STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080010	A. BUILDING: _____ B. WING _____	03/05/2020

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TRINITY OAKS CONTINUING CARE RETIREMENT CO	728 KLUMAC ROAD SALISBURY, NC 28144

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 03/03/20 through 03/05/20.	D 000	D.161 10A NCAC 13F.0504(a) (1) New RN Educator hired	(1) 3/31/20
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.	D 161	(2) All Current CNA's + Med Tech's will be verified for Compentency of All CNA and med Tech Tasks	(2) 30 DAYS
			(3) RN will provide education and Skilled labs for tasks and employee's will be Checked off on task when Compentency is shown.	New (2) CNA (2 weeks) New (3) med Techs (4 weeks)
			(4) Check list for compentency will be filled out on each employee for each (LHPS) tasks	4 Weeks
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 3 of 3 sampled staff (Staff A, B, and C) were competency validated for Licensed Health Professional Support (LHPS) tasks including applying and removing Thrombo-Embolic Deterrent (TED) Hose and braces, positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter, collecting and testing of fingerstick blood sugar (FSBS) samples, medication administration through injections, oxygen administration, monitoring of continuous positive		(5) Admistator will sign off on all training Compentency Sheets after RN educator has Valadited Employees Compentency. TASK will include Applying + removing TED Hose and Braces Positioning and emptying urinary Catheter bag and Cleaning around urinary Catheter. Collecting and Testing fingerstick blood sugar samples.	60 DAYS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alice JoAnn Whitley-Martin | TITLE: Administrator | (X6) DATE: 3/30/20

Keisha Banks - Received & Accepted 4/2/20

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D 161	Continued From page 1 air pressure devices (CPAP), and medication inhalation by machine. The findings are: 1. Review of Staff A's, Medication Aide (MA) personnel record revealed: -Staff A was hired in 03/27/19. -There was documentation of a LHPS competency validation dated 04/10/19. -Staff A had not been competency validated for the tasks of collecting finger stick blood sugars (FSBS) inhalation of medication by machine (nebulizer treatment), monitoring of continuous positive air pressure devices (CPAP), and catheter care. Review of residents' electronic Medication Administration Records (eMARs) for January, February, and March 2020 revealed: -Staff A administered a CPAP at bedtime with oxygen 6 times in January 2020 and 1 time in February 2020. -Staff A administered inhalation solution via nebulizer 5 times in January 2020 and 1 time in February 2020. Interview with Staff A on 03/05/20 at 1:42pm revealed: -She had worked at the facility for about a year. -She started working as a personal care aide (PCA) on 03/27/19 and started working as a MA in 09/2019. -She remembered having an LHPS competency validation completed and being checked off by the LHPS nurse for FSBS, nebulizer treatments, CPAP but not for care of a catheter. -She did not remember if she was checked off for FSBS, and nebulizer treatments on the LHPS competency validation checklist.	D 161	See page 3	

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D 161	Continued From page 2 Interview with a resident on 03/05/20 at 12:25pm revealed Staff A had assisted her with her nebulizer treatment and CPAP. Telephone interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She completed an LHPS competency validation for Staff A. -She had not checked off Staff A on the LHPS competency validation for LHPS tasks of FSBS, Nebulizer treatments, CPAP or catheter care. -The Administrator let her know when staff needed LHPS competency validation completed. Refer to interview with the Administrator on 03/05/20 at 1:30pm. 2. Review of Staff B's, medication aide (MA) personnel record revealed: -Staff B was hired on 11/05/19. -There was no documentation of a Licensed Health Professional Support (LHPS) competency validation. Attempted telephone interview with Staff B on 03/05/20 at 1:20pm was unsuccessful. Interview with a resident on 03/05/20 at 2:10pm revealed Staff B assisted her with applying and removing TED hose and braces, collecting and testing FSBS, cleaning her urinary catheter, emptying the catheter bag and changing the catheter bag. Telephone interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She was responsible for completing LHPS competency validations for staff. -She had not completed an LHPS competency	D 161	Insulin injection using insulin pens. Oxygen administration and O2 sat monitoring Vital sign monitor CPAP machine application and Cleaning FSBS inhalation of medication by machine	

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D 161	Continued From page 3 validation for Staff B. -She had completed a personal care aide check off for Staff B instead of an LHPS competency validation. -The Administrator let her know when staff needed LHPS competency validation completed. Interview with the Administrator on 03/05/20 at 1:29pm revealed she did not know Staff B did not have a LHPS competency validation completed. Refer to interview with the Administrator on 03/05/20 at 1:30pm. 3. Review of Staff C's, medication aide (MA) personnel record revealed: -Staff C was hired on 06/18/19. -There was documentation of a Licensed Health Professional Support (LHPS) competency validation dated 07/25/19. -Staff A had not been competency validated for the tasks of collecting and testing finger stick blood sugars (FSBS) inhalation of medication by machine (nebulizer treatment), and catheter care. Review of residents' eMARs for January, February, and March 2020 revealed: -Staff C administered a CPAP at bedtime with oxygen 15 times in January 2020, 18 times in February 2020, and 1 time in March 2020. -Staff C administered inhalation solution via nebulizer 17 times in January 2020, 20 times in February 2020, and 1 time in March 2020. Interview with Staff C on 03/05/20 at 2:05pm revealed: -She remembered being checked off on FSBS, inhalation of medication by machine and catheter care prior to administering medication. -She thought she had been checked off by the	D 161		

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D 161	Continued From page 4 LHPS nurse on the LHPS competency validation and medication clinical skills checklist. -She worked as a PCA for two weeks prior to administering medication. -She filled the nebulizer with solution, changed the tubing and masks on CPAP machines, and provided catheter care to residents. Interview with a resident on 03/05/20 at 12:25pm revealed Staff A had assisted her with her nebulizer treatment and CPAP. Interview with a resident on 03/05/20 at 2:10pm revealed Staff B assisted her with collecting and testing FSBS, cleaning her urinary catheter, and she assisted with emptying and changing the catheter bag. Telephone interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She completed a LHPS competency validation for Staff C. -She had not checked off Staff C on the LHPS competency validation for FSBS, Nebulizer treatments, CPAP or catheter care. -The Administrator let her know when staff needed LHPS competency validation completed. Refer to interview with the Administrator on 03/05/20 at 1:30pm. Interview with the Administrator on 03/05/20 at 1:30pm revealed: -The LHPS nurse was responsible for completing the LHPS competency validation for staff. -She did not know staff had not been checked off on the LHPS competency validation for finger stick blood sugars, inhalation medication by machine, monitoring of continuous positive air pressure devices, or catheter care.	D 161		

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D 161	Continued From page 5 -She did not know the LHPS competency validation form used by the facility did not include competency validation of catheter care. -There had not been a catheter in the facility until a couple of months ago. -The LHPS nurse knew there was a resident in the facility with a catheter and staff should have been LHPS competency validated for catheter care as well as all other LHPS tasks. -She let the LHPS nurse know staff needed an LHPS competency validation and the LHPS nurse was responsible for scheduling to come to the faciltiy to complete the LHPS competency validation.	D 161		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the	D 280	10A NCAC 13F. 0903(c) D.280 Licensed Health Professional Support (1) Physical Assesment done by RN on site upon admission evaluation for LHPS with documentation of health Status, Care plan (1) all residents will be reassed by New RN Support Nurse And educator — 30 days (2) quarterly LHPS reviews will be placed on Spreadsheet and audited Monthly by RN and Administrator. — 4-1-20 (3) administrator will add Spreadsheet to monthly quality Control — monthly	

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D 280	Continued From page 6 resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a quarterly Licensed Health Professional Support (LHPS) evaluation was completed for 3 of 5 sampled residents (Residents #1, #2, and #4) with LHPS tasks of positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter, applying and removing Thrombo-Embolic Deterrent (TED) Hose and braces (Resident #1), collecting and testing finger stick blood samples (FSBS) and medication administration through injection (Resident #4), oxygen administration, monitoring of continuous positive air pressure devices (BiPAP), and medication inhalation by machine (Resident #2). The findings are: 1. Review of Resident #1's current FL2 dated 11/12/19 revealed diagnoses included Charcot-Marie-Tooth disease, shortness of breath, chronic kidney disease stage 3, anemia, bilateral foot drop, frozen shoulder, gastroesophageal reflux disease (GERD), vitamin B12 deficiency, frequent urinary tract infections (UTI), weight loss, and chronic obstruction pulmonary disease (COPD). Review of Resident #1's LHPS evaluations revealed: -There was documentation of a LHPS evaluation dated 07/25/19 that included the task of applying	D 280	(5) Care plans will be monitored and co-signed by RN monthly and when changes of residents condition requires a care plan to be revised Spread sheet for care plans to be made and followed for quality control by Administrator	monthly and PRN monthly + PRN

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D 280	Continued From page 7 and removing TED Hose and braces. -There was no documentation of additional LHPS tasks listed. -Resident #1's documented physical assessment noted no edema in bilateral lower extremities, her skin was warm and dry, and there was no skin breakdown. -There was documentation to continue current care and there was no documented recommendations. -There was no documentation for quarterly LHPS reviews and evaluations from 07/25/19 to 03/03/20. a. Review of Resident #1's physician order dated 09/27/19 revealed there was a physician order for a urinary catheter, an order for emptying the urinary catheter every shift, an order to switch the leg bag to a Foley bag at night, and an order for daily catheter care. Interview with Resident #1 on 03/05/20 at 2:10pm revealed: -She had a urinary catheter. -The medication aides (MAs) changed the catheter bag every night and they would clean the urinary catheter when they changed the bag. -The MAs emptied the urinary catheter every time the bag was full, about four times a day. -She was unable to empty the catheter and change the bag because she could not reach the catheter. Interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She completed Resident #1's LHPS evaluation on 03/03/20 and the previous evaluation was in July 2019. -She knew Resident #1's LHPS evaluation was not completed quarterly and was overdue when	D 280		

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D 280	Continued From page 8 she completed it on 03/03/20. -If a resident had a new LHPS tasks, the Administrator would notify her of the need for an evaluation. -She was notified of Resident #1 urinary catheter (date unknown). -She did not complete Resident #1's LHPS evaluation in September 2019 because she got behind schedule. Interview with the Administrator on 03/05/20 at 1:30pm revealed: -Resident #1 was ordered a urinary catheter in September 2019. -MAs and personal care aides (PCAs) were responsible for cleaning the catheter daily, positioning the leg bag, and emptying the catheter bag every shift. -The MAs were responsible for changing the catheter bag to the night bag daily. -She did not know Resident #1's LHPS evaluation was not completed quarterly. -She did not know Resident #1's LHPS evaluation was not completed with the new tasks of urinary catheter care. -She informed the LHPS nurse that Resident #1 had a urinary catheter (date unknown). -She did not know why Resident #1's LHPS evaluation was not completed after Resident #1's was ordered a urinary catheter in September 2019. -After Resident #1 was ordered a urinary catheter in September 2019, she completed a urinary catheter care skill check off for all facility staff. Interview with a medication aide on 03/05/20 at 1:40pm revealed: -The Administrator completed a urinary catheter care skill check off after Resident #1 was ordered a urinary catheter.	D 280		

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D 280	Continued From page 9 -The MAs were responsible for cleaning around the urinary catheter, changing the urinary catheter bag, and emptying the urinary catheter bag. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at 12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm. b. Review of Resident #1's FL2 dated 11/12/19 revealed there was a physician order for TED Hose and braces on both legs daily. Observation of Resident #1's room on 03/05/20 at 2:10pm revealed: -Resident #1 was sitting upright in a recliner. -Resident #1 had TED Hose and braces on her bilateral lower extremities. Interview with Resident #1 on 03/05/20 at 2:10pm revealed: -The medication aides (MAs) put on her TED Hose and leg braces every morning and took them off every night. -She did not have any swelling in her legs on 03/05/20. -The MAs put on her TED Hose and leg braces daily because she could not physically put on the TED Hose and braces by herself. Interview with the Licensed Health Professional Support (LHPS) nurse on 03/05/20 at 12:30pm revealed: -She completed Resident #1's Licensed Health Professional Support (LHPS) evaluation on 03/03/20 and the previous evaluation was in July 2019. -She knew Resident #1's LHPS evaluation was not completed quarterly and was overdue when	D 280		

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D 280	Continued From page 10 she completed it on 03/03/20. Interview with the Administrator on 03/05/20 at 1:30pm revealed she did not know Resident #1's LHPS evaluation was not completed quarterly. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at 12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm. 2. Review of Resident #4's current FL2 dated 07/11/19 revealed diagnoses included dementia, Alzheimer's disease, type 2 diabetes mellitus, hypertension, chronic kidney disease, atrial fibrillation, iron deficiency, depression, and pulmonary hypertension. Review of Resident #4's FL2 dated 11/12/19 revealed: -There was a physician order for finger stick blood samples (FSBS) once daily in the morning. -There was a physician order for Humalog KwikPen 100 unit/ml Solution Pen-injector inject 0.08ml/8 units subcutaneously daily at 7:00am, inject an additional 0.05ml/5 units subcutaneously for fasting blood sugars greater than 200, and inject an additional 0.08ml/8 units subcutaneously for fasting blood sugars greater than 350. Review of Resident #4's Licensed Health Professional Support (LHPS) evaluations dated 02/18/20 revealed: -There was documentation of a LHPS evaluation dated 07/25/19 that included the task of collecting FSBS and medication administration by injection. -Resident #1's documented physical assessment noted resident tolerating FSBS and insulin dosing and no adverse effects noted.	D 280		

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D 280	Continued From page 11 -There was documentation to continue current care and there were no documented recommendations. -There was no documentation for a quarterly LHPS review and evaluation from 07/25/19 to 02/18/20. Interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She knew Resident #4 was a diabetic and needed an LHPS evaluation for FSBS and medication administration by injection. -She knew Resident #4's LHPS evaluation was not completed quarterly. -She completed Resident #4's LHPS evaluation in July 2019 and then on 02/18/20. Interview with the Administrator on 03/05/20 at 1:30pm revealed she did not know Resident #4's LHPS evaluation was not completed quarterly. Based on observations, interviews, and record reviews, it was determined Resident #4 was not interviewable. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at 12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm. 3. Review of Resident #2's current FL2 dated 10/09/19 revealed diagnoses included arthritis, blood clot in vein, bronchiectasis, chronic obstructive pulmonary disease, female genital prolapse, depression, gastroesophageal reflux disease, hiatal hernia, vitamin D deficiency, hyperlipidemia, hypertension, hypothyroid, insomnia, osteoporosis, and sleep apnea.	D 280		

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D 280	Continued From page 12 a. Review of physician's orders dated 09/27/19 for Resident #2 revealed an order for administer continuous positive air pressure (CPAP) at bedtime with oxygen (O2) at 2 liters fill humidifier chamber to line with distilled water via sleep mask. Review of Resident #2's Licensed Health Professional Support (LHPS) evaluations revealed: -There was a LHPS evaluation dated 07/17/19 which included the task of administering CPAP. -There had not been a LHPS completed for Resident #2 since 07/17/19. Review of Resident #2's electronic Medication Administration Record (eMAR) for January, February, and March 2020 revealed staff documented administration of CPAP with O2 for 31 of 31 days in January 2020, 29 of 29 days in February 2020, and 2 of 2 days in March 2020. Observation of Resident #2's room on 03/03/20 at 10:16am revealed there was a CPAP machine located to the right of Resident #2's bed and an oxygen concentrator set at 2liters to the left of Resident #2's bed. Interview with Resident #2 on 03/05/20 at 12:25pm revealed: -She was on a CPAP machine at night because she had difficulty breathing. -Staff assisted her with her CPAP machine by adding water to the machine and cleaning and changing the CPAP machine tubing. Interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She knew residents' LHPS evaluations were to be completed quarterly. -She completed Resident #2's LHPS in July 2019	D 280		

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TRINITY OAKS CONTINUING CARE RETIREMENT CO	728 KLUMAC ROAD SALISBURY, NC 28144

(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) COMPLETE DATE
D 280	Continued From page 13 and had not completed another LHPS for Resident #2 until 03/03/20. -She knew Resident #2's LHPS evaluation was not completed quarterly and was overdue when she completed it on 03/03/20. -She kept a schedule of when LHPS evaluations were due to be completed and was responsible for completing them quarterly for residents. -She did not complete Resident #2's evaluation quarterly between July 2019 and March 2020 because she got behind schedule. -She had not been contacted by the facility to complete the quarterly LHPS. Interview with the Administrator on 03/05/20 at 1:30pm revealed: -LHPS evaluations were to be completed quarterly by the LHPS nurse. -She did not know Resident #2's LHPS evaluation was not completed quarterly. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm. b. Review of Resident #2's physician's orders dated 09/27/19 revealed there was a physician order for Thrombo-Embolic Deterrent (TED) Hose to both legs apply when up in the morning and remove in the evening. Review of Resident #2's Licensed Health Professional Support (LHPS) evaluations revealed: -There was a LHPS evaluation dated 07/17/19 which included the task of applying and removing TED Hose. -There had not been a LHPS evaluation	D 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 280	Continued From page 14 completed for Resident #2 since 07/17/19. Review of Resident #2's electronic Medication Administration Record (eMAR) for January, February, and March 2020 revealed staff documented application and removal of TED Hose for 31 of 31 days in January 2020, 29 of 29 days in February 2020, and 2 of 2 days in March 2020. Observation of Resident #1's room on 03/04/20 at 4:32pm revealed: -Resident #2 was lying in bed reading. -Resident #2 had had on "support hose" and had 4 different kinds of "support hose" in her dresser drawer. -Resident #2 did not have any swelling in her legs. Interview with Resident #1 on 03/04/20 at 4:35pm revealed she liked to put her TED Hose on and take them off herself, but staff would assist her daily as needed. Interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She knew LHPS evaluations were to be completed quarterly. -She completed Resident #2's LHPS in July 2019 and had not completed another LHPS for Resident #2 until 03/03/20. -She knew Resident #2's LHPS evaluation was not completed quarterly and was overdue when she completed it on 03/03/20. -She kept a schedule of when LHPS evaluations were due to be completed and was responsible for completing them quarterly for residents. -She did not complete Resident #2's evaluation quarterly between July 2019 and March 2020 because she got behind schedule.	D 280		

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D 280	Continued From page 15 -She had not been contacted by the facility to complete the quarterly LHPS. Interview with the Administrator on 03/05/20 at 1:30pm revealed: -LHPS evaluations were to be completed quarterly by the LHPS nurse. -She did not know Resident #2's LHPS evaluation was not completed quarterly. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm. c. Review of Resident #2's physician's orders dated 09/27/20 revealed an order for sodium chloride 7% nebulization solution 4ml (1 vial) twice daily. Review of Resident #2's Licensed Health Professional Support (LHPS) evaluations revealed: -There was a LHPS evaluation dated 07/17/19 which included the task of inhalation of medication by machine. -There had not been an LHPS completed for Resident #2 since 07/17/19. Review of Resident #2's electronic Medication Administration Record (eMAR) for January, February, and March 2020 revealed staff documented administration of sodium chloride 7% nebulization solution via nebulizer twice daily for 31 of 31 days in January 2020, 29 of 29 days in February 2020, and 2 of 2 days in March 2020. Observation of Resident #2's room on 03/03/20 at 10:16am revealed a nebulizer machine was	D 280		

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D 280	Continued From page 16 located on a stand near a chair in Resident #2's room. Interview with Resident #2 on 03/05/20 at 12:25pm revealed staff administered the medication (sodium chloride) for her nebulizer treatment into her nebulizer twice daily. Interview with the LHPS nurse on 03/05/20 at 12:30pm revealed: -She knew LHPS evaluations were to be completed quarterly. -She completed Resident #2's LHPS in July 2019 and had not completed another LHPS for Resident #2 until 03/03/20. -She knew Resident #2's LHPS evaluation was not completed quarterly and was overdue when she completed it on 03/03/20. -She kept a schedule of when LHPS evaluations were due to be completed and was responsible for completing them quarterly for residents. -She did not complete Resident #2's evaluation quarterly between July 2019 and March 2020 because she got behind schedule. -She had not been contacted by the facility to complete the quarterly LHPS. Interview with the Administrator on 03/05/20 at 1:30pm revealed: -LHPS evaluations were to be completed quarterly by the LHPS nurse. -She did not know Resident #2's LHPS evaluation was not completed quarterly. Refer to telephone interview with the contracted LHPS nurse on 03/05/20 at12:35pm. Refer to interview with the Administrator on 03/05/20 at 1:35pm.	D 280		

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D 280	Continued From page 17 Telephone interview with the contracted LHPS nurse on 03/05/20 at 12:35pm revealed: -She was responsible for completing LHPS evaluations for residents. -She knew the LHPS evaluations needed to be completed quarterly. -The LHPS evaluations should have been completed in November 2019 or December 2019 in order to meet the quarterly requirement. -She knew the LHPS evaluations were overdue. -She did not complete the LHPS evaluation quarterly because she got behind schedule and then she had a family emergency in February 2020. -She completed LHPS evaluations for some residents with finger stick blood sugars and urinary catheters in February 2019. Interview with the Administrator on 03/05/20 at 1:35 pm revealed: -The LHPS nurse was responsible for ensuring the residents were evaluated quarterly. -If a resident had a new LHPS task, she would contact the LHPS nurse and the LHPS nurse was responsible for completing the evaluation. -She did not know why the LHPS evaluations were not completed quarterly and had not contacted the LHPS nurse to ensure the LHPS evaluations were completed. -She did not audit the residents' LHPS evaluations because in the past, the evaluations were always completed quarterly and with new tasks.	D 280		