

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235301	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER McAuley Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E Sherman Blvd Muskegon, MI 49444	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45410</p> <p>Based on observation, interview, and record review, the facility failed to implement pressure ulcer prevention interventions for 1 resident (Resident #47) of 5 residents reviewed for pressure ulcer treatment, resulting in the formation of a new facility acquired stage II pressure ulcer and the potential for further clinical compromise.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #47 admitted to the facility on [DATE] with pertinent diagnoses which included left sided Hemiplegia (paralysis) and obesity.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #47, with a reference date of 1/18/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #47 was cognitively intact.</p> <p>Review of Resident #47's admission Comprehensive Nursing Assessment, dated 1/11/2024, revealed Resident #47 had no wounds upon admission to the facility.</p> <p>Review of Resident #47's admission Braden Scale For Predicting Pressure Sore Risk, dated 1/11/2024, revealed a score of 18, indicating he was at risk for pressure injury.</p> <p>Review of Resident #47's admission Resident Care Summary, dated 1/11/2024, revealed no interventions were implemented for preventative skin care or turning and positioning.</p> <p>Review of Resident #47's Care Plan Report, active 4/22/2024, revealed .Problems . At risk for skin breakdown R/T: Braden Score: (18) . hemiparesis left side, left side neglect, requires staff assist with bed mobility and transfers . effective 1/11/2024 . Further review revealed no interventions implemented directing staff to assist with bed mobility or turning and repositioning from 1/11/2024 until 4/5/2024 when an intervention for staff to assist with turning and repositioning was implemented after his stage II pressure ulcer diagnosis.</p> <p>Review of Resident #47's Weekly Pressure Injury Record, dated 4/4/2024, revealed Resident #47 developed a new stage II pressure ulcer on his left buttock on 4/4/2024.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/22/2024 at 10:48 AM, Resident #47 reported having a sore on his backside. Resident #47 reported he was unable to roll or reposition himself in bed because of weakness on his left side. Resident #47 reported staff never helped him reposition or turn in bed. Resident #47 reported he got up to his chair from 10:00 AM to 7:00 PM every day and once staff put him back into bed he would remain on his backside until he got up the next morning without staff assisting him to turn or reposition during the night.</p> <p>In an observation and interview in Resident #47's room on 4/23/2024 at 8:18 AM, Resident #47 was unable to roll to his side during a skin check and required the assistance of Licensed Practical Nurse (LPN) K. Licensed Practical Nurse K reported Resident #47 had not been able to reposition in bed without assistance since he admitted to the facility because his left side was weak.</p> <p>In an interview on 4/23/2024 at 2:22 PM, Certified Nursing Assistant (CNA) H reported she was caring for Resident #47. CNA H reported Resident #47 was able to reposition himself in bed and did not require the assistance of staff.</p> <p>In an interview on 4/23/2024 at 2:25 PM, LPN K reported Resident #47 should have had interventions in place from his admission for staff to assist with turning and repositioning as he was unable to do this himself and he was at risk for pressure ulcers.</p> <p>In an interview on 4/24/2024 at 8:41 AM, the Nursing Home Administrator (NHA) reported she was not aware Resident #47 was unable to reposition himself in bed. The NHA reported Resident #47 should have had interventions from admission for staff to assist him with turning and repositioning to prevent pressure ulcers.</p> <p>In an interview on 4/24/2024 at 9:26 AM, Therapy Director D reported Resident #47 was unable to reposition himself in bed without moderate staff assistance.</p> <p>Review of Resident #47's PT- Therapist Progress & Discharge Summary, dated 2/12/2024 revealed Resident #47 required moderate assistance with bed mobility.</p> <p>For patients at risk for skin breakdown who are able to sit in a chair, limit the amount of time they sit to 2 hours or less at any given time. In the sitting position the pressure on the ischial tuberosities is greater than in the supine position . Support surfaces are specialized devices for pressure redistribution designed for management of tissue loads, microclimate, and/ or other therapeutic functions (i.e., any mattress, integrated bed system, mattress replacement, overlay, seat cushion, or seat cushion overlay) (NPUAP, EUPAP, PPIA, 2014). Support surfaces reduce the hazards of immobility to the skin and musculoskeletal system. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 72248-72276). Elsevier Health Sciences. Kindle Edition.</p> <p>(continued on next page)</p>		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Positioning interventions redistribute pressure and shearing force to the skin. Elevating the head of the bed to 30 degrees or less decreases the chance of pressure ulcer development from shearing forces (WOCN, 2010). Change the immobilized patient's position according to tissue tolerance, level of activity and mobility, general medical condition, overall treatment objectives, skin condition, and comfort (NPUPA, EUPAP, PPIIA, 2014). A standard turning interval of to 2 hours does not always prevent pressure ulcer development. Consider repositioning the patient at least every 2 hours if allowed by his or her overall condition. When repositioning, use positioning devices to protect bony prominences (WOCN, 2010). The WOCN guidelines (2010) recommend a 30-degree lateral position (Figure 48-15), which should prevent positioning directly over the bony prominence. To prevent shear and friction injuries, use a transfer device to lift rather than drag the patient when changing positions (see Chapter 39). [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME]; Hall, [NAME]. Fundamentals of Nursing - E-Book (Kindle Locations 72244-72253). Elsevier Health Sciences. Kindle Edition.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38905</p> <p>Based on observation, interview, and record review the facility failed to: 1. Properly date mark and discard food product; 2. Ensure cleaning of food and non-food contact surfaces; 3. Properly store food product; 4. Minimize the risk of contamination of ready to eat foods; and 5. Ensure safe food product over time. These conditions resulted in an increased risk of contaminated foods and an increased risk of food borne illness that affected 45 residents who consume food from the kitchen.</p> <p>Findings Include:</p> <p>1. During the initial tour of the facility, at 9:18 AM on [DATE], an interview with Sous Chef L found that food made in house is dated for three days and manufactured food is given a 5 day discard. Observation of the walk in cooler found a package of hot dogs with no date, a container of diced tomatoes dated for a , d+[DATE] discard, a chicken salad sandwich found on the back of the top shelf with a use by date of , d+[DATE], a container of a large piece of ham dated with a ,d+[DATE] discard date.</p> <p>During the initial tour of the 400 hall refrigerator, at 10:13 AM on [DATE], it was observed that seven containers of yogurt were found held beyond their best by dates of [DATE]th, 2024 and [DATE]th, 2024.</p> <p>According to the 2017 FDA Food Code section ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety .</p> <p>According to the 2017 FDA Food Code section ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. During a tour of the walk-in cooler, at 9:20 AM on [DATE], it was observed that accumulation of black spots and debris was evident on the top right shelf.</p> <p>During the initial tour of the kitchen, at 9:28 AM on [DATE], observation of the juice machine found an accumulation of sticky debris on the underside and corners around the spouts. Observation of the coffee machine found accumulation of splash and debris on the underside of the spouts.</p> <p>During the initial tour of the kitchen, at 9:32 AM on [DATE], an interview with Sous Chef L found that staff don't really use the slicer but do use the mixer a few times a week. Observation of the meat slicer found it stored next to a prep sink area and found with accumulation of dried white debris smeared behind the backside of the blade. Observation of the mixer found some white/brown dried splash accumulation on the underside of the mixer arm and around the splash guard.</p> <p>During the initial tour of the kitchen, at 9:34 AM on [DATE], upon opening the milk cooler an foul odor was noticed, it was observed that spilt milk, some dried, was in the bottom the cooler. Sous Chef L agreed when asked if she could smell the odor.</p> <p>According to the 2017 FDA Food Code section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>3. During a tour of the kitchen, at 9:46 AM on [DATE], it was observed that a container of Teriyaki glaze was found stored underneath the preparation cook line, open, with half the product left. A review of the label found manufactures directions that stated the product should be refrigerated after opening.</p> <p>According to the 2017 FDA Food Code section ,d+[DATE].16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S,d+[DATE].19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57C (135F) or above, except that roasts cooked to a temperature and for a time specified in ,d+[DATE].11(B) or reheated as specified in ,d+[DATE].11(E) may be held at a temperature of 54C (130F) or above; or (2) At 5C (41F) or less.</p> <p>4. During a revisit to the kitchen, at 9:03 AM on [DATE], it was observed that a container of raw ground beef was stored next to a container of hard-boiled eggs and a container of chopped vegetables. An interview with Sous Chef L found that raw product should not be stored next to ready to eat product.</p> <p>According to the 2017 FDA Food Code section ,d+[DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by: (1) Except as specified in (1)(d) below, separating raw animal FOODS during storage, preparation, holding, and display from: (a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as fruits and vegetables,(b) Cooked READY-TO-EAT FOOD .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>28101</p> <p>Review of R19's face sheet dated [DATE] at 5:51 PM revealed she was an [AGE] year-old female admitted on [DATE] and had diagnoses that included: dementia, gastro-esophageal reflux disease (stomach acid irritates the food pipe lining), and irritable bowel syndrome. R19 was not her own responsible party.</p> <p>R19 was observed on [DATE] at 9:37 AM in bed. Resident had a wrapped egg salad sandwich on her bedside table in front of her. The sandwich was dated [DATE] and expired on [DATE] at 11:55 AM. The sandwich was warm to the touch.</p> <p>R19 was observed in her room up in a chair at her bedside on [DATE] at 11:52 AM. A wrapped egg salad sandwich with the same dates was in a gray colored basin on her bed. Staff delivered R19's lunch tray and did not remove the egg salad sandwich.</p> <p>R19 was observed in her room sitting in a chair next to her bed on [DATE] at 8:20 AM. R19 had her breakfast tray in front of her and most of the food looked like it had not been touched. An egg salad sandwich wrapper dated [DATE] and expired on [DATE] at 11:55 AM was on her breakfast tray. About [DATE] of the sandwich remained. Registered Nurse (RN) E was asked when R19 received this sandwich and what the facility process was to ensure that perishable food was monitored and disposed of properly.</p> <p>On [DATE] at 11:54 AM, RN E said she did not know who provided R19 with the sandwich. RN E said after 2 hours if the sandwich was not eaten the nurse aides should have removed the sandwich from R19's room. RN E confirmed the sandwich was past the expiration date and should not have been left in R19's room. RN E said she started educating staff and placed R19 on every shift monitoring for signs and symptoms of food poisoning.</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28101</p> <p>Based on observation, interview and record review, the facility failed to provide collaborative hospice care for 1 Resident (R19) of 2 Residents reviewed for hospice care, resulting in the potential for unmet needs.</p> <p>Findings included:</p> <p>Review of R19's face sheet dated 4/22/24 at 5:51 PM revealed she was an [AGE] year-old female admitted on [DATE] and had diagnoses that included: dementia, gastro-esophageal reflux disease (stomach acid irritates the food pipe lining), irritable bowel syndrome and palliative care. R19 was not her own responsible party.</p> <p>R19 was observed in her room up in a chair at her bedside on 4/22/24 at 11:52 AM, R19 had her lunch tray in front of her and picked at her food with encouragement. R19 said she was not eating because her biological children would not visit her.</p> <p>R19 was observed in her room on 4/22/24 at 12:04 PM, Licensed Practical Nurse (LPN) K came in the assist R19 with her lunch. LPN K was asked if R19 was receiving hospice care and LPN K said R19 was not on hospice. R19 was not aware of any hospice care being provided. No schedule for hospice care was located.</p> <p>During an interview with R19's Registered Dietitian (RD) on 4/23/23 at 1:48 PM RD G said R19 eats like a bird. RD G said last September when R19 was admitted her weight was 132 pounds. RD G further stated R19's current weight was 118 pounds. RD G listed all the nutritional interventions she put in place since admission which included supplements, enriched food, and a mechanical soft diet. RD G said R19's weight started to stabilize when the physician ordered an antidepressant medication.</p> <p>Review of R19's, Election of Hospice Benefits form dated 3/29/24 revealed R19's responsible party signed her up for hospice services on 3/29/24 (R19's responsible party was not a biological child).</p> <p>Review of R19's electronic medical records revealed a note written by the Nursing Home Administrator (NHA) that indicated R19 was on hospice services, and she had notified R19's responsible party.</p> <p>(continued on next page)</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Social Services Assistant (SSA) F on 4/23/24 at 11:30 AM, SSA F was not able to locate a schedule for R19's hospice care staff, or a care plan. SSA F said she was the one that schedules a meeting with the hospice service team and the facility care team. SSA F confirmed that R19 was signed on to receive hospice services on 3/29/24 and as of this date and time she had not arranged a care conference between the hospice provider and the facility. SSA F said the hospice provider was to provide a calendar showing when their staff are to provided services. SSA F said the hospice providers have a communication book at the nurse's station, and they are to document when they visit. SSA F was able to find the book. The book did have a few hospice nursing notes in it. The book did not have any hospice social services notes or notes from their chaplain. SSA F confirmed R19 had expressed concerns since her admission about wanting to see her biological children. SSA F reviewed R19's medical records and could not locate any documentation that she had assisted R19 to reach out to her biological children.</p> <p>During an interview with the Nursing Home Administration (NHA) on 4/23/24 at 11:45 AM, the NHA confirmed that she wrote the note in R19's medical record on 4/1/24 and notified R19's responsible party that hospice services had started. The NHA confirmed that the facility had not had a care conference with the hospice staff and hospice staff had not been involved in R19's care planning. R19's electronic medical record did not have recent hospice services notes or information on all the staff visits from hospice. The NHA was unable to locate a hospice schedule and was not sure how many staff from hospice had provided services to R19. The NHA was not able to say when the facility would have a care conference that included the hospice provider.</p> <p>During an interview with the Hospice Chaplain (HC) M on 4/23/24 at 11:59 AM he said that hospice had provided three chaplain visits for R19 since 3/29/24 and he was able to locate notes on his computer. HC M was not aware of any care planning for R19 that involved the facility staff, and he was not aware of any communication book or method of documentation for facility staff to be aware of his visits or concerns. HC M confirmed R19 had expressed concerns about wanting contact with her biological children. HC M denied reaching out to R19's responsible party, or the facility about this concern. HC M denied making any attempt to contact R19's biological children.</p>		