STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265593	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hartville Care Center	649 West Rolla Street Hartville, MO 65667

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care 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 provide respiratory care per standards of practice when staff failed to ensure staff changed and stored oxygen equipment per professional standards and when staff failed to care plan oxygen usage for two residents (Resident #22 and #10). The facility census was 40. Review of the facility's Oxygen Equipment Policy, undated, showed the following: -Disposable oxygen equipment will be discarded after each use; -Humidifier must be emptied and refilled every 24 hours with distilled water; -Humidifiers are to be dated, initialed, and replaced monthly; -Tubing, masks, and cannulas used with oxygen therapy should be replaced monthly and as needed. 1. Review of Resident #22's face sheet (a document that gives resident's basic information) showed the following: -admission date of 11/11/23; -Diagnoses included acute respiratory failure with hypoxia (a severe medical condition where the lungs cannot adequately oxygenate the blood) and acute on chronic systolic congestive heart failure (a sudden worsening of chronic heart failure symptoms). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 05/14/25, showed the following: -Resident was cognitively intact; -Staff did not indicate oxygen therapy. Review of the resident's June 2025 Physician Order Sheet (POS) showed the following: -An order, dated 05/22/25, to administer 2 to 4 liters of oxygen as needed for shortness of breath or to keep blood oxygen levels above 90%; -An order, dated 05/22/25, to change oxygen tubing monthly; (continued on next page)

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

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

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-An order, dated 05/22/25, to change oxygen tubing as needed; -An order, dated 11/11/23, to change nebulizer tubing monthly. Place name and date on tubing and plastic bag, once a month on the 25th of the month. Review of the resident's care plan, revised on 06/01/25, showed staff did not care plan the resident's oxygen use. Review of the resident's June 2025 Treatment Administration Record (TAR) showed staff documented oxygen tubing changed on 06/15/25. Observation on 06/16/25, at 10:20 A.M., of resident's room showed the resident lying in bed wearing an undated nasal cannula attached to an oxygen concentrator. The oxygen humidifier and tubing attached to the concentrator were not dated. A nebulizer machine was sitting on the floor next to the bed with attached tubing and mask, undated. Observation on 06/17/25, at 0:37 A.M., of resident's room showed resident lying in bed wearing an undated nasal cannula attached to an oxygen concentrator. The oxygen humidifier and tubing attached to the concentrator were not dated. A nebulizer machine was sitting on the floor next to the bed with attached tubing and mask, undated. Observation on 06/18/25, at 9:27 A.M., showed resident resting in bed wearing an undated nasal cannula attached to an oxygen concentrator set at 3 liters per minute (lpm) of oxygen. The oxygen humidifier and tubing attached to the concentrator were not dated. A nebulizer machine was sitting on the floor next to the bed with attached tubing and mask, undated. 2. Review of the Resident #10's face sheet showed the following: -admission date of 10/03/2024; -Diagnoses included frontal lobe and executive function deficit following cerebral infarction (a condition where blood flow to the brain is blocked), cough unspecified, shortness of breath, and chronic obstructive pulmonary disease (chronic disease affecting the lungs). Review of the resident's quarterly MDS, dated [DATE], showed the following: -Cognitively intact; -Staff did not indicate oxygen therapy. Review of the resident's June 2025 POS showed the following: -An order, dated 04/20/25, for ipratropium-albuterol solution (medication used to treat breathing difficulties) for nebulization, 0.5 milligram (mg) - 3 mg(2.5 mg base)/3 milliliter (ml), inhalation four times a day; -No orders to change nebulizer tubing or masks. Review of the resident's care plan, revised on 04/21/25, showed staff did not care plan the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's oxygen use. Review of the resident's June 2025 TAR showed staff did not document cleaning or changing nebulizer tubing. Observation on 06/16/25, at 10:27 A.M., of the resident's room showed a nebulizer machine on the resident's bed side table with mask and tubing attached. Tubing attached to mask was dated 04/20. Observation on 06/18/25, at 9:29 P.M., of the resident's room showed a nebulizer machine on the resident's bed side table with mask and tubing attached. Tubing attached to mask was dated 04/20. Observation on 06/19/25, at 10:00 A.M., of the resident's room showed a nebulizer machine on the resident's bed side table with mask and tubing attached. Tubing attached to mask was dated 04/20. 3. During an interview on 06/18/25, at 9:49 A.M., Licensed Practical Nurse (LPN) G said the following: -Night shift nurses are responsible for changing oxygen, nebulizer tubing, and masks; -Tubing and masks should be changed every month; -Residents have orders in the computer for changing tubing and masks. During an interview on 06/18/25, at 11:42 A.M., Certified Medication Technician (CMT) F said the following: -All tubing for oxygen and nebulizer's are changed on night shift; -They are changed once a month by the night shift nurse; -Nebulizer treatments can be administered by the med tech. During an interview on 06/18/25, at 12:08 P.M., CMT H said the following: -Nurses change oxygen tubing and nebulizer masks on night shift; -Tubing should be kept off the floor. During an interview on 06/19/25, at 10:38 A.M., Registered Nurse (RN) D said the following: -Night shift nurses change oxygen tubing and masks once a month; -There is a schedule for those to be changed; -He/she was unaware of any tubing that has not been changed; -Tubing should be kept off the floor to prevent infection. During an interview on 06/19/25, at 10:53 A.M., Assistant Director of Nursing (ADON) said the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	following: -Oxygen is a standard of care and is not included in care plans; -Oxygen can be care planned if a resident has specific interventions they need; -Night shift nurses are responsible for changing oxygen tubing and masks monthly; -Oxygen tubing and masks should be dated; -Oxygen tubing and nebulizer machines should not be on the ground. During an interview on 06/19/25, at 11:17 A.M., the Director of Nursing (DON) said the following: -Oxygen tubing and nebulizer machines should not be on the ground; -Night shift nurses are responsible for changed oxygen tubing and masks monthly; -Oxygen tubing, masks, humidifiers should be labeled and dated. During an interview on 06/19/25, at 12:56 P.M., the Administrator said the following: -He/she expected nursing to follow all orders related to changing oxygen tubing and masks; -Management does rounds checking to insure those are being changed; -Oxygen masks, humidifiers should be dated; -Oxygen tubing should be dated and bagged.

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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 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 observation, interview, and record review, the facility failed to ensure food was protected from potential contamination when staff failed to ensure the air gap for the ice machine had the required two inch gap between the drain in the floor and the tubing from the ice machine and when staff failed to ensure the stove top burners used to cook food for the residents were clean and free from grease. The facility census was 40. 1. Review of the 2013 Missouri Food Code showed an air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch. Review showed the facility did not provide a policy related to the air gap. Observation on 06/16/25, at 10:05 A.M., and 06/19/25, at 11:00 A.M., showed an ice machine located in the kitchen. The plastic piece at the end of the drainage tubing from the ice machine rested directly on floor next to the drain area and did not have the required two inch air gap. (If the drain were to back-up the dirty water or waste could flow back into the tubing and cause the ice (a food substance) in the ice machine to become contaminated.) During an interview on 06/19/25, at 10:48 A.M., Dietary Staff A said he/she did not know about the required ice machine gap. During an interview on 06/19/25, at 10:52 A.M., Dietary Staff B said the ice machine tubing should be over the drain due to ice melts and it should drain out into the drain located on the floor. During an interview on 06/19/25 at 11:00 A.M., the Dietary Manager said there should be a two or three inch air gap between the drain on the ice machine and the drain in the floor to ensure no back flow goes back up into the ice machine. The cap at the end of the tubing is there to keep staff from kicking it when they mop the kitchen. Observations and interviews on 06/19/25, at 1:20 P.M. and 02:44 P.M., with the Maintenance Director showed the following: -He said there should be three inches of an air gap between the drain on the ice machine and the drain in the floor. He did not know how the tubing kept going down on the floor and it should be up from the drain to keep from back flow up into the ice machine; -He placed the end cap of the tubing in the middle of the tubing to hold it up two to three inches up from the drain and said it should not have been on the end of the tubing, that was not how it was intended. During an interview on 06/19/25, at 1:26 P.M., the Administrator said there should be a two inch air gap between the drain on the ice machine and the drain in the floor. 2. Observations on 06/16/25, at 10:05 A.M., and 06/19/25, at 11:00 A.M., showed the top of the stove had a build-up of grease. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 06/19/25, at 10:52 A.M., Dietary Staff B said the following: -The cooks should clean the top of the stove; -Staff remove the stove burners and run the through the dishwasher once a week; -There was a lot of accumulation of grease around the burners. During an interview on 06/19/25, at 11:00 A.M., the Dietary Manager said the following: -She usually took the burners off the stove and pressure washes them or run them through the dishwasher; -Staff should clean the stove burners once per month. During interviews on 06/19/25, at 1:26 P.M. and 2:44 P.M., the Administrator said the following: -Staff should clean the burners on the stove; -The facility did not have a policy for cleaning the stove burners and should refer to the cleaning schedule.

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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 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. Based on interview and record review, the facility failed to maintain a complete and accurate medical record for all residents, when staff failed to document in the medical record an injury and change of condition for one resident (Resident #36). The facility census was 40. Review of the facility's policy titled, Event Investigation, undated, showed the following: -Purpose was to investigate the cause of all marks, discoloration, skin breaks, and injuries which have not been witnessed and to identify any injuries after a resident sustains an event; -Complete a report of event form as soon as possible whenever there is an unusual, unexpected and/or unintended event; -Any staff member who discovers, witnesses, or is involved in an event should immediately report the event to the nurse in charge; -The charge nurse is responsible to complete the report of event and forward this to the Director of Nursing as soon as possible. Review of the facility's policy titled, Charting and Documentation, undated, showed the following: -Chart all pertinent changes in the resident's condition, reaction to treatments, medication, etc., as well as routine observations; -Accidents/incidents narrative documentation does not take the place of the event report form; -Documentation should include the circumstances surrounding the accident or incident, where it took place, date and time incident occurred, name of any witnesses, residents account of the incident, time the physician was notified, time and date family was notified, and the condition of the resident including vital signs. 1. Review of Resident #36 face sheet (admission data) showed the following: -admission date of 03/29/25; -Diagnoses include Down Syndrome (a genetic disorder), delusional disorders (a mental disorder the involves persistent false beliefs), bradycardia (slow heart rate), and cognitive communication deficit (communication problem). Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 04/05/25, showed the following: -Resident was unable to complete mental status assessment; -Resident frequently rejected care; -Used a wheelchair. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's care plan, revised 04/21/25, showed the following: -Required assistance with daily decision making and communication; -At risk for falls; -Resident liked to sit on the floor. Keep floor mats in place. Review of resident's progress notes showed the following: -On 06/14/25, at 3:37 P.M., Registered Nurse (RN) D documented family notification of the resident sustaining a bruise to his/her forehead earlier that week. Resident observed frequently resting head on table. Neuro checks completed and normal. Resident denied pain or discomfort; -On 6/15/25, at 3:27 P.M., RN D documented resident refusing care, bruise to resident's forehead faded and turning yellow. Resident denied pain or discomfort; -on 6/16/25, at 1:54 P.M., RN D documented resident denied pain or discomfort related to bruise to forehead. Resident continued to lay head on table during mealtimes; (Staff did not complete any other documentation related to the bruise to resident's forehead. Staff did not document when the event occurred to cause the bruise, an investigation into the cause, continued monitoring of bruise until healed, or physician and family notification of the bruise.) Observation on 06/16/25, at 12:05 P.M., of the resident in dining room showed resident sitting at table with head resting on table. Resident had a yellow colored bruise to his/her left forehead. During an interview on 06/18/25, at 9:49 A.M., Licensed Practical Nurse (LPN) G said the following: -The resident has a bruise to his/her forehead; -He/she was not here when it happened, but thinks resident bumped his/her head; -Resident is known to get on the floor and crawl on his/her floor mats in their room. During an interview on 06/18/25, at 11:59 A.M., Certified Nursing Assistant (CNA) I said the following: -The resident frequently bumps his/her head on the table in the dining room; -The resident frequently crawls around on the floor in his/her room; -Staff notify the nurse if any resident has a bruise. During an interview on 06/18/25, at 12:08 P.M., Certified Medication Tech (CMT H) said the following: -The resident liked to sit on the floor and has a low bed. This was care planned; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident liked to crawl on the floor in his/her room; -The resident had a bruise to his/her head from the table in the dining room; -Staff notify the nurse if any resident is found to have an injury. During an interview on 06/19/25, at 10:14 A.M., CNA C said the following: -He/she did not know how resident got the bruise to his/her forehead; -The resident crawls around on the floor a lot; -Staff report any injuries to the charge nurse. During an interview on 06/19/25, at 10:38 A.M., RN D said the following: -The resident had a bruise to his/her forehead; -He/she was not there when it happened; -The resident liked to rest his/her head on the table and crawl on the floor; -He/she completed a neuro check as part of his/her standard assessment; -He/she documented on the bruise when he/she was on duty; -He/she does not know if the physician was notified or if the physician had seen the resident. During an interview on 06/19/25, at 10:53 A.M., the Assistant Director of Nursing (ADON) said the following: -Resident was care planned with interventions for her behaviors such as crawling on the floor; -The resident's bruise came from the resident laying his/her head on the table in the dining room; -Nursing should assess and document any injury that a resident sustains. During an interview on 06/19/25, at 11:17 A.M., the DON said the following: -The resident got a bruise to his/her forehead from laying his/her head on the dining room table; -Staff discussed starting resident on neuro checks but decided not to since the bruise was not from an impact; -Staff should have documented the incident; -Staff should have measured and documented bruise; -Staff should have notified the physician and family when injury appeared. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/19/25, at 12:56 P.M., the Administrator said the following: -He/she did not recall the exact cause of the resident's bruise; -He/she would expect staff to document how an injury originates; -He/she expected staff to assess and document any resident who sustains and injury; -Documentation should include doctor and family notifications.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide a sanitary and functional environment when staff failed to keep the walk-in cooler floor maintained and cleanable. The facility census was 40. Review showed the facility did not provide a policy related to the floor of the walk-in cooler. Review of the 2013 Missouri Food Codes showed the following: -Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris; -Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material; -Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues; -The physical facilities shall be cleaned as often as necessary to keep them clean. 1. Observations on 06/16/25, at 10:05 A.M., and on 06/19/25, at 11:00 A.M., showed the floor in the walk-in cooler had a large area of peeling paint. The floor had a brown and rough surface area. During an interview on 06/19/25, at 10:52 A.M., Dietary Staff B said the following: -The evening aide or cook mops the walk-in cooler floor and freezer; -He/she did not know how long the floor was like this. During an interview on 06/19/25, at 11:00 A.M., the Dietary Manager said the following: -Staff tried painting the walk-in cooler floor in the past and it peels right up again; -The Administrator and maintenance staff talked about the floor one time of replacing it with tiles; -She tries to mop the floor but did not think it was a cleanable surface. During an interview on 06/19/25, at 1:20 P.M., the Maintenance Supervisor said the he was not aware of the walk-in cooler floor. He did not know what the dark area was. During an interview on 06/19/25, at 1:26 P.M., the Administrator said the following: -He talked with the Dietary Manager about two months ago about the floor; -He looked at an aluminum diamond plate material for over the floor that goes over the top so it (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	would not rust; -The walk-in cooler floor should be cleanable.

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control system to control the flies when flies were present in two residents' rooms (Resident #2 and Resident #24) and in the facility kitchen. The facility census was 40. Review of the facility's policy titled, Pest Control, undated, showed the following: -Purpose was to provide an environment free of pests; -The facility will have a pest control contract which provides frequency treatment of the environment for pests. It will allow for additional visits when a problem is detected; -Monitoring the environment will be done by the facility's staff; -Pest control problems will be reported promptly. 1. Review of Resident #2's face sheet (admission data) showed an admission date of 11/05/21 and a readmisison date of 03/14/25. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 05/07/25, showed the resident had moderately impaired cognitive skills. Observation and interview on 06/16/25, at 10:47 A.M., showed the following: -The resident lay in his/her bed; -A fly landed on the resident's hat; -The resident had a fly swatter and said he/she cannot hit hard enough to kill the flies; -A fly landed on the resident's wheelchair; -The resident's family member said he/she killed two to three flies a day and it was normal to have flies around. 2. Review of Resident #24's face sheet showed an admission date of 05/31/22 and a readmission date of 12/21/23. Review of the resident's quarterly MDS, dated [DATE], showed the resident had cognitive skills intact. Observation and interview on 06/17/25, at 1:06 P.M., showed the following: -The resident sat in his/her chair in his/her room; -Two to three flies buzzed around the resident and landed on his/her hands, head, and meal tray; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265593	A. Building B. Wing	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hartville Care Center	649 West Rolla Street Hartville, MO 65667

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

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The resident said he/she had a daily problem with flies, but he/she did not see well enough to kill them. 3. During an interview on 06/19/25, at 2:03 P.M., Certified Nurse Aide (CNA) C said the following: -Flies were everywhere and had been bad this year; -He/she reported to the Maintenance Supervisor of any flies; -A resident had complained to him/her about the flies and he/she gave the resident a fly swatter. During an interview on 06/19/25, at 2:07 P.M., Registered Nurse (RN) D said the following: -The facility had issues with flies. There was one day when the flies were bad; -Staff should report flies to the Administrator. During an interview on 06/19/25, at 2:14 P.M., CNA E said the following: -Flies had been in certain areas of the facility; -Some residents carry fly swatters with them. During an interview on 06/19/25, at 2:17 P.M., the Director of Nursing (DON) said the following: -She would report to the Administrator of any complaints of flies; -The pest control company comes to the facility which helps with pests. During an interview on 06/19/25, at 2:23 P.M., the Administrator said the following: -Staff use fly swatters to kill the flies; -The pest control company helps with pest control; -The facility had fly lights ballasts on order. 4. Observations on 06/16/25, at 10:05 A.M. and 11:38 A.M., in the kitchen showed the following: -At 10:05 A.M., Dietary Staff B stood at the preparation area and removed ham and beans out of a container. Four flies buzzed around the food cart located by the preparation area;. Three flies buzzed around and landed on the preparation area; -At 11:38 A.M., Dietary Staff B stood at the steam table and took temperatures of the food. Six flies sat on the hall cart located next to the preparation table. Three flies buzzed around and landed on the counter top located next to the steam table. Two flies buzzed around and landed on the ledge connected to the steam table. -At 12:25 P.M., Dietary Staff B stood at the steam table and prepared plates for the lunch meal. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Three flies buzzed around the steam table and four flies landed on the hall tray cart which had five empty trays. Observations on 06/17/25, at 10:55 A.M., showed the following: -Three flies landed on a black cart; -Two flies buzzed around and landed on the ledge attached to the steam table; -A fly crawled around on a pot and a large metal spoon which hung above the preparation area; -Five flies crawled around on a black cart located next to the preparation area. Observations on 06/18/25, at 10:28 A.M. showed the following: -Four flies crawled around the floor under the dishwashing area; -Flies buzzed around the preparation area and counter top. During an interview on 06/19/25, at 10:48 A.M., Dietary Staff A said he/she worked at the facility about three weeks and did not know how to monitor the flies. He/she did not notice any flies in the kitchen. During an interview on 06/19/25, at 10:52 A.M., Dietary Staff B said the following: -He/she had noticed the flies in the kitchen; -The Dietary Manager and Administrator try to get rid of the flies; -The Administrator makes rounds in the facility and the resident rooms; -Staff are try their best to get rid of the flies; -Flies should not be on the serving spoons, pots, and/or preparation areas. During an interview on 06/19/25, at 11:00 A.M., the Dietary Manager said the following: -She noticed the flies in the kitchen; -The facility is suppose to receive bug lights, the current one above the ice machine did not work; -She tried to kill the flies with a fly swatter. She cannot use a spray to kill the flies in the kitchen. During an interview on 06/19/25, at 1:20 P.M., the Maintenance Supervisor said the following: -The fly traps had been out since last winter and the facility needed new fly traps; -The facility should had received a new one last month; (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Staff should use a fly swatter to kill the flies. During an interview on 06/19/25, at 1:26 P.M., the Administrator said the following: -The pest company came to the facility and ordered three lights to replace the bug lights and they did not have a ballast; -The facility is in a rural area and flies had been bad lately due to summer; -The facility should get the new bug lights; -He made rounds in the facility when the flies are bad; -He noticed some flies in the kitchen; -Staff should kill the flies when they see them.