STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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** Based on interview and record review, the facility did not ensure a resident received treatment and care in accordance with professional standards of practice for 1 out of 1 resident sampled, R1. The facility did not adequately monitor and assess R1's ventriculoperitoneal (VP) shunt having the potential to result in serious complications. This is evidenced by: According to the National Institute of Health, VP shunts should be regularly monitored and assessed for complications. Signs and symptoms of shunt malfunction/infection include headache, lethargy, diplopia, nausea, vomiting, seizure, irritability, fever, and neck rigidity. Shunt system has to be assessed manually for proper function and visible for evidence of redness or swelling along the shunt tubing. Additional assessment of abdomen should be completed regularly monitoring for abdominal cerebrospinal fluid (CSF) that may result in ascites, pseudocysts, or inguinal hernia. R1 was admitted to the facility on [DATE], with pertinent diagnoses of congenital hydrocephalus and presence of cerebrospinal fluid drainage device. R1's most recent quarterly Minimum Data Set (MDS) assessment, dated 06/19/25, noted a Brief Interview for Mental Status (BIMS) score of 6/15, indicating severe cognitive impairment. R1's care plan, dated 11/26/24, with a target date of 07/11/25, states: R1 has potential for alteration in neurological status related to hydrocephalus and placement of VP shunt with interventions of RN [Registered Nurse] will pump ReFlow valve on VP shunt as per direction of Neurosurgeon. -Of note: care plan did not include assessment of VP shunt line for signs or symptoms of infection or abdominal assessment for signs or symptoms of fluid overload from drainage of Cerebrospinal Fluid (CSF) fluid from VP shunt. R1's physician orders: On 11/21/24, RN staff to pump shunt 10 times twice daily per neurology. (Order discontinued 02/18/25) On 02/18/25, Nursing staff to pump shunt 10 times twice daily. (Order discontinued 06/26/25) (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
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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	On 06/26/25, RN or Licensed Practical Nurse (LPN) staff to pump shunt 10-20 times two times a day for VP shunt drain. -Of note: no additional orders for assessment of VP shunt noted. On 06/30/25, Surveyor reviewed R1's nursing progress notes and noted no assessments completed of R1's abdomen to include circumference measurement, appearance, or bowel sounds related to VP shunt and CSF drainage. No assessment of VP shunt noted to include signs and symptoms of infection noted. On 06/30/25, Surveyor reviewed R1's Treatment Administration Record (TAR). Between 06/26/25 - 06/20/25, VP shunt was pumped per order. No indication of how many pumps completed were noted. On 06/30/25 at 9:57 AM, Surveyor interviewed Licensed Practical Nurse (LPN) F regarding care of R1's VP shunt. LPN F stated no assessments of R1's abdomen of VP shunt are documented. LPN F stated the only training given on the care for R1's VP shunt was to palpate the pump under the skin and press it 10 times. On 06/30/25 at 10:19 AM, Surveyor interviewed Registered Nurse (RN) G regarding R1's VP shunt. RN G stated receiving one day of training by LPN F on how to pump R1's VP shunt. Surveyor asked RN G what assessments would be included for R1 related to the VP shunt. RN G stated monitoring neurological status and any changes in baseline would be noted in a progress note and provider would be notified. Surveyor asked if any additional assessments should be completed. RN G stated nothing else came to mind. On 06/30/25 at 1:18 PM, Surveyor interviewed Director of Nursing (DON) B regarding care of R1's VP shunt. DON B stated the previous DON had gone with R1 to a previous neurology appointment and was trained on how to complete the pumping of R1's shunt and trained nursing staff in this care. Surveyor asked DON B for documentation of what assessment and training was completed for R1's VP shunt care. DON B stated not being sure of what was taught to nursing staff and was unable to provide an example of education or training on assessments for R1's VP shunt or potential complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure the resident environment remains free of accident hazards as possible and each resident receives adequate supervision and assistive devices to prevent accidents for 3 of 3 residents (R), R2, R5, and R1 reviewed. R2, R5 and R1 had fallen; the facility did not initiate immediate intervention to prevent future falls, investigate the root cause of the fall and review and revise care plan fall interventions. This is evidenced by: Facility policy titled, Falls Management, with no initiated or reviewed date, states in part: Policy: The facility strives to reduce the risk for falls and injuries by promoting the implementation of the Risk Reduction: Falls and Injuries Program. Residents are assessed for fall risk factors. The interdisciplinary team works with the residents and family to identify and implement appropriate interventions to reduce the risk of falls or injuries . Procedure: 3. Discuss goals and interventions with resident/family for inclusion in the interdisciplinary plan of care. 4. Implement the Plan of Care - Fall Risk Reduction based on individual resident needs. 5. Complete the individual resident care plan .8. Review and revise interdisciplinary Plan of Care at subsequent care plan meetings. Facility policy titled, Protocol: Post Fall, with no initiated or reviewed date, states in part: 1. Assess the resident and implement appropriate measures to provide immediate care. 2. Nursing to complete per policy and procedure: a) Fall Tracking Form, b) Incident report ., c) FSI-Fall Scene Investigation Report (used to identify the root cause analysis). 3. Review Fall Risk Assessment for any changes in fall risk, reassess post fall. 5. Review the Plan of Care. 6. Discuss findings and interventions with the resident and family for inclusion in the interdisciplinary plan of care. 7. Adjust/add intervention on the Plan of Care. 8. Present the resident at the morning interdisciplinary team meeting. a) Review current assessments and reports, b) Compare data from previous assessments, c) Discuss identified trends or potential new risk factors. 9. Review and revise Interdisciplinary plan of care. 10. Update and communicate interventions on the plan of care. R2 was admitted to the facility on [DATE], with diagnoses including dementia with other behavioral disturbance, adult failure to thrive, Alzheimer's disease, major depressive disorder, anxiety disorder, cognitive communication deficit, and chronic pain. Minimum Data Set (MDS), dated [DATE], which is a quarterly assessment documents R2 having a Brief Interview for Mental Status (BIMS) score of 7/15, meaning severe cognitive impairment. R2 is independent with activities of daily living and ambulation. R2 had 2 or more falls without injury, and 1 fall with injury that was not a major injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's care plan states, [R2] is at risk for falls r/t (related to) decreased mobility, Dementia with behavioral disturbance .Interventions to anticipate and meet [R2's] needs. Be sure [R2's] call light is within reach and encourage [R2] to use it for assistance as needed. [R2] needs prompt response to all requests for assistance .Educate [R2]/family/ caregivers about safety reminders and what to do if a fall occurs .Gripper socks to be applied at bedtime .Review information on past falls and attempt to determine cause of falls. Record possible root causes. After remove any potential causes if possible. Educate [R2]/family/caregivers/IDT [Interdisciplinary Team] as to causes . On 06/13/25 at 9:15 PM, the fall incident report documented @ 2115 a noise came from [R2s] room, [R2] was found to be lying on her back on the floor by bed, room light was on, tv on, [R2] had on regular socks, and no shoes on, [R2] c/o (complained of) pain to the back of her head, a small lump was noted with small amount bloody drainage, VSS (vital signs stable) afebrile. [R2's] description: [R2] was trying to fix sheets on her bed and fell. Surveyor noted the fall incident report did not include immediate interventions to prevent falls. Surveyor requested the interdisciplinary team (IDT) investigation notes for R2's fall, root cause and interventions to prevent future falls. Surveyor's review of R2's care plans did not identify an update for fall interventions. Example 2 R5 was admitted to the facility on [DATE], with diagnoses including cerebral infarction, hemiplegia and hemiparesis affecting left dominant side, muscle weakness, difficulty in walking, pain in left hip, and dizziness and giddiness. R5's MDS, dated [DATE], an admission 5-day assessment, documents a BIMS score of 15/15, meaning cognitively intact. R5 has impairment to one side of upper and lower extremity. R5 requires moderate assistance from staff for toileting hygiene, upper body dressing, bed mobility, sit to stand, and transfers. R5 had a fall prior to admission and no fall during this assessment period. R5's care plan documented, Risk for falls related to decreased mobility, CVA with left hemiparesis .Date initiated: 06/17/25 .Interventions dated 06/17/25, Anticipate and meet [R5's] needs. Be sure [R5's] call light is within reach and encourage [R5] to use it for assistance as needed. [R5] needs prompt response to all request for assistance, educated [R5]/family/caregivers about safety reminders and what to do if a fall occurs. Encourage [R5] to wear shoes/gripper socks at all times .Review information on past falls and attempt to determine cause of falls. Record possible root causes. After remove any potential causes if possible. Educate [R5]/family/caregivers/IDT as to causes. On 06/04/25, a fall risk assessment was completed with a score of 3 indicating at low risk for falls. On 06/22/25 at 4:00 AM, a fall incident report documented Had just been in the BR (bathroom) and was sitting at the side of the bed, CNA (Certified Nursing Assistant) said [R5] was taking off shoes and slid off the bed. The CNA did not see the fall as she was moving the w/c (wheelchair). When writer got to the room, [R5] stated [R5] was reaching to put his shoes in the chair. Surveyor noted the fall incident report did not include immediate interventions to prevent falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor requested from NHA A the IDT investigation notes for R5's fall, including the root cause and interventions to prevent future falls. Surveyor's review of the care plans did not identify an update for fall interventions. On 06/30/25 at 4:04 PM, NHA A stated we don't have IDT investigation fall notes for these falls. Example 3 R1 was admitted to the facility on [DATE], with diagnoses including congenital hydrocephalus and presence of cerebrospinal fluid drainage device. R1's most recent quarterly MDS assessment, dated 06/19/25, noted a BIMS score of 6/15, indicating severe cognitive impairment. R1 had no impairment with range of motion in upper or lower extremities and has not had any falls since admission or prior assessment. R1's care plan, dated 10/25/24, with a target date of 07/11/25, stated: R1 is at risk for falls with interventions of review information on past falls and attempt to determine cause of falls, record possible root causes, OT [Occupational Therapy] to evaluate and treat for wheelchair positioning (initiated 01/23/25), bariatric bed to minimize risk of rolling off the bed (initiated 03/26/25). On 01/23/25 at 11:15 AM, the fall incident report documented: Housekeeper called out that resident had fallen out of his wheelchair. Nurse on duty arrived to find resident laying on right side against roommate's recliner. Checked for pain and injuries. Noted to have a hematoma and superficial abrasions to right side forehead. Denies pain on initial check. Alert to self per baseline, disoriented and confused per baseline. Neuros checked an WNL [Within Normal Limits]. Able to move all extremities per baseline. Vitals obtained and WNL. Resident description: [R1] states he doesn't know what happened. [R1] was reportedly wheeling himself around in his room prior to the fall. Immediate Action Taken: Assisted into bed via [H][NAME] lift, applied ice to right side forehead, notified daughter/POA [Power of Attorney], notified provider who instructed that [R1] should be seen in ED [Emergency Department] for evaluation. Resident sent to ED at 12:23 PM. Intervention: OT to evaluate and treat for wheelchair positioning. -Of note: No further update or documentation of OT evaluation and recommendation for intervention. No root cause of fall noted. Surveyor requested from NHA A the IDT investigation notes for R1's fall, root cause and interventions to prevent future falls. Surveyor's review of at care plans did not identify an update for fall interventions. On 06/30/25 at 4:04 PM, NHA A stated we don't have IDT investigation fall notes for R1's fall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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** Based on interview and record review, the facility did not ensure licensed nurses had the specific competencies and skill set necessary to care for a resident's needs, as identified through resident assessment, and described in the plan of care, for 1 of 1 resident (R) reviewed for ventriculoperitoneal (VP) shunt care, R1. The facility did not provide training and education to licensed staff to ensure competency in the care of R1's VP shunt. This is evidenced by: Facility Assessment, dated 08/07/24, states in part: .Competencies: Kinnic considered the .clinical characteristics of the resident population to determine the skills and competencies required to meet our resident needs. We identified four categories of competencies: knowledge, assessment, pharmacological/treatment/care considerations, and technical/hands-on skills. Refer to the worksheet Facility Education/Staff Competencies Necessary to Care for Resident Population. The worksheet identifies which staff require certain competencies and skill sets, and the frequency of education. Our facility's training program includes an orientation process and ongoing training for all new and existing staff including managers, nursing and other direct care staff, individuals providing services under contractual arrangement, and volunteers consistent with their expected roles. We complete an educational needs assessment and develop a curriculum and training plan based on staff need and resident characteristics. The content at a minimum includes: .special needs of residents. Kinnic Health and Rehab conducts a formal evaluation of the training program. Training binders and checklists have been implemented to help those mentoring the new hire . R1 was admitted to the facility on [DATE], with pertinent diagnoses of congenital hydrocephalus and presence of cerebrospinal fluid drainage device. R1's most recent quarterly Minimum Data Set (MDS) assessment, dated 06/19/25, noted a Brief Interview for Mental Status (BIMS) score of 6/15, indicating severe cognitive impairment. R1's care plan, dated 11/26/24, with a target date of 07/11/25, states: R1 has potential for alteration in neurological status related to hydrocephalus and placement of VP shunt with interventions of RN will pump ReFlow valve on VP shunt as per direction of Neurosurgeon. -Of note: care plan did not include assessment of VP shunt line for signs or symptoms of infection or abdominal assessment for signs or symptoms of fluid overload from drainage of Cerebrospinal Fluid (CSF) fluid from VP shunt. R1's physician orders: On 11/21/24, RN staff to pump shunt 10 times twice daily per neurology. (Order discontinued 02/18/25) On 02/18/25, Nursing staff to pump shunt 10 times twice daily. (Order discontinued 06/26/25) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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	On 06/26/25, RN or LPN staff to pump shunt 10-20 times two times a day for VP shunt drain. -Of note: no additional orders for assessment of VP shunt noted. Surveyor reviewed facility education and training topics for nursing staff. VP shunt care was not included as a topic for training or competency evaluation. On 06/30/25 at 9:57 AM, Surveyor interviewed Licensed Practical Nurse (LPN) F regarding training and education for R1's VP shunt. LPN F stated that the only training given on the care for R1's VP shunt was to palpate the pump under the skin and press it 10 times by the previous Director of Nursing (DON). Surveyor asked LPN F if they received any formal training or instruction on amount of pressure to use for pumping the shunt, when to adjust the number of pumps, or the rate/depth of compression of shunt was completed. LPN F stated no additional training or education was provided. Surveyor asked LPN F to state potential complications related to VP malfunction. LPN F was unable to answer other than to monitor neurological status. On 06/30/25 at 10:00 AM, Surveyor interviewed Registered Nurse (RN) H regarding training and education for R1's VP shunt. RN H stated no recollection of formal education or training having been completed. RN H stated she does not normally work with R1 but may have been shown how and where to push on the VP shunt to pump it but was not sure. On 06/30/25 at 10:19 AM, Surveyor interviewed RN G regarding training and education for R1's VP shunt. RN G stated receiving one day of training by LPN F on how to pump R1's VP shunt, but no formal training or education was completed. Surveyor asked RN G if a competency of this skill was completed. RN G stated that LPN F just showed her where to push and that is it. Surveyor asked RN G what assessments would be included for R1 related to the VP shunt. RN G stated monitoring neurological status and any changes in baseline would be noted in a progress note and provider notified. Surveyor asked if any additional assessments should be completed. RN G stated nothing else came to mind. On 06/30/25 at 1:18 PM, Surveyor interviewed DON B regarding training and education for R1's VP shunt. DON B stated the previous DON went with R1 to a previous neurology appointment and was trained on how to complete the pumping of R1's shunt and trained nursing staff in this care. Surveyor asked DON B for documentation of what assessment and training was completed for R1's VP shunt care. DON B stated not being sure of what was taught to nursing staff and was unable to provide an example of education, training, or competency for R1's VP shunt. Surveyor asked DON B for current training related to R1's VP shunt. DON B stated they did not have any current training on this.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525513	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kinnic Health and Rehabilitation Center	1663 E Division St River Falls, WI 54022

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interviews, the facility did not ensure full time Director of Nursing (DON) coverage. This has the potential to affect all 48 residents. Former DON C resigned effective 06/17/25. The facility did not have a full time DON from 6/17 - 6/30/25. This is evidenced by: On 06/30/25 at 8:15 AM, Surveyors entered the facility and requested to meet with the Nursing Home Administrator (NHA) A or DON B. Social Worker Assistant (SWA) D stated DON B works part-time Tuesday, Wednesday, Thursday and the Assistant Director of Nursing (ADON) E is on vacation. On 06/30/25 at 4:05 PM, Surveyor interviewed NHA A asking about a full-time 40 hour a week DON. NHA A stated DON C left on 06/17/25 with no advance notice and DON B was initially hired to start in August in full-time status. DON B agreed to start on 06/17/25 part-time until August, when DON B could work full time. NHA A stated ADON E is here full-time and is on vacation this week. NHA A stated ADON E is a Licensed Practical Nurse (LPN). Surveyor asked NHA A if there was a plan of an interim DON to be full-time 40 hours a week. NHA A stated DON B will be full-time in August.