

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345403	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Highfield Nursing and Rehabilitation			STREET ADDRESS, CITY, STATE, ZIP CODE 6590 Tryon Road , Cary, North Carolina, 27518	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 03/23/26 through 03/26/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1F5310-H1	E0000		04/13/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 03/23/26 through 03/26/26. Event ID# 1F5310-H1. The following intakes were investigated: 2597572, 2646056, 2658872, 269015, 2691319, and 2792236. 1 of the 17 allegations resulted in a deficiency.	F0000		04/13/2026
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services	F0584	F-584 (1) How corrective action will be accomplished for resident(s) found to have been affected: On 3/25/2026, the Housekeeping Supervisor removed the black colored buildup on the shower floor and walls in the 100/200 shower room. In addition, the Maintenance Director removed the black colored buildup from the ceiling and repaired the tiles and grout in the 100/200 shower room. (2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: On 3/25/2026, the Administrator conducted an audit of the 300/400 shower room to ensure that there was no black colored buildup on the shower floor, walls, and ceiling and that the tiles and grout were intact. The audit revealed that the shower floor, walls, and ceiling did not have any black colored buildup and the tiles and grout were intact. (3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue	04/13/2026

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0584 SS = E	<p>Continued from page 1 necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and resident and staff interviews, the facility failed to maintain intact tiles and grout on a shower room floor and prevent black colored buildup on the shower floor, walls, and ceiling in 1 of 2 shower rooms reviewed for safe, clean, and homelike environment (100/200 shower room).</p> <p>Review of the quarterly MDS dated 3/10/26 for Resident #29 coded her as cognitively intact.</p> <p>On 3/23/26 at 2:39PM an interview was conducted with Resident #29 that revealed she received showers in the 100/200 shower room 2 times per week. Resident #29 went on to state that while receiving showers, she had observed what she described as "black colored mold and filth" on the walls and the ceiling. She described observations of what she believed was mold, and she felt it had been there since she was admitted (on 7/28/25) but was confident she had observed the mold to be in the shower for at least the past 3 months. Resident #29 indicated she had not reported this or complained about it to anyone in the facility.</p> <p>An observation was made on 3/23/26 at 3:47PM of the 100/200 shower room. The observation revealed an area of 1 inch by 1-inch ceramic floor tiles, under the shower head broken and loose from the grout and mortar of the shower floor. The shower walls</p>	F0584	<p>Continued from page 1 does not re-occur in the future:</p> <p>On 3/25/2026, the Administrator re-educated the Housekeeping Department</p> <p>to ensure that both shower rooms remain free of black colored buildup on the floors and walls.</p> <p>On 3/25/2026, the Administrator re-educated the Maintenance Department to ensure that both shower room ceilings remain free of black colored buildup and that the tiles and grout are to remain intact.</p> <p>(4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained:</p> <p>Observation monitoring will be done by the Administrator or designee to monitor and ensure that both shower rooms remain free of black colored buildup on the floors, walls, and ceiling and that the tiles and grout remain intact. This monitoring process will take place 2 times a week for 12 weeks.</p> <p>The Administrator, Director of Nursing, or designee will report the findings of the monitoring process for 3 months to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance.</p> <p>The facility alleges compliance on 4/13/2026.</p>	04/13/2026

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F0584 SS = E	<p>Continued from page 2</p> <p>contained 6 inch by 6 inch ceramic tiles. These tiles were noted to be broken along the base of the wall under the shower head. There were several areas of black colored buildup noted on various areas on the tile walls, (on both tile and grout), and on the tile floor (on both tile and grout). There was a large, mostly tan in color, about 3 feet in diameter, discolored ring noted to be on the ceiling which also had spotted black colored discoloration throughout the ring.</p> <p>An interview was conducted on 3/23/26 at 3:50PM with Nurse Aide (NA) #3 who revealed that she was aware of the black colored buildup on the 100/200 shower room floors and walls but she did not report to anyone and did not provide reason why she didn't report it.</p> <p>Review of maintenance log for the period of 6/1/25 through 3/24/26 revealed there were no reports of loose and broken tiles or buildup, of any color, on floor or walls for the 100/200 shower room.</p> <p>During an interview and observation of the 100/200 shower room with the Maintenance Director on 3/24/26 at 8:44AM, he stated he had observed the loose tiles since he had started working at the facility which had been at least 2 months. He described how he had heard of the loose and broken tiles in the shower room by word of mouth but could not recall who told him specifically or on what date he was told. He approximated the size of the loose tiles to be 6 to 7 inches wide by 2 feet long. The observation revealed old mortar to be visible under the loose and broken tiles. He described the ring on the ceiling to be a "2 feet by 2 feet area" and was likely caused from something that leaked in the ceiling. The Maintenance Director indicated he was going to fix the tiles that were loose and broken in the shower. He stated the black and pink areas on the shower tiles were either mold or mildew and he was not responsible for the mold, as that would have been the responsibility of the housekeeping department. The Maintenance Director indicated the ring on the ceiling would also have been the responsibility of the housekeeping department because it was mold or mildew. He explained he was alerted of work that needed to be addressed either by word of mouth or by a request entered into the maintenance log.</p> <p>During an interview on 3/24/26 at 9:10AM with the Housekeeping Assistant Supervisor, she stated she thought the black and pink colored buildup on the shower tiles and grout on the shower floor and walls in the 100/200 shower room were "shower grime,"</p>	F0584		04/13/2026

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F0584 SS = E	<p>Continued from page 3</p> <p>then she looked closer at it and then stated it looked like mold and shower grime. She stated the 100/200 shower room had been cleaned every day by the 100/200 hall housekeeper (Housekeeper #1) and was last cleaned on 3/23/26. She inspected the buildup and explained it did not look clean, and she believed the housekeeper responsible for that shower room needed to do a better job and use a cleaner such as bleach to get the buildup off. She further stated she would notify Housekeeper #1 to clean the shower room again. She observed the area on the ceiling and stated the black areas looked like mold, but that housekeeping could not address that area because it was too high and that the maintenance staff would have needed to address the area on the ceiling.</p> <p>During an interview and observation on 3/26/26 at 9:44AM with the Housekeeper #1, she revealed she was the housekeeper for the 100/200 halls, and she had not been cleaning the 100/200 shower room for about 6 months. She explained she was physically unable to clean the shower. She stated that the 100/200 shower room had been tasked to the other housekeepers and the Housekeeping Assistant Supervisor. The Housekeeper stated when she observed the 100/200 shower room shower yesterday (3/25/26) there was mold all over the tile and she explained she took care of it with bleach. She indicated she had been employed by the facility for 2 years in July and the discolored spot on the ceiling had been there the entire time. She further stated she had told the maintenance workers before about the ceiling and the loose and broken tiles, but the maintenance workers who were employed before did not do what they were supposed to do. The Housekeeper could not remember if she told the current maintenance worker about the discolored ceiling or loose and broken tiles in the shower.</p> <p>An interview on 3/24/26 at 9:20AM with the Housekeeping Supervisor revealed he had not been aware of the spot on the ceiling in the 100/200 shower room. He stated nobody had notified him of that area before and he stated he did not look up when he went in there at different times. The Housekeeping Supervisor explained that he thought a pipe had leaked up in the ceiling to cause that ring of discoloration and that someone would need to get up above the ceiling to be able to find out what was leaking. He stated he could not say for sure what the pink, black, and black spotted buildup on the shower walls and floor (tiles and grout) or the black spotted buildup on the ceiling was.</p> <p>On 3/24/26 at 2:40PM an interview with the Housekeeping Supervisor revealed he had deep</p>	F0584		04/13/2026

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F0584 SS = E	Continued from page 4 cleaned the floors in the 100/200 shower room every week and cleaned the ceiling vents near the discolored ceiling area but had not noticed the discolored ring on the ceiling. During an interview with the Administrator on 3/26/26 at 10:11AM the Administrator stated the housekeepers and maintenance workers should keep the shower room clean and in good repair.	F0584		04/13/2026
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F0880	F-880 (1) How corrective action will be accomplished for resident(s) found to have been affected: On 3/26/2026, the Director of Nursing provided direct re-education to Nurse Aide #1 and Nurse Aide #2 who was taking care of resident #29 regarding the necessary personal protective equipment required for residents that are on enhanced barrier precautions. (2) How corrective action will be accomplished for resident(s) having the potential to be affected by the same issue needing to be addressed: All residents on enhanced barrier precautions have the potential to be affected and to ensure that no other residents are affected, the Director of Nursing and the Unit Managers re-educated all direct care staff with competencies regarding the necessary personal protective equipment required for residents that are on enhanced barrier precautions. (3) What measure(s) will be put in place or systemic changes made to ensure that the identified issue does not re-occur in the future: On 3/26/2026, the Director of Nursing and the Unit Managers initiated re-education along with competencies to all staff that provide direct resident care regarding the necessary personal protective equipment required for residents that are on enhanced barrier precautions. All direct care new hires will receive the same education and competency. (4) Indicate how the facility plans to monitor its performance to make sure that the solutions are achieved and sustained: Observation monitoring will be done by the Administrator, Director of Nursing, or designee to ensure that all staff providing direct care to any resident who is on enhanced barrier precautions has met the personal protective equipment requirements before providing care. This monitoring process will take place weekly for 12 weeks by observing 5 employees per week to ensure	04/13/2026

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<p>F0880 SS = D</p>	<p>Continued from page 5 (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and staff interviews, the facility failed to adhere to the required personal protective equipment (PPE) for Resident #29 who had a peg tube (a feeding tube inserted directly into the stomach through the abdominal wall) when nursing staff members were observed providing a bath to the resident without wearing a gown and gloves for 2 of 5 staff members observed for infection control practices (Nurse Aide #1 and NA #2). A facility policy provided by the Director of Nursing (DON) titled 'Enhanced Barrier Precautions' (EBP) revised 11/13/25 indicated the facility would implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. It also stated EBP referred to an infection control intervention designed to reduce</p>	<p>F0880</p>	<p>Continued from page 5 the proper personal protective equipment was worn while performing care to a resident on enhanced barrier precautions. The Administrator, Director of Nursing, or designee will report the findings of the monitoring process for 3 months to the facility Quality Assurance and Performance Improvement Committee for any additional monitoring or modification of this plan. The QAPI Committee can modify this plan to ensure the facility remains in substantial compliance. The facility alleges compliance on 4/13/2026.</p>	<p>04/13/2026</p>

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F0880 SS = D	<p>Continued from page 6</p> <p>transmission of multidrug-resistant organisms that employed targeted gown and gloves during high contact resident care activities. The policy included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting with peg tubes and wound care as high contact activities.</p> <p>During an observation on 3/23/26 at 2:15PM, an EBP sign was noted outside Resident #29's door. The sign indicated everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high-contact resident care activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, and device care or use of peg tube.</p> <p>During an observation on 03/23/26 at 3:40 PM Nurse Aide (NA) #1 and NA #2 were both in Resident #29's room providing her with a bed bath. Neither NA had on gowns and only NA #2 had on gloves. They both said they were aware of the EBP sign on the door. NA #2 stated she usually only wore a gown when she worked with the resident's external urine collection device. NA #2 indicated bathing was a task that required EPB and they were supposed to wear gowns. NA #1 agreed that they should have had on gowns and gloves for bathing the resident and she asked NA #2 if there were any gowns out in the hallway. NA #2 proceeded to go to the hall and collect 2 gowns, 2 masks, and 2 pairs of gloves for them and they both donned the PPE.</p> <p>An interview was conducted on 3/26/26 at 9:21AM with the Director of Nursing (DON), who indicated she was the Infection Preventionist. She stated NA#1 and NA #2 should have put on the required PPE per the EBP sign on the door which should have included at least gloves and a gown prior to bathing Resident #29. The DON said that both NAs received training on EBP during their initial 3-day orientation to the facility and that all staff also received EBP training during their annual competency training as well. DON stated that the training for EBPs was normally provided by the staff development coordinator, but at this time the facility did not have anyone in that position so she (the DON) would be providing any training needed until that position could be filled.</p> <p>During an interview on 3/26/26 at 10:11AM with the facility Administrator, he indicated that NA #1 and NA #2 should have followed what the EBP sign indicated and put on gloves and a gown before</p>	F0880		04/13/2026

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F0880 SS = D	Continued from page 7 providing the bath to Resident #29.	F0880		04/13/2026