STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618 Based on observation, interview and record review, the facility failed to produce a care plan that was consistent for one of four residents (R4) reviewed for care plans. R4's care plan stated two staff members were to provide cares for R4 while further down in the care plan it stated one staff was to assist R4 with bathing, dressing, and personal hygiene. Findings include: During an observation on 9/18/24 at 10:02 a.m., nursing assistant (NA)-B changed R4's incontinent brief. NA-B was the only aide who changed R4's incontinent brief. R1's face sheet indicated R4 was admitted to the facility on [DATE] with a primary diagnosis of cerebral infarction due to embolism of bilateral anterior cerebral arteries. R4's additional diagnoses included hemiplegia affecting left dominant side, repeated falls, panic disorder, adjustment disorder with anxiety, and other stimulant abuse. R4's care plan dated 9/29/23 indicated resident needed an assistant of one for bathing, dressing, and personal hygiene. R4's care plan dated 1/11/24 indicated resident needs two care givers when assisting with cares. R4's brief interview for mental status (BIMS) dated 6/25/24 indicated R4 scored twelve, which indicated R4 was cognitively moderately impaired. R4's minimum data set (MDS) dated [DATE] indicated R4 required dependence of staff members for bathing, dressing, and personal hygiene. The MDS indicated R4 needed substantial/moderate assistance with toileting and partial/moderate assistance with oral hygiene. The MDS indicated R4 needed assistance with setup or clean-up assistance with eating. Facility's nursing care sheets dated 8/14/24 indicated R4 was an assist of one with pivot transfers, dressing, grooming, and bathing. The nursing care sheet indicated R4 could have aggressive behaviors. R4's special instructions in R4's profile indicated resident was a two-person caregiver and to not go in R4's room alone. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/18/24 at 10:51 a.m., NA-C stated now that R4 was admitted to hospice, he only needed one person to change his incontinent brief. During an interview on 9/18/24 at 11:00 a.m., registered nurse (RN)-A stated R4 was really easy to care for. RN-A stated R4 was an assist of one with toileting, bathing, and cares all together. During an interview on 9/18/24 at 11:05 a.m., NA-B stated she had always used just one person to change his incontinent brief or doing anything for him. NA-B stated from her knowledge R4 always needed just one person to assist R4. During an interview on 9/18/24 at 12:16 p.m., nurse manager (NM) stated she would expect care plans to be updated regularly when something changed in a resident cares or preferences and based on the assessments that were done. NM stated she would expect care plans to match when talking about assistance with activities of daily living (ADL). During an interview on 9/18/24 at 12:31 p.m., the director of nursing (DON) stated her expectation was care plans should be matching throughout the care plan. DON stated she would expect that care plans would be updated according to resident's current abilities and preferences. DON stated social services (SS)-A put the intervention into R4's care plan stating R4 required two care givers to assist with cares. During an interview on 9/18/24 at 12:48 p.m., SS-A stated she was the one who put the care plan intervention about R4 needed two care givers to assist with cares after reports of abuse. SS-A stated the intervention should have been removed from R4's care plan because it no longer applied to R4. During an interview on 9/18/24 at 1:04 p.m., the administrator stated all staff in the facility uses a resident's care plans. Administrator stated she would expect care plans to match throughout the care plan. Care plan policy and procedure was requested, and none was received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618 Based on observation, interview, and record review, the facility failed to use aseptic technique when providing pericare for one of four residents (R2) observed for pericare, provide timely incontinent cares for two out of four (R1, R4) residents, and provide weekly showers for one of four (R1) residents reviewed for activities of daily living. Findings include: During an observation on 9/18/24 at 9:51 a.m., nursing assistant (NA)-C changed R1's incontinent brief. NA-C did not use aseptic technique while washing R1's perineal area. NA-C wiped R1's perineal from back to front and then took the same washcloth and reused the same washcloth she used for pericare to wash her labia. During an observation on 9/18/24 at 10:02 a.m., NA-B was changing R4's incontinent brief. R4's brief had been saturated with urine. NA-B wiped R4 from back to front using the same washcloth. During the observation NA-B stated R4's linens had been saturated with urine and she needed to change R4's bed linens. NA-B stated she did not know the last time R4 had his incontinent brief checked and changed. NA-B proceeded to change R4's bed linens. R4's incontinent brief was not checked and changed until 3:43 p.m. During the incontinent brief change that time, NA-B performed perineal care while wiping from back to front using the same washcloth. R4's bed linens were saturated with urine and bed linens had to be changed. During an observation on 9/18/24 at 10:24 a.m., NA-C was giving R2 a bed bath. NA-C asked R2 to expand her legs as much as possible so that she could wash her perineal area. R2 expanded her legs as much as she could. NA-C washed R2's perineal area from back to front. NA-C did not use different parts of the washcloth with each stroke. After NA-C washed R2's perineal area, R2 turned to her side. NA-C washed R2's back with a different washcloth. NA-C did not wash R2's buttocks. R2 rolled back on her back. NA-C assisted R2 in getting dressed. R1's admission record indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of encounter for open fracture type I or II. R1's additional diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, history of traumatic brain injury, acquired absence of left leg above knee, anxiety disorder, and multiple fractures of pelvis without disruption of pelvic ring. R2's admission record indicated R2 was admitted to the facility on [DATE] with a primary diagnosis of osteomyelitis. R2's additional diagnoses included morbid obesity, schizoaffective disorder (bipolar type), anxiety disorder, and peripheral vascular disease. R4's admission record indicated R4 was admitted to the facility on [DATE] with a primary diagnosis of cerebral infarction due to embolism of bilateral anterior cerebral arteries. R4's additional diagnoses included dysphagia, weakness, hemiplegia, and generalized anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R4's care plan dated 9/29/24 indicated R4 required an assist of one staff member for bathing, dressing, and personal hygiene. R4's care plan dated 10/4/23 indicated R4 had functional and mixed urinary incontinence that required staff to check R4's incontinent brief every two to three hours. R4's care plan intervention dated 1/11/24 indicated R4 needed two care givers when assisting with cares. R2's bladder evaluation assessment dated [DATE] indicated R2 has urinary stress incontinence and utilized incontinent briefs. R2's bowel evaluation assessment dated [DATE] indicated R2 was incontinent of her bowels and utilized incontinent briefs. R4's bladder evaluation assessment dated [DATE] indicated R4 had functional incontinence and would be checked and changed every two to three hours. R4's bowel evaluation assessment dated [DATE] indicated R4 had bowel incontinence and would be checked and changed every two to three hours. R4's minimum data set (MDS) dated [DATE] indicated R4 was dependent upon staff for bathing, dressing, and personal hygiene. MDS indicated R4 required substantial/maximal assistance with toileting. R4's brief interview for mental status (BIMS) dated 6/25/24 indicated R4 had a score of twelve, which indicated R4 was cognitively moderately impaired. R2's BIMS dated 7/11/24 indicated R2 had a BIMS score of 15, which indicated R2 was cognitively intact. R2's care plan dated 8/13/24 indicated R2 required an assist of one to two staff members for bathing, dressing, and toileting. The care plan indicated R2 required assistance with personal hygiene. The care plan indicated R2 preferred to take bed baths. R1's weekly skin inspection dated 9/6/24 indicated R1 received a bed bath. R1's care plan dated 9/6/24 indicated R1 required an assist of two with toileting, movement in bed and in/out of bed, and transfers, and assist of one with ambulation. R1's care plan does not indicate her bathing preferences. R1's interdisciplinary team care conference form dated 9/9/24 indicated R1 bathing preference was to take a shower. R1's bladder evaluation assessment dated [DATE] indicated R1 was incontinent of her bladder. The assessment indicated R1 had urge incontinence and utilizes incontinent briefs. R1's bowel evaluation assessment dated [DATE] indicated R1 was incontinent of her bowels and utilized incontinent briefs. R1's BIMS dated 9/12/24 indicated R1 scored fifteen, which indicated R1 was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's weekly skin inspection dated 9/13/24 indicated R1 had refused a bath because she was out of the facility for an appointment. R4's hospice progress note dated 9/17/24 indicated the nursing assistant (NA) from the hospice company visited R4 for a routine visit. NA stated that upon her arrival R4's sheets and brief was soaked with urine. The progress note indicated NA had to change his bed linens and brief. R1's bathing documentation indicated R1 required total dependence from staff for bathing on 9/8/24 and R1 required physical help in part of the bathing activity on 9/9/24. No additional bathing was documented. During an interview on 9/17/24 at 9:22 a.m., R1 stated she wore incontinent briefs. R1 stated staff did not check her incontinent brief and change regularly. R1 stated the aides do not wash her up in the morning. R1 stated staff did not change her clothes every day. During an interview on 9/17/24 at 9:47 a.m., registered nurse (RN)-A stated R1 used her call light to let the staff know she was incontinent and that she needed to have a brief change. RN-A stated R1 was in her hospital gown frequently and R1 had never asked me to change her clothes. During an interview on 9/17/24 at 9:56 a.m., NA-A stated that was her only time working with R1. NA-A stated she did not clean up or bathe R1 during morning cares. During an interview on 9/17/24 at 10:03 a.m., NA-B stated she did not know too much about R1. NA-B stated she had changed R1's incontinent brief but that was mostly it. NA-B stated she was the only one caring for R1 and none of the other aides helped her. NA-B stated she had not given R1 a bed bath or shower. During an interview on 9/17/24 at 10:59 a.m., family member (FM)-A stated she had bathed R1 every time she had visited R1 since the time R1 was admitted to the facility. FM-A stated R1 was in the same hospital gown for a week after she was admitted to the facility. FM-A stated she asked R1 if the staff had bathed her since her admission and R1 told FM-A that the staff had not bathed her. During an interview on 9/17/24 at 1:03 p.m., R1 stated the staff did not offer to get her dressed for the day but did change her incontinent brief. During an interview on 9/17/24 at 2:56 p.m., nurse manager (NM) stated the resident's weekly skin inspections correlates with the showers. NM stated her expectations is if a resident has refused their shower or bed bath, there should be a risk versus benefit form for that resident. NM stated R1 had a shower on 9/6/24 but on the weekly skin inspection dated 9/13/24 the NA's had refused to give R1 her shower due to her being out of the facility for an appointment. During an interview on 9/17/24 at 4:33 p.m., FM-B stated when she was visiting R4 the day prior, she was ready to leave the facility and she had told one of the NA's that R4 needed to have his incontinent brief changed prior to her leaving. FM-B stated the NA said that she would get to R4 in a little bit. FM-B stated the NA would only change R4's incontinent brief after asking the NA for the third time. FM-B stated R4 was on hospice, and she wanted R4's incontinent brief to be checked and changed frequently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/18/24 at 9:56 a.m., social services (SS)-B stated a hospice NA visited R4 the previous day and had noted R4's bed linens were saturated with urine. SS-B stated the hospice NA changed R4's incontinent brief and bed linens. During an interview on 9/18/24 at 10:51 a.m., NA-C stated when she gave R2 her bed bath, she washed her perineal area by wiping R2's perineal sides first and then would wash moving up. NA-C stated she would try to use a different side of the washcloth each time you use it. NA-C stated R1 usually has her incontinent brief checked and changed every hour or two. NA-C stated R1 would activate her call light if she needed her incontinent brief changed. During an interview on 9/18/24 at 11:00 a.m., RN-A stated R4 was really easy to assist with daily cares. RN-A stated he is a one assist with toileting, bathing, and cares all together. During an interview on 9/18/24 at 11:05 a.m., NA-B stated if she were to wash a resident's perineal area, she would wash using a washcloth and she would start wiping the outside of the perineal first and then working her way to the inside of the perineal. NA-B stated then she would wash the resident's buttocks. NA-B stated you do not have to switch out the washcloth during the perineal cares. NA-B stated she has always assisted R4 with cares by herself. During an interview on 9/18/24 at 12:16 p.m., NM stated she would expect NA's to be performing perineal cares while wiping front to back. NM stated NAs should be changing the washcloth with each stroke. NM stated residents should have their incontinent brief checked and changed once every two to three hours or as needed. During an interview on 9/18/24 at 12:31 p.m., the director of nursing (DON) stated she would expect NAs to use aseptic technique, performing perineal cares while wiping from front to back. DON stated she would expect the NAs to use a different part of the washcloth or a different washcloth every stroke they make on a resident while performing perineal cares. DON stated she would expect residents incontinent brief to be checked and changed at least every two to three hours and as needed. DON stated the NA's should know which residents needs to have their incontinent brief checked and changed prior to the two to three hours. During an interview on 9/18/24 at 1:04 p.m., the administrator stated she would expect NAs to perform perineal cares while wiping from front to back. The facility's Activities of Daily Living (ADLs)/Maintain Abilities policy and procedure dated 3/31/23 stated the facility would provide the necessary care and services to ensure a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrates that such diminution was unavoidable. The policy and procedure stated the facility would ensure a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living. The policy and procedure stated the facility would provide care and services for the following activities of daily living: bathing, dressing, grooming, oral care, transfer and ambulation, toileting, eating, and communication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618 Based on interview and record review, the facility failed to ensure licensed staff were trained on wound vacuum-assisted closure (VAC) for five of sixteen licensed staff. R1 was admitted to the facility with a wound vac. Findings include: R1 was admitted to the facility on [DATE] with a primary diagnosis of encounter for open fracture type I or II. R4's additional diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left dominant side and acquired absence of left leg above knee. R1's wound care progress note dated 9/6/24 indicated advanced practice registered nurse (APRN) order staff to change the wound vac every Monday, Wednesday, and Friday and as needed. R1's care plan dated 9/6/24 indicated R1 had surgical wounds that required the use of a wound vac. R1's provider progress note dated 9/10/24 indicated R1's wound vac had fluid seen in underneath the suction device and stabilizer applicator plastic remained present. The provider indicated the plastic should have been removed with application and that the wound vac would need to be reapplied. R1's treatment administration record (TAR) indicated staff was to change the small wound vac dressing to R1's left anterior leg every Tuesday and the orthopedic clinic would change every Friday. All treatment were checked off completed by registered nurse (RN)-H and RN-A. R1's TAR indicated staff would remove the dressing, complete wound cares, and reapply a new dressing twice a day. All treatments were checked off completed by RN-A, RN-C, RN-D, RN-G, RN-H, RN-I, license practical nurse (LPN)-A LPN-B, LPN-C, LPN-G, and LPN-H. The facility was able to provider wound vac education competencies for nurse manager (NM), RN-A, RN-B, RN-D, and LPN-E. During an interview on 9/17/24 at 9:22 a.m., R1 stated she has a wound vac on her right leg due to an amputation. R1 stated licensed staff does not know how to change the wound vac because every time the wound vac machine sends an alert, the licensed staff stated they did not know how to change the wound vac. During an interview on 9/17/24 at 9:47 a.m., RN-A stated R1 had a wound vac. RN-A stated R1's wound vac would get changed every Friday when she goes to her orthopedic appointment. RN- A stated if a wound vac comes off or has a blockage, she would change the wound vac. RN-A stated if there was an alert on the wound vac machine, she would change the tubing to ensure there was not a kink or if the wound vac came off. RN-A stated if there was drainage in the wound vac, you would have to start the dressing process over. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245222	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Chateau LLC	2106 Second Avenue South Minneapolis, MN 55404

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/17/24 at 10:59 a.m., family member (FM)-A stated she visits R1 frequently and stated the wound vac alarm goes off frequently. FM-A stated during one of those visits, the wound vac machine alarm was going off and FM-A put a piece of clear tape over the hole on the machine to make the alarm stop and then the alarm started because it wasn't sealed for longer than two hours, the wound vac needed to be changed. FM-A stated she had talked to a licensed nurse stating the alarm was going off because the secretions were too thick and R1 had to give the licensed nurse directions on to change the wound vac. FM-A could not recall the date this happened. During an email correspondence on 9/17/24 at 2:24 p.m., the director of nursing (DON) stated either the administrator, the DON, or NMs would be responsible for education at the facility. DON stated who provides the education is based on what needs to be educated. During an interview on 9/17/24 at 2:39 p.m., the DON stated she was not sure if licensed staff were educated on wound vacs and stated she would have to refer to the licensed staff's education. DON stated wound vacs were not a new treatment for this building; wound vacs had been in the facility since she could recall. DON stated, We aren't going to have wound vac competencies for all of the nurses. And that most nurses knew how to do the wound vac treatments. DON stated she would guess that the facility did not have any competencies for wound vacs for any of the licensed nurses in the facility. DON stated the facility would not be able to train licensed nurses on every little thing. DON stated that all wound vac treatments are done during the daytime and all management knows how to work the wound vac, and if it needs to be done on the weekend, there would always be a management staff on call. DON stated the licensed nursing staff would tell management if they did not know how to perform wound vac cares. During an interview on 9/17/24 at 2:56 p.m., NM stated she would expect the facility to train all licensed staff on wound vacs. NM stated R1's wound vac does not need to be changed most of the time. NM stated her wound vac alarm kept going off during the day and night, and she would educate the licensed nurses on problem solving the wound vac machine. During an interview on 9/17/24 at 4:09 p.m., the administrator stated she did not have any more licensed nurse's skill competencies besides the five she had provided for LPN-E, RN-A, RN-B, RN-D, and NM. During an interview on 9/17/24 at 4:29 p.m., RN-C stated she had not been trained on wound vacs at the facility. RN-C stated she was trained on wound vac at a different facility many years ago. RN-C stated if there was an error message on the wound vac, she would call another nurse, the DON, or the machine's manufacturer. During an email correspondence on 9/18/24 at 12:20 p.m., the administrator stated the facility did not have instructions, policy, and procedure on wound vacs.