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	255249	A. BUILDING _____ B. WING _____	01/11/2024

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COMPERE NH INC	865 NORTH STREET JACKSON, MS 39202

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI MS #23785) at the facility from 1/08/23 through 1/11/23. The SA investigated CI MS #23785 for dietary services, and environment and cited F584 for bathing dependent residents in a cold shower room. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F561 and F758. The facility was licensed for 60 beds and had a census of 50 at the time of survey.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in	F 561		2/16/24

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

Electronically Signed | 02/02/2024

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F 561	Continued From page 1 community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to honor residents' rights or choices, as evidenced by the resident having to remain in her room despite her request to get up and interact with other residents for one (1) of fifteen (15) sampled residents. Resident #13 Findings include: Record review of the fcility's "Resident Rights" dated 4/2012, revealed, " ... Residents' rights, policies, and procedures shall insure that each resident admitted to the center ... 5. Is encouraged and assisted throughout the resident period of stay...9. Is treated with consideration, respect, and full recognition of his dignity and individuality...12.May...participate in activities ...at his discretion..." On 1/08/24 at 12:42 PM, during an observation and interview of Resident #13 revealed the resident was lying in bed with her head elevated watching television. In the interview, the resident stated that she wishes she could get out of her room every day, but staff do not get her up as often as she would like. On 1/9/24 at 8:54 AM, in an interview with	F 561	F561 SELF DETERMINATION " Resident #13□s rights and choices are being honored and is getting out of bed on a daily basis and goes out of room for activities of choice. Resident was interviewed by activities director on 1/31/24 with activity choices updated. " All non-independent residents have the potential to be affected. " In-services were began on 1/10/24 by Staff Development Nurse regarding resident right and self determination regarding residents getting out of bed daily and attending out of room activities of choice. In-servicing was completed on 1/14/24. All residents will have activity choices reviewed by activity director and updated as needed by 2/10/24. Activity Director will update as needed or on a quarterly basis. Whichever comes first. Every resident will be offered to get out of bed and room daily. " Every resident will be offered to get out of bed and room daily. Refusals will be documented in the medical record The Director of Nursing (DON) or Registered Nurse Supervisor (RN Supervisor) will note resident refusals to get out of bed	

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F 561	Continued From page 2	F 561		

Certified Nursing Assistant (CNA) #1, while in the room with Resident #13, she stated that she gets the resident out of her room every other day. CNA #1 stated that today is her shower day therefore, she will be up to attend bingo, which is good because the resident enjoyed playing bingo. CNA #1 confirmed that the resident has no physical constraints that would prohibit her from getting up daily.

On 1/9/24 at 9:03 AM, during an interview with Resident #13, she stated that CNA #1 was lying. She says they do not take her out of her room every other day. She claims she wants to get up daily, but they rarely do that and that they only occasionally take her to play bingo. Resident #13 said she wants to get up daily and go to Bingo whenever they have it.

On 1/9/24 at 9:34 AM, in an interview with Registered Nurse (RN) #1, she stated that CNAs must get all residents out of their rooms daily unless their acuity level forbids it. As a result, there is no need for a written system to determine if a person wishes to get up or refuses. She stated that she believed the CNA and that if they could not get a resident up, the resident had refused to do so. She added that, based on what she knows, all residents who want to leave their rooms on a daily basis are doing so.

On 1/10/24 at 9:04 AM, in an interview with the Activities Director (AD), she stated that there is no resident get-up list or any other documented procedure in place to notify staff of residents who wish to get up on a daily basis. She stated that after her rounds with the residents, she notifies the CNAs of the residents who had indicated that they want to get up for activities. The AD stated

daily x 30 days and then weekly x 30 days and document any resident refusals to get out of bed beginning 1/19/24. Nurses were also in-serviced on documenting residents refusing to get up daily during shifts.

" Director of Nursing or Register Nurse Supervisor will audit med records to ensure that refusals are documented three (3) times weekly x 2 months beginning 1/19/24.Findings of the resident refusal and documentation audits will be brought to the Quality Assurance Committee weekly x 2 months to ensure continued compliance beginning 2/1/24.

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that she does not recall and is unsure whether Resident #13 requested to be out of her room daily.

On 1/10/24 at 11:57 AM, in an interview with Resident #13's daughter, she indicated that she frequently saw her mother in bed while other residents were up and out of their rooms during her visits. She revealed she had asked the CNA assigned to her mother, "Why is my mother in bed?" She stated the CNA informed her that her mother could only get up every other day, and today was not that day. The daughter said she did not like that response but assumed it was how things were done at the facility.

On 1/10/24, at 12:31 PM, in an interview with the Director of Nursing (DON), she indicated that all residents are permitted to leave their rooms on a daily basis. If a resident refuses to get up, CNAs should report it to the nurse, who should document it in their progress notes. She further stated that regardless of whether the Resident is completely dependent, they should be free to leave their rooms daily, unless the Resident declines. She says denying residents the freedom to get up and out of their rooms violates their rights.

On 1/11/24 at 12:52 PM, in an interview with the Administrator, he indicated his expectation of staff is to daily check with the residents and ask in an assumptive tone, "Let's get you up today!" He added that when staff refuses the request of the resident to get up, it violates their rights.

A record review of the Admission Record revealed the facility admitted Resident #13 on 4/30/21. Her diagnoses included Cerebral

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F 561	Continued From page 4 Aneurysm, Epilepsy, Type 2 Diabetes, and Hypertension. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/09/23, revealed a Brief Interview for Mental Status (BIMS) score of 6, indicating the resident had severe cognitive impairment. However, the interview with the daughter corroborates the resident's account of being left in bed and the resident not being gotten up as she desired.	F 561		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		2/16/24

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F 584	Continued From page 5 §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the shower room was at a comfortable temperature while providing showers for three (3) of fifteen (15) sampled residents. Residents #8, #9, and #23. Findings Include: A record review of the facility policy titled, "Resident Rights," dated 4/2012, revealed, "Policy Statement: Employees shall treat all residents with kindness, respect, and dignity... Policy Interpretation and Implementation ...3. Our facility will make every effort to assist each resident...is always treated with respect, kindness, and dignity ...9. Is treated with consideration...in treatment and in care for his personal needs..." Resident #8	F 584	F584 SAFE ENVIRONMENT " Shower room is being maintained at comfortable temperature for each individual while all residents and #8, #9 and #23 are receiving shower. The knob on electric heater in shower room was repaired on 1/9/24 by the maintenance director. In addition, a wall thermometer was added on 1/18/2024 for temperature tracking. The heater is being turned on during showers for all residents to their personal preference. " All residents who use shower room have the potential to be affected. " Nursing staff and shower team were in-serviced by Director of Nursing on ensuring shower room is at a comfortable temperature for resident by staff member administering shower, on 1/9/24. The 11/7 shift nurse will turn heater unit on at	

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F 584	Continued From page 6 Observation on 1/8/23 at 1:00 PM, revealed Resident #8 lying in bed with the head of her bed elevated. The resident was alert and oriented, and able to make her needs known. During an interview with Resident #8 on 1/8/23 at 1:15 PM, revealed she doesn't go to the shower because it's cold in there. Resident #8 said the staff told her the heater does not work in the shower room. Resident #8 said she feels better when she gets a shower, but it's too cold to bathe without heat. The resident said she had talked to the Certified Nursing Assistance (CNA) that assists her with a shower about the room being cold. During an interview on 1/8/23 at 6:15 PM, with Resident #8's daughter, she stated that her mother complains, as well as other residents, that the shower room is cold during their showers. The daughter also said her mother complains that the facility does not dry her hair after shampooing it. The daughter said the facility towel dries the resident's head, which could cause her to get sick. The daughter said she has discussed her complaints with several staff members. A record review of the Admission Record for Resident #8 revealed the resident was admitted to the facility on 7/17/23, with diagnoses that included Anemia, Essential (Primary) Hypertension, and Chronic Systolic (Congestive) Heart Failure. A record review of the MDS (Minimum Data Set), with an Assessment Reference Date (ARD) 1/5/24, revealed a Brief Interview for Mental Status of 12, which indicated the resident had moderate cognitive impairment.	F 584	5AM each day. Shower team will be responsible for ensuring the heat is on and working properly before bringing resident to shower room. Each resident will be completely covered up and head is to be wrapped with a towel. " The Maintenance Supervisor, Director of Nursing or the Manager on Duty will check to ensure heater is on, temperature is at a warm level and working properly daily when showers are administered x 30 days beginning 1/18/24 . Maintenance will ensure heater working properly monthly thereafter beginning 2/19/24. Findings of heater working and shower room at comfortable temperature will be brought to the QA committee weekly x 2 months beginning 2/1/24 by the Director of Nursing to ensure continued compliance. Findings will be brought to Quality Assurance meeting monthly by Maintenance Director beginning March 2024.	

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Resident #9

On 1/9/23 at 10:00 AM, the State Agency (SA) observed Resident #9 taking a shower. The resident was shivering during the shower. The shower room did not have any heat blowing during her shower. CNA #1 bathed the resident, using warm water, then dried the resident and put clean clothes on her. The resident shivered during the whole process.

During an interview on 1/9/23 at 10:45 AM, with Resident #9, she confirmed the shower room was cold. The resident said she likes to be clean, but she doesn't like the room being cold. The resident revealed she doesn't complain because she needs her showers. Resident #9 stated the shower room is always cold and she is concerned she might get sick from being so cold, however, she added, "I just take a chance."

During an interview on 1/9/23 at 2:00 PM, CNA #1 revealed she wasn't cold in the shower room because she was working and had not noticed that Resident #9 was shivering and had not complained about being cold. CNA #1 said the heater inside the shower room has not worked since she began employment at the facility. CNA #1 said she had turned the main heater on earlier this morning, but somebody must have turned it off. CNA #1 also stated she towel dried the resident's hair because the shower room does not have an electrical plug and it is the responsibility of the floor CNA to blow dry the resident's hair.

A record Review of Resident #9's Admission Record revealed the facility admitted the resident

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F 584	Continued From page 8	F 584		

to the facility on 4/26/22, with diagnoses that included Diabetes Mellitus, Hypertension, Hemiplegia, and Hemiparesis.

A record review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) 12/22/23, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment.

Resident #23

On 1/9/23 at 11:00 AM, the State Agency (SA) observed Resident #23 taking a shower. The resident was shivering during the shower. The shower room did not have any heat blowing during her shower. CNA #2 bathed the resident, using warm water, then dried the resident and put clean clothes on her. The resident shivered during the whole process. The State Agency (SA) asked Resident #23 if she was cold while in the shower. The resident stated, "Yes, it's cold in here."

During an interview on 1/9/23 at 11:45 AM, Resident #23 confirmed she was cold during her shower. The resident said it is always cold. Resident #23 revealed the staff told her the heater does not work. The resident also said the staff does not dry her hair. She said her head is only dried with a towel. She commented she is cold most of the day because her hair is wet, however, she doesn't complain because she doesn't want to cause problems with the staff.

During an interview on 1/9/23 at 2:30 PM, CNA #2 confirmed Resident #23 said she was cold. CNA #2 also said the heater in the shower room has

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not worked for over a year, however, she thought the main heating unit for the shower was on. CNA #2 stated she didn't realize it was cold in the shower room.

A record review the "Admission Record" for Resident #23 revealed the facility admitted the resident to the facility on 6/24/22, with diagnoses that included Diabetes Mellitus, Hypertension, and Chronic Kidney Disease.

A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) 11/17/23, revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment.

During an interview on 1/9/23 at 2:45 PM, with the Maintenance Director, he confirmed the heater was not on. The Maintenance Director confirmed he turned on the thermostat that is located outside of the shower room on the wall, after the State Agency (SA) inquired about the heat. The Maintenance Director revealed that thermostat only regulates the shower room and the storage room and does not regulate the temperature in the hallway or at the nurse's station. The Maintenance Director also confirmed he had not realized that the knob on the electric heater located in the shower room was broken, but that it has now been replaced.

During an interview on 1/9/23 at 3:00 PM, with the Director of Nursing (DON), she stated she did not know the staff were showering the residents without turning on the heater. The DON confirmed the residents could get sick without heat. The DON said the staff will be in-serviced

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F 584	Continued From page 10 today on making sure the heater is on and that the residents' hair is dried when they are showered. An interview with the Administrator on 1/9/23 at 3:30 PM, revealed he unaware the staff were not using the heater in the shower and that the electric heater located inside the shower room was not working. The Administrator stated the staff know how to regulate the heater by turning regulating the thermostat in the hallway outside the shower door.	F 584		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 758		2/16/24

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F 758	Continued From page 11 contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility policy review, the facility failed to ensure PRN (as needed) psychotropic medications were discontinued or limited to a 14 day duration without adequate clinical rationale for continued use for one (1) of five (5) residents reviewed for unnecessary medications. Resident #42 Findings include: A record review of the facility's policy "Monitoring of Antipsychotic Medication Therapy" with revised date 06/2015 revealed " ... It is the policy of this facility to monitor the effectiveness and side	F 758	F758 Unnecessary Psychotropic Med/PRN Use " Resident #42 has had the PRN (as needed) psychotropic medication discontinued on 1/11/24 and is now receiving 14 day duration or adequate clinical rationale for continued use for any further anti-psychotic use. " All residents who receive PRN psychotropic medications are at risk for the deficient practice. " In-services were began for all nurses on 1/30/24 by Director of Nursing regarding the use of PRN psychotropic	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 12 effects for any resident that is taking an antipsychotic medication ... The Pharmacy consultant will review these meds monthly and make dose reduction recommendations as indicated per CMS (Center for Medicare and Medicaid Services) guidelines. These recommendations will be forwarded to the physicians for their response within 7 days ..." Record review of a statement on facility letterhead dated 1/12/24 and signed by the Administrator revealed, " (Proper Name) Nursing Home does not have a specific policy that sites the 14 day rule for the new guidelines on Monitoring of Antipsychotic Medications Therapy. We do however follow the federal guidelines on the 14 day psychotropic rule ..." A record review of Resident #42's "Admission Record," revealed the facility admitted the resident on 09/01/2023, with an original admission date of 10/22/2020. Resident #42 was admitted with diagnoses that included Unspecified Psychosis Not Due to A Substance or Known Physiological Condition, Anxiety, Unspecified, and Insomnia, Unspecified. Diagnoses of Unspecified Dementia, Unspecified Severity, With Other Behavioral Disturbance, and Paranoid Schizophrenia was added after the original admission date. A record review of Resident #42's "Order Summary Report," with active orders as of 01/11/2024, revealed orders for Klonopin Tablet 0.5 MG (milligrams) (Clonazepam) Give 0.5 mg by mouth every 8 (eight) hours as needed for agitation, with order date and start date of 03/18/2022.	F 758	medications. In-service was completed on 2/1/24. All Pharmacy Recommendations and Gradual Dose Reductions (GDRs) will be placed in the physician folder when received from pharmacy consultant the following business day and will followed up on within seven (7) days from receipt by the Director of Nursing as an ongoing procedure. " Medical Records nurse will print list of psychotropic medications daily and audit any PRN for the 14-day rule and any rationale for continuing is documented beginning on 1/29/24. The Director of Nursing or Registered Nurse Supervisor began auditing the physician log book weekly on 1/19/24 to ensure at all pharmacy recommendations are completed within the 7 day period. Nurse practitioner will be notified by Director of Nursing prior to any PRN medicines reaching 14 day period to ensure compliance. Findings from psychotropic medication audits and pharmacy recommendations will be brought the weekly Quality Assurance Committee by the Director of Nursing or Registered Nurse Supervisor x 8 weeks beginning 2/1/24 to ensured continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255249	A. BUILDING _____ B. WING _____	01/11/2024

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A record review of Resident #42's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/26/2023, revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. Further review of the MDS revealed that in the look back period, the resident had no behavioral symptoms and had received antipsychotic and antianxiety medications.

A record review of Resident #42's Pharmaceutical Consultant Report (PCSA) Psychoactive Gradual Dose Reduction, dated 07/26/2023 revealed the Nurse Practitioner's (NP) signature and date of 10/02/2023 revealed " ... This resident is prescribed the following psychotic medications: ... 3. Klonopin 0.5 mg QD (every day), 0.5 mg Q8H (every eight hours) PRN (as needed) ... Clinical Rationale for continuance ... mood instability ...multiple GPU (Geripsych Unit) stays..." The document has no duration time or stop date for the PRN Klonopin 0.5 mg.

A record review of the facility's "Interdisciplinary Team Psychotropic Dashboard December 2023" revealed Resident #42 had an order for Klonopin 0.5 mg Q8H prn with no mention of duration of the medication.

A record review of Resident #42's "MAR" for 11/01/2023 - 11/30/2023 revealed that resident received three (3) doses of Klonopin 0.5 mg for agitation but no documented behaviors.

A record review of Resident #42's "MAR" for 12/01/2023 - 12/31/2023 revealed that resident received seven (7) doses of Klonopin 0.5 mg for agitation. Documented behaviors of agitation and yelling for resident on 12/14/2023, 12/15/2023,

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and 12/16/2023.

A record review of Resident #42's "Medication Administration Record (MAR)" for 01/01/2024 - 01/31/2024 revealed no doses of Klonopin 0.5 mg PRN were given and resident had no behavioral issues.

On 01/10/2024 at 2:15 PM, during an interview with Licensed Practical Nurse (LPN) #2, she explained Resident #42 used to have behaviors and would yell out and holler and has been in and out of Geri-psych several times, but her medications have been working and the resident has been much calmer and cooperative. LPN #2 revealed it has been a while since Resident #42 has had any problems with behaviors and has not had any PRN medications for behaviors. LPN #2 further revealed that Resident #42 is very cooperative with medication and care and never refuses.

At 2:35 PM on 1/10/24, during an interview with Certified Nurse Aide (CNA) #2, she explained Resident #42 is confused at times, but cooperative with care and has never refused care.

On 1/11/24 at 10:09 AM, during an interview with the Director of Nursing (DON), she explained she has been reviewing all residents' records regarding the psychotropic medications and is aware of 14-day period and has interacted with the facility's Advanced Registered Nurse Practitioner (APRN) to discontinue all PRN medications if possible or to have a stop date. The DON stated that Resident #42 has been seeing behavioral health services and has been out to Geri-psych in the past and is doing much

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better since her last visit. She stated Resident #42 currently has not had any recent behaviors and has adjusted to the medications. She confirmed the resident continues to have an order for Klonopin 0.5 mg Q 8 hours PRN. The DON mentioned that the pharmacy consultant is aware of the regulations because she informed her via an email at an earlier date.

On 1/11/23 at 12:00 PM, during a phone interview with the facility's APRN, she explained she understood if a psychotropic medication was used as PRN and still needed after the 14-day period all that was needed was a rationale why but was not aware there was to be a duration of time or stop date for the PRN medication.

At 12:20 PM on 1/11/23, during an interview with the facility's Pharmacy Consultant, she explained she is aware of the of the time limit duration for PRN psychotropic medications and informs the facility of the regulations on a monthly basis. She explained she has asked for a stop date monthly when she continues to see a medication with no duration or stop date. She stated the facility has access to her monthly recommendations. The Pharmacy Consultant revealed that she would expect the facility to follow her expectations.

On 1/11/24 at 12:52 PM, during an interview with the Administrator, he explained he expected the APRN to know the regulations or requirements for psychotropic medications and to follow the requirements for all residents. He would expect the facility, including the pharmacist consultant, to follow all CMS guidelines to provide appropriate care for all residents.