mechanical ventilator. Review of the physician orders for R55 revealed orders dated 11/26/2025 to replace mask prn (as needed), fill CPAP heater with distilled water, turn on machine then apply mask every evening shift. Further review revealed orders dated 12/1/2025 to change C-PAP filter Q (every) six months every day shift every month(s) starting on the first for six day(s), cleanse c-pap, 11/30/2025 to clean mask and heater with soap and water allow to dry. Rinse C-PAP filter and allow it to dry. Replace corrugated tubing and O2 tubing if used every day shift every Sunday for C-PAP dated 11/30/2025. Observation and interview on 12/5/2025 at 10:00 am with R55 in her room revealed that she had been at the facility for three weeks. There was a C-PAP machine and mask observed lying on the bedside table, uncovered, with no bag or cover observed nearby. R55 revealed that she was able to take on and off the C-PAP mask herself. When asked, she further revealed that staff haven't covered it with anything since she had been at the facility. Observation and interview on 12/5/2025 at 1:00 pm with the Director of Nursing (DON) confirmed the C-PAP mask lying on the bedside table, uncovered, with no bag observed nearby. She revealed that her expectation was that the night nurses were to ensure that the C-PAP mask had a clean, labeled bag, and that the day shift nurse should ensure that the C-PAP masks were covered when not in use. Observation and interview on 12/5/2025 at 1:08 pm with Licensed Practical Nurse (LPN) FF confirmed the C-PAP mask lying on the bedside table, uncovered, with no bag observed nearby. She acknowledged that she was responsible for ensuring the C-PAP mask was covered when not in use and had no explanation for why this was not done. She stated that she was going to take care of it. 2. Record review of the EHR for R44 revealed diagnoses including, but not limited to, shortness of (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	breath and chronic respiratory failure with hypoxia. Review of the Quarterly Minimum Data Set (MDS) for R44, dated 9/15/2025, revealed Section C (Cognitive Patterns) documented a BIMS core of eight (indicating moderate cognitive impairment). Section O (Special Treatments, Procedures, Programs) documented that the resident received oxygen while a resident. Review of the physician orders for R44 revealed an order dated 11/5/2025 for oxygen at two liters per minute (LPM) via a nasal cannula continuously for shortness of breath. Observation on 12/5/2025 10:17 am and 12:01 pm revealed R44 lying in bed receiving oxygen from an oxygen concentrator with the flow rate set to two-and-one-half LPM. Observation on 12/6/2025 at 12:00 pm with LPN GG revealed R44 sitting at a table in the dining room receiving oxygen from a portable oxygen cylinder at a flow rate of one LPM. LPN GG confirmed R44's oxygen was being delivered at one LPM and should be delivered at two LPM. In an interview with the Director of Nursing (DON), she stated that the resident had no history of adjusting her oxygen flow rate. The DON reported that her expectation was for staff to follow the physician's orders when administering oxygen.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and review of the facility's policies titled Dietary Services: Food brought in the facility by Family or Visitors and Food Storage Guide: Food Dating and Labeling Guidelines, the facility failed to ensure food items were labeled, dated, and not beyond their expiration date. This deficient practice had the potential to adversely affect 84 of 84 residents receiving an oral diet from the kitchen. Findings include:Review of the undated facility's policy titled Dietary Services: Food brought in the facility by Family or Visitors included, . 2. All food items that are already prepared by the family or visitor brought in will be labeled with name and dated. A. The Facility will refrigerate, label, and date prepared items in the nourishment refrigerator. B. The prepared food must be consumed in 3 days. C. If not consumed within 3 days, food will be thrown away.Review of the undated facility's policy titled Food Storage Guide: Food Dating and Labeling Guidelines included, . 1. Put the 'delivery date' on the cardboard case and on individual items when removed from the cardboard delivery case. 2. Write a use-by date on the container of food items that: a. Have been opened by not completely used b. Are prepared at the center (including leftovers) and stored in the refrigerator, freezer, or dry storage.Observations during the initial kitchen tour on 12/5/2025, beginning at 7:49 am, with Cook/Aide II and Cook/Aide EE revealing the following:1. In the kitchen, there was a rack with bread that did not have an expiration date. There were also two partial bags of bread that had been opened and did not have an open date or an expiration date.2. There was a box of onions that did not have an in-date or expiration date.3. There were two boxes of bananas that did not have an expiration date on either. One of the boxes had an in date of ‘12/4,' but there was no in date on the other box.4. In the reach-in refrigerator, there was a container with gravy in it that had a use-by date of 12/3/2025.5. In the dry food storage area, there was one box of hot chocolate that did not have an expiration date.6. In the dry food storage area, there were four boxes of tea with an expiration date of April 23, 2025.7. In the walk-in freezer, there was a bag of hashbrowns that had not been opened and did not have an in-date or expiration date. There was a bag of hashbrowns that had been used, which had a label with ‘12/3/25' as the expiration date.8. In the walk-in freezer, there were three Brussels sprouts that did not have an expiration date. One bag of the Brussels sprouts had a label with an in-date date, and two bags did not.In an interview on 12/5/2025 at 7:57 am, Cook/Aide EE confirmed that there were no dates on the bread, and the loaves should be dated. It was further confirmed that there were no expiration dates on the boxes of onions and bananas.During a concurrent interview and observation on 12/5/2025 at 8:05 am, the Dietary Manager (DM) confirmed that the tea and hot chocolate were past their expiration dates. The DM stated that the bread was kept in the freezer and once thawed, they have one week to use it. She reported that she had a note posted for the bread dates and that the bread would be discarded tomorrow. She confirmed no note was currently posted with the bread discard dates. The DM confirmed that the gravy should not have been saved but should have been discarded before today. She further confirmed that there were no dates on the Brussels sprouts, and she confirmed that the unopened hashbrowns did not have an in-date or expiration date, and the bag of opened hashbrowns had a date of 12/3/2025. The DM acknowledged that items in the kitchen should have ‘in' dates and expiration dates.During a concurrent interview and observation on 12/6/2025 at 11:11 pm of the resident food pantry, Licensed Practical Nurse (LPN) HH revealed the following:1. In the resident refrigerator, there was a pack of pre-packaged snack cakes with an expiration date of 10/11/2025.2. There was a bag that had a container (white top and black bottom) with food in it. There was no in-date or expiration date identified.3. There was a container of potato salad that had a Best (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	if used by date of 11/16/2025.During an interview, LPN HH confirmed the findings in the resident's pantry. During an interview on 12/7/2025 at 2:40 pm, the Administrator denied knowledge of problems related to labeling and dating of items in the kitchen or the resident food pantry. The Administrator reported that the Housekeeping Supervisor typically checks the refrigerator, and items are discarded after three days. She also reported that she had checked the resident pantry about a week ago, and there were no expired items at that time.

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	115293	A. Building B. Wing	12/07/2025

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations and staff interviews, the facility failed to ensure that the outdoor garbage and refuse area was free from debris. This deficient practice had the potential to attract pests and rodents and transfer harmful microorganisms to food, leading to foodborne illness for the 84 residents residing in the facility.Findings include:During observation of the dumpster area on 12/7/2025 at 8:12 am, a chair, a bed frame, a wheelchair, a countertop, a trash can, pallets, and other wood pieces were observed in the dumpster area. On 12/7/2025 at 12:44 pm, an observation and interview were conducted with the Maintenance Director. He reported that the dumpsters were emptied every Monday, Wednesday, and Friday. The Maintenance Director confirmed that the trash cans were open and stated that they should be closed. The Maintenance Director reported that the bed frame, chair, countertop, trash can, wheelchair, and pallets had been at the dumpster site for two to three days. He stated that someone normally picked up the items, but had not been able to contact the person. He further stated that the refuse vendor would not pick up these items with the routine trash pickup. The Maintenance Director stated that the Maintenance Department was typically responsible for keeping the dumpster area clean. During an interview with the Administrator on 12/7/2025 at 2:48 pm, she reported that she was not aware of dumpster issues related to the items around the dumpsters. She reported that the Maintenance can take things to be dumped, and someone else picked up the steel.