STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255306	A. BUILDING _____ B. WING _____	C 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOY DYER MANOR NH	1000 EAST MADISON HOUSTON, MS 38851

(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 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care	F 656		12/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/10/2020

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F 656	Continued From page 1 plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, and staff interviews, the facility failed to follow the Activities of Daily Living (ADL) care plans for three (3) of seven (7) residents. Findings include: Review of facility's policy titled, "Comprehensive Care Plans," dated 7/6/2020, revealed: Plans of Care are developed by the interdisciplinary team, to coordinate and communicate care approaches and goals for the resident related to clinical diagnosis or identified concerns. An interview with Resident #1, on 11/3/2020 at 4:00 PM, revealed a concern with receiving assistance with Activities of Daily Living. Resident #1 stated she needs assistance for transferring and for personal hygiene care. Stated she wears briefs and relies on the staff to change her. Stated she has waited long periods of time to receive assistance. Stated her brief has leaked and soaked her bed when she could not get changed quickly enough. Review of medical records revealed Resident #1 was admitted to facility on 7/5/2019, with diagnoses of Multiiple Sclerosis, Morbid Obesity, Hypoxemia, and Major Depressive Disorder. Review of Resident #1's care plan revealed assistance required for ADLs. Care plan specifies Resident #1 requires incontinent care	F 656	This Plan of Correction is being submitted in response to alleged deficiencies. The submission of this Plan of Correction is not an admission of the accuracy of these alleged deficiencies. 1) On 11/5/2020, the Director of Nursing (DON) or Charge Nurse in-serviced Certified Nurses' Aides (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) present to follow the Activities of Daily Living (ADL) care plan for any resident with an ADL care plan. Nurses were in-serviced to access the care plan via the "care plan" tab of the "eChart" section of the Long Term Care (LTC) portion of the electronic medical record. CNAs were in-serviced to access the interventions identified in the care plan via the "scheduled care" section of the point of care documentation kiosks throughout the facility. 2) Any resident with an ADL care plan could have been affected by this alleged deficient practice. 3) Between 12/3/2020 and 12/9/2020 the Administrator, or DON or Charge Nurse in-serviced CNAs, LPNs, and RNs to follow the ADL care plan for any resident with an ADL care plan. On 11/2/2020, the DON initiated an every hour documentation tool whereby nurses and	

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F 656	Continued From page 2 every 2 hours and as needed and as she will allow. Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/15/2020, revealed Resident #1 was listed as total dependence with two person assist needed for transfer. Resident needed extensive assistance with two person assist for dressing, toilet use, and personal hygiene. Review of MDS Section C dated 9/15/2020, revealed a BIMS score of 15, indicating Resident #1 is cognitively intact. An interview with Resident #2, on 11/3/2020 at 3:40 PM revealed a concern with receiving assistance with Activities of Daily Living. Stated several weeks ago she needed assistance getting in bed and getting her CPAP equipment set up. Stated she rang the bell for 45 minutes before someone came to assist her. Stated she needs assistance transferring and with Activities of Daily Living (ADL) and it is not unusual to have to wait a long time to get assistance. Stated it is difficult to not get help when needed. Review of medical records revealed Resident #2 was admitted to facility on 1/10/2018, with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea, and Unspecified Diastolic (Congestive) Heart Failure. Record review of Resident #2's care plan revealed assistance needed with ADLs due to limited mobility. Care plan specifies Resident #2 requires assistance with transfers and for incontinent care every two (2) hours and as needed. Review of Section G Functional Status of the	F 656	CNAs document the condition and that care needs as defined by the ADL care plan are met. Care plan items include pain; toileting; bed mobility; transfers for bed to toilet, toilet to bed, bed to wheelchair, wheelchair to bed, wheelchair to toilet, and toilet to wheelchair; presence and accessibility of care aides including drinking cup, urinal or bedside commode, bedside table, and trashcan; and temperature of the room and presence and accessibility of a blanket and pillow. Rounding occurs each hour by the nurse or CNA on a distinct rotation. The rounding staff member documents the resident□s condition within each care area and initials the tool for auditing and follow-up purposes. Each sheet is turned in to the DON after the 11pm round and a new sheet initiated for the midnight round. Daily rounding sheets are reviewed by the DON or Medical Records nurse to ensure needs are met consistently throughout the three shifts of the day. Breaks in care are addressed with the assigned nurse or CNA. Rounding sheets are retained in the DON□s office for one month for quality assurance purposes. 4) The DON will interview five residents a week for two weeks, then three residents a week for two weeks, then two residents a week for two weeks, and 1 resident a week for two weeks to determine if staff are following the ADL care plan for residents. The DON will report findings of resident interviews to the Administrator weekly for two months. The Administrator will report	

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F 656	Continued From page 3 Minimum Data Set (MDS) dated 10/27/2020, revealed Resident #2 needed extensive assistance with one person assist needed for transfer, dressing, toilet use, and personal hygiene. Review of MDS Section C dated 10/27/2020, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #2 is cognitively intact. An interview on 11/4/2020 at 1:45 PM, with Resident #3, revealed concerns with getting assistance with care needs. Resident #3 stated she needs assistance with her daily care and needs help transferring, bathing and toileting. Stated she has had to wait to get in and out of chair and to get cleaned and bathed. Stated it often takes a long time before staff come into room to assist with care. Review of medical records revealed Resident #3 was admitted to facility on 9//3/2020, with diagnoses of Heart Disease, Essential (Primary) Hypertension, and Major Depressive Disorder. Review of Resident #3's care plan revealed assistance is required for Activities of Daily Living. Care plan specifies Resident #3 requires assistance with pericare and changing brief and requires assistance with transferring. Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/10/2020, revealed Resident #3 was listed as limited assistance with one person assist for transfer, dressing, toilet use, and personal hygiene. Review of MDS Section C dated 9/10/2020, revealed a BIMS score of 14, indicating Resident #3 is cognitively intact.	F 656	these findings to the Quality Assurance Committee monthly for two months to ensure ongoing compliance. Episodes of non-compliance will go through a Performance Improvement Project (PIP) as a part of the Quality Assurance Performance Improvement (QAPI) program.	

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F 656	Continued From page 4 Interview with Minimum Data Set (MDS) Registered Nurse on 11/5/2020 at 10:45 AM, revealed Resident #1, Resident #2, and Resident #3 require assistance with transferring and with Activities of Daily Living. Stated the care plan for ADL care was developed and implemented due to the needs of the residents. Stated the facility failed to provide ADL care in a timely manner.	F 656		
F 677 SS=E	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, resident and staff interviews, and facility policy review, the facility failed to perform Activities of Daily Living (ADL) for three (3) of seven (7) residents dependent on staff for personal hygiene and transfer assistance. Findings include: Review of facility's policy titled "Activities of Daily Living (ADLs)", dated 7/1/2020 and revised 7/6/2020, revealed: It is the policy of this facility to provide residents with the care and assistance needed to ensure as much independence as possible with Activities of Daily Living (ADL). A resident who is unable to carry out activities of daily living will receive staff assistance to satisfy the need. An interview with Resident #1, on 11/3/2020 at	F 677	1) On 11/5/2020, the DON assessed the ADL needs of Residents #1, 2, and 3. The DON interviewed Residents #1, 2, and 3 to determine how staff are currently meeting ADL needs. On 11/5/2020, the DON or Charge Nurse in-serviced Certified Nurses' Aides (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) present to work with residents to meet their Activities of Daily Living (ADL) needs. Nurses and CNAs were in-serviced that these needs and corresponding interventions are developed and documented in the electronic medical record. Nurses were in-serviced to access these needs and interventions via the "care plan" tab of the "eChart" section of the LTC portion of the electronic medical record. CNAs were in-serviced to access the interventions via the "scheduled care" section of the LTC	12/11/20

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F 677	Continued From page 5 4:00 PM, revealed a concern with receiving staff assistance with personal hygiene as well as transferring. Resident #1 stated she needs assistance for transferring and for personal hygiene care. Stated she wears briefs and relies on the staff to change her. Stated her call light has not functioned correctly and she has waited long periods of time to receive assistance. Stated she had been soaking wet and her brief had even leaked and soaked her bed when she could not get changed quickly enough. Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/15/2020, revealed Resident #1 was listed as total dependence with two person assist needed for transfer. Resident needed extensive assistance with two person assist for dressing, toilet use, and personal hygiene. Review of MDS Section C dated 9/15/2020, revealed a BIMS score of 15, indicating Resident #1 is cognitively intact. Review of medical records revealed Resident #1 was admitted to facility on 7/5/2019, with diagnoses of Multiiple Sclerosis, Morbid Obesity, Hypoxemia, and Major Depressive Disorder. An interview with Resident #2, on 11/3/2020 at 3:40 PM, revealed a concern with receiving assistance due to the call light system not functioning properly. Stated several weeks ago she needed assistance getting in bed and getting her CPAP equipment set up. Stated she rang the bell for 45 minutes before someone came to assist her. Stated she needs assistance transferring and with Activities of Daily Living (ADL) and it is not unusual to have to wait a long time to get assistance. Stated it is difficult to not get help when needed.	F 677	program of the point of care documentation kiosks located throughout the facility. 2) Any resident with ADL needs could have been affected by this alleged deficient practice. 3) Between 12/3/2020 and 12/9/2020 the Administrator, or DON or Charge Nurse in-serviced CNAs, LPNs, and RNs to work with residents to meet their ADL needs. On 11/2/2020, the DON initiated an every hour documentation tool whereby nurses and CNAs document the condition and that ADL care needs are met. Resident needs include pain; toileting; bed mobility; transfers for bed to toilet, toilet to bed, bed to wheelchair, wheelchair to bed, wheelchair to toilet, and toilet to wheelchair; presence and accessibility of care aides including hydration, urinal, bedside table, and trashcan; and temperature of the room and presence and accessibility of a blanket and pillow. Rounding occurs each hour by the nurse or CNA on a distinct rotation. The rounding staff member documents the resident□s condition within each care area and initials the tool for auditing and follow-up purposes. Each sheet is turned in to the DON after the 11pm round and a new sheet initiated for the midnight round. Daily rounding sheets are reviewed by the DON or Medical Records nurse to ensure needs are met consistently throughout the three shifts of the day. Breaks in care are addressed with the assigned nurse or CNA. Rounding sheets are retained in the	

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F 677	Continued From page 6 Review of Section G Functional Status of the Minimum Data Set (MDS) dated 10/27/2020, revealed Resident #2 needed extensive assistance with one person assist needed for transfer, dressing, toilet use, and personal hygiene. Review of MDS Section C dated 10/27/2020, revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #2 is cognitively intact. Review of medical records revealed Resident #2 was admitted to facility on 1/10/2018, with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea, and Unspecified Diastolic (Congestive) Heart Failure. Care plan reviewed. An interview on 11/4/2020 at 1:45 PM, with Resident #3, revealed concerns with getting assistance with care needs. Resident #3 stated she needs assistance with her daily care she needs help transferring, bathing and toileting. Stated she has had to wait to get in and out of chair and to get cleaned and bathed. Stated she has tried to use call light and the bell to get assistance, but it takes a long time to get an employee's attention and for them to come into room. Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/10/2020, revealed Resident #3 was listed as limited assistance with one person assist for transfer, dressing, toilet use, and personal hygiene. Review of MDS Section C dated 9/10/2020, revealed a BIMS score of 14, indicating Resident #3 is cognitively intact.	F 677	DON□s office for one month for quality assurance purposes. 4) The DON will interview five residents a week for two weeks, then three residents a week for two weeks, then two residents a week for two weeks, and 1 resident a week for two weeks to determine if staff are following the ADL care plan for residents. The DON will report these findings to the Administrator monthly for two months. The Administrator will report these findings to the Quality Assurance Committee monthly for two months to ensure ongoing compliance. Episodes of non-compliance will go through a PIP as a part of the QAPI program.	

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F 677	Continued From page 7 Review of medical records revealed Resident #3 was admitted to facility on 9//3/2020, with diagnoses of Heart Disease, Essential (Primary) Hypertension, and Major Depressive Disorder. Care plan reviewed. Observation on 11/4/2020 at 2:45 PM, revealed light above Resident #1's door was on. No employees noted at the nurses' station. No employees noted in this hallway. The light remained on for 20 minutes before staff responded to care for her needs. Interview with Resident #1 on 11/4/2020 at 3:30 PM, revealed resident was unsure, but thought she had needed assistance with positioning earlier. An interview with Registered Nurse #1 (RN #1) revealed resident might not get the timely care they need if the staff is not aware of resident trying to call staff with a call system not fully functional. An interview with the Director of Nursing (DON) on 11/5/2020 at 9:30 AM, confirmed the residents should receive the needed care and the call light not functioning properly has interferred with the care being timely. An interview with the Administrator on 11/5/2020 at 10:45 AM, confirmed the residents did not receive timely care for their needs due to the call lights not functioning properly.	F 677		
F 919 SS=E	Resident Call System CFR(s): 483.90(g)(2) §483.90(g) Resident Call System	F 919		12/11/20

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F 919	Continued From page 8 The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area. §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, and facility policy review, the facility failed to provide the residents a fully functioning call system to allow residents to call for staff assistance for two (2) of three (3) residents' hallways. Findings include: Review of facility's policy titled "Nurse Call System Use", dated 7/1/2019, with revised date of 11/4/2020, revealed: it is the policy of this facility to ensure all residents can call for help when assistance is needed. Further, it is our policy that those calls for assistance are answered in a timely manner. Observation on 11/3/2020 at 1:00 PM, revealed when call button in resident's room is pressed, the system at the nurses' station softly clicks 5 times and then stops. This clicking sound lasts for approximately 5 seconds. After those 5 clicks, there are no additional audible alerts. These clicks can be heard faintly at the nurses' station but are not audible within feet of the nurses' station, in the hallways, or residents' rooms. The room light on the call system and the light above resident's door will light, but no audible alarm except for the clicks. This call system covers two (2) of the three (3) halls in the facility. The third	F 919	1) On the evening of 11/4/2020, the Administrator and Director of Maintenance replaced a number of call cords and a wall-mounted resident room call box. The Administrator tested the call system on halls 2 and 3. All functions of the call system functioned properly including the light over the resident□s room door, alarm at the nurses□ station, and audible communication from the residents□ room and the nurses□ station. 2) Any resident with a room on halls 2 or 3 could have been affected by this alleged deficient practice. 3) On 11/3/2020, 11/17/2020, 12/2/2020, and 12/8/2020 the Administrator contacted ADS Security and Mississippi Alarm to arrange an onsite visit by each to provide a quote to replace the nurse call system. ADS reported they do not work with nurse call systems. Given the difficulty experienced in getting the system worked on and serviced, the organization has made the decision to replace the call system. The Administrator contacted Systronics by phone on 11/3/2020, 11/17/2020, 12/2/2020, and 12/8/2020 related to the pending quote for replacing	

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F 919	Continued From page 9 hall call system is functioning with light and sound. An interview with Registered Nurse (RN #1) on 11/3/2020 at 1:00 PM, revealed the call light system only makes a clicking noise and the system's keyboard light will turn on. Stated if staff is at the nurses' desk, the clicking noise can be heard, but it would be difficult to hear if not at the desk. Stated on day shift, there is usually someone at the desk. Stated the residents were given hand bells to ring when assistance is needed. RN #1 confirmed if staff was not at the nurses' station to hear the clicks, the resident might not get the help they need in a timely manner. An interview with Registered Nurse (RN#2) on 11/3/2020 at 1:15 PM, revealed the call light system does not make an alarm sound. Stated it makes a clicking noise that is not easily heard if not near the nurses' station. Stated this could cause care to be delayed. An interview with Resident #2, on 11/3/2020 at 3:40 PM revealed a concern with the call light system not working properly. Resident #2 stated the staff gave her a hand bell, but she does not know where it is now. Stated she used it in the past, but when she did, the staff were unable to hear it. Stated several weeks ago she needed assistance getting into bed and getting her CPAP equipment set up. Stated she rang the bell for 45 minutes before someone came to assist her. Stated she also needs assistance with transferring and with her Activities of Daily Living (ADL) and it is difficult to not get help when needed.	F 919	the call system. The Medication Cart Nurses will perform a test of the nurse call system in one room, twice a shift, with different rooms used for the tests. 4) The Administrator will test the nurse call system in five rooms a week for two weeks, then three rooms a week for two weeks, then two rooms a week for two weeks, and one room a week for two weeks. The Administrator will report the functionality of the nurse call system to the Quality Assurance Committee monthly for two months to ensure ongoing compliance.	

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F 919	Continued From page 10	F 919		

Review of Section G Functional Status of the Minimum Data Set (MDS) dated 10/27/2020, revealed Resident #2 needed extensive assistance with one person assist needed for transfer, dressing, toilet use and personal hygiene. Review of MDS Section C dated 10/27/2020, revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating Resident #2 is cognitively intact.

Review of medical records revealed Resident #2 was admitted to facility on 1/10/2018, with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea, and Unspecified Diastolic (Congestive) Heart Failure.

An interview with Resident #1, on 11/3/2020 at 4:00 PM, revealed a concern with the call system not working properly. Resident #1 stated the sound on the call light had not been functioning correctly since April 2020. Stated she will push her call light, and it will light up over her door, but it does not alarm at the desk. Stated she was given a bell, but "it does not do any good. I'm here at the end of the hall and I can ring and ring it and no one ever comes. I don't even know where it is right now." Stated she needs assistance for transferring and for ADL care. Stated she is incontinent and relies on the staff to change her and she usually has to wait a long period of time before her attempts to call is acknowledged.

Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/15/2020, revealed Resident #1 listed as total dependence with two person assist needed for transfer. Resident needed extensive assistance with two person assist for dressing, toilet use, and

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	255306	A. BUILDING _____ B. WING _____	C 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLOY DYER MANOR NH	1000 EAST MADISON HOUSTON, MS 38851

(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
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personal hygiene. Review of MDS Section C dated 9/15/2020, revealed a BIMS score of 15 indicating Resident #1 is cognitively intact.

Review of medical records revealed Resident #1 was admitted to facility on 7/5/2019, with diagnoses of Multiple Sclerosis, Morbid Obesity, Hypoxemia, and Major Depressive Disorder.

An interview on 11/4/2020 at 1:45 PM, with Resident #3, revealed concerns with the call light system. Resident #3 stated the call light system does not work. Stated the light will turn on above her door, but there is no alert sound. Stated "the bell does not do any good. Nobody can hear it. I hear people that have to holler in the hall to try to get help. That is just not right." Resident #3 stated she needs assistance with her daily care and to be changed. Stated she needs help transferring. Stated she has tried to use call light and the bell to get assistance, but it takes a long time to get an employee's attention and for them to come into room.

Review of Section G Functional Status of the Minimum Data Set (MDS) dated 9/10/2020, revealed Resident #3 listed as limited assistance with one person assist for transfer, dressing, toilet use, and personal hygiene. Review of MDS Section C dated 9/10/2020, revealed a BIMS score of 14, indicating Resident #3 is cognitively intact.

Review of medical records revealed Resident #3 was admitted to facility on 9/3/2020, with diagnoses of Heart Disease, Essential (Primary) Hypertension, and Major Depressive Disorder.

Interview with the Administrator, on 11/3/2020 at

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12:50 PM, revealed call light system has had some issues since earlier this year. Stated the residents were given a hand bell to ring if they needed staff's assistance. The Administrator stated these provided bells served as an alert system for the residents. Administrator acknowledged some of the resident's hand bells were missing. Administrator stated he has contacted several companies to repair the call light system and has been unable to find someone to completely repair. Stated residents can press button in room and it will light at the desk and above the door. Stated the alarm will make a brief clicking noise at the nurses' desk, but not alarm. Administrator confirmed the need for residents to have access to a reliable alert system to ensure their needs are met.

An interview with the Director of Nursing (DON), on 11/3/2020 at 1:15 PM, revealed the call system's audible alarm has not been working. Stated the system does make a brief clicking noise. Stated the staff makes rounds each hour. The DON confirmed the call light system should be functioning properly to allow residents to receive needed care.

Observation on 11/3/2020 at 1:00 PM, revealed when call button in resident's room is pressed, the system at the nurses' station softly clicks 5 times and then stops. This clicking sound lasts for approximately 5 seconds. After those 5 clicks, there are no additional audible alerts. These clicks can be heard faintly at the nurses' station but are not audible within feet of the nurses' station, in the hallways, or residents' rooms. The room light on the call system and the light above resident's door will light, but no audible alarm except for the clicks. This call system covers two

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(2) of the three (3) halls in the facility. The third hall call system is functioning with light and sound.

Observation on 11/4/2020 at 2:45 PM, revealed light above resident's door was on. No employees noted at the nurses' station. No employees noted in the hallway. The light remained on for 20 minutes before staff responded.

Observation on 11/5/2020 at 10:00 AM, revealed no staff at the nurses' desk to monitor for call light activation from resident. The light above one resident's door noted to be on, but no audible alarm was heard.

Record review revealed documentation from the Administrator to the call system service company dated July 9, 2020, September 2, 2020 and October 5, 2020.

An interview with the Director of Nursing (DON) on 11/5/2020 at 9:30 AM, confirmed the call light system should be functioning properly to allow residents to receive needed care.

An interview with the Administrator, on 11/5/2020 at 10:45 AM, revealed the call light problem has been ongoing from April until July. In July, the power box was replaced and it was operational. Several weeks later it was not working properly. Stated the facility has contacted service companies, but has been unable to have system repaired. Administrator stated he found some call system parts and wiring in the facility and maintenance has repaired system. Observation of system buzzing at nurses' desk. Administrator confirmed some of the resident's hand bells have

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F 919	Continued From page 14 been misplaced. Administrator confirmed the facility has not had, but should have a properly functioning call light system or a reliable alternate system to ensure residents needs are met.	F 919		