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	255093	A. BUILDING _____ B. WING _____	02/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

(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	F 000		

A COVID-19 Focused Infection Control Survey and Complaint Investigations (CI) MS #18475 and CI MS #18476, was conducted by State Survey Agency (SSA) at the facility from 02/02/2022 through 02/04/2022. The facility was found to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. During the investigations, the SSA substantiated CI #18475 and cited deficiencies for F677 and F725 for Resident #1, #3, and #4 when the facility failed to keep fingernails trimmed and failed to provide showers for residents reviewed for activities of daily living care. The SSA did not substantiate CI #18476 for the facility being negligent of quality of care/treatment in pressure wounds, infection control, care not received per physician orders, and resident left wet for extended periods of time.

The SSA returned to the facility from 2/9/22 through 2/10/22 to investigate additional complaints, CI MS #18487 related to a fall and CI MS #18488 related to neglect with assisting resident with feeding, infection control, and incontinence care. The additional complaints, CI MS #18487 and CI MS #18488 were not substantiated.

The SSA returned to the facility from 2/15/22 through 2/16/22 to investigate an additional complaint, CI MS #18513 related to resident not receiving medication, no pressure ulcer precautions, and bruises of unknown origin. The complaint was not substantiated.

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

Electronically Signed | 03/04/2022

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 000	Continued From page 1 The facility had a census of 136 and is licensed for 180.	F 000		
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 observations, interviews, record review, and facility policy review, the facility failed to keep fingernails trimmed for two (2) of four (4) residents (Resident #3 and Resident #4) and failed to provide showers for three (3) of five (5) residents sampled (Resident # 1, Resident # 3, and Resident #4). A record review of the facility's policy "Nails, Care of (Finger and Toe)" dated 07/15/2003, revealed "Responsibility: Licensed Nurse of Podiatrist performs the procedure on high-risk residents. Nursing assistants may perform the procedure if the resident is not at risk for complications of infection ..." A record review of the facility's "AM Care (Day tour of Duty)" policy with a revision date of 08/25/2014, revealed "Responsibility: Licensed Nurse, certified nursing assistant. Purpose ...2. To provide cleanliness, comfort, and neatness ....5. To assess the resident's needs ..." A record review of the facility's "Bath, Shower/Tub" policy with a revision date of	F 677	This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law. 1. On February 9, 2022, nail care was provided to Resident # 3 and Resident # 4 by the Unit Manager, Licensed Practical Nurse, LPN # 1. On February 11, 2022, bathing was provided to Resident # 1, Resident # 2, and Resident # 3 by Certified Nursing Assistants # 1 and # 2. 2. All residents in the facility who are dependent on staff to provide nail care and bathing have the potential to be affected by this practice. 3. On February 9, 2022, The Director of	3/28/22

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F 677	Continued From page 2 08/25/2014, revealed "Responsibility: Licensed Nurse, certified nurse assistant. Purpose ...to promote cleanliness, provide comfort to the resident ... Documentation the following information should be recorded on the resident's ADL record and/or in the resident's medical record. 1. The date and time the shower/tub bath was performed. 2. The name and the title of the individual (s) who assisted the resident with the shower/tub bath ..." Findings include: On 02/02/2022 at 1:30 PM, the State Surveying Agency (SSA) interviewed the complainant, Ombudsman #1. During the phone interview, she explained an anonymous concern came to her regarding resident care at the facility on the 300 unit. She phoned the facility's ombudsman, Ombudsman #2, and the two of them entered the facility around 11:30 AM on 01/24/2022. She explained the two of them made their own observations and interviews which included Resident #3, who complained about not having a bath since 01/10/2022 and was upset over long, dirty fingernails. On 02/03/2022 at 1:20 PM, during an interview with the Social Worker, she confirmed that on 01/24/2022, two Ombudsmen came to her with various concerns which included nail care. The Ombudsmen were at the facility due to an anonymous complaint. The Social Worker immediately notified the Administrator regarding the concerns, and they came up with a plan of correction including providing in-services to staff and more frequent rounding of residents. The Social Worker did not know the plan of correction regarding the concerns related to nail care.	F 677	Nursing (DON) started an education in-service with nursing staff on Nail Care, Bathing, and Documentation that was completed on February 28,2022. On February 9, 2022, a 100% audit of all resident's nails was completed by The Director of Nursing, Minimum Data Set (MDS) Licensed Practical Nurse (LPN), Wound Care LPN, and Unit Manager LPN. The Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Manager, Staff Development Nurse, or Minimum Data Set (MDS) Nurses will complete audits beginning 2/28/22 to ensure that all nail care and bathing are completed as per each resident's care plan. The Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Manager, Staff Development Nurse, or Minimum Data Set (MDS) Nurses, will complete audits beginning 2/28/22 to ensure residents are receiving nail care and bathing by completing checks and reviewing the Certified Nursing Assistant (CNA) Point of Care Task Documentation in Point Click Care (PCC); the audits will begin on 2/28/22 and will weekly include four residents two times a week for four weeks; then weekly four residents one time a week for four weeks; then monthly four residents one time a month for three months. Any concerns related to nail care or bathing will be addressed immediately. Completion date as of March 28, 2022.	

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F 677	Continued From page 3 Resident #1 On 02/02/2022 at 10:15 AM, during an interview with Resident #1, she explained she has problems with getting baths. She reported she did not get a bath yesterday on 02/01/2022, the last time she got a bath was Friday (01/28/2022), and she goes days without a bath or shower. The SSA observed resident's hair to be pulled up neatly, but her hair was oily. A record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/13/2021 with diagnoses including Abnormal posture, Cerebral Palsy, and Epilepsy. A record review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/2021, revealed a Brief Interview of Mental Status (BIMS) score of 12, which indicated she had moderate cognitive impairment. Resident #1 was totally dependent upon staff for bathing and required the assistance of one person. A record review of Resident #1's "Documentation Survey Report v2" revealed she is scheduled for bathing on Monday, Wednesday, and Friday (MWF) on 7-3 shift and received four (4) baths for the month of January 2022. Resident #3 On 02/02/2022 at 10:55 AM, during an observation and interview, the SSA observed Resident # 3 with long, dirty fingernails. He stated he has had the long dirty nails for a long time and has problems with working his phone	F 677	4. The results of such audits will be reviewed by the Director of Nursing (DON) and the Administrator at the facility's Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of four months to end on June 1, 2022. The first Quality Assurance Performance Improvement (QAPI) meeting to review such audits will be held in March 2022. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education.	

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F 677	Continued From page 4	F 677		

and remote with his nails being so long. His nails were long when the Ombudsman came to the facility last week and they have not been clipped. He has not received showers as scheduled.

On 02/03/22 at 1:20 PM, during an interview with the facility's Social Worker, she stated that she completes the Brief Interview for Mental Status (BIMS) for the MDS assessments. For Resident #3, she confirmed he is cognitively intact, but he refused to communicate with her when she completed his last BIMS assessment, which is why the MDS with an ARD date of 1/30/2021 is marked as "unable to complete" for cognition and indicated that he does not have any memory recall deficits.

A record review of Resident #3's "Admission Record" revealed the facility admitted him on 09/16/2020 with diagnoses including Unspecified Injury at C1 of Cervical Spinal Cord and Quadriplegia.

A record review of Resident #3's Quarterly MDS with an ARD of 11/30/2021, revealed a staff assessment for mental status was conducted and there were no memory recall deficits. He required extensive assistance for bed mobility, transfers, and dressing with two-person assistance and required total dependence on staff for bathing.

A record of Resident #3's "Documentation Survey Report v2" revealed he is scheduled for bathing on Monday, Wednesday, and Friday on the 3-11 shift and received eight (8) baths for the month of January 2022.

Resident #4

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F 677	Continued From page 5	F 677		

At 11:30 AM on 02/02/2022, during an observation of Resident #4 and interview with Resident's #4's granddaughter who was visiting, she explained she has not been happy with the care her grandmother has received at the facility and has talked to the Social Worker, Administrator, Director of Nursing (DON), Certified Nursing Assistants (CNAs), and nurses. The family and facility have had several care plan meetings regarding the concerns. She reported she has pictures of dirty bed linens and dirty wipes from washing her grandmother's face and hands, which she believed was due to her grandmother not receiving baths. The granddaughter pointed out the fingernails on Resident #4's left hand, which were long and dirty. She said her grandmother's nails have been that way since she was admitted. The SSA observed Resident #4 to have dry, cracked skin to right hand and fingers and her fingernails on her left hand were noted to be long and dirty.

At 1:40 PM on 02/03/2022, SSA observed Resident #4's fingernails on her left hand to be long and dirty.

A record review of Resident #4's "Admission Record" revealed the facility admitted her on 12/23/2021 with diagnoses including Cerebral Infarction, need for assistance with personal care, Type 2 Diabetes Mellitus, and Hemiplegia/Hemiparesis.

A record review of Resident #4's Admission MDS with an ARD of 12/29/2021 revealed she has a BIMS score of 05 which indicated she has severe cognitive impairment. She is totally dependent upon staff with one person assistance for bathing

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F 677	Continued From page 6	F 677		

and required extensive assistance for personal hygiene.

A record review of Resident #4's "Documentation Survey Report v2" revealed resident is scheduled for bathing on Monday, Wednesday, and Friday (MWF) on 3-11 shift and Resident #4 received eight (8) baths for the month of January 2022.

On 02/02/2022 at 11:50 AM, during an interview with LPN #2, she reported she doesn't know who is responsible for clipping residents' nails, but the Activities Department provided nail care weekly.

At 2:25 PM on 02/02/2022, during an interview with the Activities Director, she explained Activities holds "Nail Care Day" every Wednesday and only the residents that come to the Activities Room get manicures. This is an activity and does not include every resident in the building, and they do not clip residents' nails.

On 02/03/2022 at 10:10 AM, during an interview with the DON, she explained activities of daily living (ADLs), including showers and baths, are scheduled and care is expected to be completed as scheduled. Manicures are done weekly as an activity by the Activities Department for those who want to participate. The nurses or CNA's can clip the nails if they are competent with nail care, however, there is no competency check off requirements. The nurse must trim the nails of residents who are on anticoagulant medications or have a diagnosis of Diabetes Mellitus. She admitted that she and the treatment nurse have clipped nails at times per resident request, but not on a regular basis.

On 02/03/22 at 1:50 PM, during an interview with

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F 677	Continued From page 7 CNA #2, she explained because of staffing shortages, some baths and showers are not done.	F 677		
F 725 SS=D	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. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to maintain sufficient staffing to provide for the residents' highest	F 725	This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan	3/28/22

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F 725	Continued From page 8 practicable wellbeing for four (4) of 14 days reviewed for staffing. A record review of the "Facility Assessment "dated 03/2021 revealed ..." A. 1. Function-Sufficiency Analysis Summary 1. Staffing ratios meet or is above state standards; Services provided are adequate to meet resident needs ... B. 1. Acuity -Sufficiency Analysis Summary 1. Staffing ratios meet or is above state standards; Services provided are adequate to meet resident needs ... C. 1. Cognitive-Sufficiency Analysis Summary 1. Staffing ratios meets or is above state standards. Services provided are adequate to meet resident needs ...D. Cultural- Sufficiency Analysis Summary 1. Staffing ratios meet or is above state standards. Services provided are adequate to meet resident needs ..." A record review of "Minimum Standards For Institutions For The Aged Or Infirm" with an effective date of 11/10/2019 revealed " ...the institution shall comply with the following staffing requirements:1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census...", which is the state standards as referenced in the "Facility Assessment". Findings include: Resident #1 On 02/02/2022 at 10:15 AM, during an interview with Resident #1, she explained she has	F 725	of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law. 1. Beginning on 2/15/22, the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON, or Staff Development Nurse will review the Nurse and Certified Nursing Assistant (CNA) assignments daily to ensure sufficient staffing is in place to ensure that residents are being provided care. 2. All residents in the facility have the potential to be affected by this practice. 3. On 2/15/22 the Administrator obtained Nurses and Certified Nursing Assistants from the dedicated nursing agency to enhance staffing levels and to ensure the deficient practice does not recur until the facility is able to complete their interview, hire, orientation, and training process. The Facility will continue to recruit Nurses and Certified Nursing Assistants (CNAs). On March 1, 2022, The Director of Nursing (DON) and Administrator provided education to the nursing staff that they are to contact the DON or Administrator if they feel they are unable to meet the needs of residents related to staffing. As of 2/15/22, the Administrator and Director of Nursing will review the staffing schedule daily to ensure the staffing per	

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F 725	Continued From page 9	F 725		

problems with getting baths. She reported she did not get a bath yesterday on 02/01/2022, the last time she got a bath was Friday (01/28/2022), and she goes days without a bath or shower. The SSA observed resident's hair to be pulled up neatly, but her hair was oily. She reported at times it takes the staff a long time to change her or get her up in the mornings.

A record review of the "Admission Record" revealed the facility admitted Resident #1 on 05/13/2021 with diagnoses including Abnormal posture, Cerebral Palsy, and Epilepsy.

A record review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/2021, revealed a Brief Interview of Mental Status (BIMS) score of 12, which indicated she had moderate cognitive impairment. Resident #1 was totally dependent upon staff for bathing and required the assistance of one person.

A record review of Resident #1's "Documentation Survey Report v2" revealed she is scheduled for bathing on Monday, Wednesday, and Friday (MWF) on 7-3 shift and received four (4) baths for the month of January 2022.

Resident #3

On 02/02/2022 at 10:55 AM, during an observation and interview, the SSA observed Resident # 3 with long, dirty fingernails. He stated he has had the long dirty nails for a long time and has problems with working his phone and remote with his nails being so long. His nails were long when the Ombudsman came to the facility last week and they have not been clipped.

patient day (PPD) ratio levels remain at or above the minimum of 2.80 per patient day (PPD) staffing ratio to ensure adequate staffing levels are initiated and obtained and to assess the outcome of recruitment efforts.

The Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Manager, Staff Development Nurse, Minimum Data Set (MDS) Nurses, or Social Workers will complete an audit to ensure that staffing solutions are sustained and that residents are receiving nail care and bathing by completing audits that will begin on 2/28/22 by completing interviews to include two competent Residents from different shifts two times a week for four weeks; then two residents one time a week for four weeks; then two residents one time a month for three months.

The Director of Nursing (DON), Assistant Director of Nursing (ADON), Unit Manager, Staff Development Nurse, Minimum Data Set (MDS) Nurses, or Social Workers will also complete an additional audit to ensure that staffing solutions are sustained and staff can complete their tasks by completing audits that will begin on 2/28/22 by completing interviews to include two staff members two times a week for four weeks; then two staff members one time a week for four weeks; then two staff members one time a month for three months.
Any concerns related to care and staffing will be addressed immediately.

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F 725	Continued From page 10 He has not received showers as scheduled and staffing is a big problem at the facility. Over the past few weekends, he has had to wait longer to receive care and has gone all day without being checked or changed. For the past two weekends, the facility has been low on CNAs and this past Sunday (01/30/2022), a nurse was working as a CNA. On 02/03/22 at 1:20 PM, during an interview with the facility's Social Worker, she stated that she completes the Brief Interview for Mental Status (BIMS) for the MDS assessments. For Resident #3, she confirmed he is cognitively intact, but he refused to communicate with her when she completed his last BIMS assessment, which is why the MDS with an ARD date of 1/30/2021 is marked as "unable to complete" for cognition and indicated that he does not have any memory recall deficits. A record review of Resident #3's "Admission Record" revealed the facility admitted him on 09/16/2020 with diagnoses including Unspecified Injury at C1 of Cervical Spinal Cord and Quadriplegia. A record review of Resident #3's Quarterly MDS with an ARD of 11/30/2021, revealed a staff assessment for mental status was conducted and there were no memory recall deficits. He required extensive assistance for bed mobility, transfers, and dressing with two-person assistance and required total dependence on staff for bathing. A record of Resident #3's "Documentation Survey Report v2" revealed he is scheduled for bathing on Monday, Wednesday, and Friday on the 3-11	F 725	Completion date as of March 28, 2022. 4. The results of the audits will be reviewed by the Director of Nursing (DON) and the Administrator at the facility's Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of four months to end on June 1, 2022. The first Quality Assurance Performance Improvement (QAPI) meeting to review such audits will be held in March 2022. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education.	

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	255093	A. BUILDING _____ B. WING _____	02/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PILLARS OF BILOXI	2279 ATKINSON ROAD BILOXI, MS 39531

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shift and received eight (8) baths for the month of January 2022.

Resident #4

At 11:30 AM on 02/02/2022, during an observation of Resident #4 and interview with Resident's #4's granddaughter who was visiting, she explained she has not been happy with the care her grandmother has received at the facility and has talked to the Social Worker, Administrator, Director of Nursing (DON), Certified Nursing Assistants (CNAs), and nurses. The family and facility have had several care plan meetings regarding the concerns. She reported she has pictures of dirty bed linens and dirty wipes from washing her grandmother's face and hands, which she believed was due to her grandmother not receiving baths. The granddaughter pointed out the fingernails on Resident #4's left hand, which were long and dirty. She said her grandmother's nails have been that way since she was admitted. The SSA observed Resident #4 to have dry, cracked skin to right hand and fingers and her fingernails on her left hand were noted to be long and dirty. She explained she has only seen her grandmother out of bed a couple of times and when she asked why, she was told the facility is short staffed.

At 1:40 PM on 02/03/2022, SSA observed Resident #4's fingernails on her left hand to be long and dirty.

A record review of Resident #4's "Admission Record" revealed the facility admitted her on 12/23/2021 with diagnoses including Cerebral Infarction, need for assistance with personal care, Type 2 Diabetes Mellitus, and

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Hemiplegia/Hemiparesis.

A record review of Resident #4's Admission MDS with an ARD of 12/29/2021 revealed she has a BIMS score of 05 which indicated she has severe cognitive impairment. She is totally dependent upon staff with one person assistance for bathing and required extensive assistance for personal hygiene.

A record review of Resident #4's "Documentation Survey Report v2" revealed resident is scheduled for bathing on Monday, Wednesday, and Friday (MWF) on 3-11 shift and Resident #4 received eight (8) baths for the month of January 2022.

At 11:05 AM on 02/02/2022, during an interview with CNA #1, she explained she usually works 11-7 shift, but is pulling extra shifts because day shift (7-3) was needing help due to staffing problems. She was working a "double shift" because she had worked 11-7 shift last night and was working 7-3 shift for today (02/02/2022).

At 11:20 AM, on 02/02/2022 during an interview with LPN #1, she explained she works for an agency nursing company and had worked a double shift yesterday on 02/01/22 and is scheduled to work a double shift today (02/02/2022) and tomorrow (02/03/2022).

On 02/02/22 at 1:30 PM, during a phone interview with Ombudsman #1, she explained an anonymous report came into her office regarding resident care and neglect at the facility on 300 unit. The caller reported to her residents were being double briefed and double padded and left saturated in urine. She then phoned the facility's Ombudsman #2 and the two of them entered the

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facility around 11:30 AM on 1/24/22. She explained the two of them made their own observations and interviews including: 1. Resident #1 upset complaining she had not been changed since last night and had not been out of bed for the past two days. Resident #3 complained not having a bath since 01/10/2022 and reported it takes hours for staff to respond to the call light. Resident #3 complained meals and medications are late and resident was upset over long dirty fingernails. Resident #4's bed covers were turned back to the foot of the bed and there were two incontinence pads in place and dried urine was noted on the top incontinence pad.

At 2:10 PM on 02/02/2022, during a phone interview with Ombudsman #2, he explained he and Ombudsman #1 entered the facility on 01/24/2022 around 11:30 AM and went to Unit 300 and made observations. He reported the same observations as Ombudsman #1, including residents complaining of not being changed for long periods of time, being left in soiled and wet briefs, not being assisted with getting out of bed due to low staffing, residents not getting baths as scheduled, and having long fingernails. Both Ombudsmen observed soiled incontinence pads in residents' beds, and call lights not being answered in a timely manner.

On 02/03/2022 at 1:20 PM, during an interview with the Social Worker, she confirmed that on 01/24/2022, two Ombudsmen came to her with various concerns which included nail care. The Ombudsmen were at the facility due to an anonymous complaint. The Social Worker immediately notified the Administrator regarding the concerns, and they came up with a plan of correction including providing in-services to staff

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and more frequent rounding of residents.

On 02/03/2022 at 1:50 PM, during an interview with CNA #2, she explained that because of staffing shortages, some baths and showers are not done as scheduled.

On 02/03/2022 at 2:20 PM, during an interview with the facility's Nurse Consultant, she confirmed the staff ratio was less than acceptable standards for staffing for four (4) days for the two weeks reviewed (01/22/2022 to 02/02/2022).

On 02/03/2022 at 1:55 PM, during an interview with the Administrator, she stated that staffing has been challenging and the facility has tried to hire new CNAs. The facility currently is using agency staffing for nurses, but not CNA's. She confirmed she is aware there are some days in which the facility staffing is low.

A record review with the facility's two-week look-back staffing grid provided to the State Survey Agency (SSA) revealed the facility had less than the state standards for staffing ratio for four (4) days, which were identified by the SSA as occurring on weekends. On 01/22/2022 (Saturday), the ratio was 5 nurses and 11 CNAs for 7-3 shift, 5.5 nurses and 7.5 CNAs for 3-11 shift, and 5 nurses and 8 CNAs for 11-7 shift with the census at 139, which equals a ratio of 2.41. On 1/23/2022 (Sunday), the ratio was 5 nurses and 7 CNAs for 7-3 shift, 5.5 nurses and 8.5 CNAs for 3-11 shift, and 4 nurses and 11 CNAs for 11-7 shift with a census of 139, which equals a ratio of 2.3. On 1/29/22 (Saturday), the ratio was 5 nurses and 11 CNAs for 7-3 shift, 5.5 nurses and 9.5 CNAs for 3-11 shift, and 4 nurses and 10 CNAs for 11-7 shift with the census 138, which

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equals a ratio of 2.6. On 1/30/22 (Sunday), the ratio was 7 nurses and 9.5 CNAs on 7-3 shift, 6 nurses and 8 CNAs for 3-11, and 4 nurses and 10 CNAs for 11-7 shift with census of 136, which equals a ratio of 2.61. These dates are below the state standards (staffing ratio) of 2.80 hours of direct nursing care per resident per 24 hours and below what is required per the Facility Assessment.

The "Punch Detail Report" for CNA's on 01/23/2022 was reviewed by the SA because it had the lowest staffing ratio on the staffing grid. The report revealed there were seven (7) CNAs punched in for the 7-3 shift which corresponded with the staffing grid. There were nine (9) CNAs punched in for the 3-11 shift, however, due to four (4) CNA's that punched in at various times throughout the shift, the 8.5 ratio indicated was consistent with the staffing grid. There were eleven (11) CNAs punched in for the 11-7 shift which was consistent with the staffing grid.