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	ASL5106197	A. BUILDING: _____ B. WING _____	06/04/2025

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A 000	Initial Comment Annual Licensure Survey Violations: Section 295.20004)5) (Repeat) Section 295.2040a)c)1)d)e)f)g)h) Section 295.3000b)f)1) (Repeat) Section 295.3040, 955.145 a)2),b) Section 295.4010d)e)g)1)A)C)2)3)h) Section 295.4060g)h)5)6)i)2) i-v)C)i-x)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 3 Violation (REPEAT) Section 295.2000 Residency Requirements 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building; These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure residency requirements were met for one (R1) of two residents reviewed and has the probability to affect all residents.	A2000		

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A2000	Continued From page 1 Findings include: According to R1's face sheet, R1's diagnoses include but not limited to Alzheimer's Disease, and Generalized Anxiety Disorder. R1 moved into the community on 5/23/25. Per R1's document titled Mini Mental Exam dated 5/19/25, R1's cognitive assessment score was 0. Indicating severe cognitive impairment. On 6/2/25 at 1:40pm, R1 was observed in the activity room seated on Broda chair. On 6/3/25 at 2:43pm, R1 was again observed seated on Broda chair in dining/activity area. Able to answer, "yes" when asked how she was, but unable to engage in a sensical conversation. R1's documents titled Illinois Comprehensive Medical Provider Assessment signed by physician on 5/23/25, R1 is non ambulatory, unsteady, limited range of motion of BLE (Bilateral Lower Extremities). Oriented x1, forgetful. Maximum assistance with transferring. According to R1's notes reviewed, R1 was originally admitted and discharged from Hospice prior to move in. R1's document titled "Hospice Certification and Plan of Care dated 4/11/25, indicated R1 was admitted under Hospice care on this date. R1's hospice admitting diagnosis was Senile Degeneration of Brain, not Elsewhere Classified. This document stated in part; Safety measures: include 1 person transfer, 24 hour supervision required, aspiration precautions, fall precautions, high risk medications, incontinence precautions, vision impairment. Activities Permitted: Up as tolerated, transfer bed/chair; Broda chair. Nutritional Requirements: Mechanical soft diet Mental Status: ...Oriented to name only, forgetful.	A2000		

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A2000	Continued From page 2 On 6/4/25 at 11:09am, Z3 (Hospice Care), said the family requested for R1 to be discharged from hospice the week before moving into the establishment. R1 showed some improvements, under hospice care, she used to be almost bedbound. After moving into the community, R1's family decided to have her readmitted on Hospice care. R1 was readmitted to Hospice Care on 5/28/25. Z3 said, R1 cannot dress, bathe or toilet herself independently. R1 is incontinent. She needs assistance by one staff. Z3 said, for short time, R1 is able to use wheelchair for transport, Broda chair was for safety, because R1 leans forward due to poor front and side trunk control. Z3 confirmed that during emergency evacuation, R1 will need assistance because R1 cannot stand, transfer or propel wheelchair. Z3 said, R1 cannot verbalize pain, so staff has to rely on non-verbal cues, and depending on her mental status, R1 is unable to say she is hungry. She cannot verbalize needs, just rely on the verbal cues and anticipate needs. Z3 said 80% of the care of R1 is provided by the establishment. Hospice staff visits 4x per week. For transfer, Z3 verified that R1 needs to be on sit to stand, if unable to, then a reassessment for a Hoyer lift is needed. However, two staff still needs to transfer her when using any of these mechanical lifts. Z3 said that she received a call from the establishment on 6/3/25 that R1 cannot stand up on her own. R1's Hospice IDG Comprehensive Assessment and Plan of Care Update Report dated 5/28/25, R1 was re-admitted under Hospice care on 5/28/25, five days after move in. R1's diagnoses include Alzheimer's Disease Unspecified, and Senile Degeneration of Brain.	A2000		

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A2000	Continued From page 3 On 6/2/25 at 1:39pm E12 (Resident Care Assistant) who works in the morning shift with R1 said, R1 needed two staff assist with toileting, and transfer. R1 cannot stand by herself. E12 said "She is confused. Unable to call for help due to confusion, sometimes able to follow instruction." E12 indicated that often times, they are short staff especially at night shift. On 6/3/25 at 2:44pm, E14 (Resident Care Assistant) and E15 (Resident Care Assistant) said R1 needed two persons assist for transfer. On 6/3/25 at 3:24pm , E2(Clinical Services Director) said, at the time of assessment pre-move in, R1 was able to stand and pivot, and transfer with one person assist but for safety, the staff are doing two persons assist. For evacuation, R1 needed one person assist on a wheelchair. R1's Nursing notes on the first day of move in documented: 5/24/25 8:25am "Family reports frequent falls and advised placing pillow in front of her for protection. 5/25/25 9:51am "Verbally responsive to name not aware of place nor time. As per Caregiver resident slightly unstable when set up at the side of bed. " R1's Service plan dated 5/27/25 indicated: Ambulation: Needs physical assist of 1 for mobility unable to self-propel. Adaptive Device: Sit to stand. Toileting/Continence Care: Needs/receives physical assist of 1 for toileting. With these requirements for R1's ADL's (Activities of Daily Living) staff was asked about adequate	A2000		

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A2000	Continued From page 4 staffing in order to meet resident's needs. During the onsite visit conducted on 6/2/25 and 6/3/25, multiple staff verbalized short staffing in the community. On 6/2/25 at 2:34pm, E13 (Resident Care Assistant) verbalized concern of short staffing. At 2:35pm, E14 (Resident Care Assistant), also verbalized short staffing concern. Both staff confirmed that 2 staff are needed to transfer a resident who is on a sit to stand transfer, like in the case of R1. At 2:36pm, E15 also verbalized concern of not having enough staff, especially the establishment had residents who required two persons assist. These staff indicated that they have to leave residents by themselves in the Activity area unsupervised when they go and assist residents in the apartment, especially if the resident needed two persons assist. On 6/2/25 at 2:48pm, E16 (Life Enrichment Director) said there were times she had to supervise residents, do activities and engage them with the activities by herself, and one time one resident fell. On 6/3/25 at 1:29pm, E18 (Resident Care Assistant) works on the second floor was concerned of short staffing. At 1:55am, E19 (Resident Care Assistant) and at 1:53pm, E20 (Licensed Practical Nurse) had the same concern of short staffing. On 6/3/25 at 2:32pm, E21 (Resident Care Assistant) night shift staff said, there is issue of short staffing, there was a time she was the only caregiver on both floors of the establishment and had to do all the incontinence care. There were also times that she has to transfer a resident using the Hoyer lift alone because of lack of staff to help. At 2:45pm, E14 also indicated, she had transfer residents on a Hoyer lift, alone due to lack of staff.	A2000		

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A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who	A2040		

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A2040	Continued From page 6	A2040		

cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.

h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.

These requirements are not met as evidenced by:

Based on interview and record review, the establishment failed to conduct Tornado drills on all shifts, failed to ensure residents' participation and their required assistance as well as staff participating in the drills were documented. This deficient practice has the probability to affect all residents.

Findings include:

An onsite visit was conducted on 6/2/25 and 6/3/25.

There was no Tornado drill documented on Drill binder provided for review.

Fire drills conducted are as follows:
1st Shift:- 4/17/25 8:50am, did not document which residents or staff attended the drill.
2nd Shift: 5/21/25 3:02pm. It did not document residents' participation.
2/26/25 2:30pm It did not document which residents or staff attended the drill.

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A2040	Continued From page 7 3rd Shift: 3/14/25 5:20am. It did not document which residents or staff attended the drill. 6/5/24 4:00am. It did not document residents' required assistance. On 6/2/25 at 3:05pm, E11 (Environmental Services Director) stated, he is new in this position. E11 confirmed there was no Tornado drill conducted. E11 confirmed, that all documents pertaining to fire and tornado drills conducted prior to his assignment has been submitted for review.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation (REPEAT) Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable;	A3000		

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A3000	Continued From page 8 These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure copies of Cardiopulmonary Resuscitation certificates (CPR) were on employee file and ready for review, establishment also failed to ensure at least one CPR certified staff was on duty during the night shift. This deficient practice has the probability to affect all residents. Findings include: An onsite visit was conducted on 6/2/25 and 6/3/25. Employees' current CPR card copies were requested on 6/2/25 during the entrance conference. E24 (Licensed Practical Nurse-LPN), and E25 (LPN) were night shift nurses according to the Actual staffing schedule for April and May 2025. These nurses did not have CPR cards submitted for review. These nurses were on duty during the night shift except on 4/1, 4/15, 4/25, 5/14, 5/23, 5/26. On 6/3/25 at 9:16am, E10 (Staff Development Director) said, nurses are required to be CPR certified and Caregivers are not required. E10 said, she was waiting for the other nurse to send her their CPR card copies. E4 (LPN) also had no documented current CPR certificate. There were no CPR cards for Resident Care Assistants submitted for review.	A3000		

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A3040	Continued From page 9	A3040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee no less than annually. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) (Source: Amended at 43 Ill. Reg. 3665, effective	A3040		

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A3040	Continued From page 10 March 1, 2019) These requirements are not met as evidenced by: Based on interview, and record review the establishment failed to conduct employee verification as required for five (E3, E6, E7, E8, E9) of six staff reviewed for Healthcare Workers Background Check requirements. This deficient practice has the probability to affect all residents. Findings include: An onsite visit was conducted on 6/2/25 and 6/3/25. Selected employee files were reviewed. E3 (Food Services Director) was hired on 3/22/23. E6 (Resident Care Assistant) was hired on 3/19/25. E7 (Resident Care Assistant) was hired on 3/4/24. E8 (Resident Care Assistant) was hired on 3/25/24. E9 (Resident Care Assistant) was hired on 5/29/24. The above mentioned employees' Healthcare Workers Registry Forms did not indicate the start dates of the employees. An annual verification for E3, E8, E9 was also not done. On 6/2/25 at 4:19pm, E10 (Staff Development Director) said, she started working in the community in August 2024, and recently had access to the Registry Portal. E10 said, she has been recently informed of the verification requirements for staff. E10 indicated she will be completing the verification for these employees.	A3040		

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A3040	Continued From page 11 On 6/3/25 at 9:16am, E10 submitted the completed Registry employee verification for the selected staff. The documents had the stamp date of 6/2/25 starting from 4:46pm.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident;	A4010		

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A4010	Continued From page 12 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure service plans are revised to include individualized fall interventions for three (R2, R3, R5) residents after fall with major injury. They also failed to ensure interventions for wound healing and skin breakdown preventions were in place for one (R4) resident. This affected four of five residents reviewed for service plan. Findings include: An onsite visit was conducted on 6/2/25 and 6/3/25. Establishment's incident reports were reviewed. Per R2's face sheet, R2 is 84 years old. R2's diagnoses include but not limited to Dementia and Parkinson's Disease. R2's Fall assessment dated 5/17/25 was 19 (A score of 10 or more= risk of falls). R2's Mini mental Exam score dated 9/17/24 was 17 (10 (Marked impairment. Likely to require 24-supervision and assistance with ADL.) R2's Incident investigation dated 5/8/25 indicated, "5/8/25 7:23PM: Nurse notified by Safely You,	A4010		

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A4010	Continued From page 13	A4010		

resident has fallen, observed resident on the ground next to bed ... observed blood on her face ...laceration by the right eye. 911 called, taken to hospital, returned at 11:30pm, received medical glue to the laceration covered with steri-strip.

R2's Service plan dated 3/19/25 stated in part; Fall Risk Safety Checks: requires fall risk safety checks (Review Date 4/3/25). Staff to assist in ambulation to mitigate risk of falls. Resident needs to alert staff to assist when going from sitting position to a stand especially from wheelchair, Report to the nurse any observed or reported falls, change in gait/balance, change in toileting ability, changes in cognition, and any observer safety hazards in the resident's unit (cluttered walkways, poor lighting, adaptive equipment in poor repair.)
R2's fall interventions have not been revised.

R2's Nursing notes indicated several falls on 5/15/25 (2 falls).

Per R3's face sheet, R3 is 96 years old. R3's diagnoses include but not limited to Mild Cognitive Impairment of Uncertain or Unknown Etiology. R3's Mini Mental Exam score dated 3/14/25 was 10 (Marked impairment. Likely to require 24-supervision and assistance with ADL. R3's Fall Risk assessment score dated 4/10/25 was 22.

Incident report dated 5/8/25 documented, "5/8/25 9pm: found on the floor with laceration to the forehead with active bleeding. Investigation: The Caregiver was interviewed and stated that the resident was being combative and agitated during care in the resident's bathroom. The resident was Resident with CG seated in her wheelchair washing her hands at the sink, but the resident

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EMERALD PLACE	1879 CHESTNUT AVE GLENVIEW, IL 60025

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A4010	Continued From page 14 wanted to do it on her own. The CG left her to finish. Upon returning, the CG observed the resident on the floor ....with bleeding cut to the forehead ...Paramedics came ... got the resident of the floor transported to the hospital ...The resident returned to the facility with medical glue to the laceration .... Due to cognition, the resident in unable to be interviewed. R3's Service plan dated 3/31/25 stated in part; Fall Risk Safety Checks: requires fall risk safety checks (Review Date 1/9/25) ...Services: Report to the nurse any observed or reported falls, change in gait/balance, change in toileting ability, changes in cognition, and any observer safety hazards in the resident's unit (cluttered walkways, poor lighting, adaptive equipment in poor repair.) Interventions 1/9/25 Decrease clutter, Increase visual checks on Resident. After the fall on 5/8/25, there has been no revision of R3's fall interventions. According to R4's Electronic Health Record, R4 is 84 years old. R4's Diagnoses include but not limited to Dementia. R4 is under hospice care. R4's wound documents indicated R4 has stage 3 wound on right heel. This wound was identified on 4/11/25 assessed as unstageable. Size 2cm x 1cmx 0. On 4/16/25 wound assessed as Stage 3, size 3cmx2cmx0. On 5/26/25 2cmx2.5cmx0.2. This was the last documented treatment by Hospice nurse. On 5/30/25 a stage 2 left elbow wound was identified, with a size of 1.5cmx1.0cm. On 6/2/25 at 2:31pm R4 was observed asleep on a Broda chair in the Activity room, wearing heel protector on bilateral feet. Dressing to left elbow. R4's Service plan with review date of 10/11/24 documented: Skin care Needs. Services: Monitor	A4010		

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A4010	Continued From page 15	A4010		

skin conditions and report concerns to nurse.
Wound: Coordination of care with home health, hospice, or agency providing wound care.
It does not include precautions observed to prevent skin breakdown or promote wound healing. Hospice care wound interventions were also not incorporated on the service plan.

Per R5's face sheet, R5 is 79 years old. R5's diagnoses include but not limited to Cognitive Impairment, Schizophrenia, Anxiety Disorder.
R5's Notes documented the following falls:
4/16/25 2:55am: went to nursing station at 2:55am, to notify nurse she had fell hit head ...observed bleeding to the right temporal region. Paramedics transported resident to the hospital, returned with at 7:30am, with 2 staples to the right temporal area.
-4/21/25 10:20am: Unwitnessed Injury: Tri-malleolar Fracture. Trying to get her walker to go to the bathroom and fell. Sent to the hospital, broken right ankle.

On 6/2/25 at 2:25pm, R5 was observed in bed with a cast on right lower leg. R5 stated she used to ambulate with walker, currently uses wheelchair due to fracture. Also needs assistance for bathroom needs.

Review of R5's service plan with review date of 10/12/25 had no revisions to include care for the cast, fall preventions, mobility and toileting. Current service plan indicate R5 is independent with ambulation, transfer. Fall interventions was last updated on 11/19/24.

On 6/3/25 at 3:24pm, E2 (Clinical Services Director) said, after fall, investigation is completed and interventions are revised within 24-48 hours. Interventions are added, previous interventions

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A4010	Continued From page 16 remain. On 6/3/25 at 2:23pm, E20 (Licensed Practical Nurse) was asked about the service plan for R4, E20 was unable to locate the Hospice service plan for the wound.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: General Violation Section 295.4060 Alzheimer's and Dementia Programs g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation. h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities	A4060		

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A4060	Continued From page 17 that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination; 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; i) Training requirements for individuals working in a special program: 2) Staff training: B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and	A4060		

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A4060	Continued From page 18 v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities; vii) medical and social needs of the resident; viii) common psychotropics and side effects; ix) local community resources; and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) These requirements are not met as evidenced by: Based on interview and record review, the	A4060		

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A4060	Continued From page 19 establishment failed to ensure staff complete the 12 hours annual dementia specific training for two employees (E7, E8) and maintain on employee file, a documented 16 hours supervised training for one (E9) employee. The establishment also failed to ensure appropriate number of staff were on duty to ensure safety practices such as resident supervision and proper resident transfer were observed. These deficient practices have the probability to affect all residents. Findings include: An onsite visit was conducted on 6/2/25 and 6/3/25. The following employee files were reviewed: E7 (Resident Care Assistant) was hired on 3/4/24. E8 (Resident Care Assistant) was hired on 3/25/24. E9 (Resident Care Assistant) was hired on 5/29/24. E7, E8, E9's Training records did not document completion of the required 12 hour Annual Dementia Specific Training. E9's 16 hours supervised training documents were not included in the employee file submitted for review by E10 (Staff Development Director). On 6/2/25 at 4:19pm, E10 said, the training of the staff was computer based, they do not go for orientation on the floor without doing the computer training. E10 also indicated she started on her current position on August 2024. Documents submitted for review indicated, there were 31 memory care residents currently residing in the building. 11 of these residents needed	A4060		

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mechanical lifts requiring two-person assist.

During this survey, multiple staff had verbalized concerns regarding staffing.
On 6/2/25 at 2:34pm, E13 (Resident Care Assistant) said the staffing is bad.

On 6/2/25 at 2:36pm, E14 (Resident Care Assistant) said, "Majority of the time, we are short staffed. Some of the residents are two persons assist, some using Hoyer lift. We need two staff to transfer, and when we go in their room, the other residents in the activity room will be left alone without any staff supervising them. We tell the nurse that we will go to the resident's room to assist, and sometimes they come out to help, sometimes they do not. So, the residents are by themselves."

On 6/2/25 at 2:36pm, E15 (Resident Care Assistant) said, the residents were left without staff supervision, when staff needed to go to residents' rooms especially one that requires two-person assist.

On 6/2/25 at 2:48pm, E16 (Life Enrichment Director) said, they do not have enough staff, there were times, that scheduled activities were not done due to lack of staff. The Activity department had only two staff currently. E16 was expected to conduct activities and be the Director. Currently there is only E16 and an assistant. When one of them calls off, there would only be one staff to conduct the activities which is not sufficient or adequate with the level of engagement required by the residents. The clinical staff are also short staffed that they cannot rely on them to help. E16 said, management said they have low census however the acuity of residents needed to be considered.

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A4060	Continued From page 21 E16 said, during activity it was expected that she supervised residents as well as engage them in the activity, which is difficult with the level of residents' functions. A few times, E16 was left alone during an Activity, and residents had fall incident. On 6/3/25 at 11:39am, E22 (Licensed Practical Nurse) said, very often establishment was short staff. On 6/3/25 at 1:29pm, E18 (Resident Care Assistant said, there were 6 residents on the second floor requiring two persons assist with transfer such as during sit to stand or Hoper lift transfer. "What we do is leave the residents by themselves in the activity room. For sit to stand and Hoyer lift, we need two persons assist always. It takes 10-20 minutes for one resident to do incontinence care." E18 stated, there are some residents that takes more than 20 minutes assistance with bathroom needs. "We have to do morning care, incontinence care, feed the residents, serve them meals, bathing, toileting, transporting residents down for activity. We are too busy to help with Activities. If we are done with our own assignment then we can help, but most time we do not have time. We cannot hurry up the residents. We told them it is difficult but they said, we are low census. But the workload in very heavy." On 6/3/25 at 1:55am, E19 (Resident Care Assistant) said, "The workload is very heavy, we need more help. It takes about 35 minutes to do incontinence care and I have two residents that takes more than 35 minutes. The chef wants us to finish with breakfast at 8:00am, and we need to feed a few of the residents. Most of the residents needs assistance with feeding, they needed	A4060		

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toileting, changed."

On 6/3/25 at 1:48pm, E12 (Resident Care Assistant), said staffing is still a concern, it has not improved. When staff goes to resident's rooms and they need two-person assist, the residents in the activity area were left unsupervised. The reason given when this concern was discussed with the administrations was due to the low census. E12 said, Night shift were short staff as well, sometimes when E12 comes in the morning, the residents were soaking wet and needed to be changed. E12 said, it takes about 30-40 minutes to do incontinence care. When there is call off, there was no one to cover, "I have worked by myself on the floor before."

On 6/3/25 at 1:53pm, E17 (Resident Care Assistant), confirmed when she comes in the morning, some of the residents were wet with urine.

On 6/3/25 at 2:23pm, E20 (Licensed Practical Nurse) said, when the Caregivers goes inside the residents' room to assist, they would call nurse to supervise the residents in the activity room. E20 said she would come out, if not busy, but when busy, the residents were left unsupervised in the Activity room. E20 said, night shift were also short staff. They would put the nurse as the 4th Caregiver if there were 3 caregivers. The nurse will fulfill nursing as well as Caregiver responsibilities for the assigned residents. Usual there are 3 Caregivers during the night shift and one nurse if there is a call off, no coverage or replacement.

On 6/3/25 at 2:32pm, E21 (Resident Care Assistant) assigned to the night shift said, 'Sometimes we only have 2 Caregivers, one on

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each floor. Supposed to be, there sould be 3 Caregivers. We need three, two caregivers are not enough. The morning shift are complaining that the residents are wet when they come in, but when there is only one staff working, I have to start changing residents as early as 4:30am, so that I can change all of them. By the time, morning staff comes, they are wet again. There was one time I was by myself, for both floors. The HR person came in but she did not know what to do so I ended up changing all the residents on both floors." E21 also said, when transferring by Hoyer lift or sit to stand, there should always be 2 staff present, but E21 said, she had transferred by Hoyer lift on her own several times, because there was no staff available to help.

On 6/3/25 at 2:45pm, E14 said, she had experienced transferring residents on a Hoyer lift alone due to lack of available staff to help.

Establishment documents titled; Policy: Use of Mechanical Lifts
4. Always have two Caregiver assisting during the transfer of a resident using mechanical lift.

April 2025 and May 2025 staffing schedule indicated the following:

Night shift:
On 4/7/25, 4/20/25, 4/25/25, 4/26/25,4/27/25, 5/15/25, 5/24/25. Only two Caregivers were on schedule. One Caregiver on each floor.

On 5/1/25, there was only one Caregiver for both floors.

Staff on training were the 3rd Caregiver on these days: 5/11/25, 5/12, 5/13, 514, 5/16/2025.

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A4060	Continued From page 24 According to Resident's Lists, there were 11 of the 31 residents that requires mechanical lift transfer. 4 residents that wanders. 10 residents on Hospice care.	A4060		