STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 37330 Based on records reviewed and interviews, for one of three sampled residents (Resident #2) who had an invoked Health Care Proxy (HCP), the Facility failed to ensure they obtained written Informed Consents for his/her psychotropic medications from his/her HCP, prior to administering the medications. Findings include: The Facility's Policy titled, Psychotropic Medication Management and Informed Consent, dated 01/2022, indicated it is Policy of this Facility that psychotropic medications or medications identified with psychoactive properties shall not be administered to a resident without Informed Written Consent. The Policy indicated in addition, these drugs are not given (schedule or PRN (as needed)) unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. The Policy indicated documentation of Informed Consent is required for any medication that is used in the treatment of a psychiatric diagnosis or symptom, which includes drugs to treat depression, anxiety disorders, attention deficit/hyperactivity disorders or other psychiatric indications. The Policy indicated prior to initiating the first dose of a psychotropic medication, an Informed Consent will be signed by the competent resident, invoked Health Care Proxy, as appropriate. The prescriber will discuss with the resident or the resident's legal representative the purpose of the medication as well as the risks and benefits. This discussion may take place by phone. The Policy indicated a Facility representative must then document this discussion by completing the form, including all necessary signatures within a reasonably proximate time period, so as not to negate Informed Consent. The Policy indicated a new Informed Consent document is required for each psychoactive medication being prescribed and a new Informed Consent is required each time a new or renewed prescription falls outside the dosage range to which the resident or resident's representative previously consented, or once a year, whichever is shorter. The Policy indicated the Informed Written Consent shall be kept in the resident's medical record and verbal consent by telephone, even if witnessed by a second staff member of the facility does not constitute written consent. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #2 was admitted to the Facility in November 2024, diagnoses included fracture of his/her lower end of the left humerus (break of the long bone in the upper arm from the shoulder to elbow) and the ulnar (the long bone in the forearm that runs parallel to the radius) collateral ligament sprain (located on the inner side) of left elbow, Osteoporosis with a pathological fracture (weaken bones without causing symptoms that are noticed or felt), Lewy Body Dementia (a progressive brain disease that causes problems with thinking, movement, mood and behavior), Hypertension (high blood pressure), Seizure disorder (condition that involves having seizures, are abnormal electrical surges in the brain), Atrial Fibrillation (irregular heart beat), and Cerebrovascular Accident (stroke). Review of Resident #2's Hospital Discharge Summary, dated 11/25/24, indicated Resident #2 Health Care Proxy(HCP) said Resident #2 had a poor reaction to Seroquel (quetiapine, psychotropic and antipsychotic drug to treat schizophrenia, bipolar disease or depression), in the past, worsened agitation occurred, and antipsychotic's were not appropriate at the time given Resident #2's diagnosis of Lewy Body Dementia. The Summary indicated Resident #2's HCP was amenable to trial Depakote (divalproex, psychotropic drug to treat seizures/mood stabilizer), sprinkles 125 milligram (mg) twice a day to help with agitation and it was started in the hospital for a mood stabilization. The Summary indicated at bedtime Resident #2 received Trazodone (psychotropic drug to aid with sleep), 25 milligram (mg) and Melatonin (aid with sleep) 3 milligram (mg) to aid with his/her sleep at night. Review of Resident #2's Documentation of Resident Incapacity Pursuant to Massachusetts Health Care Proxy (HCP) Act, dated 11/29/24, indicated Resident #2's Physician determined Resident #1 lacked the capacity to make or communicate health care decisions, because of his/her progressive Lewy Body Dementia, his/her HCP was activated. Review of Resident #2's Minimum Data Set (MDS) Admission Assessment (a comprehensive assessment of each resident's functional capabilities), dated 12/01/24, indicated he/she was severely cognitively impaired. The MDS indicated Resident #2 displayed behavioral symptoms of delusions displayed verbal and physical behaviors towards others and other behaviors direct to self. Review of Resident #2's Medication Administration Record (MAR) for the month November 2024 and December 2024, indicated Resident #2's Physician Medication Orders for psychotropic medication were as follows: A. Depakote Sprinkles, delayed release (releases the active ingredient later than immediately after administration) sprinkle, Administer 125 milligram (mg) tablet by mouth twice a day (8:00 A.M. and 8:00 P.M.) (Start Date: 11/26/24 - End Date: 11/27/24) - Depakote Sprinkles, delayed release sprinkle, Administer 125 milligram (mg) capsule by mouth once a day (11:00 A.M.) (Administer with Lunch) (Start Date: 11/27/24 - End Date: 12/03/24) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Depakote Sprinkles, delayed release sprinkle, Administer 125 milligram (mg) capsule by mouth twice a day (8:00 A.M. and 8:00 P.M.) (Administer with Breakfast and Bedtime Snack) (Start Date: 12/03/24 - End Date: 12/07/24) B. Lacosamide (vimpat, anti-epileptic and psychotropic drug to treat seizures), 150 milligram (mg) tablet, Administer 1.5 tablets by mouth twice a day (9:00 A.M. and 9:00 P.M.) (Start Date: 11/26/24 - End Date: 11/30/24) - Lacosamide 150 milligram (mg) tablet, Administer 225 milligram (mg) tablets by mouth twice a day (9:00 A.M. and 9:00 P.M.) (Start Date: 11/27/24 - End Date: 12/07/24) C. Seroquel 25 milligram (mg) tablet, Administer 12.5 milligram (mg) by mouth three times a day PRN (as needed) (Start Date: 12/02/24 - End Date: 12/03/24) D. Trazodone 50 milligram (mg) tablet, Administer 12.5 milligram (mg) tablet by mouth daily (9:00 P.M.) (Start Date:11/25/24 - End Date: 11/27/24) - Trazodone 50 milligram (mg) tablet, Administer 25 milligram (mg) tablet by mouth at bedtime (9:00 P.M.) (Start Date:11/27/24 - End Date: 12/07/24) During a telephone interview on 02/12/25 at 11:25 A.M., Nurse #5 said on 11/27/24, she called the Physician to clarify Resident #2's medication orders including his/her Depakote frequency and dosage of Trazodone, because Resident #2's family member was concerned Resident #2 was not prescribed the correct medications. Nurse #5 said new orders were obtained to decrease the Depakote frequency and increase the dose of Trazodone. Nurse #5 said Resident #2 had already been receiving Depakote and Trazodone, and that Informed Consent should have been completed. Nurse #5 said she did not review Resident #2's written and signed Informed Consents relating to his/her medications prior to administration and said she was not familiar with the Facility's Policy and Procedures related to psychotropic Informed Consents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 02/13/25 at 11:14 A.M., Nurse #4 said on 12/02/24, Resident #2 had increased confusion and agitation. Nurse #4 said she called the Nurse Practitioner and obtained a new order of Seroquel 12.5 milligrams (mg) three times a day PRN (as needed). Nurse #4 said she called the Nurses Practitioner since Resident #2 had been combative and she was unable to redirect him/her. Nurse #4 said she was unaware that an Informed Consent was needed to be completed prior to Resident #2 receiving psychotropic medications. Nurse #4 said on 12/02/24, she had administered a dose of Seroquel with good effect. Nurse #4 said she does recall the Seroquel being discontinued, since Resident #2's HCP did not want Resident #2 to receive Seroquel, but does not recall the details. During a telephone interview on 02/12/25 at 1:16 P.M., Nurse Practitioner #2 said on 12/03/24 she had assessed Resident #2 and spoke to his/her HCP who knew Resident #2's medication history. Nurse Practitioner #2 said the HCP had concerns regarding Resident #2's medication orders and said he/she was not taking the same medications compared to the Hospital. Nurse Practitioner #2 said the HCP shared with her that Seroquel has not worked in the past and did not want Resident #2 to receive the medication. Nurse Practitioner #2 said the Seroquel was discontinued. During an interview on 02/06/24 at 11:08 A.M., the Director of Nurses (DON) said Resident #2 did not have any written and signed Informed Consents in his/her Medical Record. The DON said she spoke with Unit Manager #2 regarding Resident #2's medication Informed Consents. The DON said Unit Manager #2 informed her that there had been an Informed Consent completed for Resident #2's Depakote. However the Facility was unable to locate Resident #2's Informed Consent in his/her medical chart, on the unit or stored in the Facility Medical Records Department. The DON said she was unable to locate and provide any documentation to support that for Resident #2, they had obtained written and signed Informed Consents for his/her Lacosamide, Seroquel, or Trazodone. The DON said it is her expectation that a Nurse obtains written and signed Informed Consent for residents regarding his/her psychotropic medications and the medication was discussed with the resident and or the resident's legal representative prior to medication administration. The DON said it her expectation that the a Nurse is aware of the Informed Consent Policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 37330 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who on 11/28/24 was readmitted to the Facility during the day shift and per nursing required assistance of two staff members for bed mobility and during the provision of care because he/she had not been re-evaluated by rehab. The Facility failed to ensure he/she was provided the necessary level of staff assistance during care, when the Certified Nurse Aide (CNA) assigned to meet his/her care needs for the evening shift was not given report by nursing regarding his/her change in care status, the CNA provided care alone, Resident #1 rolled out of bed to the floor, and sustained a head laceration that required two staples to close. Findings include: The Facility's Policy, titled Falls Management Program, dated 01/2018, indicated it is the policy of the Facility to ensure that the resident environment remains as free from hazards as is possible and to provide adequate supervision and assistance devices to reduce the risk of accidents. The Policy indicated supervision refers to an intervention and means of mitigating the risk of an accident and an obligation to provide adequate supervision to prevent accidents. The Policy indicated adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff, and the frequency of supervision needed. Resident #1 was admitted to the Facility in August 2024, diagnoses included Cerebral Vascular Accident (stroke) with right hemiparesis (muscle weakness or partial paralysis on one side of the body), speech and language deficits, Pneumonia (an infection that inflames air sacs in one or both lungs which may fill with fluid), Chronic Respiratory Failure (lungs are unable to supply enough oxygen to the lungs), Chronic Obstructive Pulmonary Disease (lung disease that blocks airflow and make it difficult to breathe), Type II Diabetes (a long-term condition which the body has trouble controlling blood sugar and using it for energy), Hypertension (high blood pressure), Anxiety, Depression, muscle weakness and difficulty with walking. Review of Resident #1's Documentation of Resident Incapacity Pursuant to Massachusetts Health Care Proxy (HCP) Act, dated 08/30/24, indicated Resident #1's Physician determined Resident #1 lacked the capacity to make or communicate health care decisions, because of his/her stroke with expressive language disorder, his/her HCP was activated. Resident #1 was readmitted to the Facility during the day shift on 11/28/24 after the need for a five day Hospital Admission for Pneumonia. The Discharge Summary indicated Resident #1 presented to the Hospital on 11/24/24 to due respiratory symptoms and Resident #1's diagnoses included acute on Chronic Hypoxic (absence of oxygen) Respiratory Failure (Chronic Obstructive Pulmonary disease exacerbation) in the setting of Pneumonia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0689 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #1's Nursing Re-admission Note, dated 11/28/24, written by Nurse #1 at 2:00 P.M., indicated Resident #1 returned to the Facility around 11:30 A.M., and he/she required the assistance of two staff to complete care, needed to transfer with Hoyer lift and wheelchair [for mobility]. The Note indicated Resident #1 was bed bound upon re-admission and had no movement to his/her right upper extremity. During a telephone interview on 02/11/25 at 2:20 P.M., Nurse #1 said that on the morning of 11/28/24 Resident #1 was readmitted to the Facility after being treated for Pneumonia at the Hospital. Nurse #1 said upon return to the Facility Resident #1 required two staff member assistance with bed mobility, and with care, since he/she had not been re-evaluated by Physical Therapy. Nurse #1 said during the change of shift report at 3:00 P.M., she reported to the oncoming evening shift nurse that Resident #1 had returned from the Hospital at around 11:30 A.M., and that he/she required the assistance of two staff to complete care, that he/she required a Hoyer lift for transfers and he/she needed to be monitored for safety. Review of the Report submitted by the Facility via the Health Care Facilities Reporting System (HCFRS), dated 12/05/24, indicated that on 11/28/24, at approximately 7:00 P.M., Certified Nurse Aide (CNA) #1 was providing care to Resident #1 (dependent on staff for ADL's and transfers), assisted Resident #1 to roll onto his/her right side, placed his/her left hand to grab onto the side-rail and while CNA #1 was providing care to him/her, Resident #1 let go of the side-rail and rolled out of bed, hitting his/her head on the nightstand before hitting the ground. The Report indicated Resident #1 sustained a head laceration from the fall, was bleeding from the right side of his/her head, was sent to the Hospital Emergency Department (ED) and required two staples to close the wound. Review of Resident #1's Hospital Emergency Department Note, dated 11/28/24, indicated he/she was diagnosed with a laceration to the back of his/her head after a mechanical fall, rolled out of his/her bed and required surgical repair of two staples to the scalp. The Note indicated Resident #1 was non-ambulatory at his/her baseline, and reported right hip pain since his/her fall. During a telephone interview on 02/11/25 at 3:50 P.M., Nurse #2 said she was the nurse assigned to care for Resident #1 during the 3:00 P.M., to 11:00 P.M., shift on 11/28/24. Nurse #2 said she was aware Resident #1 had been in the Hospital for treatment of Pneumonia and had been readmitted to the Facility earlier in the day. Nurse #2 said she was also made aware during the change of shift report (at 3:00 P.M.) by the day shift nurse that Resident #1 required the assistance of two staff members to complete care and for bed mobility. Nurse #2 said on 11/28/24, at the start of her shift, that she was not aware which CNA was assigned to provide care to Resident #1, and said at the start of the shift report was not given immediately to the CNA's since it is a busy time. Nurse #2 said report is usually given once the unit settles down. Nurse #2 said at times she would speak to a CNA sooner to give report if the resident was sick or if they needed attention. Nurse #2 said she had never worked with CNA #1 before 11/28/24, and was not sure if CNA #1 had worked with Resident #1. Nurse #2 said on 11/28/24, she did not have time to give report to CNA #1 that Resident #1 had just come back from the Hospital and required an assist of two with care and bed mobility, prior him/her falling that night. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0689 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 02/12/25 at 6:10 P.M., CNA #1 said on 11/28/24 during the 3:00 P.M., to 11:00 P.M. shift, she was assigned to care for Resident #1. CNA #1 said she was not familiar with Resident #1 and had not provided care for him/her in the past. CNA #1 said she was given an assignment sheet that indicated the residents whom she was assigned to care for that shift, but that there were no other details were listed on the assignment sheet. CNA #1 said she knew how/where to access and review the CNA's resident care Kardex's, but said the information on them is not always descriptive. CNA #1 said on 11/28/24 she did not have a chance to speak to Resident #1's nurse prior to providing care to Resident #1. CNA #1 also said she could not recall if she had spoken to any of the other CNAs on the unit that night regarding Resident #1's bed mobility and care status. CNA #1 said she was unaware Resident #1 required the assistance of two staff to complete his/her ADL care, including bed mobility, and said she provided personal hygiene care and bed mobility to Resident #1, without any help from another staff member. CNA #1 said Resident #1 was unable to roll onto his/her side independently, CNA #1 said she repositioned Resident #1 using both of her hands she rolled him/her onto his/her right side, provided hand over hand assistance for Resident #1's left hand so he/she could grab onto and hold the half side-rail and then positioned Resident #1's left leg crossed over on top of his/her right leg. CNA #1 said she supported Resident 1's back and hip with one hand while providing care to him/her with her other hand. CNA #1 said before she could reposition Resident #1 onto his/her back, Resident #1 let go of the side-rail, and rolled off the right side of the bed next to his/her nightstand. CNA #1 said she heard a boom and Resident #1 was on the floor. Nurse #2 said she was in the hallway approximately 7:00 P.M. and had been informed by CNA #1, that Resident #1 fell and was on the floor. Nurse #2 said upon entering Resident #1's room, Resident #1 was on the floor in a twisted position, against his/her nightstand, laying on his/her right side and was mumbling (his/her baseline). Nurse #2 said she lifted Resident #1's head a little to place a pillow behind his/her head and observed a pool of blood on the floor, that she did not move Resident #1 any more and called 911. Nurse #2 said Resident #1 was moving his/her left hand and was indicating he/she wanted to get off the floor. Nurse #2 said when the Emergency Medical Technicians (EMT's) arrived and moved Resident #1, that was when she observed Resident #1 had a laceration on the back of his/her head. During a telephone interview on 02/12/25 at 8:29 A.M., Nurse Supervisor #1 said that on 11/28/24 she was called to Resident #1's room and had been notified Resident #1 fell out of bed and was on the floor. Nursing Supervisor #1 said upon entering Resident #1's room, Nurse #1 and a CNA, who she did not know (later identified as CNA #1), were with Resident #1. Nursing Supervisor #1 said Resident #1 was on his/her side, near his/her bed, alert and on the floor. Nurse Supervisor #1 said she interviewed CNA #1, who had provided care for Resident #1 on 11/28/24, and said CNA #1 told her she had been providing care to Resident #1, that Resident #1 was on his/her side and he/she fell out of bed onto the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225290	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haverhill Rehabilitation and Healthcare Center	126 Monument Street Haverhill, MA 01832

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 0689 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 02/12/25 at 11:39 A.M., the Director of Nurses (DON) said her expectations were at the change of shift the previous shift Supervisor/Licensed Nurse would report to the oncoming Licensed Nurse details regarding a resident who had returned from the Hospital to the Facility during their shift, including the resident's medical status and changes in level of care and/or staff assistance. The DON said her expectation was also for the Licensed Nurse to report the same information to the residents' CNA, to ensure the necessary level of staff assistance is provided. The DON said the CNA's are also responsible for obtaining information prior to providing care to the resident.