

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2021
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH AT ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1984 US HIGHWAY 70 SWANNANOVA, NC 28778	
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F 000	INITIAL COMMENTS A complaint investigation was conducted on 01/12/21 with exit from the facility on 01/12/21. Additional information was obtained through 01/21/21. Therefore, the exit date was changed to 01/21/21. One of the sixteen complaint allegations were substantiated resulting in deficiencies. Event ID # 7OCX11.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff and resident interviews and Wound Clinic Nurse Practitioner and Medical Director interviews, the facility failed to identify, assess and provide treatments for vascular wounds on a resident's right lateral malleolus (a bony prominence on the ankle) and left lateral malleolus (Resident #1) and failed to complete weekly skin assessments per physician orders for 2 of 3 residents reviewed for wound care (Residents #1 and #2). The findings included: 1. Resident #1 was admitted to the facility on	F 684	To correct deficiency F684 regarding Quality of Life: DON/Nursing Administration/Wound RN will conduct a skin sweep on all residents in house; completed by 2/12/21. DON/Nursing Administration/Wound RN will perform a Braden Assessment on all residents in house; completed by 2/12/21. Skin Assessment schedule will be audited for accuracy and ensuring orders are correct on eMAR and new schedule made as appropriate on all residents in house by DON/Nursing Administration by 2/12/21. DON provided education on 2/9/21 to all nurses that the expectation is that skin	2/13/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/09/2021

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.

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F 684	<p>Continued From page 1</p> <p>07/28/16 with diagnoses which included diabetes mellitus with diabetic neuropathy, congestive heart failure, and hypertension.</p> <p>A review of the physician orders for Resident #1 revealed an order written on 05/27/20 to apply bordered foam dressing or skin prep to the right lateral malleolus (prominence on the outer side of the ankle) for protection as needed. Further review revealed an order written on 11/02/20 to complete weekly skin checks with vital signs under the assessment tab on the evening shift every Monday.</p> <p>The Care Plan (CP) for Resident #1, revised on 11/06/20, identified actual skin impairment related to limited mobility, decreased sensation, poor safety awareness, diabetes mellitus, and non-compliance with repositioning. The CP described a right outer ankle stage 3 pressure and left dorsal foot stage 3 pressure ulcer were identified. Interventions included weekly skin assessments and treatments per Medical Doctor orders.</p> <p>A review of the Medication Administration Record (MAR) for Resident #1 revealed on 12/07/20, 12/14/20, 12/21/20, 01/04/21, and 01/11/21 the weekly skin assessments were initialed as being done.</p> <p>A review of Resident #1's most recent skin assessment dated 12/14/20 identified several dried, scabbed places, small in size, on the right and left anterior lower legs. There were no other</p>	F 684	<p>assessments are to be completed on the days they are scheduled and completed in the UDA/assessment section of the resident's chart. If any abnormalities are observed during skin assessments, they are to be reported immediately to the Wound Nurse, respective Unit Manager, and the Director of Nursing.</p> <p>DON/Nursing Administration will monitor completion of Weekly Skin Reviews during morning Clinical Meeting daily x30 days, then 3x/week x30 days, then 2x/week x30 days, then weekly x30 days and prn. Monitoring by Wound RN/Nursing Administration team to observe/assess skin of all high risk for breakdown residents weekly x4 months.</p> <p>Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary.</p> <p>DOC: 2/13/21</p>		

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F 684	<p>Continued From page 2</p> <p>skin assessments completed from 12/14/20 to 01/12/21.</p> <p>The 5-day Minimum Data Set dated 12/26/20 assessed the cognition of Resident #1 as being moderately impaired for making daily decisions. Resident #1 required extensive assistance with bed mobility, transfers, and toilet use. Resident #1 was at risk for pressure ulcers with no present ulcer or scar over a bony prominence. A pressure reducing device for the bed, hydration, nutrition and applications of ointments to other areas than the feet were in place.</p> <p>A review of the weekly wound log dated 01/07/21 revealed Resident #1 was not identified on the list of residents with wounds or treatments in place.</p> <p>An observation of the lower extremities of Resident #1 on 01/12/21 at 12:02 PM revealed a wound on the right lateral malleolus circular in shape approximately 2.5 centimeters (cm) in size. The surrounding skin appeared pink in color with a small amount of dry, bloody drainage on the foot. A depression on the left lateral malleolus appeared brown to black in color, circular in appearance and approximately 2 cm in size with a small amount of dry, bloody drainage on the foot. Resident #1 was not wearing pants, socks, or shoes and both areas were left open to air. The fitted bed sheet where the feet of Resident #1 were placed had multiple small streaks of stains that appeared dry and red in color.</p> <p>During an interview on 01/12/21 at 12:02 PM</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>Resident #1 was unable to explain how or when the wounds appeared on his ankles. Resident #1 denied pain and explained he had limited feeling of his feet and lower extremities and was unaware of the wounds on his ankles.</p> <p>During an interview on 01/12/21 at 12:09 PM Nurse Aide (NA) #1 and NA #2 explained they were assigned to provide care for Resident #1 and worked as a team. Both NA #1 and NA #2 were unaware of the wounds on his ankles. NA #2 explained she had assisted Resident #1 to the bathroom earlier but did not noticed the wounds on his ankles. NA #1 and NA #2 explained skin issues were reported when identified and they would inform Resident #1's nurse.</p> <p>During an interview on 01/12/21 at 2:16 PM Nurse #1 revealed she was not aware of any wounds to Resident #1's right and left ankles until NA #1 told her. Nurse #1 stated there were no treatments in place for the ankle wounds, but the Medical Doctor was at the facility and indicated she would inform him. Nurse #1 revealed skin assessments were done weekly by the nurse working at the time the electronic MAR flagged red and remained red until completed but she had not been alerted to complete an assessment for Resident #1.</p> <p>An interview and observation were conducted on 01/12/21 at 4:08 PM with the Director of Nursing (DON). The DON observed the wounds on the right and left malleolus of Resident #1 that remained untreated and open to air. The DON indicated the wounds were not fresh and should</p>	F 684			

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F 684	<p>Continued From page 4</p> <p>have been identified by NA staff or nurses before 01/12/21. The DON explained nurses were assigned to complete weekly skin assessment for residents to identify wounds. The DON explained she usually reviewed weekly skin assessments to ensure they were done and to identify any issues but had not been able to do so since her assignment changed, and she had worked multiple nights as the floor nurse to cover needed shifts due to staffing shortages. The DON was aware Resident #1 had not had a skin assessment since 12/14/20.</p> <p>During an interview on 01/15/21 at 1:48 PM Nurse #2 confirmed on 01/11/21 the skin assessment for Resident #1 was initialed by her as completed and if not documented in his assessment then it was not done. Nurse #2 explained if skin assessments were scheduled during resident medication administration, she initialed the skin assessment as completed, wrote down the resident's name, which assessment was due and tried to complete after her medication pass. Nurse #2 was unable to recall Resident #1 but revealed there were times she was unable to complete assigned skin assessments by the end of her shift as she had to prioritize resident care needs during her shift stating there were times there was not enough staff.</p> <p>During an interview on 01/20/21 at 9:29 AM Nurse #3 explained the MAR flagged skin assessments in red when due and she initialed on the MAR when completed. Nurse #3 identified her initials on the MAR for the skin assessment scheduled on 12/21/20 for Resident #1 and</p>	F 684			

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F 684	<p>Continued From page 5</p> <p>indicated if it was not documented under assessments it was not done and was mistakenly initialed by her as completed. Nurse #3 did not recall Resident #1 but indicated she had to prioritize during her shift based on the needs of residents and acuity of the situation. She explained there had been times she was unable to complete skin assessments as she worked mostly with agency staff and felt at times there was a lack of staff to ask for help.</p> <p>During an interview on 01/14/21 at 9:46 AM the facility Medical Director described wounds on the right and left ankles as being vascular and with Resident #1's history of peripheral disease and diabetes mellitus the wounds would continue to reopen. The Medical Director stated it was disappointing NA staff or the nurses did not observe the wound before 01/12/21 and indicated treatment orders had been put into place and Resident #1 would be seen by the Wound Clinic Practitioner.</p> <p>During an interview on 01/19/21 at 3:35 PM the Wound Clinic Nurse Practitioner (WCNP) explained the wounds of Resident #1 were reviewed and determined to be vascular even though they were on a bony prominence. The WCNP was aware weekly skin assessments for Resident #1 had not been done since 12/14/20 and stated this was a way for nurses to identify skin issues early so treatments could be implemented and Resident #1's wounds should have been identified.</p> <p>2. Resident #2 was admitted to the facility on</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>09/24/15 with diagnoses that included multiple sclerosis and paraplegia.</p> <p>A review of the physician orders for Resident #2 revealed an order written on 11/06/20 to complete weekly skin checks with vital signs under assessment tab on the day shift every Friday.</p> <p>The Care Plan (CP) for Resident #2, revised on 11/09/20, identified a potential for pressure ulcer development related to immobility, incontinence, and external devices (suprapubic catheter). Interventions included skin assessments per protocol, as needed, and per Medical Doctor orders.</p> <p>The 5-day Minimum Data Set dated 12/29/20 assessed the cognition of Resident #2 as being intact for making daily decisions. Resident #2 required extensive assistance with bed mobility, transfers, and toilet use. Resident #2 was at risk for pressure ulcers with no present ulcer or scar over a bony prominence. A pressure reducing device for the bed and applications of ointments to other areas than the feet were in place.</p> <p>A review of the Medication Administration Record (MAR) for Resident #2 revealed on 01/01/21 and 01/08/21 the weekly skin assessments were initialed as being done.</p> <p>A review of Resident #2's weekly skin assessment dated 01/01/21 revealed the skin was intact. There were no weekly skin</p>	F 684			

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F 684	Continued From page 7 assessments documented on 12/11/20, 12/18/20, 12/26/20 and 01/08/21. During an interview on 01/20/21 at 11:48 AM Nurse #4 confirmed on 01/08/21 the skin assessment for Resident #2 was initialed by her as completed. Nurse #4 explained she had worked 16 hours on 01/08/21 and was assigned approximately 32 residents. Nurse #4 was aware the skin assessment was due and initialed on the MAR it was done so she could enter Resident #2's vital signs. Nurse #4 explained she was unable to complete Resident #2's weekly skin assessment due to moving several residents from other units, her heavy resident assignment load, and not having enough staff available to help. An interview was conducted on 01/12/21 at 4:08 PM with the Director of Nursing (DON). The DON explained she was aware skin assessments were not being done weekly per physician orders. She stated the nurses were assigned to complete weekly skin assessment for residents to identify wounds. The DON explained she usually reviewed assessments to ensure they were done and to identify any issues but had not been able to do so since her assignment changed, and she worked multiple nights as the floor nurse to cover needed shifts due to staffing shortages.	F 684			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on	F 690		2/13/21	

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F 690	<p>Continued From page 8</p> <p>admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, staff and resident interviews, the facility failed to provide catheter care as ordered for 1 of 3 residents with urinary catheters (Resident #1).</p> <p>The findings include:</p>	F 690	<p>To correct deficiency F690 regarding Bowel/Bladder Incontinence, Catheter, UTI <input type="checkbox"/> DON/Nursing Administration to perform audit of all catheter orders for accuracy and ensuring orders are appropriate and on eMAR; to be</p>		

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F 690	<p>Continued From page 9</p> <p>Resident #1 was admitted to the facility on 8/27/2019 with diagnoses which included chronic urinary infections with urinary retention.</p> <p>Resident #1's current care plan most recently revised on 11/20/20 addressed the resident having a urinary catheter with an intervention to provide catheter care as ordered and as needed.</p> <p>Resident #1's most recent Minimum Data Set (MDS) dated 11/20/20 revealed Resident #1 was cognitively intact, Activities of Daily Living (ADL) urinary catheter, one person assist with mobilization.</p> <p>Review of Resident #1's physician's order dated 12/01/20 through 01/31/21 revealed an order for catheter care every shift.</p> <p>Review of Resident #1's Treatment Administration Record (TAR) for the months of December 2020 and January 2021 revealed an initialed entry for urinary catheter care, every shift, was performed.</p> <p>Observations on 01/12/21 at 8:35 AM revealed Resident #1 was in his bed without a privacy cover on his urinary catheter bag which was not viewable from the hallway. Resident #1 had brownish-rusty tinted urine in his catheter tubing. Further observations revealed Resident #1 had a supra-pubic catheter and catheter insertion site had dried reddish-brown crusty debris coating the catheter at the insertion site and skin around the insertion site area, as well on 8 centimeters (cm) of the catheter tubing.</p> <p>Interview was conducted on 01/12/21 at 8:40 AM with Resident #1 revealed he had not received</p>	F 690	<p>completed by 2/12/21. Residents 1 # catheter orders were reviewed and catheter care was provided immediately to ensure compliance with best practices.</p> <p>DON provided education to all nurses on 2/9/21 on expectation of the nurse's responsibility of cleaning, maintenance, and dressing suprapubic catheters.</p> <p>DON/Nursing Administration/Wound RN to monitor and visualize catheter care has been performed on various shifts daily x30 days, then 3x/week x30 days, then 2x/week x30 days, then daily x30 days and prn. DON/Nursing Administration/Wound RN to monitor for completed documentation on eMAR that catheter care was performed daily x30 days, then 3x/week x30 days, then 2x/week x30 days, then weekly x30 days and prn during morning Clinical Meeting. Resident interviews will be conducted and monitored 3x/week x60 days, then 2x/week x30 days, then weekly x30 days and prn regarding catheter care being performed adequately per their opinion and regularly.</p> <p>Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary.</p> <p>DOC: 2/13/21</p>		

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F 690	<p>Continued From page 10</p> <p>catheter care since 12/19/20 when he was moved to the facility's COVID-19 Isolation Unit. Resident #1 confirmed he was moved from the COVID-19 Isolation Unit on 1/11/21.</p> <p>Observations on 01/12/21 at 12:30 PM revealed no changes in the urinary catheter care. Resident #1 had a supra-pubic catheter and catheter insertion site had dried reddish-brown crusty debris coating the catheter at the insertion site and skin around the insertion site area, as well on 8 cm of the catheter tubing.</p> <p>An interview was conducted on 01/12/21 at 12:30 PM, with NA #1 and NA #2. NA #2 revealed she had noticed the brownish-rusty urine in the catheter tubing and reported it to the Nurse #1 earlier in the day. NA #1 stated the NAs monitored urine output, color and emptied urine drainage bags as needed per shift. NA #2 revealed NAs do not provide care for supra-pubic catheters but do provided catheter care for indwelling catheters. NA #1 revealed they inspect catheter tubing securement and patency. NA #2 stated she worked on the COVID-19 Isolation Unit while Residents #1 was quarantined but did not perform supra-pubic catheter care for Resident #1. NA #1 and NA #2 stated the attending nurse was responsible for providing supra-pubic catheter care.</p> <p>Interview was conducted on 01/12/21 at 2:16 PM with Nurse #1 the attending nurse for Resident #1. Nurse #1 revealed she was unaware of the condition of the resident's supra-pubic catheter. Nurse #1 stated she had not performed urinary catheter care for Resident #1. The nurse explained that she was allergic to betadine and referred her supra-pubic catheter care needs to</p>	F 690			

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F 690	<p>Continued From page 11 the wound and treatment nurse (Nurse #5).</p> <p>Interview was conducted on 01/12/21 at 1:30 PM with Nurse #5 which revealed she was responsible for wound care and treatments and was not assigned supra-pubic catheter care unless a catheter insertion site wound was present and required treatment. Nurse #5 revealed the supra pubic catheter care was performed by the resident's nurse. Nurse #5 revealed she had not assessed or provided care to Resident #1's supra-pubic catheter.</p> <p>An interview was conducted 1/15/21 at 12:00 PM with Nurse #2 revealed she was working on the COVID-19 Isolation Unit during Resident #1 stay on the unit. Nurse #2 stated she performed a skin assessment on Resident #1 and assessed Resident #1's catheter securement and patency but could not recall if she provided supra-pubic catheter care.</p> <p>An interview with the Director of Nursing (DON) revealed she assessed the Resident #1 supra-pubic catheter tubing and insert site on 1/12/21 at 4:06 PM and stated the catheter continued to have brown colored debris noted earlier with dried reddish and brownish crusted debris surrounding the catheter and catheter insertion site. The DON stated she did not see signs of redness or infection at the supra-pubic catheter insertion site and there was no drainage or odor. The DON stated normally the unit managers and herself follow-up to review and ensure skin assessments were completed and ensure there were no issues. The DON specified the unit managers and herself were covering medication carts and had not had time to review skin assessments and ensure they were being</p>	F 690			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/21/2021
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F 690	Continued From page 12 done. The DON revealed she would expect at this time of day (4:30PM) catheter care would have already been performed by the nurse. She stated the nurses were to provide suprapubic catheter care as ordered.	F 690			
F 725 SS=D	<p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the</p>	F 725	To correct deficiency F725 regarding	2/13/21	

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F 725	<p>Continued From page 13</p> <p>facility failed to provide sufficient nursing staff to identify, assess and provide treatments for wounds for 2 of 3 residents reviewed for wound care (Resident #1 and #2).</p> <p>The findings included:</p> <p>This tag is cross referenced to F 684:</p> <p>F 684 - Based on observations, record review, staff and resident interviews and Wound Clinic Nurse Practitioner and Medical Director interviews, the facility failed to identify, assess and provide treatments for wounds on a resident's right lateral malleolus (a bony prominence on the ankle) and left lateral malleolus (Resident #1) and failed to complete weekly skin assessments per physician orders for 2 of 3 residents reviewed for wound care (Resident #1 and #2).</p> <p>A review of the Daily Nursing Staff Sheets from 12/24/20 to 01/11/21 revealed the following:</p> <p>12/24/20: No nurse was assigned to provided treatments. The Treatment Nurse (TN) was assigned to work first and second shift as the nurse on the west side. The Director of Nursing (DON) was assigned to work third shift as the nurse on the west/north hall.</p> <p>12/26/20: No nurse was assigned to provide treatments. The DON was assigned to work second and third shift as the nurse on the west side.</p> <p>12/30/20: The TN was assigned to work first and second shift as the nurse on the west/north and front halls. The DON was assigned to work third</p>	F 725	<p>Sufficient Nursing Staff-Administrator, Director of Nursing, and scheduler met to strategize for the Unit Managers to take open nurse slots on the floor to ensure DON and Treatment Nurse could perform their primary job duties.</p> <p>Administrator/DON along with the scheduler will conduct daily staffing meetings with the attempt to prevent the DON and/or TN to minimize the amount of times they may need to take a medication cart, daily x30 days, then 3x/week x30 days, then 2x/week x30 days, then daily x30 days and prn.</p> <p>Results of audits will be brought to monthly Quality Assurance and Performance Improvement meeting each month for 3 months. Review and revisions will be made as necessary DOC: 2/13/21</p>		

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F 725	<p>Continued From page 14 shift on the west side.</p> <p>12/31/20: The TN was assigned to provide treatments and assigned to work second shift as the nurse assigned to the west/north and front halls. The DON was assigned to work third shift as the nurse on the west/north and front halls.</p> <p>01/01/21: No nurse was assigned to provide treatments. The TN was assigned to work first and second shift on the west/north hall. The DON was assigned to work first and second shift as the nurse on the front hall.</p> <p>01/02/21: There was a nurse assigned to provide treatments and work first and second shift as the nurse on the west/north hall. The DON was assigned to work first and second shift as the nurse on the front hall.</p> <p>01/05/21: The TN was assigned to provide treatments. The DON was assigned to work first shift as the nurse on the east/north hall.</p> <p>01/11/21: No nurse was assigned to provide treatments. The TN was assigned to work first shift as the nurse on the east hall.</p> <p>An interview was conducted on 01/12/21 at 11:01 AM with the facility's Staffing Scheduler. The Staffing Scheduler revealed the TN and DON were scheduled to cover needed shifts working as a nurse on the hallways due to the volume of call outs and amount of available staff. The Staffing Scheduler explained the facility did use multiple agencies to help with staffing issues.</p> <p>During an interview on 01/12/21 at 3:16 PM the TN revealed normally her job assignment was to</p>	F 725			

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F 725	<p>Continued From page 15</p> <p>provide treatments, but she hadn't been able to function as such when she was assigned to work shifts as the nurse on the hall. The TN revealed she was not aware of Resident #1's wounds and stated the nurses were to do weekly skin checks. The TN explained either the nurse or the Nurse Aide would tell her when they identified a skin issue and she would check the skin and start a wound assessment if needed and notify the Wound Clinic Nurse Practitioner.</p> <p>During an interview at 01/20/21 at 10:44 AM the Administrator explained the facility has used agency staff for a while and in the past month staffing had become more difficult to manage. The Administrator recognized weekly skin assessments were not being completed per physician orders. The Administrator revealed after she was made aware of skin assessments not being done her and the DON started a performance improvement plan on 01/15/21 to assure the nurses completed resident skin assessments.</p>	F 725			