STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455528	A. Building B. Wing	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47371 Based on interviews and record review, the facility failed to ensure that all alleged violations involving the reasonable suspicion of a crime were reported immediately to a law enforcement entity for its political subdivision, within two hours if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, for 1 (Resident #2) of 5 residents reviewed for abuse/neglect. The facility failed to report to the local law enforcement agency within the allotted time frame of 24 hours on 02/07/2025 around 8 PM when CNA A observed Resident #2 being punched by Resident #4 and when Resident #2 verbalized that Resident #4 physically punched Resident #2. This failure could place all residents at increased risk for potential abuse due to unreported allegations of abuse. The findings included: Record review of Resident #2's Admission Record dated 03/16/2025 revealed, Resident #2 was a [AGE] year-old male, who was originally admitted on [DATE] and most recent readmission was 09/28/2024. Resident #2 was diagnosed with cerebral infarction (stroke), nontraumatic subarachnoid hemorrhage (brain bleed), aphasia (difficulty with speaking), and dysphagia (difficulty with swallowing) Record review of Resident #2's Quarterly MDS dated [DATE] revealed Resident #1 had a BIM score of 8 which indicated moderate cognitive impairment The MDS reflected the resident needed partial to moderate assistance for ADL's. Record review of Resident #2's progress notes dated 2/7/2025 at 20:05 (8:05 PM) revealed LVN A documented, the resident was punched in the face by another resident 'as per resident then fell on the ground in sitting position. vital signs are WNL, and no c/o voiced yet slight discomfort to his left hip area. was sent 911 and RP was called and stated she would meet him there and doctor made aware that resident was being taken to ER at this time to be evaluated due to the more he attempted movement the more his left hip would hurt. On-call (physician who is working at the time of the incident) made aware. was sent out via ambulance to emergency room at [hospital]. (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: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Laredo West Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Lane Laredo, TX 78043	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #2's progress notes dated 2/7/2025 at 20:40 (8:40 PM) revealed, LVN A documented, as per staff (CNA A) She saw another resident, Resident #4 outside of Resident #2's room when all of a sudden, she sees Resident #4 throw a jab towards Resident#2 and then she heard Resident#2 let out loud cry. Upon entering the room, she noticed Resident#2 on floor; when said nurse was notified, once in room: upon visualization patient appeared sitting no overt distress noted and denied any discomfort. no apparent injury. Vital signs WNL as well. As Resident#2 was asked to be pick him up floor and said nurse and CNA started the process he would state his left hip area hurt too much/ ambulance was called. Record review of Resident #2's Total Body Skin assessment dated [DATE], revealed no skin irregularities noted. Record review of Resident #2's care plan date revision on 2/13/2025 revealed, Resident to Resident incident 2/7/25: resident struck by another resident sustained fall. Goal: Resident will be moved to another room. Interventions: Do not argue with resident, but redirect by asking benign questions, encourage contact with support system (spouse), plan activities that draw on resident's experience and knowledge, and resident will be monitored by staff for care and safety. Record review of Resident #4's admission record dated 03/16/2025 revealed Resident #4 was a [AGE] year-old-male, who was admitted on [DATE]. Resident #4 was diagnosed with cerebral infarction (stroke), mood disorder, and dementia (cognitive impairment). Record review of Resident #4's progress note dated 2/7/2025 at 20:07 (8:07 PM) revealed LVN A documented, resident for reasons unknown punched another resident in the face; he was assessed at this time no injury noted to resident; skin assessment done at this time, no injuries noted. v/s WNL. Doctor was notified and RP called and no answer. As per PCP no orders given. Record review of Resident #4's MDS Quarterly 1/20/2025 BIMS 3 indicating severe cognitive impairment and needed supervision or touching assistance with ADL's. Record review of Resident #4's progress note dated 2/7/2025 at 20:07 (8:07 PM) revealed LVN A documented, resident for reasons unknown punched another resident in the face; he was assessed at this time no injury noted to resident; skin assessment done at this time, no injuries noted. v/s WNL. Doctor was notified and RP called and no answer. As per PCP no orders given. Record review of Resident #4's care plan date revised 03/10/2025 revealed, the resident has a mood problem r/t Disease Process Dementia, episodes of anxiety Behavior: 2/7/25 Resident struck another male resident who entered room. Goal: the resident will have improved mood state calmer appearance, no s/sx of anxiety through the review date. Interventions: administer medications as ordered. Monitor/document for side effects and effectiveness. Behavioral health consults as needed (psycho-geriatric team, psychiatrist etc.). Do not argue with resident, but redirect by asking benign questions. Placed under 1:1 supervision. Plan activities that draw on resident's experience and knowledge. Resident in room by himself due to not wanting roommate. Resident was re-directed to surroundings he was separated from the other resident and made safe. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's incident report regarding resident-to-resident altercation dated 02/07/2025 at 20:00 (8:00 PM) revealed As per staff [CNA A] she witnessed resident punch' another resident but could not see the resident who was punched because the resident was inside his room by the doorway. [CNA A] heard [Resident #2] let out loud cry and upon entering the room, [CNA A] noticed [Resident #2] on the floor. [Resident #2] was sitting by the doorway leaning against the bathroom door. Record review of the facility's investigation report investigation statement dated 02/07/2025 for CNA A revealed, I was standing on the hallway in Wing C when I saw [Resident #4] punch throw a punch at someone I could not see who was standing in the doorway but I saw [Resident #4] punching someone When I went to go see who it was, I noticed that it was [Resident #2]. Signed by CNA A. During an interview on 03/16/2025 at 1:48 PM the Int DON stated the normal protocol for any allegation of abuse was to notify the administrator immediately. The Int DON stated the protocol that nurses are expected to follow was to first ensure the victim is safe. The Int DON stated with any allegation of abuse, the nurse would separate the residents (alleged perpetrator and victim) and ensure they are safe. The Int DON stated the nurse would then assess for injuries followed by notifying additionally the ADONs, DON, MD, and RP. The Int DON stated slapping and punching would fall under the facility's definition of physical abuse. The Int DON stated ultimately, the administrator would determine when to notify the local law enforcement and did not definitively state what could potentially occur if the local law enforcement are not notified of the allegation of physical abuse. The Int DON stated while reviewing the electronic health record of the two residents (Resident#2 and Resident #4), both had low BIMS score (cognitively impaired) and stated she could not definitively speak to their willful intent, and for that reason, she believed the local law enforcement would not be notified of the allegation of abuse. The Int DON stated she was not present during the 02/07/2025 event and could not speak to the actions of the previous administration. The Int DON stated currently, due to Resident #4's aggressive behavior on 02/7/2025 and later 03/05/2025 resident to resident altercation, Resident #4 was on a 1 to 1 after each occurrence . The Int DON stated after the 02/07/2025 altercation Resident #4 was placed on a 1:1 for 72-hours once aggressive behaviors subsided and per the recommendation of psych services. The Int DON stated after the 03/05/2025 resident to resident altercation, Resident #4 was placed again on a 1:1, but this time the 24-hour observation would continue indefinitely while pending placement to a facility more equipped to handle Resident #4's behavior. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0609

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

During an interview on 3/16/2025 at 2:16 PM the Administrator stated when there is an event regarding physical altercations (physical abuse), the main priority would be to first ensure the safety of the residents which would include separation of the residents. The administrator stated punching, hitting, or slapping would fall under the definition of physical abuse. The administrator stated he has been with the facility for roughly less than 2 weeks, and was not present during the 02/07/2025, but has familiarized himself with the provider investigation report, and part of the abuse and neglect policy and procedure would trigger to report to the proper entities including the local law enforcement. The Administrator stated he could not speak to the actions of the previous administrator but would have followed the policy and procedure regarding abuse and would have notified the local law enforcement regarding of the resident's cognitive status. The administrator stated a BIM score is not the determining factor when following the facility's policy and procedure. The administrator did not definitively state what could have potentially occurred since the local law enforcement was not notified. The Administrator stated regardless if the local law enforcement shows up to the facility, the expectation of the facility is to follow the policy and procedures regarding abuse which would be to notify the local law enforcement of the allegation. The administrator stated while reviewing the provider investigation report, it appeared that the previous interim administrator did not notify the local law enforcement of the allegation of abuse.

During an interview on 03/16/2025 at 3:12 PM the Int administrator stated the protocol for all allegations of abuse would be for the nurses to ensure the safety of the victim by separating the alleged perpetrator from victim followed by completing a skin and pain assessment. The Int administrator stated the investigation was concluded to be unsubstantiated. The Int administrator stated due to the cognition of Resident #2 and Resident#4, and the facility not wanting to press charges, in conjunction with the families of both residents requesting not to press charges, he did not notify local law enforcement of the allegation of physical abuse. The Int administrator stated he could not conclude the derivative of intent for Resident #4 due to his cognitive impairment, and so did not believe he should notify local law enforcement of the observed allegation of physical abuse. The Int administrator in any other circumstances, when the residents are cognitively aware he would notify the local law enforcement when there was any allegation of abuse. The Int administrator if a resident had a gun or had a knife, he would have definitively notified the local law enforcement of the allegation of abuse. The Int administrator reiterated multiple times that the policy and procedure regarding abuse stated, if applicable. The Int administrator stated he interpreted if applicable to mean if the facility (the Int administrator) believed it was required, he then would have apply his belief to the situation (physical abuse). The Int administrator stated he followed the policy and procedure regarding abuse and did not definitively verbalize what could potentially happen given that the local law enforcement was not notified. The Int administrator stated his reasoning for his actions was that when the event occurred on 02/07/2025, he had been at the facility for three days. The Int Administrator stated Resident #2 nor Resident #4 sustained any physical injuries. The Int Administrator stated he did not believe he needed to notify the local law enforcement about the 02/07/2025 allegation of physical abuse.

Record review of the facility policy titled Abuse, Neglect and Exploitation dated 08/15/22 reflected the following:

VII. Reporting/Response

A. The facility will have written procedures that include:

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Laredo West Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Lane Laredo, TX 78043	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframe's: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48633 Based on observation, interview and record review, the facility failed to maintain clinical records in accordance with accepted professional standards and practices that are complete and accurately documented for 3 of 7 residents (Resident #1, Resident #3 and Resident #5) reviewed for medical records accuracy, in that: The facility failed to maintain accurate shower records for Residents #1, #3, and #5. This failure could place residents at risk for not receiving showers and lead to skin infections. Findings included: Record review of Resident #1's face sheet dated 3/11/2025 revealed the resident was admitted on [DATE] with the following diagnosis: Alzheimer Disease (a progressive disease that destroys memory and other important mental functions), Dysphagia (difficulty swallowing), Type 2 Diabetes Mellitus (abnormal amount or high amount of blood sugar), Depressive disorder, Overweight, and Heart Failure. Record review of Resident #1's Minimum Data Set, dated dated dated [DATE] revealed resident has a BIMS (brief interview of mental status-a ranking of the mental capacity of a resident-the higher the score the more cognitive the resident) score of 03. The MDS also indicated the resident had limited lower extremity limited range of motion and completed showering functions independently and did refuse showers occasionally. Review of Resident #1's Care Plan, undated, indicated staff will monitor/document/report PRN any changes, any potential for improvement, reasons for self-care deficit. Record review of the Documentation Survey Report (Activities of Daily Living documentation) dated August 9th, 19th, 28th, and 30th of 2024 indicated Resident #1's showers documented as S, 8, 8. The key provided on the form defined S as shower and 8 as shower didn't occur, or family member/non-facility staff provided 100% of the activity. The key also indicated RR as Resident Refused, RU as Resident not available and NA as Not applicable. Record review of Resident #3's face sheet dated 3/11/25 revealed the resident was admitted [DATE] with the following diagnoses: Osteomyelitis (inflammation of bone or bone marrow), End Stage Renal Disease (kidneys lose the ability to remove waste and balance fluids), and Type 2 Diabetes Mellitus (abnormal amount or high amount of blood sugar). Record review of Resident #3's Minimum Data Set, dated dated dated [DATE] revealed resident has a BIMS score of 00 (resident unable to complete the mental cognition interview part of the assessment-refer to care plan). The MDS also indicated the resident had limited range of motion in the lower extremity/extremities and completed showering functions with assistance and helper completed all the activity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laredo West Nursing and Rehabilitation Center	1200 Lane Laredo, TX 78043

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #3's Care Plan, undated, revealed the resident required 2-person assistance with showers three times per week. Record review of Resident #3's progress notes dated 7/25/2024 revealed Resident #3 discharged to a local medical clinic due to respiratory distress, fatigue, and chest pain. Record review of Documentation Survey Report (Activities of Daily Living documentation) dated July 1-5, 2024, July 7, 8, and 10th and July 14th-17th 2024 indicated Resident #3's showers documented as S, 8, 8. The key provided on the form defined S as shower and 8 as shower didn't occur or family member/non-facility staff provided 100% of the activity. The key also indicated RR as Resident Refused, RU as Resident not available and NA as Not applicable. Record review of Resident #5's face sheet dated 3/11/25 revealed resident was admitted [DATE] with the following diagnoses: Hypothyroidism, Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), and abnormal gait. Record review of Resident #5's Minimum Data Set, dated dated dated [DATE] revealed resident has a BIMS score of 03. The MDS also indicated assistance was needed with showers and the helper did less than half the effort with showers, which means the resident performs most actions while in the shower. Record review of Resident #5's Care plan, undated, revealed resident requires extensive assistance by 1 staff member with showering 3 times per week. Record review of Documentation Survey Report (Activities of Daily Living documentation) dated November 1, 4, 6, 13, 15, 20, 22, 25, 27, and 29 2024, indicated Resident #5's showers documented as S, 8, 8. The key provided on the form defined S as shower and 8 as shower didn't occur, or family member/non-facility staff provided 100% of the activity. The key also indicated RR as Resident Refused, RU as Resident not available and NA as Not applicable. During an interview on 3/11/2025 Resident #1 stated the facility staff took care of him like he was their father, and they brought him food in bed like he preferred. The resident stated he could not remember what days he took a shower and when, but the facility showered him, and he didn't remember anyone else showering him since he had been in the facility. During an interview on 3/12/25 at 9:30 am, Resident #5's family member stated the facility provided all the care for the resident, including showers. Resident #5's family stated he understands how difficult it is to take care of Resident #5 and the resident is oriented to himself but doesn't remember day to day activities. Interview attempted with Resident #3's family on 3/12/25 at 9:10 am, but there was no answer and no voicemail available. Interview attempt with Resident #1's family on 3/12/24 at 9:15 am, but there was no answer and no return phone call. A voice message was left to return the phone call. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Laredo West Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Lane Laredo, TX 78043	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 3/14/2025 at 2:00pm, CNA C stated S, 8, 8 on the Document Survey Sheet may have indicated she was busy with another resident and not able to shower the resident at the time if she was busy with other residents, or she was not able to shower the resident because there was not enough staff at the current time to allow a shower at the preferred time for the resident. CAN C stated it may have been because the resident was aggressive with her at the time, but she doesn't remember the exact occurrence(s). CNA C documented S, 8, 8 on 8/9 for Resident #1, S, 8, 8 on 11/4, 11/6, 11/13, and 11/29 for Resident #5. During an interview on 3/13/25 at 3:30pm, ADON A stated she thought the CNAs were documenting the S, 8, 8 when the resident refused a shower. The CNAs should have been documenting RR if the resident refused. The leadership team have been working with the staff to document appropriately. Also, the leadership team have been working with the nursing staff to let us know when residents were refusing. ADON A stated CNA's can't make them (the resident) shower and staff can encourage but at the end of the day it is their right to refuse. The corrective actions are to document refusals appropriately. The documentation should reflect appropriate on the ADL sheet. The ADON A stated she feels documentation and education for the staff needs to improve. During an interview on 3/13/2023 at 4:00pm, ADON B stated the S, 8, 8 did not necessarily mean the resident refused a shower. ADON B stated when there is nothing documented in the progress notes in relation to the day the S, 8,8 was documented then she was unsure what has occurred with any resident. The failure is that they (the CNA) failed to document the shower specifics in the progress notes due to the CNAs not notifying the nurse, or the nurse not documenting what the CNA did tell the nurse. ADON B stated to fix the process the shower sheets have been implemented and the CNAs will have to complete one sheet for every resident. The process will ensure each hard copy of paperwork will match the documentation on the computer system. ADON B stated the failure is in the fact that the documentation doesn't accurately reflect how or if the resident was showered. During an interview on 3/14/2025 at 9:51am, Administrator A stated showers should be documented appropriately reflecting what and who received a shower and on what days. During an interview on 3/14/2025 at 10:10am with the interim DON, revealed the difference between the designations of RU, N/A, and S, 8, 8 on the Documentation Survey Report appears the S, 8, 8 indicated the shower has not been done for that day. The DON said, I do think charting has been an issue. The CNAs are not understanding the proper charting process. The charting is not a reflection of what is actually being done with the resident. The expectation is for the charting to be correct and the Documentation Survey Sheets to be accurate. The DON stated the expectation moving forward is S, 8, 8 to be followed with a progress note stating the specifics of why it did not occur and/or who provided care to the resident. The DON also stated the facility implemented documentation using paper shower sheets earlier this week. Each shower sheet will be submitted to the ADON for each hall and the shower sheets will be compared to the electronic showers schedule to ensure showers were completed for each resident. The DON said training and re-education will be completed for the electronic charting system.