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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525307 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Edenbrook of Green Bay | | STREET ADDRESS, CITY, STATE, ZIP CODE 2961 St Anthony Dr Green Bay, WI 54311 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>42423</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R5) of 10 sampled residents received assistance with a request in a timely manner.</p> <p>On 2/26/25, R5's call light was activated at 6:46 AM. Certified Nursing Assistant (CNA)-G turned R5's call light off at 7:12 AM after R5 requested a cup of coffee. R5 was not provided coffee until R5's breakfast tray was delivered at 8:10 AM.</p> <p>Findings include:</p> <p>On 2/26/25, Surveyor reviewed R5's medical record. R5 had diagnoses including spinal stenosis, type 2 diabetes mellitus, choric obstructive pulmonary disease (COPD), anxiety, and chronic pain syndrome. R5's most recent Minimum Data Set (MDS) assessment, dated 12/6/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R5 had intact cognition. The MDS assessment also indicated R5 required set up assistance for eating.</p> <p>R5's plan of care indicated R5 had an activity of daily living (ADL) deficit related to weakness and impaired mobility.</p> <p>On 2/26/25 at 6:46 AM, Surveyor noted R5's call light was activated. From 6:46 AM to 7:08 AM, Surveyor noted there were no staff in the hallway on which R5 resided.</p> <p>On 2/26/25 at 7:09 AM, Surveyor interviewed R5 who indicated R5 had been waiting awhile and nobody had stopped to see what R5 wanted which was a cup of coffee. R5 indicated it is common to wait a long time in the morning for staff to answer R5's call light. R5 indicated R5 has waited as long as 2 hours.</p> <p>On 2/26/25 at 7:12 AM, Surveyor observed CNA-G enter R5's room, turn the call light off, leave the room, and enter another resident's room.</p> <p>On 2/26/25 at 7:25 AM, Surveyor interviewed R5 who confirmed CNA-G turned R5's call light off after R5 asked for coffee. R5 indicated CNA-G stated CNA-G would get coffee for R5, however, R5 had not received coffee. R5 indicated R5 wanted coffee every day between 6:00 AM and 7:00 AM.</p> <p>On 2/26/25 at 8:06 AM, Surveyor observed dietary staff bring a cart with three meal trays to the unit. Surveyor noted the cart contained R5's breakfast tray which included a cup of coffee.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 2/26/25 at 8:10 AM, Surveyor observed CNA-G deliver R5's breakfast tray.</p> <p>On 2/26/25 at 8:12 AM, Surveyor interviewed CNA-G who confirmed CNA-G turned R5's call light off approximately one hour earlier after R5 requested a cup of coffee. CNA-G confirmed CNA-G did not get coffee for R5 prior to the provision of R5's breakfast tray. CNA-G indicated CNAs cannot provide coffee to residents per instructions from dietary staff approximately one week ago. CNA-G confirmed CNA-G did not explain to R5 that CNA-G could not bring R5 coffee.</p> <p>On 2/26/25 at 8:15 AM, Surveyor interviewed CNA-H who indicated dietary staff indicated approximately one week ago that too much coffee was wasted and a carafe of coffee would no longer be provided. CNA-H indicated if a resident wants coffee, staff have to use the radio to request coffee from the kitchen.</p> <p>On 2/26/25 at 9:05 AM, Surveyor interviewed Dietary Manager (DM)-I who indicated dietary staff used to send a carafe of coffee to R5's unit on the beverage cart but no longer do so. DM-I indicated coffee is sent on meal trays as of last week. DM-I indicated nursing and kitchen staff have radios and CNAs can let kitchen staff know if a resident requests coffee before their tray arrives on the unit. DM-I indicated kitchen staff will bring coffee to the unit ahead of the resident's tray. DM-I indicated R5 can be set up to receive coffee sooner each day.</p> <p>On 2/26/25 at 1:49 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated a resident's call light should stay on until the resident's need is met.</p> |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff and resident interview and record review, the facility did not provide the necessary care and treatment to maintain the highest practicable well being for 2 residents (R) (R7 and R10) of 10 sampled residents.</p> <p>Staff did not consistently complete daily weights as ordered for R7 and R10.</p> <p>Findings include:</p> <p>The facility's Heart Failure policy, dated 3/19/24, indicates: .The nurse will assess and document/report the following: a. Daily vital signs or as ordered by the provider; b. Daily weights or as ordered by the provider .i. Call for weight gain 3 pounds or greater in 24 hours or 5 pounds in one week or as directed by the provider . 5. The physician will help identify individuals at risk for having cardiac decompensation, for example, because of arrhythmia .chronic obstructive pulmonary disease .</p> <p>1. On 2/26/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including congestive heart failure (CHF) and diabetes. R7's most recent Minimum Data Set (MDS) assessment, dated 2/12/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R7 had intact cognition. An MDS assessment, dated 11/12/24, indicated R7 was dependent on staff for transfers (helper does all the effort, resident does none).</p> <p>R7's plan of care indicated R7 was at risk of lower extremity imbalanced fluid volume due to CHF and venous insufficiency and contained interventions to monitor R7's weight per policy and notify the provider of any significant changes.</p> <p>R7 had an order for daily weights and vital signs for CHF monitoring and to ensure R7's weight was obtained prior to breakfast (dated 8/7/24 and revised 2/20/25 to indicate if vital signs are out of range, recheck manually and chart per the Nurse Practitioner (NP)).</p> <p>Surveyor reviewed R7's weights for 11/10/24 to 2/25/25 and noted 44 of R7's daily weights were missing.</p> <p>On 2/26/25 at 11:38 AM, Surveyor interviewed R7 who indicated R7's weights were often missed because there were not enough staff to complete a 2 assist transfer which was needed to obtain R7's weight. R7 indicated R7 should be weighed before breakfast which was not consistently done.</p> <p>2. On 2/26/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including high blood pressure and chronic venous insufficiency (a condition in which blood pools in the veins and leads to increased pressure and strain on the vein walls). R10's most recent MDS assessment, dated 1/12/25, had a BIMS score of 15 out of 15 which indicated R10 had intact cognition.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R10's plan of care contained interventions to monitor R10's weight per policy and notify the provider of any significant changes. R10's plan of care also indicated R10 had limited physical mobility and contained an intervention to transfer R10 with the assistance of two staff and an EZ Stand (sit-to-stand) lift.</p> <p>R10 had an order for daily weights and to notify the provider of a greater than three pound increase in 24 hours or five pounds in 1 week (revised 7/15/23).</p> <p>Surveyor reviewed R10's weights for 10/9/24 to 2/26/25 and noted 64 of R10's daily weights were missing.</p> <p>On 2/26/25 at 1:37 PM, Surveyor interviewed R10 who indicated R10 was not weighed daily on a consistent basis because there were not enough staff to complete a transfer with the assistance of two staff and a sit-to-stand lift.</p> <p>On 2/26/25 at 6:46 AM, Surveyor interviewed Registered Nurse (RN)-D who confirmed daily weights were not consistently obtained because there were not enough staff in the morning. RN-D indicated daily weights were missed for residents with CHF and edema because staff were too busy to obtain weights prior to breakfast.</p> <p>On 2/26/25 at 9:45 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-C who indicated staff did not consistently obtain daily weights prior to breakfast. LPN-C indicated there were not enough staff to complete daily weights for residents who required two staff for mechanical lift transfers.</p> <p>On 2/26/25 at 12:09 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-J who indicated daily weights were hard to consistently complete prior to breakfast because there were not enough staff for residents who required the assistance of two staff for transfers.</p> <p>On 2/26/25 at 12:17 PM, Surveyor interviewed Nurse Practitioner (NP)-K who indicated weights are missed and staff need prompting to obtain residents' weights per physician orders. NP-K indicated NP-K had to enter specific orders for specific dates in order for staff to obtain weights. NP-K indicated staff should obtain daily weights for residents with a diagnosis of CHF and any resident with a change in weight. NP-K indicated NP-K would like to be updated as soon as staff recognize a weight gain or weight loss. NP-K indicated NP-K should not be the first person to notice weight changes and call the facility to monitor.</p> <p>On 2/26/25 at 1:44 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated daily weights should be obtained prior to breakfast or per the physician's order. DON-B indicated if a daily weight is missed, the provider should be updated the same day. DON-B verified R7 and R10's daily weights were not consistently obtained and indicated nurses should ensure CNAs consistently obtain daily weights.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff and resident interview and record review, the facility did not ensure the resident environment was as free of accident hazards as possible for 2 residents (R) (R9 and R10) of 8 sampled residents.</p> <p>R9's care plan contained an intervention for the assistance of two staff and a full-body (Hoyer) lift for transfers. The intervention was not consistently followed.</p> <p>R10's care plan contained an intervention for the assistance of two staff and a sit-to-stand (EZ Stand) lift for transfers. The intervention was not consistently followed.</p> <p>Findings include:</p> <p>The facility's Sit-to-Stand Mechanical Lift Policy, revised 8/22/23, indicates: To assist residents with transfers who are able to bear weight with some assistance. Employees will use the sit-to-stand mechanical lift per policy to ensure safety for the resident and the employee .1. Sit-to-stand mechanical lift will be used with two caregivers .</p> <p>The facility's Total Mechanical Transfer Policy, revised 8/22/23, indicates: To safely transfer residents who have been assessed .Also to ensure a safe work environment for the employees .2. The total mechanical lift must have two staff members present .</p> <p>1. On 2/26/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including quadriplegia (paralysis of all four limbs), diabetes, and hypotension (low blood pressure). R9's most recent Minimum Data Set (MDS) assessment, dated 11/26/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R9 was not cognitively impaired.</p> <p>R9's plan of care indicated R9 had limited physical mobility and contained an intervention to transfer R9 with the assistance of two staff and a full-body (Hoyer) lift.</p> <p>On 2/26/25 at 10:30 AM, Surveyor interviewed R9, who indicated two of R9's showers were late in the last month because there were not enough staff to assist with a Hoyer transfer. R9 indicated staff attempted to transfer R9 with one staff present but R9 did not feel safe and refused. R9 indicated there have been issues finding a second staff to assist with R9's transfers in the last month.</p> <p>2. On 2/26/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including high blood pressure and chronic venous insufficiency (a condition in which blood pools in the veins and leads to increased pressure and strain on the vein walls). R10's most recent MDS assessment, dated 1/12/25, had a BIMS score of 15 out of 15 which indicated R10 was not cognitively impaired.</p> <p>R10's plan of care indicated R10 had limited physical mobility and contained an intervention to transfer R10 with the assistance of two staff and an EZ stand lift.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 2/26/25 at 10:20 AM, Surveyor interviewed R10 who indicated only one staff assisted R10 with EZ stand transfers.</p> <p>On 2/26/25 at 9:45 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-C who confirmed LPN-C observed staff transfer residents with mechanical lifts without a second staff present. LPN-C indicated mechanical lift transfers with the assistance of one staff are an ongoing issue. LPN-C verified EZ Stand and Hoyer lift transfers require the assistance of two staff unless therapy indicates otherwise for EZ Stand lifts.</p> <p>On 2/26/25 at 11:58 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who indicated CNA-E has transferred residents with a mechanical lift without a second staff present because there was not another staff available to help and CNA-E did not want to fall behind with cares.</p> <p>On 2/26/25 at 1:44 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should follow residents' care plans for transfers. DON-B confirmed R9 and R10 require the assistance of two staff for mechanical lift transfers.</p> |

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| <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>42423</p> <p>Based on observation, staff interview, and record review, the facility's nursing staff postings did not contain accurate data and were not retained for 18 months. This practice had the potential to affect all 68 residents in the facility.</p> <p>The facility did not update the daily nursing staff postings when there were schedule changes. The nursing staff postings contained numbers for staff in a full shift row despite the fact staff only worked a partial shift. In addition, the facility did not retain the postings for 18 months.</p> <p>Findings include:</p> <p>The facility's Staff Posting policy, revised 10/19/23, indicates: The facility shall post daily the actual hours and total number of hours worked by licensed and unlicensed nursing staff who are directly responsible for resident care on each shift in the facility.</p> <p>On 2/26/25 at 4:51 AM, Surveyor observed a nursing staff posting on the first floor which contained 7 rows and 6 columns. The rows indicated shift times and the columns indicated staffing positions. Surveyor noted the 10:00 PM to 6:00 AM row for 2/25/26 indicated there were 3 Certified Nursing Assistants (CNAs) for a total number of 22.5 hours.</p> <p>On 2/26/25 at 6:06 AM, Surveyor noted the 2/26/25 daily nursing staff posting was posted. The 6:00 AM to 2:00 PM row (which is a 7.5 hour shift) indicated 9 CNAs worked for a total number of 64 hours, however, Surveyor noted 9 CNAs at 7.5 hours was equal to 67.5 hours. Surveyor reviewed the 2/26/25 nursing department schedule which indicated 9 CNAs worked the AM shift, one of which only worked 10:00 AM to 2:00 PM.</p> <p>On 2/26/25, Surveyor requested nursing staff postings for multiple dates from November 2024 to February 2025. Surveyor noted the facility's management team printed the postings instead of providing the original postings. In addition, the postings did not contain edits which typically occur for staffing changes.</p> <p>Surveyor compared the nursing staff postings to the staff schedules and noted for split or partial shifts worked, the postings contained the number of staff who worked the partial shift under the row for the full shift. For example, the 10:00 PM to 6:00 AM row on the posting would indicate 4 CNAs worked even if one of the 4 CNAs only worked from 10:00 PM to 2:00 AM and another worked from 2:00 AM to 6:00 AM. Surveyor noted the postings did not contain rows that indicated partial shifts were worked.</p> <p>(continued on next page)</p> |

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| <p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>On 2/26/25 at 11:25 AM, Surveyor reviewed the 12/26/24 posting with Nursing Home Administrator (NHA)-A. The posting indicated 6 CNAs worked from 6:00 AM to 2:00 PM, however, the nursing schedule indicated 1 of the 6 CNAs worked from 6:00 AM to 10:00 AM, 1 of the CNAs worked from 10:00 AM to 2:00 PM, and 1 of the CNAs worked from 8:00 AM to 2:00 PM. There were 4 nurses listed under the AM shift row as having worked from 6:00 AM to 2:30 PM, however, the nursing schedule indicated 1 of the nurses worked from 6:00 AM to 10:00 AM. Five CNAs were listed under the 10:00 PM to 6:00 AM row, however, the nursing schedule indicated 1 of the CNAs worked from 10:00 PM to 2:00 AM and another CNA worked from 2:00 AM to 6:00 AM. The posting also indicated 3 nurses worked, however, 1 of the nurses worked from 10:00 PM to 2:00 AM and another nurse worked from 2:00 AM to 6:30 AM.</p> <p>Surveyor interviewed NHA-A who indicated data for the postings is pulled from a computer program. NHA-A confirmed what was provided to Surveyor was pulled from the program. NHA-A confirmed the facility does not retain the original nursing staff postings. NHA-A indicated Staffing Coordinator (SC)-F prints the posting each day but does not keep the posting when the day ends. NHA-A confirmed a number of staff listed as having worked in 7.5 or 8 hour shift rows may have only worked a partial shift during that timeframe, such as a 2:00 AM to 6:00 AM staff listed in the 10:00 PM to 6:00 AM shift.</p> <p>On 2/26/25 at 12:06 PM, Surveyor interviewed SC-F who indicated posting information pulls from the facility's program. SC-F indicated SC-F enters the census and notes any bed holds in the program. SC-F confirmed the nursing staff postings are not edited when there are call-ins or changes in the schedule throughout the day.</p> |