

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40383</p> <p>This citation pertains to intake MI00145682.</p> <p>Based on interview, and record review, the facility failed to provide prompt written responses to concerns/grievances for two residents (R36 and R37) of three residents reviewed for the grievance process. This deficient practice resulted in residents becoming frustrated over feelings of being unheard due to voicing concerns multiple times and perceived lack of facility response. Findings include:</p> <p>Resident #36 (R36)</p> <p>R36 was admitted to the facility on [DATE] with a primary diagnosis of right sided weakness due to a stroke. The medical record for R36 included a Minimum Data Set (MDS) assessment dated [DATE] with a Brief Interview for Mental Status (BIMS) score of 15 of 15 signifying cognitively intact.</p> <p>On 7/12/24, a complaint was received by the State Agency (SA) from R36 with several issues outlined in the document. R36 concluded So I am asking (Facility Name) nursing home to give me the answers in writing. They haven't yet!</p> <p>During an interview on 11/13/24 at approximately 11:30 AM, R36 stated, I have a lot of concerns, and I get no response. R36 went on to explain, I have written complaints (to the facility) 3 or 4 months ago (July?) and I have no answers and no written responses. I never get an answer. R36 went on to repeat the many issues he had with the facility and added he had sent those complaints to the SA.</p> <p>During an interview on 11/13/24 at 10:15 AM, Social Services Director (Staff) B stated she was the keeper of the concerns but explained, I have several which are not in the book. Staff B also stated, One other grievance was given to me regarding (R36) and food. I do not seem to have it . It came in after my vacation at the end of September. Staff B stated she would look for it. She stated she might have given it to the dietary department for follow up. Staff B explained the grievance process concluding that she filled in the resolution to the grievance and then had the Nursing Home Administrator (NHA) sign and date the form. During the grievance process discussion, Staff B was asked if she gave a response or anything in writing to the residents with the concerns, or did the resident sign or acknowledge the follow up solutions. Staff B said, I do not give residents anything in writing.</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:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/13/24 at 10:29 AM, Certified Dietary Manager (CDM) C stated she did remember the complaint with R36 and his food, but said I do not have a (concern) form. We talked about it . He emails a lot of people his concerns . CDM C said she had educated the dietary staff about the concerns.</p> <p>On 11/13/24 at 12:05 PM, Staff B presented paperwork and stated, I found it (referring to the food concern for R36.) The paperwork contained several days of the facility menu with writing on the bottom of one menu which read, I will buy my own Food Trird [sic] of eating sh*t!! The written complaint was not logged on a facility concern form. Notes were made on the back of the menu by Staff B which read, I was on vacation the week of 9/15/24. When I returned on 9/23/24 the following menu was rolled up and stuck in my door. Writer (Staff B) took this menu to IDT (Interdisciplinary Team) meeting and informed (CDM C) from dietary that resident had food concerns. She stated she had already spoken with him about his concerns and they were addressed. The response was signed by Staff B and the NHA.</p> <p>On 11/13/24 at approximately 12:15 PM, the education given to the dietary staff by CDM C was reviewed. This education was dated 8/3/24 for the concerns of R36 written at the end of September.</p> <p>During an interview on 11/13/24 at 12:56 PM, the NHA presented a file with documents including concerns from R36. One concern was dated 7/11/24 with a request for a response in writing. This email was also part of the intake received by the SA. The NHA indicated they were not employed by the facility at the time and could not address follow up with the concerns. The file folder contained no follow up or written response to the concerns.</p> <p>Resident #37 (R37)</p> <p>R37 was originally admitted to the facility on [DATE] with the latest return 1/23/23 with a primary diagnosis of lymphedema (a condition in which fluid builds up in the soft tissue of the body causing swelling). The medical record for R37 included a MDS assessment dated [DATE] with a BIMS score of 15 of 15 signifying cognitively intact.</p> <p>During an interview on 11/13/24 at 10:15 AM, Social Services Director (Staff) B stated she was the keeper of the concerns but explained, I have several which are not in the book. Staff B stated one resident (R37) had turned in 7 complaints, one for each night from 10/21/24 - 10/28/24 regarding a loud resident. Staff B found the complaint sheets (titled Social Services Referral Form) and began writing in the Social Services - Follow-up section on the forms. When asked what she was writing, Staff B stated, I did this on 10/28 but did not put the answer on all of the sheets yet, so I am filling them in now. The documents were dated 10/21/24 - 10/28/24 and included no notation of the late entries on 11/13/24 that Staff B was adding. Upon review, the seven grievances from R37 did not include a date the NHA had reviewed the issues, and one was missing the Social Service Director (SSD) [Staff B] signature. During the grievance process discussion, Staff B was asked if she gave a response or anything in writing to the residents with the concerns, or did the resident sign or acknowledge the follow up solutions. Staff B said, I do not give residents anything in writing.</p> <p>During an interview on 11/13/24 at 1:20 PM, R37 stated she did fill out grievance complaint forms on (name of resident on her hallway). R37 said, He was hollering out every night for seven nights. I filled out seven forms, for each time . (the NHA) says she wants a paper trail. When asked if R37 had gotten a written response to the seven grievances she replied, No.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility notification titled Resident Grievance / Complaint Procedures and marked as Important Information - Please Do Not Remove From Bulletin Board read in part: Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the is facility. Grievances also may be voiced or filed regarding care that has not been furnished . 3. Within 5 working days of the date you filed the grievance; you will receive a written summary of the results of the investigation.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49310</p> <p>This deficiency pertains to intake number MI00147266</p> <p>Based on interview and record review, the facility failed to timely notify the state agency of a resident-to-resident altercation and failed to report the results of an investigation timely to the state agency for three Residents (R34, R35, and R36) of four residents reviewed for abuse. Findings include:</p> <p>Resident #34 (R34)</p> <p>The facility submitted a facility-reported incident (FRI) to the state agency on 6/28/24 for a witnessed resident-to-resident altercation that occurred at an unknown time on 6/26/24. The FRI reported a staff member observed Resident #35 (R35) kick the back of R34's wheelchair, and documented R35 used profanity toward R34. The FRI documented investigation started.</p> <p>An investigation summary was submitted to the state agency on 9/25/24, three months after the altercation occurred.</p> <p>The Administrator (NHA) was interviewed on 11/13/24 at 1:45 p.m. The NHA said the FRI for the altercation between R34 and R35 should have been submitted to the state agency within 24 hours of the incident, and the results of the facility investigation should have been sent to the state agency within five days of the incident. The NHA confirmed delays in reporting to the state agency.</p> <p>Resident #36 (R36)</p> <p>The medical record of R36 was reviewed on 11/12/24. A nurse's note dated 10/29/24 documented, in part: This evening at 545pm [sic] this resident was in the activity room waiting for Bingo to start with a room full of other residents. This writer was outside of the room at the med cart, and I could hear this resident starting to argue with someone and his voice become louder to yelling. He was escalating and his comments were being directed to one of the other residents because she was repeating herself. This resident began to swear using inappropriate language towards her. When I went in, I asked [R36] to come out in the hallway to discuss what is going on and he refused and continued to use inappropriate language towards the other resident and when I attempted to reason with him, he began to swear at this writer</p> <p>The nurse progress note in the medical record of R36 was reviewed with the NHA on 11/13/24 at 1:45 p.m. The NHA agreed R36 yelling and swearing at another resident should have been investigated and reported to the state agency. The NHA stated the situation required follow-up as a resident-to-resident incident and should have been reported [to the state agency] within 2 hours and an investigation started and followed up with a five-day investigation reported [to the state agency].</p> <p>The policy Abuse Prevention Program dated as revised December 2016 read, in part: .As part of the resident abuse prevention, the administration will: . Investigate and report any allegations of abuse within timeframes as required by federal requirements .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>49310</p> <p>This deficiency pertains to intake number MI00147266</p> <p>Based on interview and record review, the facility failed to thoroughly investigate resident-to-resident altercations for three residents (R34, R35, and R36) of four residents reviewed for abuse. Findings include:</p> <p>Resident #34 (R34) / Resident #35 (R35)</p> <p>The facility submitted a facility-reported incident (FRI) to the state agency on 6/28/24 for a witnessed resident-to-resident altercation that occurred on 6/26/24. The FRI reported the Activity Director observed R35 was using profanity and kicked the back of R34's wheelchair. The FRI documented investigation started.</p> <p>An investigation summary was submitted to the state agency on 9/25/24, three months after the altercation was reported.</p> <p>On 11/12/24 at 12:30 p.m., the Administrator (NHA) was asked for the facility investigation for the incident between R34 and R35 on 6/26/24. The Administrator provided a file folder that contained the investigation summary submitted to the state agency on 9/25/24, a photocopy of a cell phone with an undated and untimed text message, one care plan for R34, and one care plan for R35.</p> <p>On 11/13/24 at 1:45 p.m., the NHA was asked again for the facility investigation. The NHA said she was unable to locate an investigation. She said, That's all I have, and indicated the information in the folder included the entire investigation. The folder did not contain interviews or statements from staff who were working when the situation between R34 and R35 occurred. There were no interviews of other residents who were present and witnessed the altercation between R34 and R35. There were no follow-up observations or support visits documented for R35 to address potential delayed psychosocial harm. There was no incident report or event completed for the occurrence.</p> <p>The NHA said the incident with R34 and R35 occurred during the tenure of the previous NHA, and no additional documentation could be found. The NHA said, we searched everywhere, but that's all we could find referring to the file folder provided. The NHA was asked if incident reports were expected to be completed for resident-to-resident altercations. The NHA responded, yes, incident events should be filled out. The NHA confirmed an incident event/report had not been completed for the event with R34 and R35. The NHA was asked if there were any witness statements, interviews with residents or staff, or support visits provided for the residents. The NHA said, I wish I had them - I would have sent them when I noticed it [the FRI] wasn't closed, but the file didn't have the information.</p> <p>Resident #36 (R36)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The medical record of R36 was reviewed on 11/12/24. A progress note dated 10/29/24 at 7:52 p.m. read, in part: This evening at 545pm [sic] this resident was in the activity room waiting for Bingo to start with a room full of other residents. This writer was outside of the room at the med cart, and I could hear this resident starting to argue with someone and his voice become louder to yelling. He was escalating and his comments were being directed to one of the other residents because she was repeating herself. This resident began to swear using inappropriate language towards her. When I went in, I asked [R36] to come out in the hallway to discuss what is going on and he refused and continued to use inappropriate language towards the other resident and when I attempted to reason with him, he began to swear at this writer</p> <p>The nurse progress note in the medical record of R36 was reviewed with the NHA on 11/13/24 at 1:45 p.m. The NHA said the situation with R36 was not investigated and not reported to the state agency. The NHA agreed R36 yelling and swearing at another resident should have been investigated and reported to the state agency.</p> <p>The policy Abuse Prevention Program dated as revised December 2016 read, in part: .As part of the resident abuse prevention, the administration will: . Investigate and report any allegations of abuse within timeframes as required by federal requirements .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 - Many</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>49310</p> <p>This deficiency pertains to intake numbers MI00145488 and MI00145642</p> <p>Based on interview and record review, the facility failed to ensure sufficient numbers of staff to provide adequate care to the resident population in accordance with the facility assessment. This deficient practice resulted in the potential for unmet care needs for all 61 residents in the facility. Findings include:</p> <p>Resident #36 (R36)</p> <p>R36 was interviewed on 11/12/24 at 1:15 p.m. R36 said there was a shortage of nurses and Certified Nurse Aides (CNA) in the facility to help the residents and said call light response time was often extensive. R36 said he attends Resident Council monthly and most of the concerns conveyed by the Council members are related to poor staffing. R36 alleged staffing was especially poor in July but was also a current problem in the month of November. R36 said there were long periods of time before assistance was received from staff.</p> <p>The medical record of R36 was reviewed on 11/12/24. A nurse's note dated 10/25/24 at 12:43 p.m. read in part: . [R36] is requesting a shower for today however there is not a shower aid working, I passed this on to [R36]. [R36] stated that [R36] is not getting the dressing done until he has a shower. I told [R36] that it was his choice but thought it would be important to get it done. [R36] started talking about his rights. I agreed that he has rights and to let me know if he changes his mind on getting the dressing changed, then walked out of the room .</p> <p>A review of shower documentation revealed R36 did not receive a shower on 10/25/24 as requested by the resident. The shower sheet form documented R36 received a shower on 10/17/24 and did not receive another shower until 10/29/24. The care plans did not contain shower frequency preferences for R36.</p> <p>Resident #37 (R37)</p> <p>R37 was interviewed on 11/13/24 at approximately 1:00 p.m. R37 said, staffing is rough - they need more help around here. R37 said she needed help going to the bathroom and sometimes staff took 45 minutes to answer the call light. R37 said, it hurts when you have to go [to the bathroom] and have to wait so long for help. R37 said July (2024) was a bad month but indicated November (2024) staffing was declining.</p> <p>The Facility Assessment (FA) was reviewed on 11/13/24. The FA documented the current Administrator (NHA) and current Director of Nursing (DON) as involved in the process and completion of the FA. The documented date of the FA update was 10/24/24. The documented date the FA was reviewed with the QAPI Committee was 10/24/24.</p> <p>The FA read, in part: .Based on our resident population and their needs for care and support, our general approach to staffing to ensure that we have sufficient staff to meet the needs of the residents at any given time:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 - Many</p>	<p>-5.5 licensed nurses and 9 Certified Nurse Aides (CNA) from 6:30 a.m. - 6:30 p.m. (Day Shift)</p> <p>-2.5 licensed nurses and 5 CNAs from 6:30 p.m. - 6:30 a.m. (Night Shift) .</p> <p>On 11/13/24, staffing sheets were reviewed for July 2024 and revealed there were no shifts during the month of July that had an adequate number of nurses or CNAs to care for the needs of the residents according to the FA.</p> <p>On 11/13/24, staffing sheets were reviewed for 11/1/24 - 11/13/24. There were no shifts on those dates that had an adequate number of nurses or CNAs to care for the needs of the residents according to the FA.</p> <p>Resident Council meeting minutes were reviewed on 11/13/24 for Resident Council meetings held on 7/3/24, 8/7/24, 9/4/24, 10/2/24, and 11/6/24. All the meeting minutes documented residents voicing concerns each month regarding call light response time.</p> <p>Resident Council Department Response forms were attached to the meeting minutes for respective departments to document how Resident Council concerns were addressed each month. None of the monthly Department Response forms included the residents' concerns with call light response time.</p> <p>The Director of Nursing (DON) was interviewed on 11/13/24 at 8:37 a.m. The DON said staffing in July was horrible. During an interview on 11/13/24 at approximately 2:45 p.m. the DON appeared surprised at the FA staffing requirements. When it was pointed out the FA documented the DON was involved in the updates to the FA on 10/24/24, the DON did not offer an explanation or additional information.</p> <p>The NHA was interviewed on 11/13/24 at 1:45 p.m. The NHA was asked the expectations for nurse and CNA staffing. The NHA replied, I expect residents to get the staff coverage they require with 'over the top service.'</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Boulder Park Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  14676 W Upright Charlevoix, MI 49720	
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49310</p> <p>Based on observation, interview, and record review, the facility failed to post the required staffing information on the daily posting for direct care nursing personnel. Findings include:</p> <p>On 11/12/24 at 12:15 p.m., the daily nurse staff posting was observed on a table in an acrylic self-standing frame. The front portion of the frame contained a posting for the 6:30 a.m. - 6:30 p.m. shift (day shift) for 11/12/24. The back portion of the frame contained a posting for the 6:30 p.m. - 6:30 a.m. (night shift) for 11/12/24. The posting did not contain the facility name and did not document the total number and actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care each shift.</p> <p>Staff postings for 11/1/24 through 11/13/24 day shifts and night shifts were reviewed on 11/13/24 at 9:30 a.m. None of the postings contained the facility name. The postings forms contained columns for scheduled hours but did not contain columns for actual hours worked. The area on the forms to document total hours worked for each category of licensed and unlicensed nursing staff directly responsible for resident care per shift (Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides) were blank on 11/1/24, 11/2/24, 11/4/24, 11/5/24, 11/6/24, 11/9/24, 11/10/24, 11/11/24, 11/12/24, and 11/13/24. A posting labeled with a date of 11/04 (no year provided) did not document the census on the posting for the night shift.</p> <p>The Director of Nursing (DON) was interviewed on 11/13/24 at approximately 2:45 p.m. The concern with the staff postings lacking requisite information was shared with the DON. The DON did not offer a reason for the postings not containing the required information.</p>		