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	265844	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aurora Health and Rehabilitation	1200 McCutchen Road Rolla, MO 65401

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, facility staff failed to complete pre-employment screenings Criminal Background Checks (CBC), Employee Disqualification List (EDL) verification, Family Care Safety Registry (FCSR), and Certified Nurse Aide (CNA) Registry for six sampled employees Registered Nurse (RN) G, CNA F, Certified Medication Technician (CMT) V, housekeeper W, CNA S, and housekeeper U out of ten sampled employees sampled. The facility census was 75. 1. Review of the facility's Abuse, Neglect, and Exploitation policy, revised 05/01/25, showed:-Potential employees will be screened for history of abuse, neglect, exploitation, or misappropriation of resident property and the facility will maintain documented proof of the screening. Review of the facility's policy titled Background Checks, undated, showed:-The employee pre-employment background check policy applies to any candidate who go through the company's hiring process;-The below pre-employment checks are required to complete prior to hire: -FCSR; -EDL; -OIG; -SAM; -CNA verification; -Nurse license verification; -Administrator licenses verification -Therapy licenses verification;-All required background investigations should be directed toward the Human Resources (HR) Director or Administrator.2. Review of RN G's personnel file showed:-Date of hire 09/05/24;-EDL verification dated 05/03/25;-FCSR dated 10/21/25;-CBC dated 10/21/25;-Did not contain documentation of a CNA Registry verification. 3. Review of CNA F's personnel file showed:-Date of hire 02/06/25;-EDL verification dated 10/06/25;-FCSR dated 10/06/25;-CNA Registry verification dated 10/06/25.Review of the CNA F's timecard showed his/her first day worked was 02/06/25.4. Review of CMT V's personnel file showed:-Date of hire 02/20/25;-FCSR dated 05/07/25;Review of the CMT V's timecard showed his/her first day worked was 02/21/25.5. Review of housekeeper W's personnel file showed:-Date of hire 04/17/25;-FCSR dated 05/06/25. Review of the housekeeper W's timecard showed his/her first day worked was 04/17/25.6. Review of CNA S's personnel file showed:-Date of hire 05/08/25;-EDL verification dated 10/21/25;-Did not contain documentation of FCSR, CBC, or CNA Registry verification.Review of the CNA S's timecard showed his/her first day worked was 05/08/25.7. Review of housekeeper U's personnel file showed:-Date of hire 08/27/25;-FCSR dated 10/22/25;-CBC dated 10/22/25.Review of the housekeeper U's timecard showed his/her first day worked as 08/27/25.8. During an interview on 10/22/25 at 1:33 P.M. the Director of Nursing (DON) said the HR director is responsible to complete the pre-employment screenings for all new hires. The DON said once he/she completes the interview with a potential new hire he/she takes the new hires paperwork to HR director. The DON said the HR director runs the pre-employment screenings and they are supposed to be completed before the staff member is hired or works in the facility. During an interview on 10/22/25 at 2:25 P.M., the HR director said he/she started the end of May and only got two days with the former HR director to train for this role. The HR director said he/she has asked for more training but has not received it and has been winging it. The HR director said if the facility decides to hire someone, he/she is responsible to complete the pre-employment background screenings, and they are to be completed prior to the new hire beginning work at the facility. The HR director said he/she is to complete the FCSR, EDL, CNA verification, and any license verifications. The HR director said if potential new hires are not screened correctly then the facility could potentially hire someone who would harm a resident, and the facility must protect the residents. The HR director said any pre-employment screenings completed prior to 6/1/25 the former HR director would have completed, and he/she would not know why they weren't completed correctly. During an interview on 10/22/25 at 2:42 P.M. the administrator said all new hires are to have their pre-employment screenings completed prior to the date of hire. The administrator said it is HR director is responsible to complete all new hire screenings. The administrator said the current HR director is the third one the facility has had this year. The administrator said he/she was not aware the screenings weren't getting done correct and timely. The administrator said if a pre-employment screening is not completed correctly the facility runs the risk of having someone working here who could harm a resident and the facility must protect them. The administrator said it is critical to do these before the date of hire for everyone. Complaint #2659561; 2663004

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, facility staff failed to report allegations of abuse and neglect for two residents (Resident #17, and #15) to the Department of Health and Senior [NAME] (DHSS) within the required time frame of two hours for allegations of abuse and neglect. The facility census was 75. 1. Review of the facility's Abuse, Neglect, and Exploitation policy, revised 05/01/25, showed it is the policy of the facility to provide protections for health, welfare, and rights of each resident. The facility will develop policies that prevent abuse, neglect, and exploitation of residents, and misappropriation of resident property. Review showed:-The facility will investigate any such allegations;-The facility will train any new and existing staff members on abuse, neglect, exploitation, misappropriation, and reporting procedures;-An immediate investigation is warranted when suspicion of abuse, neglect, exploitation, or misappropriation occur;-The facility will report all alleged violations to the Administrator, state agency adult protective services, and all other required agencies within in 2-hours after the allegation is made if the evens that cause the allegations involve abuse or result in serious bodily injury;-The Administrator will follow up with the government agencies, during business hours, to confirm the initial report was received, and report the results of the investigation when final within five working days of the incident. 2. Review of Resident #17's admission Minimum Data Set (MDS), a federally mandated tool, dated 07/07/25, showed staff assessed the resident as having severe cognitive impairment. Review of the facility investigation report, dated 09/19/25, showed the resident reported being slapped in the face by an employee. The investigation did not contain documentation staff reported the incident to DHSS until 09/29/25. During an interview on 10/22/25 at 1:33 P.M., the Director of Nursing (DON) said he/she was leaving for the day when the incident with Resident #17 was reported. The DON said he/she completed a skin assessment on the resident and the Regional Nurse Consultant was responsible to complete the rest of the investigation and ensure it was report to DHSS. The DON said he/she had to work night shift and left the facility to go home until the night shift began.3. Review of Resident #15's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact. Review of the facility investigation report, dated 09/23/25, showed Certified Nurse Assistant (CNA) A reported CNA S refused to toilet the resident and stated to just shit in your brief. The investigation did not contain documentation staff reported the incident to the State survey and certification agency until 09/29/25. During an interview on 10/22/25 at 1:33 P.M., the DON said the incident regarding Resident #15 he/she assisted with the investigation. The DON said he/she suspended CNA S until he/she completed his/her investigation. The DON said he/she reported the incident by phone the day of the incident to DHSS, but he/she did not have proof of that. 4. During an interview on 10/02/25 at 1:54 P.M., the Regional Nurse Consultant said he/she oversaw the facility while the Administrator was on vacation 09/13/25 through 09/28/25. The Regional Nurse Consultant said he/she has an administrator's license and can fill in as an interim administrator when needed. The Regional Nurse Consultant said he/she was responsible to complete the facility investigations and ensure they were reported to DHSS while the administrator was on vacation. The Regional Nurse Consultant said he/she thought he/she had reported the incidents to DHSS timely, but his/her email did not go through. During an interview on 10/22/25 at 2:42 P.M., the administrator said he/she was out of the country on vacation from 09/13/25 through 09/28/25 and the Regional Nurse Consultant was the interim administrator while he/she was gone. The Administrator said she did not know the reports were filed late to DHSS and said she would have expected any employee to resident abuse allegation to investigated per facility policy and to be reported to DHSS within the two-hour time frame. Complaint #2659561; 2663004

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to ensure ten residents (Residents #1, #3, #5, #6, #9, #12, #13, #14, #15, and #16) out of 18 sampled residents, who were dependent on staff for activities of daily living (ADLs) received necessary care and services to maintain good personal hygiene. The facility census was 75.1. Review of the facility's Bathing a Resident policy, dated 08/01/25, showed it is the practice of the facility to assist residents with bathing to maintain proper hygiene and help prevent skin issues.2. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 07/25/25, showed staff assessed the resident as:-Cognitively impaired;-Dependent on staff for bathing, dressing and personal hygiene;-No behaviors or rejection of care;-Diagnosis of stroke and anxiety.Review of the resident's care plan, undated, showed staff assessed the resident required maximum assistance of one staff for bathing/showering twice a week and as needed.Review of the resident's shower sheets, dated August 2025, showed staff documented the resident received two baths/showers for the month. Review of the resident's shower sheets, dated September 2025, did not contain documentation the resident received a bath/shower. Review of the resident's shower sheets, dated October 2025, showed staff documented the resident received one bath/shower for the month. 3. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively intact;-Impaired vision;-No behaviors or rejection of care;-Required partial to moderate staff assistance for bathing, dressing and transfers;-Diagnosis of unsteadiness on feet, dementia, lung disease and tremors.Review of the resident's care plan, dated 10/03/25, showed staff assessed the resident required moderate assistance of one staff with bathing/showering twice weekly and as necessary. Review of the resident's shower sheets, dated July 2025, showed staff documented the resident received two baths/showers for the month.Review of the resident's shower sheets, dated August 2025, showed staff documented the resident received one bath/shower for the month. Review of the resident's shower sheets, dated September 2025, staff documented the resident received one bath/shower for the month. Review of the resident's shower sheets, dated October 2025, showed staff documented the resident received two bath/showers for the month.During an interview on 10/21/25 at 4:08 P.M., the resident said he/she likes to get his/her showers at least twice a week. He/She said his/her family discussed this with the staff during the care meeting. 4. Review of Resident #5's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively impaired;-No behaviors or rejection of care;-Required partial to moderate staff assist for upper body dressing;-Required substantial to maximal staff assist for bathing and lower body dressing;-Diagnosis of stroke and paralysis on one side.Review of the resident's care plan, dated 08/13/25, showed staff assessed the resident required maximum assistance of one to two staff with bathing/shower twice weekly and as needed.Review of the resident's shower sheets, dated July 2025, showed staff documented the resident received two baths/showers for the month.Review of the resident's shower sheets, dated October 2025, showed staff documented the resident received two baths/showers for the month.Review of the resident's shower sheets, dated August 2025, showed staff documented the resident received one bath/shower for the month. 6. Review of Resident #12's Annual MDS, dated [DATE], showed staff assessed the resident as:-Severe cognitive impairment; -No behaviors or rejection of care;-Dependent for transfers, dressing, hygiene, and bathing;-Diagnosis of Parkinson's disease, dementia, heart failure, atrial fibrillation, and muscle weakness.Review of the resident's care plan, revised 07/22/25, showed staff assessed the resident is dependent on one to two staff to provide bath/shower twice weekly and as necessary.Review of the resident's shower sheets, dated August 2025, showed staff documented the resident received one bath/shower for the month.Review of the resident's shower sheets, dated September 2025, showed staff documented the resident received one bath/shower for the month. Review of the resident's shower sheets, dated October 2025, showed staff documented the resident received one bath/shower for the month. 7. Review of Resident #13's Annual MDS, dated [DATE], showed staff assessed the resident as:-Severe cognitive impairment; -No behaviors or rejection of care;-Required moderate assistance for dressing;-Required maximum assistance for transfers, hygiene, and bathing;-Diagnosis of dementia, coronary artery disease, heart failure, muscle weakness, and need for assistance with personal care. Review of the resident's care plan, revised 06/08/25, showed staff assessed the resident required maximum assistance of one to two staff with bathing/showering twice weekly and as necessary.Review of the shower sheets, dated August 2025, showed staff documented the resident received

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to provide sufficient staff according to facility assessment provide nursing care to meet the care needs of five residents (Resident #1, #3, #5, #9, and #14) out of 18 sampled residents to ensure adequate care and comfort. This had the potential to affect all residents. The facility census was 75.1. Review of the facility's Facility Assessment, dated 10/09/25, showed: -The Facility Assessment includes an evaluation of staff needed to ensure enough staff to meet resident needs as identified through resident assessment and care plans;-Resident daily schedules (waking, bathing, activities, rest periods, meals, bedtime, etc.) are considered;-Staff needed to care for resident population include: Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nurse Aide (CNA), Certified Medication Technician (CMT), Minimum Data Set (MDS) Nurse, Infection Preventionist (IP) and hospitality aides;-The facility considers the resident population, care and support needs for staffing decisions; We make a good faith effort to ensure we have sufficient staff to meet the needs of our residents;-The facility will make a good faith effort to evaluate the overall number of facility staff needed to ensure qualified staff are available to meet each resident's needs;-Staffing needs for each shift are determined and adjusted as necessary based on changes to the resident population (census increase or decrease) during normal operations and emergencies;-Additional items that are considered when determining staff are acuity levels, which may include, medications and treatments, Acok thanks have a great eveningtivities of Daily living and care levels, admissions, and readmissions;-Average daily census of 77;-Dayshift to include: One-two RN's, zero-three LPN's, three-five CNA's, and zero-two CMT's;-Nightshift to include: zero-one RN, zero-twoPN's, two-five CNA's.-Evening shift to include zero-two CMT's. Review of facility mechanical lift list, undated, showed facility has 21 residents who require mechanical lifts. 2. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 07/25/25, showed staff assessed the resident as:-Cognitively impaired;-Dependent on staff for bathing, dressing and personal hygiene;-No behaviors or rejection of care;-Diagnosis of stroke and anxiety.Observation on 10/21/25 at 10:28 A.M., showed resident in a group activity. He/she had long facial hair and his/her hair was disheveled. Observation on 10/21/25 at 12:00 P.M., showed resident at lunch table with long facial hair and long nails. His/her hair was disheveled. Observation on 10/22/25 at 11:51 A.M., showed resident in the dining room with long facial hair and disheveled hair. 3. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively intact;-Impaired vision;-No behaviors or rejection of care;-Required partial to moderate staff assistance for bathing, dressing and transfers;-Diagnosis of unsteadiness on feet, dementia, lung disease and tremors. During an interview on 10/21/25 at 4:08 P.M., Resident #3 said it seems like there isn't enough staff to help with showers. He/She said he/she is lucky to get a bath once a week, and that isn't enough. He/She hates to feel dirty, and he/she has had to go several weeks between baths.4. Review of Resident #5's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively impaired;-No behaviors or rejection of care;-Required partial to moderate staff assist for upper body dressing;-Required substantial to maximal staff assist for bathing and lower body dressing;-Diagnosis of stroke and paralysis on one side.Observation on 10/21/25 at 10:19 A.M., showed resident in bed with long facial hair and long nails. His/Her hair appeared greasy.Observation on 10/22/25 at 9:28 A.M., showed the resident in bed with long facial hair and long fingernails. His/her hair appeared greasy. 5. Review of Resident #9's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Cognitively intact;-No behaviors or rejection of care;-Required moderate assistance for transfers, dressing, hygiene, and bathing;-Diagnosis of stroke, seizure disorder, muscle weakness, and need for assistance with personal care. During an interview on 10/21/25 at 2:05 P.M., Resident #9 said staff treat him/her good, but there is not enough of them. The resident said he/she hasn't had a shower in 2 weeks and I can smell myself. 6. Review of Resident #14's Quarterly MDS, dated [DATE], showed staff assessed the resident as:-Moderate cognitive impairment;-No behaviors or rejection of care;-Dependent on staff for transfers, dressing, hygiene, and bathing;-Diagnosis of traumatic brain injury, diabetes, neurogenic bladder, seizure disorder, muscle weakness, and need for assistance with personal care. During an interview on 10/21/25 at 4:30 P.M., Resident #14 said he/she got a shower for the first time today in a long time.7. Observation on 10/21/25 at 12:22 P.M., showed the assist dining table with nine residents and two staff members, CMT N and CNA C, to assist those residents. Observation showed the

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, facility staff failed to ensure the Director of Nurses (DON) did not work as a charge nurse when the facility had an average daily occupancy of 60 or more residents. The census was 75.1.Review of the Facility Assessment, dated 10/09/25, showed: -Average daily census of 77;-The DON is identified as needed to care for the resident population;-The assessment does not indicate if the DON is a full-time staff member or how many hours are dedicated to the role of DON;-The assessment does not indicate if the DON is allocated to direct care. 2.Review of the facility's nursing schedule dated 09/01/25 through 9/30/25 showed the DON as charge nurse: - On 09/06/25, nightshift with census of 77;- On 09/07/25, nightshift with census of 77;- On 09/08/25, nightshift with census of 78;- On 09/10/25, nightshift with census of 78;- On 09/12/25, nightshift with census of 76;- On 09/15/25, nightshift with census of 78;- On 09/16/25, nightshift with census of 78;- On 09/19/25, nightshift with census of 77;- On 09/20/25, nightshift with census of 77;- On 09/25/25, nightshift with census of 78;- On 09/30/25, nightshift with census of 78. Review of the facility's nursing schedule, dated 10/01/25 through 10/21/25, showed the following: - On 10/05/25, nightshift with census of 79;-On 10/13/25, nightshift with census of 81. During an interview on 10/22/25 at 1:33 P.M., the DON said he/she works the floor to help provide resident care. He/She has a nurse who is out with a medical issue and have been covering for them where needed. He/She said there is regional support to help with the DON tasks while he/she is working as a floor nurse. He/She said the ADON was assisting as well, but they resigned a couple of weeks ago. The DON said he/she is aware of the regulation. During an interview on 10/22/25 at 2:00 P.M., the Administrator said he/she is aware the nursing director is working the floor. #2644893

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on observation, interview and record review, facility staff failed to complete a thorough facility-wide assessment to include specific staffing needs for each resident unit in the facility. Facility census was 75.1. Review of the facility's Facility Assessment policy, Review of the facility assessment, dated 10/09/25, showed: -Average daily census of 77 residents;-Dayshift to include: one-two Registered Nurse (RN)'s, zero-three Licensed Practical Nurse (LPN)'s, three-five Certified Nurse Aide (CNA)'s, and zero-two Certified Medication Technician (CMT)'s;-Nightshift to include: zero-one RN, zero-two LPN's, two-five CNA's.-Evening shift to include zero-two CMT's;-The assessment did not contain direction or guidance of shift times;-The assessment did not contain direction or guidance to include staffing needs for each resident unit. Observation on 10/21/25 at 10:30 A.M., showed the facility with 100, 200, 300, and 400 hall. During an interview on 10/22/25 at 1:33 P.M., the Director of Nursing (DON) said he/she staffs the building based on census and the facility assessment. He/She said he/she has input into the assessment. The DON said he/she was not aware the assessment needed to include specific staffing needs for each unit. During an interview on 10/22/25 at 2:15 P.M., the administrator said the facility assessment is completed with the interdisciplinary team to include the floor staff but the final say comes from the regional team. He/She was not aware the facility assessment needed to contain guidance for specific staffing needs for each resident unit. #2644893

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when staff failed to wear appropriate Personal Protective Equipment (PPE) during provisions of care for two resident's (Resident #12 and #13) out of two sampled residents who required Enhanced Barrier Precautions (EBP), and failed to sanitize or clean a mechanical lift (mechanical device used to lift and transfer residents) after use for two residents (Resident #14 and #16) out of two sampled residents. The facility census was 75.1. Review of the facility's Infection Prevention and Control policy, dated 05/10/25, showed:-Residents with an infection or communicable disease shall be placed on Transmission-Based Precautions (TBP) as recommended by the current CDC (Centers for Disease Control) guidelines;-All staff receive training regarding the infection prevention and control program;-All staff shall demonstrate competence in relevant infection control practices;-Direct care staff shall demonstrate competence in resident care protocols established by the facility.2. Review of the facility's EBP policy, revised 02/05/25, showed:-It is the policy of the facility to implement EBP for the prevention of transmission of multi-drug resistant organisms;-All staff will receive training on EBP upon hire and annually;-An order for EBP will be obtained for residents with any wounds, indwelling medical devices such as catheters, feeding tubes, tracheostomies, hemodialysis access, intravenous lines, etc.;-The facility will have the discretion on how to communicate to staff which resident's require the use of EBP as long as the staff are aware which resident's require the use of EBP prior to providing high-contact care activities. -Gowns and gloves will be available immediately near or outside the resident's room;-Provide education to staff, resident, and visitors;-The Infection Preventionist will incorporate periodic monitoring and assessment of adherence.3. Review of Resident #12's Annual MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment, and having wounds. Review of the resident's care plan, revised 07/22/25, showed the resident required EBP precautions due to wounds. Observation on 10/21/25 at 11:00 A.M., showed the residents door did not contain a sign for EBP. Observation showed Registered Nurse (RN) K and Licensed Practical Nurse (LPN) completed wound care on the resident. Observation on 10/22/25: at 8:45 A.M., showed the residents door did not contain a sign for EBP. Observation on 10/22/25: at 11:50 A.M., showed the residents door did not contain a sign for EBP. 4. Review of Resident #13's Annual MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment, and having wounds. Review of the resident's care plan, revised 10/20/25, showed staff assessed the resident with a room. Review showed the care plan did not contain direction for EBP. Observation on 10/21/25 at 10:48 A.M., showed the residents door did not contain a sign for EBP. Observation showed LPN Y and the housekeeping supervisor completed wound care on the resident without a gown. Observation on 10/21/25 at 2:00 P.M., showed the residents door did not contain a sign for EBP. Observation on 10/22/25 at 9:00 A.M., showed the residents door did not contain a sign for EBP. Observation on 10/22/25 at 11:53 A.M., showed the residents door did not contain a sign for EBP. During an interview on 10/22/25 at 1:00 P.M., LPN Y said a resident with a wound requires EBP and should have a sign on their door indicating that. LPN Y said he/she did not think to wear a gown when he/she did wound care on the resident because there was not a sign on the resident's door to remind him/her. LPN Y said he/she should have worn a gown and gloves while completing wound care on the resident. LPN Y said staff are to wear PPE and use EBP to prevent spreading staff germs to the resident. LPN Y said he/she does not know who is responsible to ensure the EBP signs are placed on the correct doors. During an interview on 10/22/25 at 1:33 P.M., the Director of Nursing (DON) said EBP should be used with any resident who has a wound, catheter, feeding tube, or indwelling medical lines. The DON said when a resident is on EBP staff must wear a gown and gloves to provide care to the resident. The DON said the resident's door should have an EBP sign on it to indicate staff need to use EBP. The DON said the previous IP was responsible to ensure the correct signs were on the correct doors, but that person resigned two weeks ago. The DON said the central supply person has been responsible since the IP left. The DON said they discuss who needs EBP in the morning meeting and the central supply person is made aware then who needs a sign on the door and PPE outside the door. The DON said he/she was not aware residents didn't have EBP signs when they were need.During an interview on 10/22/25 at 2:42 P.M., the Administrator said he/she expects staff to follow EBP policy when providing care to residents with wounds, feeding tubes, catheter, and any other indwelling