

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

PRINTED: 09/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2021
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DRIVE MORGANTON, NC 28655		
(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	
F 000	INITIAL COMMENTS An unannounced onsite complaint investigation survey was conducted on 08/04/21 through 08/05/21. Four of the five complaint allegations were substantiated resulting in deficiencies. Event ID# 6SQH11.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		8/27/21	

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

TITLE

(X6) DATE

Electronically Signed

08/26/2021

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 550	<p>Continued From page 1</p> <p>resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to treat a resident in a dignified manner by not providing incontinence care for 1 of 3 residents reviewed for dignity (Resident #3). Resident #3 said she felt like the Nurse Aides (NAs) did not like her or like to take care of her and stated she depended on them for care and they made her feel isolated.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 06/29/21 with diagnoses which included chronic obstructive pulmonary disease, neurogenic bladder and diabetes mellitus type 2 among others.</p> <p>Review of Resident #3's most recent quarterly Minimum Data Set (MDS) assessment dated 07/16/21 revealed the resident was coded as cognitively intact for daily decision making. The assessment further revealed the resident was coded as needing extensive assistance to total assistance of one to two staff with toileting, personal hygiene and bathing.</p> <p>The care plan for Resident #3 which was most</p>	F 550	<p>Magnolia Lane Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>F550</p> <p>The resident identified as Resident #3, had received incontinence care from Nurse #1 and Nurse #2, when found to be soiled through her brief onto the under pad, sheet and gown.</p> <p>All current and new admit residents have been and will be identified through ADL assessments as being incontinent of bowel and/or bladder. The identified residents will be assessed by the nurse and care planned for incontinence care. The resident's individual care will be</p>		

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F 550	<p>Continued From page 2</p> <p>recently revised on 07/18/21, specified the resident had a care plan for activities of daily living and personal care. Further review revealed there was care plan for altered pattern of urinary elimination with in and out catheterization, urinary incontinence and bowel incontinence related to neuromuscular dysfunction of the bladder, impaired mobility and incontinence. One of the interventions for the potential for skin breakdown and bowel and bladder incontinence included: Incontinence/perineal care after each incontinent episode and in and out catheterization per physician order.</p> <p>During an observation of Resident #3's in and out catheter on 08/04/21 at 10:51 AM, Nurse #1 pulled back the resident's covers and there was an obvious smell of urine and stool. Nurse #1 asked the resident to turn on her left side and the resident had urine and diarrheal stool on her bed sheet, up her back, on the pad underneath her, on her gown and in her pull up. Nurse #1 went out of the room to get linens and someone for assistance in changing the resident. Nurse #1 and Nurse #2 came back into the resident's room and cleaned the resident's back and sacral area, changed her linens and put a clean gown on her. Nurse #1 completed an in and out catheter on the resident under aseptic technique and secured a clean pull up on the resident. Nurse #1 asked Resident #3 what time she was last changed, and the resident told her she had not been changed since 6:00 AM. Resident #3 told Nurse #1 she did not know who her NA was today because she had not seen her yet. Following her catheterization an interview with the resident revealed she did not understand why the NAs did not like to come into her room and take care of her but stated it had been a continual problem.</p>	F 550	<p>updated on the Resident Care Guide for the nurse and NA to access before providing care to each incontinent resident.</p> <p>The nurse and NA will treat each incontinent resident in a dignified manner while providing incontinent care. The nurse and NA will meet the resident's incontinent needs with respect and dignity by reviewing the Resident Care guide before providing care. This will ensure the NA is familiar with the resident's individual needs to promote, maintain or enhance their quality of life by recognizing the residents individually. The incontinent resident will be provided care in a timely dignified manner to uphold their individual rights.</p> <p>A 100% audit of all residents that are incontinent will be completed and the residents care guide will be updated to reflect an individual plan the NA will follow when providing care. This was completed on 8/27/2021.</p> <p>All nursing staff to include nurses and NAs will be in serviced beginning 8/6/21 regarding the Resident Care Guide for individual resident care, and proper incontinent care to ensure it is performed in a dignified manner. The nursing staff will be in-serviced on resident individually and residents' rights to include the facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life and to ensure</p>		

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F 550	<p>Continued From page 3</p> <p>She stated it made her feel like they did not care about her or like taking care of her because they didn't like to come in her room. Resident #3 further stated she was dependent on them for care because she was paralyzed from the waist down and was in her bed most of the time. Resident #3 indicated she could not always feel when she was wet or had a bowel movement, so she depended on the staff to check and change her. According to Resident #3 she often felt isolated.</p> <p>An interview on 08/04/21 at 11:40 AM with Nurse Aide (NA) #6 revealed she was a GCA (General Care Aide) training to be a NA and today was her first day being on the floor by herself. She stated she was assigned 14 residents to care for today and stated she felt overwhelmed. NA #6 stated there were 3 residents she had not changed yet because she had not had time to change them. She confirmed Resident #3 was one of the residents that had not been changed yet on her shift. NA #6 further stated she had not told Nurse #1 that she was overwhelmed and had not asked anyone else to assist her because they had their own residents to provide care to. She indicated she had talked with the Director of Nursing (DON) prior to our interview and stated another experienced NA had been called in to assist her with her assignment.</p> <p>An interview on 08/04/21 at 3:54 PM with Nurse #1 revealed NA #6 had a busy assignment today and was overwhelmed with the needs of the residents on her hall. Nurse #1 stated NA #6 had started a round first thing this morning but then stopped to give a resident a shower without realizing she needed to complete her incontinence round first. Nurse #1 further stated</p>	F 550	<p>the resident can exercise his or her rights without interference, coercion, discrimination or reprisal from the facility. This training will be completed by the Director of Nursing and/or Nurse Manager on 8/27/21. This in-service will be included with orientation for all newly hired licensed nursing staff, medication aides and NAs.</p> <p>The Director of Nursing and/or Nurse Manager will audit 25% of incontinent residents 2x weekly for appropriate individualized incontinent care with dignity, via the ADL Incontinence Care Audit Tool x 4 weeks, then monthly x 1. All areas of concern will be immediately addressed by the Director of Nursing and/or Nurse Manager, to include re-training of staff during the audit. The DON will review and initial the ADL Incontinence Care Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern were addressed. The DON will forward the ADL incontinence Care Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will meet monthly x 2 months and review the ADL Incontinence Care Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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F 550	<p>Continued From page 4</p> <p>she was not aware NA #6 was struggling until she had changed Resident #3. Nurse #1 indicated if she had known NA #6 was struggling, she could have assisted her or talked with the DON earlier to get additional help to assist her. She further indicated she would have expected NA #6 to have completed her incontinence round prior to giving a shower and before residents and their clothing and bed linens were soaked with urine and stool..</p> <p>An interview on 08/04/21 at 4:48 PM with the Staff Development Coordinator (SDC) revealed she was responsible for the GCA to CNA program at the facility. The SDC stated she had heard from the DON that NA #6 was overwhelmed by her assignment on the floor. She stated NA #6 was assigned to a hard section of residents today and was supposed to have someone assisting her, but that NA had called out. The SDC said they had called in another experienced NA to assist her but unfortunately the NA was not able to come in until 11:30 AM. She indicated the GCAs were asked before they are assigned on the floor if they are ready and comfortable with taking an assignment and NA #6 had told her she was ready. The SDC further indicated she would have expected NA #6 to have told her that she was overwhelmed with her assignment earlier and she could have made changes but stated NA #6 had not told her she was struggling.</p> <p>An interview on 08/04/21 at 5:34 PM with the Director of Nursing (DON) revealed NA #6 was new on the floor and was overwhelmed with her assignment. The DON stated she would want a NA who was struggling with her assignment to come and tell her so she could provide her with assistance from an experienced NA. The DON further stated she would have expected the</p>	F 550			

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F 550	Continued From page 5 residents to have been changed before they were soaked through their pad and sheets. She indicated a strong, experienced NA could have handled NA #6 's assignment but stated NA #6 was not ready for that assignment. The DON further indicated the SDC was going to provide NA #6 some additional time with an experienced NA to help NA #6 establish her routine in caring for the residents.	F 550			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not	F 561		8/27/21	

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F 561	<p>Continued From page 6</p> <p>interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, the facility failed to provide scheduled showers for 1 of 3 residents (Resident #5) reviewed for choices.</p> <p>The findings included:</p> <p>Resident #5 was admitted to the facility on 5/19/21 with diagnoses that included multiple sclerosis and cerebrovascular disease.</p> <p>The admission Minimum Data Set (MDS) assessment dated 5/26/21 indicated Resident #5 had intact cognition, did not exhibit rejection of care behaviors, required physical help by one person in part of bathing activity and had impairment to both upper and lower extremities.</p> <p>The "Main Shower Schedule" for the week of 7/25/21 to 7/31/21 indicated Resident #5 did not receive a shower on day shift on 7/28/21 and 7/30/21.</p> <p>On 8/4/21 at 11:50 AM, an interview with Resident #5 revealed she had not gotten a shower on Wednesday and Friday for the past week. Resident #5 stated she was supposed to receive a shower on Mondays, Wednesdays, and Fridays. She stated she often had to remind staff about her showers and was always told that they didn't have time to do her shower or that they would come back to her, but they often forgot to do so. Resident #5 demanded Nurse Aide (NA)#1 on 8/4/21 to give her a shower because she only received one shower from the week</p>	F 561	<p>F 561</p> <p>The resident identified as Resident #5, received a shower as scheduled on 8/4/21.</p> <p>All current residents and upon admission, residents will be interviewed by the admissions/social worker regarding choices to include preferred shower times and scheduled accordingly.</p> <p>All Resident's shower schedules and all new admits shower schedules were and will be added to the Point of Care (POC) documentation in Point Click Care Computer program for their preference of shower days. This will ensure nursing staff are communicated with and are aware of the resident's shower schedule. The nursing staff are required to log into Point of Care (PCC) documentation multiple times during their shift. This was completed on 8/6/21.</p> <p>All nursing staff to include nurses and NAs were in-serviced on 8/8/21 on Resident Choices and Preferences for bathing. Residents have the right to choose bathing schedules that are consistent with his or her interests, assessments and plan of care. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. The shower schedule must be followed in</p>		

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F 561	<p>Continued From page 7 before.</p> <p>On 8/4/21 at 3:36 PM, an interview with NA #3 revealed she had worked with Resident #5 on 7/28/21 but was unable to give her scheduled shower. NA #3 stated she hadn't gotten her routine down and had only been doing nurse aide work for a week and a half. She further stated they didn't have enough help with just three nurse aides on the day shift and she often struggled to get all her assigned tasks done.</p> <p>On 8/4/21 at 2:30 PM, an interview with NA #4 revealed she had worked with Resident #5 on 7/30/21 but was unable to give her a shower because she didn't have time. NA #4 stated showers were often not done especially when there were only three nurse aides working on the halls for the whole facility on day shift. They often struggled to get everything done because most of the residents required total care and they didn't have enough staff to take care of them.</p> <p>On 8/4/21 at 3:43 PM, an interview with NA #5 revealed she worked on the evening shift but often struggled to get all tasks done due to not having enough staff to take care of the residents. NA #5 stated she also had assigned showers on the evening shift and was unable to do any make-up showers for residents who did not get their showers on the day shift.</p> <p>On 8/4/21 at 5:28 PM, an interview with the Director of Nursing (DON) revealed she was not aware that Resident #5 did not receive showers from the week before on 7/28/21 and 7/30/21. The DON stated Resident #5 had requested to receive a shower three times a week, so she had to adjust the shower schedule and assigned her</p>	F 561	<p>order to allow Resident Choice related to Bathing. Bed baths and showers must be documented upon completion. If a resident refuses their preferred bathing method (for example, they refuse their shower, offer a bed bath). If the resident continues to refuse, notify the nurse. The nurse should encourage the resident to bathe. If unsuccessful, documentation of the refusal should be made in PCC, and notify their family. This in-service will be included with orientation for all newly hired licensed nursing staff, and medication aides. On 8/7/21 Shower schedule updated by Director of Nursing (DON) for resident's preferences and placed on all the halls for implementation.</p> <p>The Director of Nursing and/or Nurse Manager on 8/9/21 initiated a Resident Bathing Audit Tool. The DON and/or NM will audit 25% of the shower sheets, they will be compared to the POC documentation to ensure the showers are being completed as assigned. This audit will be completed 3 x□s weekly for 4 weeks and monthly x 1 month. The Director of Nursing and/or Nurse Manager on 8/16/21 initiated a review of the Resident Bathing Audit Tool and compared it to the PCC nurses progress note documentation of completion and refusals of showers, ensuring preferences have been honored, changes have been made and updated the care plan as needed. This will be reviewed weekly x 4 weeks, then monthly x 1 month. The Activities Director during monthly resident council meeting will ask residents if they</p>		

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F 561	Continued From page 8 to receive a shower on the day shift on Mondays, Wednesdays, and Fridays. The DON further stated the nurse aides should have told her or the nurses if they were having issues with care not being done so a make-up shower could have been offered to Resident #5 if she missed her scheduled showers. The DON shared she knew staffing had been an issue and the facility was supposed to have at least four nurse aides on the day shift to get all the tasks done including scheduled showers.	F 561	are getting their showers and if showers are given per their preference monthly x 3 months. The Activities Director will complete the Resident Council form and forward to the Director of Nursing for review. All areas of concern will be immediately addressed by the Director of Nursing and/or Nurse Manager, to include re-training of staff during the audit. The DON will review and initial the Shower Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all areas of concern were addressed. The DON will forward the Shower Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will meet monthly x 2 months and review the Shower Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring. The DON will forward the Resident Bathing Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will meet monthly x 2 months and review the Resident Bathing Audit Tool to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with	F 725		8/27/21	

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F 725	<p>Continued From page 9</p> <p>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:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide sufficient nursing staff to provide incontinence care and scheduled showers for 2 of 3 residents reviewed (Resident #3 and Resident #5).</p> <p>The findings included:</p> <p>This tag was cross-referenced to F-550 and F-561:</p> <p>F-550 - Based on record review, observation,</p>	F 725	<p>F 725</p> <p>The resident identified as Resident #3, had received incontinence care from Nurse #1 and Nurse #2, when found to be soiled through her brief onto the under pad, sheet and gown. The resident identified as Resident #5, received a shower as scheduled on 8/4/21.</p> <p>All current and new admit residents have been and will be identified through ADL</p>		

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F 725	<p>Continued From page 10</p> <p>resident and staff interviews, the facility failed to treat a resident in a dignified manner by not providing incontinence care to 1 of 3 residents (Resident #3) reviewed for dignity.</p> <p>F-561 - Based on record review, resident and staff interviews, the facility failed to provide scheduled showers for 1 of 3 residents (Resident #5) reviewed for choices.</p> <p>A review of the Daily Assignment Sheets revealed:</p> <ol style="list-style-type: none"> 7/26/21 - 3 Nurse aides (NA) were assigned on the evening shift for 45 residents 7/27/21 - 2 NA were assigned on the evening shift for 44 residents 7/28/21 - 3 NA were assigned on the day shift and evening shift for 44 residents 7/29/21 - 3 NA were assigned on the evening shift for 45 residents 7/30/21 - 3 NA were assigned on the day shift for 44 residents 8/3/21 - 2 NA were assigned on the evening shift for 45 residents and 1 NA worked from 3:00 PM to 7:00 PM <p>A review of the Resident Council Meeting minutes dated 7/13/21 indicated a concern brought up by the residents related to showers not getting done as scheduled. The residents stated they had been told by staff that they would not be able to get a shower on the days they were scheduled because they did not have enough help.</p> <p>An interview with Nurse Aide (NA) #4 on 8/4/21 at 2:30 PM revealed she often did not have time to do showers especially when there were only three nurse aides scheduled to work on the day shift.</p>	F 725	<p>assessments as being incontinent of bowel and/or bladder. The identified residents will be assessed by the nurse and care planned for incontinence care. The resident's individual care will be updated on the Resident Care Guide for the nurse and NA to access before providing care to each incontinent resident.</p> <p>All current residents and upon admission, residents will be interviewed by the admissions/social worker regarding choices to include preferred shower times and scheduled accordingly.</p> <p>Nursing department staffing is based on resident number, acuity and diagnosis. The nursing department scheduler develops the nurses and NA's scheduled based on resident need and the available FTE's the facility has budgeted. The schedule is approved by the Director of Nursing to ensure there is sufficient nursing staff with the appropriate competencies and skills to provide incontinence care and scheduled showers as outlined in the resident plan of care. The Administrator and Director of Nursing along with the corporate Human Resources Consultant are actively recruiting nursing staff. They are offering multiple incentives to attract nurses and NA to the facility.</p> <p>On 8/6/21 an in-service was initiated for all nursing staff to include nurses and NA's by the Director of Nursing on the nursing staffing concerns and will be</p>		

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F 725	<p>Continued From page 11</p> <p>An interview with NA #1 on 8/4/21 at 2:44 PM revealed staffing had been terrible at the facility. NA #1 stated the facility had hired general care aides to augment the staffing numbers, but they came out of orientation not knowing what to do for the residents. NA #1 shared they had to struggle getting the scheduled showers done especially when there were only three nurse aides both for day and evening shifts.</p> <p>An interview with NA #5 on 8/4/21 at 3:43 PM revealed she worked on 8/3/21 from 7:00 PM to 11:00 PM with a general care aide to provide care to all residents at the facility. NA #5 stated it was very difficult to get all her assigned tasks done. NA #5 shared staffing at the facility had been getting worse and they continued to not have help because a lot of the aides they had hired ended up leaving because the workload was too much for them to handle.</p> <p>An interview with Nurse #1 on 8/4/21 at 4:17 PM revealed she had been hired as a unit manager but had been pulled to work on the hall as a hall nurse ever since she started working at the facility. Nurse #1 stated the facility did not have enough help and could use more nurse aides and nurses.</p> <p>An interview with the Scheduler on 8/4/21 at 5:09 PM revealed the facility currently had the following open positions for nurses: 2 full-time on day shift and 2 full-time on night shift. The open positions for nurse aides were 1 full-time on day shift, 2 full-time on evening shift and 1 part-time on night shift. The Scheduler stated she usually staffed the facility based on the census number and with the current census of 40-45, the facility should have 2 nurses from 7:00 AM to 7:00 PM</p>	F 725	<p>completed by 8/27/21. The DON addressed the recruiting and retention efforts currently in place and presented a new program of recruiting incentives for current staff. The DON addressed all questions posed to her during the in-service from the nursing department on the staffing model and hiring new staff.</p> <p>The Director of Nursing (DON) and/or Nurse Manager (NM) will review the nursing schedule daily x 4 weeks then weekly x 1 month to ensure adequate staffing for day, evening and night shift. If there has been a call out the DON and/or the NM will contact staff not scheduled to work to come in or contact agency company to see if there is a nurse or NA to come in and fill the open slot. The nursing scheduler will notify the DON and/or NM of open slots they are unable to full, for further direction. If there is no one available, the DON and NM will assist on the unit to ensure residents receive incontinent care and showers as scheduled.</p> <p>Daily during the Cardinal IDT meeting all nursing call outs are reviewed for trends. The DON will forward the weekly nursing schedules to the Executive QA Committee monthly x 2 months. The Executive QA Committee will meet monthly x 2 months and review the nursing schedules to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 725	<p>Continued From page 12</p> <p>and 2 nurses from 7:00 PM to 7:00 AM. The nurse aides worked eight hours, but the facility should have at least 4 nurse aides plus 1 nurse aide assigned just to do showers on the day shift, 3-4 nurse aides on the evening shift and 3 nurse aides on the night shift. The Scheduler reported the facility had been having issues with callouts from the staff members in which case she would usually call somebody else to come in. She agreed that there had been times when she was unable to get somebody to work so the staff were left with just three nurse aides for the whole facility on day shift and two nurse aides for the evening shift. She agreed that it would be hard to get all the showers and assigned tasks done when they only had two or three nurse aides. The Scheduler admitted she also was not comfortable with letting the general care aides have assignments to themselves because they did not have the same training as the aides who had already been certified. She knew the facility had posted job openings online and had started the GCA (general care aide) to CNA (certified nurse aide) program during the COVID-19 pandemic to help augment the staffing and get non-certified staff to work while getting their training on the job.</p> <p>An interview with the Director of Nursing (DON) on 8/4/21 at 5:28 PM revealed the facility had staffing challenges but they had recently hired a day shift nurse and general care aides to work on the floor as nurse aides. They also currently had two travel nurses. The DON stated staffing and NA workload should be based on the acuity of the residents and not just the census number. She further stated she knew that staffing had been an issue and the facility was supposed to have at least four nurse aides on the day and evening</p>	F 725			

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F 725	Continued From page 13 shifts to get all the tasks done including scheduled showers and incontinence care. An interview with the interim Administrator on 8/4/21 at 6:14 PM revealed the facility had staffing challenges just like other facilities. He agreed that it would have been hard for the nurse aides to get all their assigned tasks done whenever there were only two or three nurse aides for the whole facility on the day and evening shifts.	F 725			