

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

PRINTED: 08/25/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PELICAN HEALTH HENDERSON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536</b>	
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E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 7/29/2022. Additional information was obtained on 8/1/2022, 8/2/2022, and 8/3/2022. Therefore, the exit date was changed to 8/3/2022. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 16UX11	F 000		
F 626 SS=D	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 7/29/2022. Additional information was obtained on 8/1/2022, 8/2/2022, and 8/3/2022. Therefore, the exit date was changed to 8/3/2022. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.  The following intake #s were investigated: NC00190492, NC00191036, NC00190544  One of the ten complaint allegations were substantiated resulting in a deficiency. Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2)  §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.	F 626		8/15/22

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

TITLE

(X6) DATE

Electronically Signed

08/15/2022

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 626	<p>Continued From page 1</p> <p>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interview, resident interview, and hospital case manager interview the facility failed to allow a resident discharged to the hospital to return to the facility for one (Resident #1) of two residents reviewed for a 30-day discharge notice.</p> <p>Findings included:</p>	F 626	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction</p>		

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F 626	<p>Continued From page 2</p> <p>Resident #1 was admitted to the facility on 5/18/21 with multiple diagnoses one of which included Stage 3 pressure areas in the sacral region and buttocks.</p> <p>The most recent quarterly assessment dated 6/13/2022 coded Resident #1 as cognitively intact with no moods or behaviors. He was also coded as having three Stage 3 pressure sores present on admission.</p> <p>Documentation on the most recent care plan, dated as last revised on 3/28/2022, revealed a focus area for the expectation Resident #1 was to remain in long term care. The same care plan for Resident #1 had an additional focus area for a mood problem. Some of the interventions under this focus area were for a behavioral health consult as needed and monitoring for any risk for self-harm as needed.</p> <p>Documentation in the nursing notes dated 6/6/2022 revealed Resident #1 was sent to the emergency room for evaluation for abuse of substances and a concern for an overdose.</p> <p>Documentation on the hospital emergency room medical decision-making notes dated 6/6/2022 indicated Resident #1 was likely under the influence of some type of opiate and did not appear to overdose. The documentation also revealed Resident #1 tested positive for possible marijuana use. Resident #1 was discharged back to the facility.</p> <p>Documentation on a 30-day discharge notice revealed Resident #1 was served the notice on 6/7/2022 and was to be discharged to a yet to be determined location by 7/7/2022. The reason for</p>	F 626	<p>prepared and/or executed solely because it is required by state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>Permitting Residents to Return to Facility F626 CFR(s): 483.15(e)(1)(2)</p> <p>A. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:</p> <ol style="list-style-type: none"> <li>On 6/06/22 Resident #1 was assessed by the physician and sent to the hospital due to a decline in condition. Resident #1 is no longer in the hospital</li> </ol> <p>B. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> <li>On 8/15/2022 the Administrator/Director of Nursing completed an audit of all discharges for the last thirty days, and no other residents were denied readmission to the facility.</li> <li>On 8/15/22 the Regional Director of Clinical Services in serviced the Administrator, Director of Nursing and the Admission Coordinator on the regulation of permitting residents to return to facility.</li> </ol> <p>C. Measures/systematic changes put in place to ensure that the deficient practice does not reoccur:</p> <ol style="list-style-type: none"> <li>The Administrator or designee will audit discharges/transfers to the hospital to ensure return to the facility when medically able weekly for twelve weeks.</li> </ol> <p>D. Monitoring of corrective action to ensure the deficient practice will not reoccur:</p>		

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F 626	<p>Continued From page 3</p> <p>the discharge stated, "The safety of individuals in this facility is endangered due to the clinical or behavioral status of the resident." The documentation on the form also stated Resident #1 had until the 11th calendar date of the notice to appeal the discharge.</p> <p>Documentation on a psychiatry progress note dated 6/13/2022 revealed under the current risk factors Resident #1 was not currently a danger to himself or others.</p> <p>Documentation in a skin and wound note dated 6/16/2022 revealed Resident #1 was evaluated by the Medical Director and was sent to the emergency room for evaluation of his sacral wound.</p> <p>Documentation in the hospital record dated 6/17/2022 at 1:20 PM written by Case Manager #1 indicated the discharge plan of Resident #1 was to return to the long-term care facility where he was residing.</p> <p>Documentation in the hospital record dated 6/17/2022 at 3:49 PM written by Case Manager #1 included the following information. The Admissions Director communicated to Case Manager #1 the Administrator at the facility would not allow Resident #1 to return to the facility. The Admissions Director revealed to Case Manger #1 that Resident #1 was in breach of his resident's agreement regarding drug use and had been served a 30-day notice and Resident #1 had not appealed the notice. The Admissions Director indicated the belongings of Resident #1 had been packed up. The Case Manager called the local long-term care ombudsman for assistance and requested Resident #1 to think about where he</p>	F 626	<p>1. The Administrator and/or designee will report the results of the audits to the Quality Assurance and Performance Improvement Committee for further review monthly for three months and as needed thereafter.</p> <p>The facility alleges compliance on 8/15/22</p>		

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F 626	<p>Continued From page 4 wanted to go.</p> <p>An interview was conducted with Resident #1 on 7/28/2022 at 12:34 PM. Resident #1 stated he was sent to the hospital and told he needed immediate surgery on his wound. Resident #1 revealed he was told by the hospital case manager he would not be allowed to go back to the facility, and he needed to find another place to go. Resident #1 indicated he was very upset because he had to quickly find another place to go with the help of his family. Resident #1 stated he found placement in a long term care facility in another state.</p> <p>The facility Administrator who served the discharge notice to Resident #1 was not available for interview.</p> <p>The Admissions Director was interviewed on 7/29/2022 at 9:37 AM. The Admissions Director explained she went to the room of Resident #1 on 6/7/2022 along with the facility Administrator to serve him with the 30-day notice of discharge. The Admissions Director explained Resident #1 was given notice of discharge due to drug use and was notified of his right to appeal. The Admissions Director stated she took a phone call from the hospital after Resident #1 was admitted to the hospital because the Administrator was not available at that time. The Admissions Director stated she was told by the Administrator Resident #1 was not allowed to come back to the facility so that was what she told the hospital. The Admissions Director stated she told the hospital that drug use at the facility was cause for immediate discharge per the signed admissions agreement.</p>	F 626			

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F 626	Continued From page 5 The current facility Administrator was interviewed on 7/28/2022 at 5:15 PM. The Administrator stated she was unaware there were any issues with the discharge of Resident #1. The Administrator stated she began working at the facility on 6/28/2022 and was not left any information about the discharge of Resident #1 by the previous Administrator. The Administrator stated the facility did not have a policy or procedure for handling a 30-day discharge of a resident.  The hospital case manager was interviewed on 8/3/2022 at 2:30 PM. The hospital case manager stated after she was informed by the facility Resident #1 could not return to the facility, she requested a copy of the notification of the 30-day discharge and she reached out to the local ombudsman. The hospital case manager noted after she received the 30-day discharge notice the facility had given Resident #1 that it had only been dated as 10 days prior to the refusal to take him back and he did not have opportunity to appeal the notice because he was in the hospital. The hospital case manager conceded Resident #1 did have complications with his health condition, but he would have been able to leave the hospital sooner had the facility been willing to take him back. The hospital case manager confirmed Resident #1 was able to find placement in another long term care facility in another state.	F 626			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public.	F 842		8/12/22	

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F 842	<p>Continued From page 6</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or</p>	F 842			

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F 842	<p>Continued From page 7 unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches legal age under State law.</li> </ul> <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> <li>(i) Sufficient information to identify the resident;</li> <li>(ii) A record of the resident's assessments;</li> <li>(iii) The comprehensive plan of care and services provided;</li> <li>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</li> <li>(v) Physician's, nurse's, and other licensed professional's progress notes; and</li> <li>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</li> </ul> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to document completed treatments or refusals of care in the medical record for two (Resident's #1 and #6) of three residents reviewed for provision of wound care.</p> <p>Findings included:</p> <p>1. Resident #6 was admitted to the facility on 7/14/2022 with a diagnosis of acquired absence the right leg of below the knee amputation.</p> <p>Resident #6 had a physician's order initiated on 7/15/2022 and discontinued on 7/20/2022 for cleansing of sutures on the right below the knee</p>	F 842	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction prepared and/or executed solely because it is required by state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>F842 Resident Records <input type="checkbox"/> Identifiable</p>		



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F 842	<p>Continued From page 8</p> <p>amputation with normal saline, patted dry, and application of nonadherent dressing wrap in Kerlix (bandage) and Coban (compression bandage) lightly to be completed every-day shift.</p> <p>Documentation on the treatment administration record (TAR) for July 2022 revealed on 7/16/2022, 7/17/2022, 7/18/2022, and 7/20/2022 was blank.</p> <p>Resident #6 had a physician's order initiated on 7/21/2022 and discontinued on 7/28/2022 for cleansing of the right below the knee amputation steri-strips (wound closure tape) with wound cleanser, application of a dry dressing, and wrapped with an ace bandage every day on the day shift.</p> <p>Documentation on the TAR for July 2022 revealed on 7/21/2022, 7/22/2022, 7/24/2022, 7/25/2022, 7/26/2022, 7/27/2022, and 7/28/2022 was blank.</p> <p>An interview was conducted with the Director of Nursing (DON) on 1:23 PM on 7/29/2022. The DON revealed the wound care nurse was on vacation on the days where there were blank spaces on the TAR for Resident #6. The DON stated the hall nurses were assigned to the treatments in the absence of the treatment nurse. The DON revealed Nurse #4 was the hall nurse to do the treatment for Resident #6 on 7/16/2022, 7/17/2022, 7/18/2022, 7/22/2022, 7/25/2022, and 7/26/2022. The DON revealed Nurse #1 was the hall nurse to do treatment for Resident #6 on 7/20/2022, 7/21/2022, 7/24/2022, 7/27/2022, and 7/28/2022.</p> <p>An interview was conducted with Nurse #4 on 7/29/2022 at 1:53 PM. Nurse #4 confirmed she</p>	F 842	<p>Information</p> <p>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>A. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>1. On 07/29/2022 All nurses that were assigned to Residents #1 and #6 received written re-education on documentation standards including documenting completed or refusal of treatments.</p> <p>B. Identify other residents who have the potential to be affected by the same deficient practice and what corrective action taken:</p> <p>1. On 08/09/2022 an audit of treatment administration records (TAR) for missing documentation was completed for all residents with current treatments that could have the potential to be affected by deficient practice. No resident was found with deficient practice on 08/09/2022. Facility education and one to one education to licensed Nurses by DON and/or designee completed.</p> <p>2. All nurses will be in-serviced on the proper documentation of completed treatments or refusals of care in the medical record, by the RN Staff Development Coordinator and/or designee starting 07/29/2022 until 100% of licensed Nurses are in-serviced. All current licensed Nurses in-service completed 08/12/2022. Newly hired facility and agency licensed nurses will receive education during orientation.</p> <p>C. Measures/systematic changes put in place to ensure that the deficient practice does not reoccur:</p> <p>1. For residents that have treatments, the</p>		

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F 842	<p>Continued From page 9</p> <p>did do the treatments for Resident #6 where there were blanks on the TAR and she was assigned to do the treatments. Nurse #4 explained she did the treatments every day but forgot to switch from the medication administration record (MAR) to the TAR in the electronic record to document. Nurse #4 stated she just forgot to document she completed the treatments for Resident #6.</p> <p>An interview was conducted with Nurse #1 on 7/29/2022 at 1:57 PM. Nurse #1 confirmed she did do the treatments for Resident #6 where there were blanks on the TAR record and she was assigned to do the treatments. Nurse #1 explained she completed the administration of medications for her hall and then found out later she was required to do treatments. Nurse #1 further explained and demonstrated on her computer that she had to switch from the MAR to the TAR to document. Nurse #1 reiterated she was completing the treatments for Resident #6 as ordered but acknowledged she was not documenting the completion of the treatments on the TAR.</p> <p>An interview was conducted with the Administrator on 7/29/2022 at 2:10 PM. The Administrator stated the nursing staff needed to document in the electronic medical record after the treatments were completed.</p> <p>2. Resident #1 had a diagnosis of pressure ulcers to the right buttock, left buttock, and sacrum.</p> <p>Resident #1 had a physician's order, dated as initiated on 4/27/2022, for a Stage 3 pressure wound on left gluteal fold. The treatment order stated the wound was to be cleansed with Dakins, silver alginate applied, and covered with</p>	F 842	<p>Treatment Administration Record (TAR) will be audited by the DON and/or designee, using a facility created Auditing tool. This audit will be completed five (5) times a week for 4 weeks, then three (3) a week for 4 weeks, then weekly for 4 weeks, and ongoing as needed. The Administrator or DON will report findings to the Quality Assurance Performance Improvement Committee monthly and make changes to the plan as necessary to maintain continued compliance.</p> <p>D. Monitoring of corrective action to ensure the deficient practice will not reoccur: 1. The Administrator and/or designee will be responsible for overseeing all audit of findings and subsequent disciplinary action, if applicable, will be reported to the facility QAPI Committee monthly for three months to review the need for continued intervention or amendment of plan. The facility alleges compliance on 08/12/2022.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PELICAN HEALTH HENDERSON LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>280 SOUTH BECKFORD DRIVE HENDERSON, NC 27536</b>		
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F 842	<p>Continued From page 10 a dry dressing on every-day shift.</p> <p>Resident #1 had a physician's order, dated as initiated on 5/4/2022, for the right gluteal fold. The treatment order stated the wound was to be cleansed with Dakins, silver alginate applied and covered with a dry dressing on every-day shift.</p> <p>Resident #1 had a physician's order, dated as initiated on 5/24/2022, for the sacrum. The treatment order stated the wound was to be cleaned with Dakins solution, Santyl ointment was to be applied topically, covered with Dakins moistened gauze roll, outside wound edges covered with Silver alginate, and covered with a dry dressing twice a day (day shift and evening shift).</p> <p>Documentation on the May Treatment Administration Record (TAR) revealed on 5/25/2022, 5/26/2022, 5/27/2022, 5/28/2022, 5/29/2022, and 5/31/2022 on the evening shift the sacral treatment for Resident #1 was left blank.</p> <p>Documentation on the June TAR revealed on 6/12/2022 on the day shift the treatments to the left gluteal fold, right gluteal fold, and the sacrum for Resident #1 were left blank.</p> <p>An interview was conducted with Nurse #3 on 7/29/2022 at 11:22 AM. Nurse #3 confirmed she was assigned to do wound care on 6/12/2022 on the day shift. Nurse #3 explained Resident #1 was the last resident she administered treatments for that day. Nurse #3 stated Resident #1 never refused a treatment, so she was sure the treatments were completed on that day. Nurse #3 stated it was likely she had already logged out of the electronic record by the time she</p>	F 842			

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F 842	<p>Continued From page 11</p> <p>administered the treatments for Resident #1 and then likely did not document the treatments were completed on that day.</p> <p>Documentation on the June TAR revealed on 6/1/2022, 6/2/2022, 6/3/2022, 6/5/2022, 6/6/2022, 6/7/2022, 6/8/2022, 6/9/2022, 6/10/2022, 6/11/2022, 6/12/2022, and 6/13/2022 on the evening shift the sacral treatment for Resident #1 was left blank.</p> <p>An interview was conducted with the Director of Nursing (DON) on 8/2/2022 at 10:30 AM. The DON stated that there was not a treatment nurse working on the 3:00 PM to 11:00 PM shift so, the hall nurses were assigned to administer treatments as ordered on the evening shift. The DON revealed Nurse #5 was assigned to administer the sacral treatment for Resident #1 on the evening shift on 6/5/2022. The DON revealed Nurse #6 was assigned on the nursing schedule to administer the sacral treatment for Resident #1 on 6/6/2022. The DON also revealed Nurse #7 was assigned to administer the sacral treatment for Resident #1 on 5/25/2022, 5/26/2022, 5/27/2022, 5/28/2022, 5/29/2022, 5/31/2022, 6/1/2022, 6/2/2022, 6/3/2022, 6/7/2022, 6/8/2022, 6/9/2022, 6/10/2022, 6/11/2022, 6/12/2022, and 6/13/2022.</p> <p>Nurse #5, who was assigned to administer the sacral treatment for Resident #1 on 6/5/2022 for the evening shift, was interviewed on 8/2/2022 at 10:42 AM. Nurse #5 stated she did not recall if she administered the sacral treatment for Resident #1 on the evening of 6/5/2022. Nurse #5 acknowledged she should have documented if the resident refused the treatment or if she had administered the sacral treatment on 6/5/2022.</p>	F 842			

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F 842	<p>Continued From page 12</p> <p>Nurse #6, who was assigned to the hallway which Resident #1 resided on 6/6/2022 for the 3:00 PM to 11:00 PM shift, was interviewed on 8/2/2022 at 6:36 PM. Nurse #6 stated according to her calendar she was on the schedule to work that day but Nurse #7, an agency nurse, had arrived to work the same hallway. Nurse #6 stated she went home at 3:00 PM on 6/6/2022 and did not administer the sacral treatment for Resident #1 on the evening shift but assumed Nurse #7 would have done so.</p> <p>Nurse #7 was assigned to administer the sacral treatment for Resident #1 on 5/25/2022, 5/26/2022, 5/27/2022, 5/28/2022, 5/29/2022, 5/31/2022, 6/1/2022, 6/2/2022, 6/3/2022, 6/6/2022, 6/7/2022, 6/8/2022, 6/9/2022, 6/10/2022, 6/11/2022, 6/12/2022, and 6/13/2022. Nurse #7 was interviewed on 8/3/2022 at 10:30 AM. Nurse #7 stated she could not recall specifically for each of the days if she administered the sacral treatment for Resident #1. Nurse #7 stated she either administered the sacral treatment or Resident #1 refused the treatments, but she did not document.</p> <p>An interview was conducted with the Administrator on 7/29/2022 at 2:10 PM. The Administrator stated the nursing staff needed to document in the electronic medical record after the treatments were completed.</p>	F 842			