STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345181	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Universal Health Care/Greenville	2578 West Fifth Street Greenville, NC 27834

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45044 Based on record review and interviews with facility staff and the Nurse Practitioner (NP), the facility failed to ensure there was effective communication during shift to shift report between facility nursing staff to avoid a lapse between the time Resident #1's STAT (immediately) lab was obtained to when the results for a STAT complete blood count (CBC) were received resulting in failure to identify critically low laboratory results. This deficient practice occurred for 1 of 3 residents (Resident #1) reviewed for quality of care. The findings included: A review completed of Resident #1's hospital lab results dated 10/30/24 revealed on 10/29/24 her hemoglobin was 8.4 (normal values 12.0-16.0) and her hematocrit was 27.7 (normal values 35.0-47.0). Resident #1 was admitted to the facility on [DATE] with diagnoses that included heart disease, anemia, a viral infection of the liver causing inflammation and swelling of the liver, diabetes, parathyroid disease, history of a stroke, and hypertension A progress note dated 11/1/24 at 2:43pm stated the facility's NP was in the facility and notified Resident #1 having episodes of vomiting. The NP gave an order to have a STAT CBC lab drawn and notify the provider as soon as the lab results were available for review. A telephone interview was completed on 11/12/24 at 3:30pm with the facility's NP. The NP stated she was in the facility on 11/1/24 completing resident visits. The NP stated during her visit she reviewed Resident #1's hospital records for her 10/22/24-10/30/24 stay and spoke to the Resident's assigned nurse on that day. The NP stated it was in her medical opinion the Resident's diagnosis of liver disease resulted in her ongoing anemia and abnormal lab results. The NP stated that because of Resident #1's abnormal lab values during her hospital stay and multiple health diagnoses, she ordered STAT labs to be completed. The NP stated she requested the facility contact her or the provider on-call when the lab results were received. The NP stated she did not receive a call from the facility nor was there a notation that the on-call provider received a telephone call regarding the lab results. An interview was completed on 11/12/24 at 11:09am with Minimum Data Set (MDS) Nurse Coordinator. The Nurse stated the NP was in the facility on 11/1/24 and ordered stat labs for Resident #1. The Nurse stated she called the lab at approximately 2:43pm to place the STAT lab order. The MDS Coordinator stated she notified the Resident's assigned 7am-3pm Nurse of the STAT lab order and entered a progress note in Resident #1's medical record regarding the order. (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: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2578 West Fifth Street Greenville, NC 27834	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephone interview was completed on 11/12/24 at 12:00pm with Nurse #2. The Nurse stated she was assigned to Resident #1 during the 7am-3pm shift on 11/1/24. Nurse #2 revealed she was unable to recall if she had notified the oncoming 3pm-11pm nurse of the pending STAT labs or written it on the 24-hour Report Sheet. Nurse #3 stated it was her routine to alert the oncoming nurse of pending labs during shift report. Nurse #2 stated she informed the NP she felt Resident #1's jaundice had increased since she worked with her the day before. An interview was completed on 11/12/24 at 4:30pm with Nurse #5. The Nurse stated she was assigned to Resident #1 during the 3pm-11pm shift on 11/1/24. Nurse #5 revealed she did not recall Nurse #2 notifying her of pending STAT labs for Resident #1. Nurse #5 stated she did not recall seeing a 24-hour Report Sheet alerting Resident #1 had pending labs. Lab results dated 11/1/24 revealed the lab phlebotomist (medical professional who draws blood) obtained the blood sample on Resident #1 at 6:10pm on 11/1/24. The laboratory received the blood sample at 7:15pm from the phlebotomist and the result of the CBC lab was received at the laboratory at 7:35pm. The CBC results were as follows: hemoglobin 5.5 and hematocrit 17.8. The laboratory noted these values to be at a critical level. A telephone interview was completed on 11/12/24 at 1:43pm with Nurse #4. The Nurse stated she was assigned to Resident #1 during the 11pm-7am shift on 11/1/24. Nurse #4 stated she did not recall the 3pm-11pm nurse notifying her Resident #1 had pending STAT labs. Nurse #4 stated she did not recall seeing Resident #1 had pending labs on the 24-hour report sheet. A telephone interview was completed on 11/12/24 at 3:20pm with the facility's contracted laboratory's Regional Service Representative. The Representative stated the hospital laboratory, and the facility contracted laboratory attempted to contact the facility multiple times on 11/1/24 and 11/2/24 of Resident #1's critically low lab values without success. The 5 day stay MDS assessment dated [DATE] revealed Resident #1 was cognitively impaired. A progress note dated 11/3/24 at 4:03pm stated Resident #1's responsible party (RP) requested to have the Resident sent to the hospital for evaluation due to Resident #1 not being at her normal baseline. The note stated Resident #1's vital signs were as follows: blood pressure: 106/62, pulse: 70 beats per minute, and respirations were 20 breaths per minute. The note stated the nurse called Resident #1's name, she opened her eyes and looked toward the nurse. Emergency Services were alerted and Resident #1 was transferred to the hospital for evaluation and treatment at approximately 3:15pm. A review of Resident #1's hospital history and physical note dated 11/3/24 revealed Resident #1 arrived at the emergency department at approximately 3:39pm was alert to person but not time or place. Her vital signs were as follows: blood pressure: 127/74, pulse: 82 beats per minute, and respirations: 16 breaths per minute. The CBC lab was completed and at approximately 4:03pm Resident #1's hemoglobin had decreased to 4.2 and her hematocrit had decreased to 13.4. A progress note dated 11/4/23 stated the STAT labs obtained on 11/1/24 for Resident #1 did not populate into Resident #1's electronic medical record from the laboratory company. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2578 West Fifth Street Greenville, NC 27834	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was completed on 11/12/24 at 11:15am with the Director of Nursing (DON). The DON stated on 11/4/24 it was discovered the facility had not received results from STAT labs completed on Resident #1 on 11/1/24. The DON stated when lab results were completed the results were populated into the resident's electronic medical record and the laboratory called with critically low lab values. The DON stated due to the results not populating into Resident #1's electronic medical record, the assigned nurse was not aware of the critically low results. The DON stated the facility did not receive calls from the lab regarding the critically low results. The DON stated nurses communicated a resident's acute issues and pending labs during shift report and by writing them on a 24-hour Report Sheet that was kept at the nurses' station. The DON revealed she was unaware if Resident #1's pending STAT labs were communicated shift to shift between the Resident's assigned nurses. The DON stated she was unable to locate a 24-hour Report Sheet alerting oncoming nurses of Resident #1's pending labs. A follow-up interview was completed on 11/13/24 at 2:56pm with the DON. The DON stated the failure of Resident #1's assigned nurses to communicate Resident #1's pending labs shift to shift resulted in the labs not being addressed timely. An interview was completed on 11/13/24 at 3:15pm with the facility's Administrator. The Administrator stated it was his expectation nursing staff communicate shift to shift of any pending labs to be completed and results waiting to be received. The facility provided the following corrective action plan with a date of 11/4/24 to begin monitoring and a completion date of 11/7/24. Problem: Communication between nurses shift to shift. Immediate Response-what was done at the time. The Resident is no longer at the facility. How to Identify other residents. All residents have the potential to be affected. 24-hour report sheets were reviewed by the DON on 11/5/24 for the last 14 days to ensure all acuities reported were followed up on. What Measures were put in place to prevent reoccurrence. Licensed nurses and medication aides were in-serviced by the Regional Director of Clinical Services and the Administrator on 11/5/24-11/6/24 on communication during verbal shift to shift report with the oncoming shift and written communication on the 24-hour report to include all acuities. How to monitor to ensure the problem does not reoccur. The DON or Unit Manager will monitor 24-hour reports daily 5 times per week for 4 weeks. Then 3 times per week for 4 weeks and finally 2 times per week for 2 weeks to ensure all acuities have been reviewed and followed up on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER: Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE: 2578 West Fifth Street Greenville, NC 27834	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The results will be reported to the monthly Quality Committee meeting (11/20/24) for review and discussion to ensure substantial compliance. Once the Quality Assurance Committee determines the problem no longer exists, then the review will be completed on a random basis. Alleged date of compliance: 11/7/24 Onsite validation was completed on 11/13/24 through staff interviews, observations, and record reviews. Inservice was confirmed to be provided on lab tracking and Provider notification of lab results. Staff were interviewed to validate the in-service was completed on shift-to-shift communication. A review of 24-hour report sheets for 11/8/24, 11/10/24, and 11/11/24 revealed no concerns. A review of the 24-hour Report Audit-DON Monitoring tool was reviewed for 11/7/24, 11/9/24, and 11/10/24 revealed no concerns. An interview was completed on 11/13/24 at 2:47pm with Nurse #6. The Nurse stated when she received a lab order or noted any acute concerns with a resident during her shift, she notified the oncoming nurse and entered any new orders and acute concerns on the 24-hour Report Sheet. The Nurse confirmed she had received education regarding communication between nursing staff shift to shift. An interview was completed on 11/13/24 at 2:50pm with Nurse #7. The Nurse verified he had received education regarding shift-to-shift communication and completing the 24-hour Report Sheet with any acute concerns or labs pending on residents. The facility's corrective action plan was validated to be completed as of 11/7/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER: Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE: 2578 West Fifth Street Greenville, NC 27834	

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 45044 Based on record review and interviews with facility staff, Nurse Practitioner (NP), and the facility's contracted laboratory company, the facility failed to ensure there was effective communication between facility staff and the lab company to avoid a lapse of multiple days between the time Resident #1's STAT (immediately) lab was obtained to when the results for a STAT complete blood count (CBC) were received resulting in failure to identify critically low laboratory results timely. This deficient practice occurred for 1 of 3 residents (Resident #1) reviewed for laboratory services. The findings included: A progress note dated 11/1/24 at 2:43pm stated the facility's NP was in the facility and notified Resident #1 having episodes of vomiting. The NP gave an order to have a STAT CBC lab drawn and notify the provider as soon as the lab results were available for review. Lab results dated 11/1/24 revealed the lab phlebotomist (medical professional who draws blood) obtained the blood sample on Resident #1 at 6:10pm on 11/1/24. The laboratory received the blood sample at 7:15pm from the phlebotomist and the result of the CBC lab was received at the laboratory at 7:35pm. The CBC results were as follows: hemoglobin 5.5 and hematocrit 17.8. The laboratory noted these values to be at a critical level. A progress note dated 11/4/23 stated the results from STAT labs obtained on Resident #1 on 11/1/24 did not populate into Resident #1's electronic medical record from the laboratory company. An interview was completed on 11/12/24 at 11:09am with Minimum Data Set (MDS) Nurse Coordinator. The Nurse stated the NP was in the facility on 11/1/24 and ordered stat labs for Resident #1. The Nurse stated she called the lab at approximately 2:43pm to place the STAT lab order. The MDS Coordinator stated she notified the Resident's assigned 7am-3pm Nurse of the STAT lab order. The Nurse stated on 11/4/24 she discovered Resident #1's STAT lab results were not in her electronic medical record. The Nurse stated the lab results are normally populated into the electronic medical record by the lab once the results are in. The Nurse stated she contacted the lab on 11/4/24 to make it aware Resident #1's lab results did not populate into her electronic medical record. An interview was completed on 11/12/24 at 11:15am with the Director of Nursing (DON). The DON stated on 11/4/24 it was discovered the facility had not received results from STAT labs completed on Resident #1 on 11/1/24. The DON stated when lab results were completed the results were populated into the resident's electronic medical record and the laboratory called with critically low lab values. The DON stated due to the results not populating into Resident #1's electronic medical record, the assigned nurse was not aware of the critically low results. The DON stated the facility did not receive calls from the lab regarding the critically low results. The DON revealed she was unaware if Resident #1's pending STAT labs were communicated shift to shift between the Resident's assigned nurses. The DON stated she normally reviewed all pending labs daily, including weekends, to assure the facility had received the results and notified the provider. The DON stated she was unable to say why she did not review Resident #1's labs to ensure the results were received and the provider notified. The DON stated MDS Coordinator Nurse and herself are now reviewing, printing, and assuring medical providers are contacted regarding resident's lab results daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2578 West Fifth Street Greenville, NC 27834	

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephone interview was completed on 11/12/24 at 12:00pm with Nurse #2. The Nurse stated she was assigned to Resident #1 during the 7am-3pm shift on 11/1/24. Nurse #2 revealed she was unable to recall if she notified the oncoming 3pm-11pm nurse of the pending STAT labs. Nurse #3 stated it was her routine to alert the oncoming nurse of pending labs during shift report. A telephone interview was completed on 11/12/24 at 1:43pm with Nurse #4. The Nurse stated she was assigned to Resident #1 during the 11pm-7am shift on 11/1/24. Nurse #4 stated she did not recall receiving a phone call from the laboratory regarding Resident #1's critically low hemoglobin and hematocrit. The Nurse stated she was unable to recall if the 3pm-11pm nurse alerted her to Resident #1's pending STAT labs. A telephone interview was completed on 11/1/24 at 3:20pm with the facility's contracted laboratory's Regional Service Representative. The Representative stated at approximately 7:32pm on 11/1/24 the hospital laboratory contacted the facility by phone to notify Resident 1's nurse of a critically low lab result. The Representative stated a facility staff member answered the phone and revealed to the laboratory employee there was no Resident by the name of Resident #1 residing in the facility. The hospital laboratory attempted to contact the facility once more at approximately 5:22am on 11/2/24 without success. On 11/2/24 at approximately 6:01am the hospital laboratory contacted the facility's contract laboratory company regarding the inability to communicate to the facility Resident #1's critically low lab result. On 11/2/24 at approximately 6:08am the contracted lab attempted to contact the facility without success. The Representative stated there were no further attempts made by the contracted laboratory to notify the facility of the critically low lab result. A telephone interview was completed on 11/12/24 at 3:30pm with the facility's NP. The NP stated she was in the facility on 11/1/24 completing resident visits. The NP stated during her visit she reviewed Resident #1's hospital records for her 10/22/24-10/30/24 stay and spoke to the Resident's assigned nurse on that day. The NP stated that because of Resident #1's abnormal lab values during her hospital stay and multiple health diagnoses, she ordered STAT labs to be completed. The NP stated she requested the facility contact her or the provider on-call when the lab results were received. The NP stated she did not receive a call from the facility nor was there a notation that the on-call provider received a telephone call regarding the lab results. An interview was completed on 11/12/24 at 4:30pm with Nurse #5. The Nurse stated she was assigned to Resident #1 during the 3pm-11pm shift on 11/1/24. Nurse #5 revealed she did not recall Nurse #2 notifying her of pending STAT labs for Resident #1. The Nurse revealed she did not receive a telephone call from the laboratory regarding the lab results for Resident #1. A follow-up interview was completed on 11/13/24 at 2:56pm with the DON. The DON stated the failure of the lab results to populate into the Resident's electronic medical record and the failure of communication between the laboratory and the facility caused the lab to not be addressed timely. An interview was completed on 11/13/24 at 3:15pm with the facility's Administrator. The Administrator stated it was his expectation lab results are received and follow up on timely. The facility provided the following corrective action plan with a date of 11/4/24 to begin monitoring and a completion date of 11/5/24. Problem: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2578 West Fifth Street Greenville, NC 27834	

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/1/24 the Resident had an episode of vomiting. The NP assessed the Resident and ordered STAT labs to be drawn that day. The facility's contracted laboratory obtained the labs and sent them to the hospital laboratory. At approximately 7:32pm the hospital laboratory called and reportedly was told there was no resident in the facility by the Resident's name. On 11/2/24 at 5:22am the hospital laboratory called the facility, and no one answered. On 11/2/24 at approximately 6:01am the hospital laboratory called the facility's contracted laboratory to notify them of the unsuccessful attempts to notify the facility. On 11/2/24 at approximately 6:08am the contracted laboratory called the facility and there was no answer. There were no further calls made to the facility. On 11/3/24 the Resident's RP noticed a change in the Resident's condition and requested for her to be sent out to the emergency department. The assigned nurse assessed the Resident, obtained vital signs, called emergency services, and sent the Resident to the emergency department. Immediate Response-what was done at the time. The Resident is no longer at the facility. How to identify other residents. On 11/4/24 the Minimum Data Set (MDS) Coordinator and DON reviewed all labs for the last 30 days to ensure there were no critical results that had not been reported or followed up on. On 11/4/24 the MDS Coordinator emailed the contracted laboratory in regard to lab results not populating in electronic medical records. What measures were put in place to prevent reoccurrence. One 11/4/24 and 11/5/24 the DON educated the MDS Coordinator, Unit Manager, Wound Nurse, and Charge Nurse on the process of accessing lab results each morning for review and follow-up. How to monitor to ensure the problem does not reoccur. The DON or MDS Coordinator will assess lab results daily and complete a lab tracking tool daily for 12 weeks. The results will be presented in the clinical meeting to ensure all lab results have been reported and have received follow-up. The results will be reported to the monthly Quality Committee meeting (11/20/24) for review and discussion to ensure substantial compliance. Once the Quality Assurance Committee determines the problem no longer exists, then the review will be completed on a random basis. Alleged date of compliance: 11/5/24 Onsite validation was completed on 11/13/24 through staff interviews, observations, and record reviews. Inservice was confirmed to be provided on lab tracking and Provider notification of lab results. Staff were interviewed to validate the in-service was completed on lab tracking and Provider notification. A review of education conducted with the MDS Nurse Coordinator regarding steps to take when a facility Provider orders labs. A review of labs ordered on residents on 11/7/24, 11/8/24, and 11/9/24 revealed no concerns. A review of the Lab Monitoring Tracker audit tool for 11/5/24, 11/6/24, and 11/724 revealed no concerns. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Universal Health Care/Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 2578 West Fifth Street Greenville, NC 27834	

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was completed on 11/13/24 at 9:30am with the MDS Nurse Coordinator. The Nurse revealed every day she reviewed labs ordered by the facility's Providers, printed all lab results for that day and ensured the Provider was notified of the results. An interview was completed on 11/13/24 at 2:47pm with Nurse #6. The Nurse stated when she received an order for a STAT lab during her shift, she contacted the laboratory to place an order for the lab, completed a progress note in the resident's medical record regarding the order, and when the lab was not collected prior to the end of her shift, she notified the oncoming nurse. The facility's corrective action plan was validated to be completed as of 11/5/24.