

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>33242</p> <p>Based on record reviews and interviews, the facility failed to ensure that the resident and/or resident representative was provided with written information to formulate an advanced directive or appoint a surrogate, was completed for 4 of 7 residents reviewed for advanced directives.(Resident #[R] 7 , R46, R214, and R17).</p> <p>Findings:</p> <p>1. On 2/24/25 R7's clinical record was reviewed and indicated R7 was admitted to the facility the middle of January 2025. Review of R7's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate.</p> <p>2. On 2/24/25, R46's clinical record was reviewed and indicated R46 was admitted to the facility the middle of January 2025. Review of R46's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate.</p> <p>3. On 2/24/25, R214's clinical record was reviewed and indicated R214 was admitted to the facility on the middle of February 2025. Review of R214's clinical record lacked evidence that the facility provided/obtained resident and/or resident representative written information concerning the right to formulate an advance directive or appoint a surrogate.</p> <p>On 2/24/25 at 1:58 p.m., during an interview with surveyors, the Administrator confirmed there was no evidence of offering Advance Directives or obtaining Power of Attorney (POA) paperwork (if applicable) in the clinical records.</p> <p>32540</p> <p>4. On 2/24/25 during a clinical record review it is documented that R17 was admitted to the facility in 2020. A review of R17's clinical record lacked evidence that the facility offered or reviewed with the resident and/or resident representatives or that the resident and/or resident representatives were provided with written information concerning the right to formulate an advanced directive.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/24/25 at 1:58 p.m. During an interview with the Administrator the surveyor confirmed R17's clinical record does not have any evidence of an Advanced Directive.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0582</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>35904</p> <p>Based on interviews and Beneficiary form review, the facility failed to ensure that a Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to 2 of 3 residents whose Medicare Part A services were discontinued (Residents #24 [R24], and R36).</p> <p>Finding:</p> <p>1. On 2/25/25, R24's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed indicated R24 received Medicare Part A services that ended on 12/20/24, but there was no evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R24 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.</p> <p>2. On 2/25/25, R36's Skilled Beneficiary Notification Review form was reviewed. The Beneficiary Notification form that was completed indicated R36 received Medicare Part A services that ended on 12/26/24, but there was no evidence that the required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) was provided to R36 so that he/she could make an informed decision to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.</p> <p>On 2/25/24 at 2:55 p.m., in an interview with the surveyor, the Administrator confirmed that a SNFABN was not issued to R24, and R36.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33242</b></p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building and resident equipment in good repair and in a sanitary condition for 2 of 3 days of survey (2/23/25, 2/24/25).</p> <p>Findings:</p> <p>1. On 2/23/25 at 11:30 a.m., in the bathroom for room [ROOM NUMBER], a surveyor observed the vinyl covering on the inside of the bathroom door to be torn and sticking out. At 11:50 a.m., the surveyor and Administrator observed the torn vinyl door covering; the surveyor confirmed this finding at this time. At 11:55 a.m., the surveyor observed the Interim Maintenance Director remove the torn vinyl from the bathroom door.</p> <p>2. On 2/24/25 at 1:40 p.m., the Interim Maintenance Director and surveyor completed an environmental tour and the following were confirmed:</p> <p>In room [ROOM NUMBER], the wood trim on the wall behind the head of the bed was broken;</p> <p>In room [ROOM NUMBER], the blind slats were broken;</p> <p>In room [ROOM NUMBER], the blind slats were broken;</p> <p>In room [ROOM NUMBER] bathroom, the paint was chipped in multiple areas; and</p> <p>The wheelchair arms for Resident # 34 were both cracked and uncleanable.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35904</p> <p>Based on record reviews and interviews, the facility failed to ensure residents with a specialized mental health diagnosis had been referred to the appropriate state-designated authority for Pre-Admission Screening &amp; Resident Review (PASRR) evaluation and determination for 1 of 2 residents reviewed for PASRR evaluation (Resident #48 [R48]).</p> <p>Finding:</p> <p>Clinical record review indicates R48 was readmitted to the facility on [DATE], diagnoses to include bipolar disorder, anxiety disorder, and major depressive disorder. Review of R48's PASRR Level I dated 5/10/24 indicates R48 had a Convalescence Categorical exemption (a time-limited 30-day exemption). R48's clinical record lacks evidence that the resident had been re-evaluated for a PASRR Level II determination after the Convalescent period ended on 6/11/24, 8 months later.</p> <p>On 2/24/25 at 11:42 a.m., in an interview with the Director of Nursing Services, a surveyor confirmed R48 had not been re-evaluated for a PASRR Level II determination after the Convalescent period ended.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>33242</p> <p>Based on observations, interviews, facility policy review, and record review, the facility failed to monitor a resident's bowel movements and initiate the Bowel Regime protocol on shift 7 for 1 of 1 residents reviewed (Resident # [R] 46). This failure resulted in R46 not having a bowel movement for an additional 16 shifts which resulted in R46 screaming out for help and crying because of the pain due to gas buildup and constipation.</p> <p>Findings:</p> <p>The facility's policy, Bowel Regime last revised 3/23 indicated:</p> <ul style="list-style-type: none"> <li>- Certified Nursing Assistant (CNA) is responsible for accurate documentation of bowel moments in Point Click Care (PCC) [electronic medical record].</li> <li>- The Licensed Nurse reviews the PCC Clinical Alerts daily for residents in need of the bowel regime.</li> <li>-Residents will have an Medical Doctor (MD) order that reads as follows unless otherwise specified by a healthcare provider:</li> </ul> <p>Milk of Magnesium (MOM) 30 cubic centimeter (cc) by mouth (PO) as needed (PRN) if no bowel movement (BM) after six shifts;</p> <p>Dulcolax suppository 10 milligrams per rectum (PR) PRN/ if MOM ineffective;</p> <p>Fleet Enema 1 PR PRN if Dulcolax Suppository ineffective.</p> <p>-The Licensed nurse will review PCC daily for residents in need of the bowel regime and list residents who have not had sufficient BM's within the last six shifts, MOM will be administered per order at the beginning of the 7th shift. If insufficient BM after the MOM is administered, the Licensed Nurse will administer a Dulcolax suppository the following shift. Residents not having results after Dulcolax Suppository will receive enema.</p> <p>R46's care plan, last revised 1/19/25, identified that The resident is at risk for alteration in gastro-intestinal status related to constipation and directed staff to follow the facility bowel protocol for bowel management.</p> <p>On 2/25/25 at approximately 10:30 a.m., a surveyor heard a resident crying out for help saying, please help me, help me. The surveyor observed a CNA enter R46's room and heard the CNA ask R46 what they needed; R46 said, I can't poop, I hurt so bad, I can't push it out. The CNA asked R46 if he/she wanted to try the bed pan and resident said, I can't use that. (R46 has a wound on coccyx).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/25/25 at 10:45 a.m., a surveyor again heard R46 crying and observed the resident laying on his/her left side rocking his/her body back and forth, crying and stating, someone please help me. The surveyor observed a medical provider in the room and heard the provider say to a Registered Nurse (RN) that R46 refused a rectal exam and to give fluids and an extra dose of oxycodone (narcotic) to treat the pain and requested an abdominal x-ray.</p> <p>On 2/25/25 at 12:07 p.m., during an interview with multiple staff and a surveyor, CNA1 stated that it was the CNAs responsibility to document the bowel movement. She stated that R46 was calling out and she went into the room. R46 told me to call the police because his/her butt hurts. R46 refused the bed pan and wanted the Doctor. RN1 then stated that R46 was visibly in pain and that she contacted the Doctor and since the resident received his/her scheduled Miralax and Senna plus, the Doctor ordered a suppository (Bisacodyl), which RN1 stated she administered (at 10:47 a.m.).</p> <p>Review of R46's physician orders indicated that R46 was receiving scheduled Miralax daily and Senna plus twice daily.</p> <p>R46's Medication and Treatment Administration Records for February 2025 lacked evidence that R46 had been offered or given PRN Bowel Regime medications or treatments until the Doctor was called on 2/25/25 when R46 was screaming and crying because of the pain and not being able to have a bowel movement.</p> <p>Review of the Physiatry Medical Provider documentation, dated 2/25/25, indicated that R46 had been without a bowel movement, contributed due to a lack of adequate by mouth intake. They have increased Miralax to twice a day, continuing the scheduled Senna twice a day and have ordered a suppository as well as an enema with a plan to give as-needed oxycodone to the patient. Monitor for any changes in bowel habits and adjust interventions as needed to maintain regular bowel function.</p> <p>On 2/25/25 at 12:18 p.m., during an interview with multiple surveyors present, the Director of Nursing (DON) stated that the last documented BM for R46 was 2/17/25 and confirmed that the facility did not initiate the bowel protocol for R46.</p> <p>On 3/10/25 at 3:20 p.m., during an interview with a surveyor, the Administrator reviewed the x-ray results with the surveyor that confirmed non obstructive bowel gas pattern with fecal residue which may correlate with clinical constipation.</p> <p>On 3/10/25 at 3:55 p.m., during an interview with a surveyor, the DON stated that the bowel protocol for R46 should have started on shift 7 with a suppository because R46 was already receiving Miralax. Review of the bowel documentation provided indicated that R46 had 1 small and 2 medium BMs after bowel treatment intervention on 2/25/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0690  Level of Harm - Actual harm  Residents Affected - Few	<p>On 3/11/25 at 11:07 a.m., during an interview, Physiatry Medical Provider stated R46 was having minimal oral intake/mobility as R46 got closer to end of life care and has had history of constipation, therefore it was regular for R46 to go several days without BMs. This is why on the 19th, I recommended to continue the current regiment and recommended to make adjustments if continued constipation. I did not see this patient again until 2/25, and there were no nursing complaints prior to this time. This is where I became concerned regarding lack of BM and change in behaviors as this was not normal for R46. I then brought this to the primary team's attention, and made several changes myself to R46's regiment as soon as I saw R46 including increasing miralax, addition of suppository and other regiment per Doctor's recommendations. In the past if patients did not have a bowel movement and there was nursing concern there are standing orders that can be ordered such as fleet enema, MOM and suppositories as stronger agents if without BM or call out to Third Eye (off hours physician service). This did not occur from the last time I saw R46 on the 19th until I saw R46 again on the 25th.</p> <p>On 3/11/25 at 11:09 a.m., during an interview, Nurse Practitioner stated Nursing never brought to our attention that she was constipated or hadn't had a BM in a week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32540</b></p> <p>Based on record review, interviews and observations, the facility failed to follow hospital discharge orders for 1 of 13 sampled Residents (163 [R163])</p> <p>Finding:</p> <p>On 2/25/25 at 1:19 p.m. R163's clinical record was reviewed. R163 had written discharge orders from the hospital, dated 2/18/25. These orders included antibiotics for the treatment of bilateral pyelonephritis growing Extended-spectrum beta-lactamase infection (ESBL), Escherichia coli (E. Coli) and Klebsiella. The antibiotic ordered was Meropenem 1 gram two times a day - injection to intravenous piggyback every 12 hours with instructions not to skip doses. R163 was admitted on [DATE] and was scheduled to receive Meropenem at 9:00 p.m. A physician order was received to start Meropenem when it arrives from pharmacy. Resident #163's Electronic Medical Record (EMAR) indicates that he/she did not receive the dose of Meropenem that was due at 9:00 p.m. During interviews with the Administrator, Director of Nursing (DON) and the Infection Preventionist, the facility has an emergency supply (E-Kit) of medications, and they had 3 doses of Meropenem 1 gram available when R163 was admitted . There is no evidence in the clinical record or the EMAR that he/she received Meropenem 1 gram as ordered even when the dose was available in the E-Kit or when it arrived from pharmacy as ordered</p> <p>On 2/25/25 at 2:13 p.m. during a record review and interview with DON the surveyor confirmed that R163 did not receive his/her 2100 dose of Meropenem on 2/18/25.</p> <p>On 2/25/25 during a clinical record review of R163's signed physician orders with a review date of 2/19/25 had an order for Normal Saline Flush use 10 milliliters (ml) intravenously as needed and before and after each medication administration. Review of R163's EMAR lacked evidence that the Normal Saline Flush was completed as ordered from 2/18/25 to 2/23/25</p> <p>On 2/25/25 at 11:00 a.m. during a review of R163's EMAR with RN2 the surveyor confirmed there is no documentation or evidence that R163 received the treatment of Normal Saline Flush as ordered</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Eastside Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  516 MT Hope Avenue Bangor, ME 04401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>33242</p> <p>Based on Payroll Based Journal staffing report and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility for weekends of the fourth quarter (July 1 - September 30, 2024).</p> <p>Finding:</p> <p>A payroll based journal (PBJ) report for the fourth quarter of 2024 indicated the facility triggered for low weekend staffing.</p> <p>On 2/23/25 at 11:07 a.m., during an interview with the Administrator, the surveyor stated that the facility triggered for low weekend staffing for the 4th quarter per the PBJ report. The Administrator stated that Human Resources was responsible for the PBJ data.</p> <p>On 2/24/25 at 1:35 p.m., during an interview with a surveyor, Human Resources stated that the facility's (payroll) system computes the data for the PBJ report. No additional information was provided to indicate that the PBJ information was incorrect which identified low weekend staffing.</p>