Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932659	A. BUILDING: _____ B. WING _____	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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) COMPLETE DATE
A 000	Initial Comments An unannounced re-licensure survey and complaint investigation (complaint numbers 2021013443 and 2021015299) were conducted at Woodmont A Pacifica Senior Living Community, on -23, 2021. The facility had deficiencies at the time of the investigation.	A 000		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, resident interview, and record review, the facility failed to provide timely assistance with activities of daily living (ADLs) for 2 of 19 sampled residents. (residents #8 and #10) Findings include: On at approximately 2:00 PM, resident #10 was observed in his room seated in a recliner. The room and hallway had a very strong odor. The resident appeared distressed and was observed patting his adult brief area and stated, "this needs to be changed I am about to pop." When asked if he had called staff for assistance he stated, "Yes and have been waiting and waiting, this happens all the time." The resident was also noted to be receiving via a connected to a concentrator next to his chair and the flow rate was noted to be set at 2.5 liters.	A 028		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 028	Continued From page 1 On at approximately 3:00 PM, resident #8 was observed in her room visiting with a friend. The resident appeared frail, lying in bed and noted to be receiving via a connected to a bedside concentrator set to 2 liters flow rate The resident indicated she was dependent on the staff for almost everything and at times has to wait long periods of time for assistance. She indicated the wait times can be up to and over an hour especially on the weekends. The resident stated, "this past weekend I waited over an hour and a half." A review of the resident listing and limited nursing services manual provided by the Administrator was conducted and revealed both residents were receiving limited nursing services due to higher levels of needs and required assistance with ADLs. Class III	A 028		
A 052 SS=F	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication	A 052		

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A 052	Continued From page 2 name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not	A 052		

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A 052	Continued From page 3 include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , , or , preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH	A 052		

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A 052	Continued From page 4 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving	A 052		

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A 052	Continued From page 5 the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide assistance with self-administration of medication as required for 3 of 3 sampled residents observed. (residents #8, #14, and #15) Findings include: On at approximately 8:07 AM, staff member B, a Medication Technician, was observed at the medication cart on the 200 hallway. The staff member was observed opening the top drawer of the medication cart and	A 052		

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A 052	Continued From page 6 removing a small cup of pills and proceed to take them into resident #8's room and left them on the resident's bedside table. At approximately 8:14 AM, staff member B was observed to take another small cup from the top drawer of the medication cart and enter resident #14's room and give them to the resident. An interview with staff member B at this time revealed she had prepared numerous resident medications at 7:30 AM and had them in the top drawer of the medication cart in small cups. None of the cups were labeled specific to the resident whose medications were allegedly in the cups. Staff member B confirmed this was not the process she was trained to perform, but due to having a second medication cart she was assigned to, she did not have time. When asked how she knows which cups are for which residents, she stated, "I know because I do this everyday." At approximately 8:35 AM, staff member C, a Medication Technician, was observed on the Transition Memory Care Unit in the nursing station standing at the medication cart. She was observed to remove medications from the cart and place them in a cup and then proceeded to resident #15's room. The staff member mixed the medications with pudding and administered them to the resident. An interview was conducted with staff member C at this time. She confirmed that she had been trained to take the medication cart outside the resident's room and then take the medication to the resident and confirm the label, however she cannot do that since the laptop used for documentation of the medication process only	A 052		

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A 052	Continued From page 7 operates when plugged in, so the cart has to remain in the nursing station. A review of all 3 resident's current Health Assessments revealed they were assessed to require assistance with self-administration of medications. On ..... at approximately 12:00 PM, the Administrator was asked to provide the facility policy for assistance with self-administration of medication. She indicated she could not locate a specific policy. Class III	A 052		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of ..... testing materials satisfies the annual ..... examination requirement. An individual with a positive ..... test must	A 078		

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A 078	Continued From page 8 submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility , to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be	A 078		

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A 078	Continued From page 9 conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to complete a statement of communicable . . status for 4 of 6 employees reviewed (Executive Director, Residential Care Director, and Employees E and F). Further, the facility failed to maintain evidence of an annual negative . . . . examination for 4 of 6 employees reviewed (Residential Care Director, Employee E, F, and G). The findings include: On , during a review of six employees of the facility, it was discovered that the employee files for the Executive Director, Residential Care Director, and Employees E and F did not contain a statement from a health care provider stating they were free from communicable . . . . . . Additionally, it was discovered that there was not an annual test on file for the Residential Care Director, Employee E, Employee F, and Employee G. On , the Executive Director was interviewed about these missing forms. She indicated she was unaware that these were missing and that these needed to be done immediately. Class III	A 078		
A 081 SS=E	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 10 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel	A 081		

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A 081	Continued From page 11 record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility.	A 081		

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A 081	Continued From page 12 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to complete training for . . . . . control, Activities of Daily Living (ADL), behavioral needs and incident reporting for 2 of 6 employees reviewed (Employees E and F). Further, the facility failed to complete training	A 081		

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A 081	Continued From page 13 on . . . . . reporting and / . for 3 of 6 employees reviewed (Residential Care Director or Employees E and F). Additionally, the facility failed to complete training on . . . . . (. . . . .) policies and procedures for 4 of 6 employees reviewed (Residential Care Director, Employee D, E, and F). The findings include: On . . . . , during a review of training records for six employees of the facility, it was discovered that there was no documentation of Employees E and F receiving training in the areas of control, ADL and behavioral needs, and incident reporting. Further review showed no documentation of . . . . . reporting or / . . training's for the Residential Care Director or Employees E and F. Additionally, no training covering policy and procedures was found for the Residential Care Director, Employee D, Employee E, and Employee F. On , the Executive Director was questioned about these missing items. She acknowledged they were missing and indicated this would be corrected immediately. Class III	A 081		
A 086 SS=E	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD,	A 086		

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WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

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A 086	Continued From page 14 or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , , , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet	A 086		

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A 086	Continued From page 15	A 086		

the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement.
and Related Level
II Training must address the following subject areas as they apply to these :
1. Behavior management,
2. Assistance with ADLs,
3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.
(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.
(g) Persons who seek to provide ADRD training in

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A 086	Continued From page 16 accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility, which has two secure areas for residents with memory care issues and advertises these services, failed to complete Level I training for 4 of 6 employees reviewed (Residential Care Director, Employee E, F, and G). In addition, the facility failed to complete Level II 's training for 6 of 6 employees reviewed (Executive Director, Residential Care Director, Employee D, E, F, and G). The findings include:	A 086		

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A 086	Continued From page 17 On , during a review of training files, it was found that the Residential Care Director, Employee E, Employee F, and Employee G did not have documentation showing they had completed Level I 's Training. In addition, it was found that the Executive Director, Residential Care Director, Employee D, Employee E, Employee F, and Employee G all did not have documentation showing they had completed Level II training. On , the Executive Director was asked about these missing items. She indicated she was not aware of these trainings and acknowledged they were missing. She indicated these trainings would be done as soon as possible. Class III	A 086		
AN277 SS=E	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's	AN277		

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AN277	Continued From page 18 order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or [redacted] nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to obtain an authorizing health care practitioner order for Limited Nursing Services (LNS) for 6 of 6 residents (residents #8, #9, #10, #11, #12, and #13). The findings include: On [redacted], the facility Administrator provided a list of residents receiving LNS and a corresponding notebook reported to contain the monthly nursing assessments, a log of residents receiving services, and practitioner orders. The Administrator indicated residents #8, #9, #10, #11, and #12 were receiving nursing services related to [redacted], and resident #13 was receiving nursing services related to [redacted] stockings. A review of the manual revealed a log with only	AN277		

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AN277	Continued From page 19 resident #13's name listed as a current resident receiving nursing services and no authorizing practitioner orders for any of the 6 current residents receiving LNS services. On at approximately 1:00 PM, an interview was conducted with the Administrator regarding the missing orders and incomplete log. She confirmed the LNS program was something the new resident care coordinator was to work on and needed to be "cleaned up." On at approximately 9:40 AM a phone interview was conducted with the facility's registered nurse (RN). She confirmed she was aware that any LNS care had to be authorized by a health care practitioner, however had never seen any orders in the 2 years she had been the RN. She indicated she had shared concerns regarding the LNS program with the previous facility managers. Class III	AN277		
AN278 SS=E	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.	AN278		

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AN278	Continued From page 20 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to complete monthly nursing assessments and nursing progress notes for 6 of 6 residents receiving Limited Nursing Services (LNS). (residents #8, #9, #10, #11, #12, and #13) The findings include: On , the facility Administrator provided a list of residents receiving LNS and a corresponding notebook reported to contain the monthly nursing assessments, a log of residents receiving services, and practitioner orders. The Administrator indicated residents #8, #9, #10, #11, and #12 were receiving nursing services related to , , , and resident #13 was receiving nursing services related to stockings. No monthly nursing assessments for residents #8 and #9 could be located in the LNS notebook or in any resident records. Monthly nursing assessments dated for residents #10 and #11 were noted to be incomplete and lacked information on resident's vital signs, medications, or if any change in condition during the past month. The monthly nursing assessment dated for resident #12 was noted to be incomplete and lacked information on resident's	AN278		

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AN278	Continued From page 21 vital signs, dietary consumption, elimination, medications, activities of daily living and any change in condition during the past month. The monthly nursing assessment dated for resident #13 was incomplete and lacked information on resident's vital signs. There was a monthly nursing assessment dated and one dated however the assessment was incomplete and lack resident vital signs. No monthly nursing assessment for could be located for resident #13. No nursing progress notes could be located for any of the residents. A review of the facility's LNS policy and procedure dated revealed the facility will maintain nursing progress notes for each resident receiving LNS and a nursing assessment conducted at least monthly must be maintained for each resident who is receiving LNS. On at approximately 1:00 PM, an interview was conducted with the Administrator regarding the missing and incomplete nursing assessments as well as missing nurse progress notes. She confirmed the LNS program was something the new resident care coordinator was to work on and needed to be "cleaned up." On at approximately 9:40 AM, a telephone interview was conducted with the facility's registered nurse (RN). She confirmed that she comes monthly to perform nursing assessments but does not ensure the LNS log is up to date or that nurse progress notes are maintained. She confirmed she was aware that any LNS care had to be authorized by a health care practitioner, however had never seen any orders in the 2 years she had been the RN. The RN also was asked about	AN278		

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AN278	Continued From page 22 missing nursing assessments for residents #8 and #9, and she indicated she did not know they were receiving [redacted] under LNS until the Administrator called her 11/22/21. The RN indicate she relied on the facility to let her know who is receiving LNS care so she can complete the monthly assessment. When asked about the incomplete assessments, she had conducted, the RN had no explanation. Class III	AN278		