STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING _____ B. WING _____	C 10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASPER MOUNTAIN REHABILITATION AND CARE CENTER	**4305 S POPLAR CASPER, WY 82601**

(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 A complaint survey was conducted by Healthcare Licensing and Surveys from 10/18/22 to 10/19/22. The survey was prompted by complaint intakes WY00003474, WY00003477, and WY00003480. The following common abbreviations are used throughout this document: ADL Activity of Daily Living CNA Certified Nurse Aide DON Director of Nursing LPN Licensed Practical Nurse MDS Minimum Data Set RN Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
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, medical record review, and resident, family, and staff interview, the facility failed to necessary services to maintain hygiene for 7 of 7 residents (#1, #2, #3, #4, #5, #6, #7) reviewed. The findings were: 1. Review of the 8/10/22 quarterly MDS assessment showed resident #1 was admitted to the facility on 6/7/21 with diagnoses that included non-pressure chronic ulcer of left ankle with unspecified severity and anemia. Further review	F 677	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal	11/10/22

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

Electronically Signed | 11/10/2022

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F 677	Continued From page 1 showed the resident required extensive assistance of one staff member for personal hygiene tasks, and total assistance of one staff member for bathing. Review of the current care plan, last reviewed 5/15/22, showed the resident had " ... an ADL self-care performance deficit and needs extensive assistance with self care tasks to include: bathing, transfers, personal hygiene tasks ... toilet use ..." The following concerns were identified: a. Observation of the resident on 10/19/22 at 9:15 AM showed the resident seated in his/her wheelchair in his/her room. His/her hair was tied up into a bun, and appeared oily and unwashed. b. Review of the resident's bathing record for the previous 30 days showed the resident had not been bathed during that time. The resident was documented as being unavailable the afternoon of 9/22/22, and all other bathing opportunities were charted as "Not Applicable," with no documentation of refusals. 2. Review of the 9/30/22 admission MDS assessment showed resident #2 was admitted to the facility on 9/30/22 with diagnoses that included cerebral infarction and age-related physical debility. Further review showed the resident required extensive assistance of one person for personal hygiene tasks, and noted bathing had not occurred during the time of the assessment. The following concerns were identified: a. Review of the current care plan, last revised 10/18/22, showed no documentation related to personal hygiene cares or bathing. b. Review of the resident's bathing record for the previous 30 days showed no documentation from 9/30/22 - 10/6/22. Documentation from 10/7/22 - 10/19/22 showed the resident had not	F 677	requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. Corrective action: As of November 10, 2022 resident #1 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022 resident #2 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022 resident #3 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022, resident #4 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022 resident #5 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022 resident #6 received necessary services to maintain hygiene specifically assistance in bathing and preferences. As of November 10, 2022 resident #7	

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F 677	Continued From page 2 been bathed during that time. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals. 3. Review of the 10/11/22 quarterly MDS assessment showed resident #3 was admitted to the facility on 7/13/22 with diagnoses that included muscle weakness. Further review showed the resident required extensive assistance of one person for both toileting and personal hygiene, and required total assistance of one person for bathing. Review of the current care plan, last revised 10/14/22, showed the resident had " ... an ADL self-care performance deficit and needs extensive assistance with self care tasks to include: bathing, transfers, personal hygiene tasks ...toilet use ..." The following concerns were identified: a. Observation of the resident on 10/19/22 at 10:34 AM showed the resident seated in his/her recliner in his/her room. It was noted at that time the resident had a leg bag for a urinary catheter attached to the lower left leg. The resident was wearing shorts, which were noted to be dirty with crumbs, debris, and stains. The resident's shirt appeared unwashed, the resident's hair was oily and not combed, and the resident had not been recently shaved, giving the resident an overall disheveled appearance. Interview with the resident at that time revealed s/he had " ... only had one shower in months, and it took weeks to even get that one!" The resident further stated staff rarely assist with ADLs or perform catheter cares because " ... there aren't enough of [them] ..." Interview with the resident's family member at that time revealed she was upset with the lack of cares and how the resident looked. She stated the resident recently had a urology appointment outside of the facility, and " ... this is how [s/he]	F 677	received necessary services to maintain hygiene specifically assistance in bathing and preferences. Identification of others: All other ADL dependent residents bathing preference were reviewed, and plan of care updated as needed. Each shift CNA staff receive the bathing list for their assignment to complete within the shift. Systemic Changes: Starting 11/10/22 the DON/designee completed staff training that included the bathing policy and to ensure that each resident received necessary services to maintain hygiene specifically assistance in bathing. The CNA will offer bathing per preferences. If the resident declines the CNA will notify the nurse. The nurse will reapproach the resident to offer bathing and alternate hygiene. The nurse will document in a progress note. Continued refusals will be addressed with responsible party to include completing new preferences, care conference and offering alternatives to bathing. The DON/Designee will monitor the bathing alerts and read 24-hour report daily (M-F) and will follow up for any concerns. Monitoring:	

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F 677	Continued From page 3 looked when [s/he] got there. I was blown away and down-right embarrassed for [him/her] and me!" She stated she took her concerns to the business office manager, but hasn't noticed any changes or improvements in the ADL cares. The family member also stated another relative recently visited and " ... didn't even recognize [the resident] because of how [s/he] looked." b. Review of the resident's bathing record for the previous 30 days showed bathing documented only once, on 10/11/22. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals. 4. Review of the 9/29/22 quarterly MDS assessment showed resident #4 was admitted to the facility on 9/19/22 with diagnoses that included muscle wasting and atrophy, history of falling, muscle weakness, unsteadiness on feet, and other abnormalities of gait and mobility. Further review showed the resident required extensive assistance of two people for toilet use, personal hygiene, and bathing. Review of the current care plan, last reviewed 10/13/22, showed the resident had " ... an ADL self-care performance deficit and needs assistance with self care tasks to include: bathing ... personal hygiene tasks ... toilet use ..." The following concerns were identified: a. Review of the resident's bathing record for the previous 30 days showed bathing documented only once, on 10/10/22. Refusals were documented on 9/25/22 and 9/26/22, and all other bathing opportunities were charted as "Not Applicable." 5. Review of the 9/15/22 quarterly MDS assessment showed resident #5 was admitted to the facility on 9/13/19 with diagnoses that	F 677	Weekly for 4 weeks then monthly X 2 months the DON or designee will complete an audit of 10% of resident hygiene that will ensure that each resident received necessary services to maintain hygiene specifically assistance in bathing. Any concerns will be addressed. Compliance Date: 11/10/2022	

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F 677	Continued From page 4	F 677		

included muscle weakness and repeated falls. Further review showed the resident required extensive assistance of one person for toileting and personal hygiene, and physical help of one person with bathing. Review of the current care plan, last reviewed 6/23/22, showed the resident "... requires assistance with ADL tasks ..." with interventions that included " ... Bathing/showering: [the resident] requires extensive assistance with 1 person assist with bathing. Prefers a shower 2x per week." The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing documented only twice, on 9/29/22 and 9/30/22. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals.

6. Review of the 9/26/22 admission MDS assessment showed resident #6 was admitted to the facility on 9/23/22 with diagnoses that included spinal stenosis, postural kyphosis, dislocation of C2/C3 cervical vertebrae, and unspecified fall. Further review showed the resident required extensive assistance of one person for toileting, supervision of one person for personal hygiene, and the physical assistance of one person with bathing. Review of the current care plan, last revised 10/14/22 showed the resident had "... an ADL self-care performance deficit and needs assistance with self care tasks to include: bathing ... personal hygiene tasks ... toilet use ..." The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing documented only three times, on 9/28/22, 10/3/22, and 10/10/22. The resident was

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documented as unavailable on 10/18/22, with all other bathing opportunities charted as "Not Applicable," and no documentation of refusals.

7. Review of the 8/10/22 quarterly MDS assessment showed resident #7 was admitted to the facility on 3/4/22 with diagnoses that included acquired absence of right leg above knee and muscle weakness. Further review showed the resident required extensive assistance of two people for toileting, personal hygiene, and bathing. Review of the current care plan, last reviewed 6/7/22, showed the resident had " ... an ADL self-care performance deficit ..." and noted the resident preferred a shower twice per week. The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing was only documented on 9/21/22, 10/6/22, 10/12/22, and 10/15/22. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals.

8. Interview on 10/19/22 at 1:40 PM with the DON revealed she was aware residents were not getting bathed. She stated that handouts were given to staff daily which noted which residents were scheduled for bathing that day. However, with the staffing issues throughout the facility, the bath aides were being pulled from bathing duties to work on the resident halls. Further, when this occurred, it was up to the floor staff to complete the scheduled baths.

9. Interview on 10/19/22 at 5:31 PM with the administrator and DON revealed the facility had recently performed a mock survey, and identified concerns with bathing. The facility implemented a performance improvement plan; however,

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F 677	Continued From page 6 implementation did not begin until 10/8/22.	F 677		
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. This REQUIREMENT is not met as evidenced by: Based on observation, resident, family and staff interview, medical record review, and review of staff licensure/certification documentation from the Wyoming State Board of Nursing, the facility failed to ensure sufficient numbers of qualified	F 725	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the	11/10/22

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F 725	Continued From page 7 staff were available to provide nursing and related services to meet resident needs. The census was 95. Additionally, the facility failed to provide sufficient staff to ensure 7 of 7 sample residents (#1, #2, #3, #4, #5, #6, #7) received necessary assistance with ADLs. The findings were: Regarding the lack of qualified staff: 1. Review of the current facility staff list provided by the DON on 10/18/22 at 2:56 PM showed the facility employed 15 RNs, 10 LPNs, 49 CNAs, and 9 resident aides (RA.) However, review of the current facility staff list provided by the administrator on 10/18/22 at 3:20 PM showed 7 of the 9 RAs were listed as CNAs on the administrator's documentation. 2. Review of certification verification through the Wyoming State Board of Nursing showed none of the currently employed RAs possessed active CNA certification in the state of Wyoming. 3. Review of the daily staffing schedule showed the facility planned to staff 6 nurses and 10 CNAs during the day shift, and 3 nurses and 6 CNAs for the night shift. 4. Review of the September 2022 daily staffing schedules from 9/18/22 - 9/30/22 showed the facility failed to provide 10 CNAs during the day shift for 12 of the 13 days. Review of the "Daily Staff Posting" showed during the day shift from 9/18/22 - 9/30/22, restorative and resident aides were documented as CNA staff in an attempt to meet staffing requirements. Further review showed CNA staffing for night shifts from 9/18/22 - 9/30/22 also documented RAs as CNA staff, and counted staff that covered multiple hallways	F 725	statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the state operations manual. CORRECTIVE ACTION The DON and NHA reviewed staffing levels and staffing schedule to ensure appropriate staffing for residents to receive necessary assistance. Schedule changes were identified and implemented 11/10/22. The DON or designee ensured there was sufficient staff to ensure 7 of 7 sample residents (#1, #2, #3, #4, #5, #6, #7) received necessary assistance with ADLs. IDENTIFYING OTHER RESIDENTS All residents have the potential to be affected. SYSTEMIC CHANGES The scheduler was educated on appropriate staffing level and process to take when appropriate staffing is not available completed by DON/designee on 11/10/22.	

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F 725	Continued From page 8 as separate staff members. Continued review showed the facility failed to provide 6 CNAs on the night shift for 13 of 13 days. 5. Review of the October 2022 daily staffing schedules from 10/1/22 - 10/18/22 showed the facility failed to provide 10 CNAs on the day shift for 18 of 18 days. Review of the "Daily Staff Posting" showed during the day shift from 10/1/22 - 10/18/22, restorative and resident aides were documented as CNA staff in an attempt to meet staffing requirements. Further review showed CNA staffing for night shifts from 10/1/22 - 10/18/22 also counted RAs as CNA staff, and counted staff that covered multiple hallways as separate staff members. Continued review showed the facility failed to provide 6 CNAs on the night shift for 18 of 18 days. 6. Interview with the DON on 10/18/22 at 3:24 PM revealed RAs were being put on the floor to work as CNAs to meet staffing needs. She stated there were 5 RAs in the process of getting their CNA certification, but they were not currently certified as nurse aides. 7. Interview with the staffing scheduler on 10/19/22 at 3:49 PM revealed when the staffing waiver expired in June 2022, she brought up staffing concerns to facility management, as well as the corporate management and owners. She stated she was directed by a previous DON, as well as the administrator, to staff RAs and count them as CNAs on the schedule. She further stated the facility did not have enough staff to fill the schedule, or meet all the needs of the residents. She confirmed the facility was using RAs as CNAs, and that the facility was very short-staffed.	F 725	The DON or designee completed staff education on scope of practice for CNA's and RA's on 11/10/22. The scheduler will review and update schedules daily M-F, any concerns will be brought to the attention of the DON prior to staffing concerns. The facility utilizes over time, staffing agencies, use of staff from other departments to assist with staffing shortages. The facility continues to hire employees through use of Facebook, indeed ads and referral bonuses. The facility also has a program for employee retention to include employee recognition, staff gatherings, stay interviews. The DON / designee will review staffing schedules weekly X 4 weeks, then monthly for 2 months until substantial compliance is achieved to ensure adequate staffing is scheduled. Any concerns will be addressed. MONITORING FOR CHANGES Until substantial compliance is achieved, the DON or designee will report to the Medical Director and Quality Assurance Committee the results of the staffing audits for guidance to reach and maintain compliance. Compliance Date: 11/10/22	

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8. Interview with the DON on 10/19/22 at 1:40 PM revealed RAs were only supposed to follow their job description, and were supposed to be assigned to a CNA each shift to complete cares requiring certification, but confirmed she knew the RAs were completing tasks outside of their scope due to the lack of staff. She stated she was aware RAs were being counted as CNAs to meet staffing documentation requirements.

Regarding the lack of sufficient staff to provide necessary assistance with ADLs:

9. Review of the 8/10/22 quarterly MDS assessment showed resident #1 was admitted to the facility on 6/7/21 with diagnoses that included non-pressure chronic ulcer of left ankle with unspecified severity and anemia. Further review showed the resident required extensive assistance of one staff member for personal hygiene tasks, and total assistance of one staff member for bathing. Review of the current care plan, last reviewed 5/15/22, showed the resident had " ... an ADL self-care performance deficit and needs extensive assistance with self care tasks to include: bathing, transfers, personal hygiene tasks ... toilet use ..." The following concerns were identified:

a. Observation of the resident on 10/19/22 at 9:15 AM showed the resident seated in his/her wheelchair in his/her room. His/her hair was tied up into a bun, and appeared oily and unwashed.

b. Review of the resident's bathing record for the previous 30 days showed the resident had not been bathed during that time. The resident was documented as being unavailable the afternoon of 9/22/22, and all other bathing opportunities were charted as "Not Applicable," with no

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documentation of refusals.

10. Review of the 9/30/22 admission MDS assessment showed resident #2 was admitted to the facility on 9/30/22 with diagnoses that included cerebral infarction and age-related physical debility. Further review showed the resident required extensive assistance of one person for personal hygiene tasks, and noted bathing had not occurred during the time of the assessment. The following concerns were identified:

a. Review of the current care plan, last revised 10/18/22, showed no documentation related to personal hygiene cares or bathing.

b. Review of the resident's bathing record for the previous 30 days showed no documentation from 9/30/22 - 10/6/22. Documentation from 10/7/22 - 10/19/22 showed the resident had not been bathed during that time. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals.

11. Review of the 10/11/22 quarterly MDS assessment showed resident #3 was admitted to the facility on 7/13/22 with diagnoses that included muscle weakness. Further review showed the resident required extensive assistance of one person for both toileting and personal hygiene, and required total assistance of one person for bathing. Review of the current care plan, last revised 10/14/22, showed the resident had " ... an ADL self-care performance deficit and needs extensive assistance with self care tasks to include: bathing, transfers, personal hygiene tasks ...toilet use ..." The following concerns were identified:

a. Observation of the resident on 10/19/22 at 10:34 AM showed the resident seated in his/her

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CASPER MOUNTAIN REHABILITATION AND CARE CENTER	**4305 S POPLAR CASPER, WY 82601**

(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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recliner in his/her room. It was noted at that time the resident had a leg bag for a urinary catheter attached to the lower left leg. The resident was wearing shorts, which were noted to be dirty with crumbs, debris, and stains. The resident's shirt appeared unwashed, the resident's hair was oily and not combed, and the resident had not been recently shaved, giving the resident an overall disheveled appearance. Interview with the resident at that time revealed s/he had " ... only had one shower in months, and it took weeks to even get that one!" The resident further stated staff rarely assist with ADLs or perform catheter cares because " ... there aren't enough of [them] ..." Interview with the resident's family member at that time revealed she was upset with the lack of cares and how the resident looked. She stated the resident recently had a urology appointment outside of the facility, and " ... this is how [s/he] looked when [s/he] got there. I was blown away and down-right embarrassed for [him/her] and me!" She stated she took her concerns to the business office manager, but hasn't noticed any changes or improvements in the ADL cares. The family member also stated another relative recently visited and " ... didn't even recognize [the resident] because of how [s/he] looked."

b. Review of the resident's bathing record for the previous 30 days showed bathing documented only once, on 10/11/22. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals.

12. Review of the 9/29/22 quarterly MDS assessment showed resident #4 was admitted to the facility on 9/19/22 with diagnoses that included muscle wasting and atrophy, history of falling, muscle weakness, unsteadiness on feet, and other abnormalities of gait and mobility.

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	535024	A. BUILDING _____ B. WING _____	C 10/19/2022

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Further review showed the resident required extensive assistance of two people for toilet use, personal hygiene, and bathing. Review of the current care plan, last reviewed 10/13/22, showed the resident had " ... an ADL self-care performance deficit and needs assistance with self care tasks to include: bathing ... personal hygiene tasks ... toilet use ..." The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing documented only once, on 10/10/22. Refusals were documented on 9/25/22 and 9/26/22, and all other bathing opportunities were charted as "Not Applicable."

13. Review of the 9/15/22 quarterly MDS assessment showed resident #5 was admitted to the facility on 9/13/19 with diagnoses that included muscle weakness and repeated falls. Further review showed the resident required extensive assistance of one person for toileting and personal hygiene, and physical help of one person with bathing. Review of the current care plan, last reviewed 6/23/22, showed the resident "... requires assistance with ADL tasks ..." with interventions that included " ... Bathing/showering: [the resident] requires extensive assistance with 1 person assist with bathing. Prefers a shower 2x per week." The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing documented only twice, on 9/29/22 and 9/30/22. All other bathing opportunities were charted as "Not Applicable," with no documentation of refusals.

14. Review of the 9/26/22 admission MDS

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assessment showed resident #6 was admitted to the facility on 9/23/22 with diagnoses that included spinal stenosis, postural kyphosis, dislocation of C2/C3 cervical vertebrae, and unspecified fall. Further review showed the resident required extensive assistance of one person for toileting, supervision of one person for personal hygiene, and the physical assistance of one person with bathing. Review of the current care plan, last revised 10/14/22 showed the resident had "... an ADL self-care performance deficit and needs assistance with self care tasks to include: bathing ... personal hygiene tasks ... toilet use ..." The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing documented only three times, on 9/28/22, 10/3/22, and 10/10/22. The resident was documented as unavailable on 10/18/22, with all other bathing opportunities charted as "Not Applicable," and no documentation of refusals.

15. Review of the 8/10/22 quarterly MDS assessment showed resident #7 was admitted to the facility on 3/4/22 with diagnoses that included acquired absence of right leg above knee and muscle weakness. Further review showed the resident required extensive assistance of two people for toileting, personal hygiene, and bathing. Review of the current care plan, last reviewed 6/7/22, showed the resident had " ... an ADL self-care performance deficit ..." and noted the resident preferred a shower twice per week. The following concerns were identified:

a. Review of the resident's bathing record for the previous 30 days showed bathing was only documented on 9/21/22, 10/6/22, 10/12/22, and 10/15/22. All other bathing opportunities were

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charted as "Not Applicable," with no documentation of refusals.

16. Interview on 10/19/22 at 1:40 PM with the DON revealed she was aware residents were not getting bathed. She stated that handouts were given to staff daily which noted which residents were scheduled for bathing that day. However, with the staffing issues throughout the facility, the bath aides were being pulled from bathing duties to work on the resident halls. Further, when this occurred, it was up to the floor staff to complete the scheduled baths.

17. Interview on 10/19/22 at 5:31 PM with the administrator and DON revealed the facility had recently performed a mock survey, and identified concerns with bathing. The facility implemented a performance improvement plan; however, implementation did not begin until 10/8/22.