STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675128	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Midwestern Healthcare Center	601 Midwestern Pkwy Wichita Falls, TX 76302

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner that promotes maintenance or enhancement of his or her quality of life for 2 of 15 residents (Residents #13 and #56) reviewed for resident rights. The facility failed to ensure Resident #25 and Resident #53 were served lunch in the dining room in a dignified manner on 7/08/2025. This failure could place residents at risk for decreased quality of life, quality of care, and self-esteem.During an observation and interview on 8/26/25 at 12:05 PM Resident #25 and Resident #53 [JM1] were not served lunch with the rest of their table. Resident #53 was sitting at table with 2 other residents and while they were served lunch and started eating Resident #53 waited until 12:18 PM, 13 minutes after the other 2 were served, while staff was serving other tables before being served. Resident #25 was sitting with 1 other resident while the other resident was served at 12:07 PM and started eating, Resident # waited until 12:25 PM, 18 minutes while other resident was served, while staff was serving other tables until he was served. During an interview with Resident #53 on 8/26/25 at 12:11 PM, Resident #53 [JM2] stated that he was hungry and guessed he would have to eat by himself if staff did not serve him soon. Resident #53 stated that sometimes he must wait to be served after his table partners have been served[JM3] . Resident #53 was served at 12:18 PM, 13 minutes after the other two residents were served at his table. During an interview with Resident #25 on 8/26/25 at 12:15 PM, Resident #25 stated he must be patient, and wait until they get around to serving him. Resident #25 stated that this doesn't happen often that the other resident gets served and you must wait while staff serve other tables before you get your food, but sometimes it does happen. Resident #25 stated he would like to eat with his table partners when she gets her food. During an interview on 8/26/25 at 12:55 PM, LVN B who was the charge nurse for dining stated that Residents #25 and #53 did not have special orders and should have been served with their table. LVN B stated that general the trays are placed in order of seating by dietary staff and are delivered one table at a time. LVN B stated she did not know why the residents were not served at the same time but will correct the problem. LVN B stated that it is a right and dignity issues and residents should not have to wait to be served while others are eating at their table. During an interview on 8/26/25 at 1:05 PM, DM stated that dietary tries to line up trays and serve out one table at a time but sometimes they do not know who will be eating in the dining room at each meal. The DM stated that dietary should pay more attention on who comes to the dining room and where they are seated so to be able to serve each resident at that table before moving on to the next table. The DM stated it is not right for one or two residents to sit while others eat, and they have to wait. Record review of a facility policy titled Quality of Life-Dignity dated October 2009 indicated, .each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality .

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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	675128	A. Building B. Wing	08/28/2025

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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 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. (continued on next page)

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	675128	A. Building B. Wing	08/28/2025

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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 0656 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 interview and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 2 residents (Resident #8) reviewed for care plans.1. Resident #8 did not have a care plan developed to address his need for one-on-one in-room individual activity pursuits.2. Resident #8's care plan was not revised and updated with a care plan to address his bedbound status. This failure placed the resident at risk for social isolation, decreased awareness of his surroundings, and decreased feelings of well-being.The findings included: Record review of Resident #8's admission Record, dated 8/28/2025, revealed a [AGE] year-old male initially admitted to the facility on [DATE]. The resident's diagnoses included Alzheimer's disease (progressive brain disorder that slowly destroys memory, thinking skills, and eventually the ability to carry out simple tasks), chronic kidney disease stage 3 (mild to moderate kidney damage, leading to a reduced ability to filter waste and excess fluid from the blood), hypertension (high blood pressure), hearing loss, nuclear cataracts bilaterally (clouding and hardening of the central part of the eye's lens), osteoporosis (a condition that weakens bones and increases the risk of fracture), fracture of neck of right femur (right hip fracture), low back pain, chronic pain syndrome, dysphagia (swallowing problem), atherosclerosis of left leg (hardening of arteries). Record review of the Activity Participation Note, dated 2/03/2025, revealed the AD documented the following: Resident prefers independent in own room activities. It is very important for resident to be able to watch TV and movies. It is very important for resident to go outside in the sunshine, but with a blanket. Resident enjoys hunting and fishing. Resident has no other activity concerns at this time.Review of Resident #8's Significant Change in Condition MDS Assessment, dated 6/28/2025, revealed a BIMS score of 1 out of 15 (severe cognitive impairment) and documented activity preferences as being very important for doing favorite activities, keeping up with the news, going outside for fresh air, and participating in religious services or practices. Review of Resident #8's comprehensive care plan, dated as initiated 12/03/2024 and revised 6/30/2025, revealed it did not include a care plan to address the resident's activity interests or need for in-room one-on-one activities. The care plan had been updated to include hospice care services, but did not address the resident's bedbound status. Observation on 8/26/2025 at 10:59 AM revealed Resident #8 was lying on his back in bed with his eyes closed. He was wearing eyeglasses. The room door was open to the hallway. Observation on 8/27/2025 at 8:10 AM revealed Resident #8 was lying in bed with the head of bed elevated. His eyes were closed. The room door was open to the hallway. During an interview and record review on 8/28/2025 at 10:37 AM, the Activity Director stated Resident #8 was assisted into his wheelchair by the CNAs. She stated Resident #8's family member visited about 1 time per week and took the resident outside. She stated Resident #8 liked to be outside. The AD stated Resident #8 did not like group activities or being around people. She reviewed his electronic health record and stated the last documented activity progress note was dated 2/03/2025. She stated she was supposed to document a progress note every 3 months, every time an MDS assessment was due, and she had not done that for Resident #8. The AD reviewed Resident #8's electronic health record and stated he had a quarterly MDS assessment and activity progress note due now. She reviewed his care plan and did not see a care plan for activities. The AD stated Resident #8 liked music and she had taken a tablet into his room and played u-tube live music videos for him. She stated the resident did not really like the tablet. The AD stated the resident used to like hunting and fishing. She stated she had not been able to find any TV programs with fishing or hunting, other than programs with people shooting deer. She stated maybe he would like to watch people shooting deer. In an interview on 8/28/2025 at 11:08 AM, the AD stated she did not document one-on-one activity programming for Resident #8. Observation on 8/28/2025 at 11:16 AM revealed Resident #8 was lying on his back in bed. The TV was on in the room, but volume was low. The resident was not wearing his eyeglasses, which were on the bedside nightstand. The room door was open to the hallway. In an interview on 8/28/2025 at 11:16 AM, C.N.A. A stated she had been employed in the facility since December 2024 and she worked from 6:00 AM to 6:00 PM on the hall were Resident #8's room was located. She stated Resident #8 used to get up in his wheelchair for all meals in the main dining room before he fell and broke his hip and stated he still went to the dining room after he broke his hip. C.N.A. A stated about 2 months ago Resident #8 started staying in bed. She stated Resident #8's daughter did not want him

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675128	A. Building B. Wing	08/28/2025

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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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. (continued on next page)

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	675128	A. Building B. Wing	08/28/2025

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F 0679 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, the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community, for 1 of 2 residents (Resident #8) reviewed for individual in-room one-on-one activity programming.1. Resident #8 was observed lying in his bed throughout the survey with no observed visitors or in-room activity programs offered to him from 8/26/25 to 8/28/25.2. Resident #8 did not have an individual in-room activities program developed to meet his interests. These failures placed the resident at risk for social isolation, decreased awareness of his surroundings, and decreased feelings of well-being.The findings included: Record review of Resident #8's admission Record, dated 8/28/2025, revealed a [AGE] year-old male initially admitted to the facility on [DATE]. The resident's diagnoses included Alzheimer's disease (progressive brain disorder that slowly destroys memory, thinking skills, and eventually the ability to carry out simple tasks), chronic kidney disease stage 3 (mild to moderate kidney damage, leading to a reduced ability to filter waste and excess fluid from the blood), hypertension (high blood pressure), hearing loss, nuclear cataracts bilaterally (clouding and hardening of the central part of the eye's lens), osteoporosis (a condition that weakens bones and increases the risk of fracture), fracture of neck of right femur (right hip fracture), low back pain, chronic pain syndrome, dysphagia (swallowing problem), atherosclerosis of left leg (hardening of arteries). Record review of the Activity Participation Note, dated 2/03/2025, revealed the AD documented the following: Resident prefers independent in own room activities. It is very important for resident to be able to watch TV and movies. It is very important for resident to go outside in the sunshine, but with a blanket. Resident enjoys hunting and fishing. Resident has no other activity concerns at this time.Review of Resident #8's Significant Change in Condition MDS Assessment, dated 6/28/2025, revealed a BIMS score of 1 out of 15 (severe cognitive impairment) and documented activity preferences as being very important for doing favorite activities, keeping up with the news, going outside for fresh air, and participating in religious services or practices. Observation on 8/26/2025 at 10:59 AM revealed Resident #8 was lying on his back in bed with his eyes closed. He was wearing eyeglasses. The room door was open to the hallway. Observation on 8/27/2025 at 8:10 AM revealed Resident #8 was lying in bed with the head of bed elevated. His eyes were closed. The room door was open to the hallway. During an interview and record review on 8/28/2025 at 10:37 AM, the Activity Director stated Resident #8 was assisted into his wheelchair by the CNAs. She stated Resident #8's family member visited about 1 time per week and took the resident outside. She stated Resident #8 liked to be outside. The AD stated Resident #8 did not like group activities or being around people. She reviewed his electronic health record and stated the last documented activity progress note was dated 2/03/2025. She stated she was supposed to document a progress note every 3 months, every time an MDS assessment was due, and she had not done that for Resident #8. The AD reviewed Resident #8's electronic health record and stated he had a quarterly MDS assessment and activity progress note due now. She reviewed his care plan and did not see a care plan for activities. The AD stated Resident #8 liked music and she had taken a tablet into his room and played u-tube live music videos for him. She stated the resident did not really like the tablet. The AD stated the resident used to like hunting and fishing. She stated she had not been able to find any TV programs with fishing or hunting, other than programs with people shooting deer. She stated maybe he would like to watch people shooting deer. In an interview on 8/28/2025 at 11:08 AM, the AD stated she had documented one-on-one activity programming records for 3 other residents but did not have any for Resident #8. She stated she did some in-room activities with the other 3 residents and sometimes they came to the group activities. Observation on 8/28/2025 at 11:16 AM revealed Resident #8 was lying on his back in bed. The TV was on in the room, but volume was low. The resident was not wearing his eyeglasses, which were on the bedside nightstand. The room door was open to the hallway. In an interview on 8/28/2025 at 11:16 AM, C.N.A. A stated she had been employed in the facility since December 2024 and she worked from 6:00 AM to 6:00 PM on the hall were Resident #8's room was located. She stated Resident #8 used to get up in his wheelchair for all meals in the main dining room before he fell and broke his hip and stated he still went to the dining room after he broke his hip. C.N.A. A stated about 2 months ago Resident #8 started staying in

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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the necessary treatment and services, in accordance with comprehensive assessment and professional standards of practice, to prevent development of pressure injuries was provided for 1 of 3 residents (Resident #34) reviewed for pressure injuries. The facility failed to ensure Resident #34's wheelchair had a pressure reduction cushion on 8/28/2025. This failure could place residents at risk for new development or worsening of existing pressure injuries, pain, and decreased quality of life.Record review of Resident #34 ‘s Face Sheet revealed Resident #34 was a -year-old male admitted on with diagnoses of hypertension (high blood-pressure), hemiplegia and hemiparesis (loss of strength or paralysis), cerebral infarction (stroke), muscle wasting (muscle loss). Record review of Resident #34‘s Quarterly MDS assessment dated [DATE] revealed Resident #34 has a BIMS score of 00 (severe cognitive impairment), Section M in Resident #34's MDS revealed that Resident #34 was at risk for developing pressure ulcers/injuries, skin and ulcer/injury treatments, pressure reducing device for wheelchair. Record review of Resident #34 ‘s comprehensive care plan dated 08/07/2025 revealed Resident #34 had the potential to develop a pressure ulcer/injury due to frequent urinary and/or bowel incontinence, immobility, poor nutrition, risk score of 11 (high risk) on Braden risk Assessment (tool used to assess a patient's risk of developing pressure ulcers), sheering/friction. Record review of Resident #34‘s consolidated orders dated 4/30/25, stated ‘Pressure redistribution cushion to wheelchair'. During an observation on 8/26/25 at 12:05 PM, Resident #34 in dining room for lunch, Resident #34 sitting in wheelchair, no cushion on seat. During an interview on 8/28/25 at 8:40 AM, Resident #34 stated he did not have a cushion in wheelchair but thought he would like to have one, stating it would make wheelchair more comfortable. An interview on 8/28/25 at 9:00 AM, RN C, the charge nurse for Hall C and Resident #34. She stated that wheelchair cushion is on the resident's order but did not know if Resident #34 has one for his wheelchair, RN stated that CNA could answer that. RN C stated that if resident has been assessed as high risk for skin issues, having a pressure reducing cushion would help reduce risk of injury. An interview on 8/26/25 at 10:15 AM, CNA D stated that she did not know that resident [NAME][JM1] had an order for wheelchair cushion, CNA D stated she has never placed a cushion on residents' wheelchair. CNA D stated that resident only gets out of bed and uses wheelchair during meals, resident goes to dining room, and resident goes to church services on Thursdays. During an interview on 8/28/2025 at 11:00 AM the DON said the CNAs assisting the residents should be ensuring pressure reduction cushions were present in the resident's wheelchair when they were up[JM2] . She said all direct care staff were trained on hire and annually and she would ensure each resident at risk had a cushion in place. She said that the resident's risk for pressure ulcers was determined through assessments and if the resident was at risk, then there should be a pressure reduction cushion present to prevent skin breakdown. During an interview on 8/28/2025 at 11:30 AM the Administrator said the nursing staff were responsible for ensuring residents that were at risk for skin breakdown had the appropriate pressure reduction cushion in their wheelchair. She said staff were trained on the use of pressure reduction techniques and devices and expected the procedure was followed to prevent pressure injuries. Record review of a facility policy titled Skin Management: Prevention and Treatment of Wounds dated 12/01/2021 indicated [in part]: .the purpose of this procedure is to prevent skin breakdown. 2. Prevention: residents at risk for developing pressure injuries will have pressure reduction cushion devices in their wheelchair .

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	675128	A. Building B. Wing	08/28/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, by failing to ensure: 1. The food fryer was left in an unsanitary condition, food fryer had not been cleaned after use, food crumbs dried to fryer baskets and inside fryer walls. 2. Cart with clean bowls and plates stored on it was not clean, food particles observed. 3. Floor behind stove, fryer and oven not swiped, food particles and trash found on floor. These failures could place residents at risk for decline in nutritional health status and foodborne illness. On 8/26/25 at 8:54 AM during the observation of dietary kitchen, fryer not clean, has food scrapes on baskets and fryer. Cart with clean bowls and plates stored on it was not clean, food particles observed. The floor behind stove, fryer and oven not swiped, food particles and trash were found on floor. In an interview on 8/26/25 at 11:20 AM, the Dietary Manager stated that fryer and fryer baskets should have been cleaned after last use. The Dietary Manager stated that the clean dish cart should be cleaned before placing clean dishes on cart. Dietary Manager stated that the floors behind equipment should be swept and mopped daily. The Dietary Manager stated that there is a cleaning schedule that staff are to follow and stated that equipment should be cleaned and sanitized after each use to prevent food borne illness, and the kitchen should be cleaned daily, and no food scraps or particles should be left out as to not attract pests. [JM1] Record review of the facility's policy for Kitchen Sanitation, dated October 2022, revised June 2024, stated [in part]: Section 1. All utensils, counters, shelves and equipment shall be kept clean, Section 11B. 1. Fixed equipment will be routinely cleaned and maintained, 3. Food contact equipment will be cleaned and sanitized after every use.

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	675128	A. Building B. Wing	08/28/2025

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F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interviews and record reviews, the facility failed to implement and maintain an effective training program for 1 of 16 existing staff (LPN E) whose training records were reviewed for multiple training topics, including the following: The facility failed to ensure LPN E was trained in Communication; QAPI; Resident Rights; Infection Control; Dementia; Abuse Neglect and Exploitation; Behavioral Health; HIV; Restraint Reduction; Falls; and Compliance and Ethics.These failures could place residents at risk of receiving care from incompetent/untrained staff.The finding included: Record review of personnel files revealed: LPN E had a hire date of 1-13-2021 and did not receive initial and/or annual trainings or in-services. LPN E had no current training for:CommunicationResident Rights Infection ControlCompliance and EthicsAbuse Neglect ExploitationQAPIBehavioral HealthDementiaHIVRestraint ReductionPrevention of Falls. In an Interview on 8-28-25 at 3:33 PM the ADMN stated her intention for staff training to encompass all employees and to include all resident care areas. She verbalized understanding that employees should have education to provide appropriate care to residents. She stated the negative outcome to not having education up to date would be that staff may not be able to provide appropriate care. In an interview on 8-28-25 at 3:59 PM the HR Coordinator revealed LPN E had been employed as a PRN staff since 1/13/21 and she did not complete trainings in Communication, Resident Rights, Infection Control, Compliance and Ethics, Abuse Neglect and Exploitation, QAPI, Behavioral Health, HIV, Prevention of Falls, Restraint Reduction, Dementia. HR Coordinator is responsible for monitoring staff training. Failure to complete trainings could put residents at risk for negative outcome. In an interview on 8-28-2025 at 5:30 PM the HR Coordinator stated LPN E was a PRN staff nurse and her most current shift worked was 8-16-2025. Record Review of the facility policy provided by ADMN titled In-Service Training, All Staff dated 12/9/2024 and reviewed/revised 8/5/2025 revealed [in part]: Policy StatementAll staff are required to participate in initial orientation and annual in-service training.Policy Interpretation and Implementation #1 All staff are required to participate in regular in-service education.#2 For the purpose of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.#3 The primary objective of in-service training is to ensure that staff are able to interact in a manner that enhances the residents quality of life and quality of care and can demonstrate competency in the topic areas of training. #5 Training methods and teaching materials are appropriate to the expected roles of those attending.#6 Required training topics include the following: Effective Communication with resident sand family (direct care staff) Resident rights and responsibilities Preventing abuse neglect exploitation and misappropriation of resident property including:a. Activities that constitute abuse neglect exploitation or misappropriation of resident propertyb. Procedures for reporting incidences of abuse neglect exploitation or misappropriation of resident property; andc. Dementia management and resident abuse prevention. Elements and goals of the facility QAPI program. The infection and prevention control program standards, policies and procedures. Behavioral health; and The compliance and ethics program standards; policies and procedures.#7 Training requirements are met prior to staff providing services to residents, annually, and as necessary based on the facility assessment.#8 Completed training is documented by the staff development coordinator, or his or her designee and includes: The date and time of the training The topic of the training The method used for training A summary of the competency assessment; and The hours of training completed.