STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255125	A. BUILDING _____ B. WING _____	C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	1900 CHADWICK DRIVE JACKSON, MS 39204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #24614, CI MS #24763, and CI MS #24764, at the facility from 06/02/24 through 06/05/24. The SA investigated CI MS #24614 related to staffing, call lights, and neglect. CI MS #24763 was investigated related to related to facility staffing, call lights, equipment, and incontinent care. The SA investigated CI MS #24764 related to medications. 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 F677 and F725 related to complaints CI MS # 24614 and CI MS #24763 and during the annual recertification survey cited F561, F677, F695, and F725 The facility had a census of 91 and licensed for 102.	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.	F 561		7/18/24

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

Electronically Signed | 06/28/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 561	Continued From page 1 §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to honor resident's rights to have a choice of having bedrails for assistance with turning and bed mobility for two (2) of 19 sampled residents. Resident #54 and #78 Findings include: A record review of the facility's policy titled, "Resident Bill of Rights," dated 01/23 revealed, "Each resident has a right to a dignified existence, self-determination, and communication wish and access to persons and services inside and outside the facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the United States without interference, coercion including those rights specified herein..." Resident #54	F 561	1. On 06/04/24 Resident #54 and Resident #78 were interviewed by the Director of Nursing and identified to not have side rails and expressed a desire to have side rails to aide in their mobility. The residents showed no ill effects from this deficient practice. 2. All residents who need assistance with turning and bed mobility have the potential to be affected by this deficient practice. 3. On 6/4/24, Resident #54 was evaluated and screened by the therapy department and identified to benefit from enablers for bed mobility, rolling to assist with transfers and rolling. Physician order were obtained. On 6/5/24 enablers were applied to both sides of #54 The Registered Nurse (RN) Unit Manager, assessment for need of the benefits and	

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F 561	Continued From page 2 On 06/02/24 at 12:38 PM, during an interview with Resident #54, he revealed he wanted rails on his bed, but was told by the facility staff that he could not have rails due to the state's regulations. On 06/05/24 at 9:39 AM, during an interview with Resident #54, he explained he wanted his bed rails to assist him with turning and the rails give him some of his independence with moving around in the bed. Record review of Resident #54's "Face Sheet" revealed the facility admitted the resident on 9/14/22, with diagnoses that included Type 2 Diabetes Mellitus, Anemia, and Myalgia (muscle pain). Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/15/24, Resident #54 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #78 On 06/02/24 at 1:50 PM, during an observation and interview with Resident #78, the resident was observed sitting up in his wheelchair. During the initial visit with Resident #78, the resident became loud and began cursing, saying what you can do is give me back my bedrails. He explained he was told "the state is the ones who are responsible for taking away the bedrails." The resident reported he used the bedrails to help assist with turning and he wanted his bedrails back. Resident #78 explained the staff came in	F 561	risks for enablers per RN's assessment received, resident will benefit from enablers on both sides of bed. Verbal consent received from the responsible party. Side rail evaluation updated. Enablers applied to both sides of bed on 6/4/24 by the Maintenance Director. Care plan and pocket care guide updated. Observation of safety for use of enablers documented on daily, each shift on electronic medication administration record (EMAR). On 6/14/24, Resident #78 was evaluated and screened by the therapy department and identified to benefit from enablers for bed mobility, rolling to assist with transfers and rolling. Physician order were obtained. RN Unit Manager, assessment for need of the benefits and risks for enablers per RN's assessment received, resident will benefit from enablers on both sides of bed. Verbal consent received from the responsible party. Side rail evaluation updated. Enablers applied to both sides of bed on 6/14/24 by the Maintenance Director. Care plan and pocket care guide updated. Observation of safety for use of enablers documented on daily, each shift on EMAR. A 100% audit of bed rails on residents benefiting from enablers to bed was initiated on 6/6/24 by the Director of Nursing (DON) and RN Unit Managers. Therapy to evaluate and screen residents who have been identified to benefit from the use of enablers starting 6/4/24.	

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F 561	Continued From page 3 one day and just took his bedrails away. He further reported that he had asked and asked for them back, however, staff kept telling him the "State" will not allow him to have his bedrails. On 06/04/24 at 10:00 AM, during an interview with Certified Nurse Aide (CNA) #3, she stated the management team removed all bedrails, maybe over a month ago, but she is not exactly sure how long ago. Management told staff and residents, the "State" would not allow residents to have bedrails due to state guidelines. She also reported that management commented that the facility is a restraint free facility. She explained Resident #78 has been very mad and upset since his bedrails were removed and complains about not having the bedrails every day. On 06/04/24 at 10:32 AM, during an interview with Maintenance Director, he revealed the bedrails were taken off of all of the resident's beds in phases, which began the last week in April 2024 and ended 5/23/24. He explained the residents' bedrails were dismantled by order of the Administrator because they are a restraint free facility. On 06/04/24 at 5:00 PM, during an interview with the Administrator and the Director of Nurses (DON), both confirmed all resident's bedrails were removed from residents' beds. They stated the explanation given to residents and staff was that it was a state regulation. They confirmed that bedrails were not offered, and the need was not assessed per resident's choices or request. The Administrator and the DON acknowledged that this was a resident's rights issue, and the facility wishes to honor resident's rights and choices per each individual resident. They stated they plan to	F 561	4. The RN Unit Managers will continue bed rail audits five (5) times a week for four (4) weeks, then three (3) times a week for four (4) weeks, then one (1) time a week for four (4) weeks starting 6/6/24. Side rail evaluations will be done quarterly by RN Unit Managers, on new admission and hospital returns to identify those residents that will benefit from enablers. Audit findings will be reviewed monthly in Quality Assurance Meetings. The Quality Assurance Committee met on 6/28/2024. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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F 561	Continued From page 4 take the necessary steps to correct their previous action and evaluate each resident individually and restore bedrails, as appropriate, following the appropriate guidelines. On 06/05/24 at 10:20 AM, during an observation and interview of resident #78, the resident's bed still did not have any bedrails. Resident #78 remained upset about not having bedrails and voiced he wants them back. On 06/05/24 at 4:30 PM, the Administrator revealed the facility does not currently have a bedrail policy, only a restraint policy. Record review of Resident #78's "Face Sheet" revealed the facility admitted resident on 11/22/21, with diagnoses that included Hemiplegia Following Cerebral Infarction Affecting Left Nondominant Side. Record review of Resident #78's Quarterly MDS with an ARD of 04/10/24, revealed BIMS Score of 09, which indicated moderate cognitive impairment. Section GG revealed Resident #78 required partial/moderate assistance with rolling left to right.	F 561		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review, and facility policy	F 677	1. On 6/6/24 Resident #48 received head to toe assessment by the Registered	7/18/24

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F 677	Continued From page 5 review, the facility failed to ensure timely incontinent care was provided for one (1) of two (2) residents observed for incontinent care. Resident #48 Findings include: Record review of the facility's policy titled, "Resident Bill of Rights" dated 01/23 revealed, "Each resident has a right to a dignified existence ..." On 06/02/24 at 12:50 PM, an observation and interview revealed Resident #48's call light was on. At that time, a Certified Nurse Aide (CNA) entered the resident's room and turned off the light and exited the room. When the resident's room was entered, there was a strong unpleasant odor noted. Resident #48 reported she had told the CNA she needed to be changed. The resident stated the CNA turned the light off and said she would come back. The resident complained that it takes a long time for staff to answer her light, and when they do, they turn off the light and then it takes "forever" for them to come back to provide the care that had been requested. The resident then added that this happens on all shifts, at different times. On 06/02/24 at 1:10 PM, during an interview with Resident #48, she reported she is still waiting for someone to come clean her up. At 1:16 PM on 06/02/24, an observation revealed Resident #48's call light was again going off. The Director of Nursing (DON) entered the resident's room and came back out of Resident #48's room. On 06/02/24 at 1:22 PM, during an observation	F 677	Nurse (RN) Unit Manager with no negative findings from deficient practice. 2. All residents receiving incontinent care have the potential to be affected by this deficient practice. 3. A 100% audit on all residents who receive incontinent care was performed by Registered Nurse (RN) Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service was initiated on incontinent care on 6/6/24 by the Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents receive continent care in a timely manner. An in-service on incontinent care being performed in a timely manner was initiated with nursing staff [Nurses and Certified Nursing Assistants (CNAs)] was initiated on 6/6/24 by the RN Unit Managers. 4. The RN Unit Managers will audit twenty (20) residents five (5) times a week for four (4) weeks, then twenty (20) residents three (3) times a week four (4) weeks, then twenty (20) residents one (1) time a week for four (4) weeks starting 6/10/24 for incontinent care. The DON will monitor the audits by the RN Unit Managers. Any concerns identified will be immediately addressed by the DON. The Director of Nursing will forward the results to the Quality Assurance Committee monthly.	

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F 677	Continued From page 6 and interview revealed Resident #48's call light continued to go off. At this time, Licensed Practical Nurse (LPN) #2, entered the resident's room and came back out of the room. LPN #2 explained the resident was waiting on her CNA to come change her. LPN #2 explained the CNA was working her way to the resident, as there is one (1) CNA on the resident's hall with 12 residents. On 06/02/24 at 1:30 PM, during an interview with CNA #3, she explained it was not her that came out of resident's room earlier, but she will go and check on the resident. After CNA#3 came back from Resident #48's room, she explained the resident needed to be changed, so she will go ahead and change the resident. At 1:50 PM on 06/02/24, an observation revealed CNA #3 returned to the room of Resident #48 with supplies to provide incontinent care. While incontinent care was provided, an observation revealed the resident's incontinent brief was soiled and saturated with urine. On 06/03/24 at 3:12 PM, during an interview and observation of Resident #48, she was sitting in her wheelchair, wearing a gown and tee shirt. The resident reported she was waiting to get "cleaned up." There was a strong smell of urine noted in the resident's room and in the hall outside the resident's room. At 3:25 PM on 06/03/24, during an interview with CNA #4, she explained she uses the pocket care guides for knowledge of individual resident care. She stated she has worked with Resident #48 previously, and the resident can stand and pivot and is incontinent of bowel and bladder. CNA #4	F 677	The Quality Assurance Committee met on 6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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F 677	Continued From page 7 acknowledged Resident #48 does have periods of confusion, but she can make her needs known. At 3:35 PM on 06/03/24, during an observation of incontinent care provided for Resident #48, the resident's brief was saturated with urine. The resident's wheelchair was also wet. CNA #4 confirmed urine had leaked from the resident's brief onto the wheelchair seat. On 06/04/24 at 1:00 PM, during an interview with the DON, she explained she expects all residents to be changed in a timely manner, by any staff member who can provide the care, including nurses. On 06/05/24 at 4:00 PM, during an interview with the Administrator, she explained she expects all nursing staff to provide care for residents and for no resident to wait long periods of time for care. Record review of the "Face Sheet" of Resident #48 revealed the facility admitted resident on 04/17/18. The resident's diagnoses included Cerebral Infraction (stroke), Type 2 Diabetes Mellitus and Hypertensive Heart Disease. Record review of Resident #48's "Quarterly Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 04/22/24, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Section GG revealed resident required substantial/maximal assistance with toileting and personal hygiene. Section H revealed Resident #48 is always incontinent of bowel and bladder.	F 677		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning	F 695		7/18/24

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F 695	Continued From page 8 CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure oxygen was delivered in a manner to prevent potential complications as evidenced by not following physician orders or facility policies related to oxygen therapy when a resident's oxygen tubing was not dated and there was no humidification provided for one (1) of 19 sampled residents. Resident #52 Findings Include: Record review of the facility's policy titled," Oxygen Therapy", reviewed 1/15, revealed, "Oxygen is administered to promote adequate oxygenation and provide relief of symptoms of respiratory distress... Equipment: ... 2. Humidifier, if needed ... Procedure: ...8. Change tubing weekly. 9. Date tube when changed (weekly)." On 6/02/24 at 1:02 PM, an observation and interview with Resident #52 revealed Resident #52 was sitting on her bed with oxygen flowing at 2 liters per nasal cannula. The oxygen tubing did not have a date on it, nor was there a humidifier bottle attached to the delivery system. Resident	F 695	1. Resident #52 received head to toe assessment by Registered Nurse (RN Unit Manager) on 6/2/24 with no ill affects from resident not having tubing dated or humidification. 2. All residents receiving oxygenation have the potential to be affected by this deficient practice. 3. A 100% audit was initiated on all residents receiving oxygenation on 6/6/24 by the RN Unit Managers to ensure all resident receiving oxygen have dated tubing and humidifiers in place. No negative findings identified from audit. An in-service was conducted on oxygenation administrations on 6/6/24 by the Director of Nursing (DON) and RN Unit Managers to the licensed nursing staff on providing humidification when administering oxygen and changing and dating tubing as physician ordered.	

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F 695	Continued From page 9 #52 stated she has been hospitalized two times due to shortness of breath. On 06/02/24 at 1:08 PM, in an interview with Licensed Practical Nurse (LPN) #1, she confirmed that there was no date on the oxygen tubing and there was no humidifier bottle attached to the oxygen. LPN #2 stated oxygen tubing should be changed and dated weekly. She stated if not, it could lead to an infection issue. LPN #1 explained that a humidifier should be attached, as it provides moisture and helps prevent the resident's nostrils from getting dry. On 06/04/24 at 3:46 PM, in an interview with the Director of Nurses (DON) she stated Resident #52 should have had a humidifier bottle attached to the oxygen delivery system. She stated the humidifier is used to prevent help keep the resident's nasal area moist. The DON stated the reason for changing tubing and dating it lets staff know when it was first applied. The DON stated "The tubing is changed weekly to decrease the possibility of bacteria growing within the tubing." The DON explained that she expects staff to change a resident's oxygen tubing and to keep a humidifier on the oxygen. Record review of the "Physician Orders" for Resident #52 for the month of June 2024, revealed an order dated 5/6/24 "Oxygen at 2 L/min (two/Liters/minute) per nasal bi-prong (cannula) continuously..." An additional order dated 5/6/24 revealed "Change Oxygen tubing weekly on Friday: Date and initial ..." Record review of Resident #52 "Face Sheet" revealed an admission date of 8/19/18 with diagnoses that included Shortness of Breath and	F 695	4. The RN Unit Managers will audit all resident's receiving oxygen five (5) times a week for four (4) weeks, then all residents receiving oxygen three (3) times a week for four (4) weeks, then all resident's receiving oxygen one (1) time a week for four (4) weeks starting 6/10/24. The DON will monitor the audits by the RN Unit Managers. Any concerns identified will be immediately addressed by the DON. The Director of Nursing will forward the results to the Quality Assurance Committee monthly. The Quality Assurance Committee met on 6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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F 695	Continued From page 10 Acute respiratory failure with hypoxia. Review of Resident #52's Annual Minimum Data Set (MDS), with Assessment Reference Date (ARD) 5/13/24, revealed a Brief Interview for Mental Status score of 14, which indicated the resident was cognitively intact. Section O was coded for oxygen.	F 695		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 725		7/18/24

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	255125	A. BUILDING _____ B. WING _____	C 06/05/2024

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F 725	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview and record review, the facility failed to have sufficient nursing staff to meet the needs of residents as evidenced by failure to answer call lights and provide incontinent care in a timely manner for three (3) of 19 sampled residents, with the potential to affect all residents residing in the facility. (Residents #48, #87 and #23) Findings Include: Resident # 48 On 06/02/24 at 12:50 PM, an observation and interview of Resident #48, revealed a Certified Nurse Aide (CNA) entered the resident's room and turned off the resident's call light and exited the room. When the resident's room was entered, there was a strong unpleasant odor. Resident #48 stated the CNA turned off her call light and said that she would be back. The resident complained that this is something that happens frequently and it takes a long time for them to return to provide the requested care. The resident was unable to provide information regarding shifts and timing of the occurrences, adding that this happens on all shifts, at different times. On 06/02/24 at 1:16 PM, an observation revealed Resident 48's call light had been turned back on. At this time, the Director of Nurses (DON) entered the resident's room and came back out. During an observation and interview on 6/2/24 at 1:22 PM, revealed Licensed Practical Nurse (LPN) #2 entered the room of Resident #48 and came back out. LPN #2 stated that the resident	F 725	1. On 6/6/24 Resident #48 received head to toe assessment by the Registered Nurse (RN) Unit Manager with no negative findings from deficient practice. Resident #87 received head to toe assessment on 6/6/24 by the RN Unit Manager with no negative findings from this deficient practice. Resident #23 received head to toe assessment on 6/6/24 by the RN Unit Manager with no negative findings from deficient practice. 2. All residents call lights being answered in a timely manner and provision of incontinent care have the potential to be affected by this deficient practice, of sufficient nursing staff to meet the needs of the residents. 3. A 100% audit on all residents who receive incontinent care was performed by Registered Nurse (RN) Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service was initiated on incontinent care on 6/6/24 by the Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents receive continent care in a timely manner. An in-service on incontinent care being performed in a	

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F 725	Continued From page 12 was waiting on her CNA to come change her and explained the CNA was working her way to the resident's room, as she was the only CNA on the hall with 12 residents. During an observation at 1:50 PM on 06/02/24, revealed CNA #3 entered the resident's room and provided incontinent care. While observing the care, it was noted that the resident's incontinent brief was soiled and saturated with urine. On 06/03/24 at 3:15 PM, another observation of Resident #48 revealed that she was sitting up in her wheelchair waiting on assistance from staff. At this time, there was a strong smell or urine noted in the resident's room and in the hall outside the resident's room. On 06/03/24 at 3:35 PM, during an observation of incontinent care provided to Resident #48 revealed the resident's brief was saturated with urine. CNA #4 confirmed that the brief had leaked onto the wheelchair seat. Record review of the "Face Sheet" for Resident #48 revealed the facility admitted the resident on 04/17/18. The resident's diagnoses included Cerebral Infarction (Stroke), Type 2 Diabetes Mellitus and Hypertensive Heart Disease. Record review of the Quarterly Minimum Data Set (MDS), for Resident #48, with an Assessment Reference Date (ARD) of 04/22/24, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Resident #87	F 725	timely manner was initiated with nursing staff [Nurses and Certified Nursing Assistants (CNAs)] was initiated on 6/6/24 by the RN Unit Managers. A 100% call light audit on all dependent residents was performed by the RN Unit Managers on 6/6/24. The audit revealed no negative findings. An in-service on answering call lights in a timely manner was initiated on 6/6/24 by Executive Director (ED) to Nurse Management [RN Unit Managers and Director of Nursing (DON)] to ensure residents call lights are answered in a timely manner. An in-service on answering call lights in a timely manner was initiated on 6/6/24 with nursing staff (Nurses and CNAs) the RN Unit Managers. 4. The RN Unit Managers will perform incontinent care audits on twenty (20) residents five (5) times a week for four (4) weeks, then 20 residents three (3) times a weeks for four (4) weeks, then 20 residents one (1) time a week for four (4) weeks starting 06/10/2024. The Unit Managers will perform call light audits on twenty (20) residents five (5) times a week for four (4) weeks, then twenty (20) residents three (3) times a week for four (4) weeks, then twenty (20) residents one (1) time a week for four (4) weeks starting 06/10/2024. Any concerns identified will be immediately addressed by the Director of	

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F 725	Continued From page 13 On 06/02/24 at 1:15 PM, in an interview with Resident #87, she complained of having to wait long period of time for staff to answer her call lights. Resident #87 reported this happens "all the time." Resident #87 explained, the staff will answer the call light, and say they will tell someone, but will never come back and you will have to ring again, and someone will answer the light and say the CNA is on break and when she comes back, they will let her know. Resident #87 stated this happens during every shift, at all times of the shift. She stated she has even asked the nurses for assistance but has been told to wait for her CNA. A record review of the "Face Sheet" for Resident #87 revealed the facility admitted the resident on 09/13/24. The resident's diagnoses included Metabolic encephalopathy, Acute Kidney failure, and Hypertensive Heart Disease. A record review of the Quarterly MDS, for Resident #87, with an ARD of 03/11/24, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #23 On 06/02/24 at 2:13 PM, during an observation and interview with Resident #23, the resident revealed the facility is often short of staff and the wait time can be long when the call light is activated. The resident stated as recently as a week ago, there have been times when he has used his call light on the 11:00 PM to 7:00 AM shift and no one responded. On 06/02/24 at 2:30 PM, in an interview CNA #2 revealed "at times the facility is short staffed."	F 725	Nursing (DON). The Director of Nursing will forward the results to the Quality Assurance Committee monthly. The Quality Assurance Committee met on 6/28/24. The results of the audits will be forwarded to the monthly Quality Assurance Committee times three (3) months.	

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F 725	Continued From page 14	F 725		

CNA #2 explained there have been days when there was only one CNA to cover an entire hall and the nurses "will not" assist the CNA's when they are short staffed.

On 06/04/24 at 1:00 PM, during an interview with the DON, she explained she expects all residents to be changed in a timely manner, by any staff member who can provide the care, including nurses.

On 06/05/24 at 4:00, during an interview with the Administrator, she explained she expects all nursing staff to provide care for residents and for no resident to wait long periods of time for care.

Record review of the "Face Sheet" revealed the Resident #23 was admitted to the facility on 06/27/19 with diagnoses that included End Stage Renal Disease and Type 2 Diabetes Mellitus.

Record review of Resident #23's Annual MDS, with an ARD of 4/2/24 revealed the resident had a BIMS score of 15, which indicated the resident was cognitively intact.