

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	

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 0561  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.  (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:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	
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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure that each resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident for 1 of 8 residents (Resident #2) reviewed for self -determination. The facility failed to ensure that Resident #2 received incontinence care before or during mealtimes when requested. This failure could place residents at risk for avoidable discomfort, compromised dignity, and potential complications such as urinary tract infections and skin breakdown. Findings included: Record review of Resident #2's face sheet dated 08/21/25, revealed, admission on [DATE] and re-admission on [DATE] to the facility. Record review of Resident #2's history and physical dated 5/15/25 revealed diagnoses of Hemiplegia, affecting left non-dominant side (means there is paralysis (loss of movement) on the left side of the body. Since most people are right-handed, the left side is considered the non-dominant side.), Unspecified dementia (a condition that affects memory, thinking, and daily functioning. Unspecified means the exact type of dementia (like Alzheimer's or vascular dementia) has not been clearly identified), Unspecified abnormalities of gait and mobility (means the person has trouble walking or moving around normally, but the exact cause or type of walking problem hasn't been clearly described), and Muscle wasting and atrophy (refers to the muscles getting smaller, weaker, and thinner over time, often because they are not being used enough or due to a medical condition). Record review of Resident #2's annual MDS dated [DATE], revealed, an intact cognition with no impairment BIMS score of 15 to be able to recall or make daily decisions. ADLs for toileting was partial/moderate assistance (Staff does less than half the effort). Resident was always incontinent for bowel and bladder. Record review of Resident #2's care plan dated 6/24/25 revealed a focus for requires assist to complete ADL tasks due to impaired cognition, impaired mobility and incontinence with goal of will maintain a sense of dignity by being clean, dry, odor free and well-groomed thru the next review date and interventions included toileting- partial/moderate assistance. Record review of Resident #2's grievance dated 6/18/25 revealed it was written by Resident #2's RP and it was communicated to the DON, Administrator, and SW. The grievance was communicated verbally, and the concern was mistreatment. The concern in detail read patients not being changed in a timely manner and left soiled through lunch. Separate sheet with details. the Documentation investigation and post investigation follow up were left blank and it was only signed by Resident #2's RP. Record review of Resident #2's grievance typed report (which was referred to above as separate sheet with details) dated 6/18/25 written by Resident #2 RP revealed On 05/02/2025 Around 11:45 AM. I went to DON office to get assistance to have someone change [Resident #2] who was soiled, call light was on for about 20 minutes, no one was around the hall nor in the nurse's station. I asked DON if she can have someone change my [Resident #2], she then in turn tells me that they can't right now because it's lunch time and that state regulations or law prohibits them to do so during lunch because it's unsanitary. [Resident #2] sat through lunch soiled for almost an hour. I spoke to [Administrator] about what had transpired with DON, and he tells me pretty much the same thing agreeing with what DON told me. I replied, that if not changing [Resident #2] who was soiled is not sanitary during lunch, is it sanitary for the patients to sit through lunch soiled? Would any of them sit through lunch soiled? I also told him that I had asked before lunch not during lunch. 15, 20 minutes before lunch. [Administrator] said that he would talk to DON to see if they can come up with a solution. 06/09/2025 At 11:17 AM, [Resident #2] tells me she needs to be changed because she pooped, I press the call switch the light goes on. Shortly afterwards [SW] walks in and asked who needed assistance, I responded that [Resident #2] needed to be changed. She said she would get someone and left the room, shortly she returns saying in an apologetic manner that [Resident #2] could not be changed at the moment cause the food trays were going to be distributed to the residents. I feel that the patients are being neglected and the progress of the staff was making has faltered. I have reached out to [Ombudsman] about what the Administrator and DON said about the regulations or law about changing patients at lunch or before lunch. His response was I have sought out law or regulation about patients being changed during lunch, before or after and have reached out to an Investigator of Health and Human Services, and found this information is baseless and suggested I file a grievance report. During an interview on 8/19/25 at 2:08 pm, the Ombudsman stated that Resident #2's RP called him and reported that staff were not taking care of her. The Ombudsman stated he had not seen any regulation that prevented residents from being changed, but the RP stated the facility told him that per state regulations residents were not to be changed prior to and during</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure the prompt resolution of all grievances to include ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the residents' concerns, a statement as to whether the grievance was confirmed, any corrective action or to be taken by the facility as a result of the grievance, and the date when the decision was issued for 1 (Resident #2) of 8 residents reviewed for resident rights. The facility failed to complete a grievance for Resident #2 RP who requested Resident #2 to be changed during a mealtime. This failure could place residents at risk for grievances not being addressed or resolved promptly. Record review of Resident #2's face sheet dated 08/21/25, revealed, admission on [DATE] and re-admission on [DATE] to the facility. Record review of Resident #2's history and physical dated 5/15/25 revealed diagnoses of Hemiplegia, affecting left non-dominant side (means there is paralysis (loss of movement) on the left side of the body. Since most people are right-handed, the left side is considered the non-dominant side.), Unspecified dementia (a condition that affects memory, thinking, and daily functioning. Unspecified means the exact type of dementia (like Alzheimer's or vascular dementia) has not been clearly identified), Unspecified abnormalities of gait and mobility (means the person has trouble walking or moving around normally, but the exact cause or type of walking problem hasn't been clearly described), and Muscle wasting and atrophy (refers to the muscles getting smaller, weaker, and thinner over time, often because they are not being used enough or due to a medical condition). Record review of Resident #2's annual MDS dated [DATE], revealed, an intact cognition with no impairment BIMS score of 15 to be able to recall or make daily decisions. ADLs for toileting was partial/moderate assistance (Staff does less than half the effort). Resident was always incontinent for bowel and bladder. Record review of Resident #2's care plan dated 6/24/25 revealed a focus for requires assist to complete ADL tasks due to impaired cognition, impaired mobility and incontinence with goal of will maintain a sense of dignity by being clean, dry, odor free and well-groomed thru the next review date and interventions included toileting- partial/moderate assistance. Record review of Resident #2's grievance dated 6/18/25 revealed it was written by Resident #2Resident #2's RP and it was communicated to the DON, Administrator, and SW. The grievance was communicated verbally, and the concern was mistreatment. The concern in detail read patients not being changed in a timely manner and left soiled through lunch. Separate sheet with details. The Documentation investigation and post investigation follow up were left blank and it was only signed by Resident #2Resident #2's RP. Record review of Resident #2's grievance typed report (which was referred to above as separate sheet with details) dated 6/18/25 written by Resident #2 RP revealed On 05/02/2025 Around 11:45 AM. I went to DON office to get assistance to have someone change [Resident #2] who was soiled, call light was on for about 20 minutes, no one was around the hall nor in the nurse's station. I asked DON if she can have someone change my [Resident #2], she then in turn tells me that they can't right now because it's lunch time and that state regulations or law prohibits them to do so during lunch because it's unsanitary. [Resident #2] sat through lunch soiled for almost an hour. I spoke to [Administrator] about what had transpired with DON, and he tells me pretty much the same thing agreeing with what DON told me. I replied, that if not changing [Resident #2] who was soiled is not sanitary during lunch, is it sanitary for the patients to sit through lunch soiled? Would any of them sit through lunch soiled? I also told him that I had asked before lunch not during lunch. 15, 20 minutes before lunch. [Administrator] said that he would talk to DON to see if they can come up with a solution. 06/09/2025 At 11:17 AM, [Resident #2] tells me she needs to be changed because she pooped, I press the call switch the light goes on. Shortly afterwards [SW] walks in and asked who needed assistance, I responded that [Resident #2] needed to be changed. She said she would get someone and left the room, shortly she returns saying in an apologetic manner that [Resident #2] could not be changed at the moment cause the food trays were going to be distributed to the residents. I feel that the patients are being neglected and the progress of the staff was making has faltered. I have reached out to [Ombudsman] about what the Administrator and DON said about the regulations or law about changing patients at lunch or before lunch. His response was I have sought out law or regulation about patients being changed during lunch, before or after and have reached out to an Investigator of Health and Human Services, and found this information is baseless and suggested I file a grievance report. During an interview on 8/20/25 at 9:12 am Resident #2 stated she</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	

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)
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	
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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to assess the resident for risk of entrapment from an enabler (bed rail) prior to installation or review the risks prior to installation for 1 (Resident #3) of 4 residents reviewed for enablers (bed rails). The facility failed to ensure that Resident #3 had a Scoop/Booster Mattress Assessment done to ensure the scoop/booster mattress was appropriate for use as an enabler. The facility failed to ensure that Resident #3 had orders for the scoop/booster mattress (enablers) use. The facility failed to obtain a Consent for use of the scoop/booster mattress for Resident #3. This failure could place residents who have scoop/mattresses (enablers) at risk of having inappropriate or unnecessary enablers in place increasing their risk of injury. Findings include: Record review of Resident #3's face sheet dated 08/21/25, revealed, admission on [DATE] and re-admission on [DATE] to the facility. Record review of Resident #3's facility history and physical dated 07/08/25, revealed, an [AGE] year-old male diagnosed with Dementia and Diabetes, right humeral neck fracture, left intertrochanteric femur fracture as well as a chronic right humerus head fracture with possible new medial displacement. Record review of Resident #3's quarterly MDS dated [DATE], revealed, a severe impaired cognition BIMS score of 2 to be able to recall or make daily decisions. Resident #3's functional ability was substantial/maximal assistance (staff does more than half the effort) for roll left and right, sit to lying, lying to sitting on side of bed, and chair/bed to chair transfer. Resident #3 was not coded in section P - Restraints and Alarms: P0100. Physical Restraints (Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body) for used in bed. Record review of Resident #3's care plan dated 07/10/25, revealed, Problem: Risk for injury related to impaired mobility and recent left hip fracture. Approach: Place resident on scoop mattress as ordered to assist with proper positioning, reduce pressure points, and prevent further injury. Record review of Resident #3's orders reviewed on 08/21/25, revealed, there was no orders for the use of a scoop/booster mattress for Resident #3. Order dated 02/05/25, revealed, bed mobility with assist of 1 person. Record review of Resident #3's Consent reviewed on 08/21/25, reviewed, there were no consent for use of scoop/booster mattress. Record review of Resident #3's PT Evaluation &amp; Plan of Treatment dated 07/09/25-09/06/25, revealed, Reason for Referral / Current illness: Resident #3 was a LTC resident referred to skilled PT services due to an unwitnessed fall resulting to a left femur fracture and re-fracture of right upper extremity. Right Lower extremity strength was impaired, left lower extremity was impaired, hip impaired, knee impaired, and ankle impaired. Bed mobility was max, supine was max, sit was max, transfers was max. Gross motor was impaired. Clinical Impression: Resident #3 exhibits weakness, balance deficits and decrease activity tolerance. Resident #3 requires encouragement for participation; requires MAX Assistance for functional mobility, per nursing report, resident #3 was easily agitated and can be aggressive. Record review of Resident #3's OT Evaluation &amp; Plan of Treatment dated 07/09/25-09/06/25, revealed, Reason for Referral / Current illness: Resident #3 referred to OT due to exacerbation (a sudden worsening or flare-up of symptoms of a chronic disease) of decrease in functional mobility, decrease in range of motion, decrease in strength, reduced dynamic balance, reduced static balance (having a decreased ability to hold a stable, fixed body position without moving) and reduced ADL participation. Right Upper Extremity ROM was impaired, shoulder was impaired, right upper extremity was impaired. Toileting was dependent, upper body dressing was Max assistance, lower body dressing was total dependence. Clinical Impressions: upon evaluation Resident #3 demonstrates significant deficits affecting selfcare tasks and functional mobility. During an interview on 08/20/25 at 2:02 PM, with the DON, she stated Resident #3 was a high fall risk. The DON stated Resident #3 had a scoop/booster mattress to help repositioning, to help find the borders for him, and to prevent him from rolling off the bed. The DON stated Resident #3 was able to get in and off the bed by himself. The DON stated Resident #3 was evaluated for the scoop/booster mattress but did not know if he was evaluated to see if he was able to in and out of bed. The DON stated she could not recall if there was a physician order for the scoop/booster mattress. The DON stated there was no physician order seen for the scoop/booster mattress. The DON stated Resident #3 was care planned for the scoop/booster mattress. The DON stated the care plan mentioned to place resident on scoop mattress as ordered. The DON stated there would have to be an order for use of the scoop/booster mattress. The DON stated there was no consent form seen for use of the scoop/booster mattress. The DON</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  Los Arcos Del Norte Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  11169 Sean Haggerty El Paso, TX 79934	
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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure medical records, in accordance with accepted professional standards and practices, were maintained on each resident that were accurately documented for 1 of 6 residents (Resident #2) reviewed for medical records. The facility failed to ensure Resident #2's facility provider report to the state agency failed to accurately document the treatment and administration in the record for perineal care for Resident #2. This failure could place residents at risk of having incomplete and inaccurate medical records possibly resulting in inadequate treatment/care. Findings include: Record review of Resident #2's face sheet dated 08/21/25, revealed, admission on [DATE] and re-admission on [DATE] to the facility. Record review of Resident #2's history and physical dated 5/15/25 revealed diagnoses of Hemiplegia, affecting left non-dominant side (means there is paralysis (loss of movement) on the left side of the body. Since most people are right-handed, the left side is considered the non-dominant side.), Unspecified dementia (a condition that affects memory, thinking, and daily functioning. Unspecified means the exact type of dementia (like Alzheimer's or vascular dementia) has not been clearly identified), Unspecified abnormalities of gait and mobility (means the person has trouble walking or moving around normally, but the exact cause or type of walking problem hasn't been clearly described), and Muscle wasting and atrophy (refers to the muscles getting smaller, weaker, and thinner over time, often because they are not being used enough or due to a medical condition). Record review of Resident #2's annual MDS dated [DATE], revealed, an intact cognition with no impairment BIMS score of 15 to be able to recall or make daily decisions. ADLs for toileting was partial/moderate assistance (Staff does less than half the effort). Resident was always incontinent for bowel and bladder. Record review of Resident #2's care plan dated 06/19/25, revealed, Problem: Family frequently voices concern that resident was not being changed or cared for adequately, despite care being provided per facility protocols. Document all care provided. Record review of Resident #2's facility provider report dated 06/26/25, revealed, Resident #2's family member #1 stated in a grievance that he submitted on 6/19/25 that I feel that the patients are being neglected again and that the progress the staff was making has faltered. Skin sweeps conducted on hall, changed tray times on 400 hall, implemented an order for resident to be changed before meals. In-service on Abuse and Neglect, Residents rights and Dignity, Compassionate and timely Incontinent Care. Notification to Family, Physician/NP, Ombudsman, and state. Facility conclusion was inconclusive. Record review of Resident #2's progress notes generated by LVN H dated 06/19/25, revealed, LVN H asked Resident #2 if she felt neglected while residing in the facility. Resident #2 denied any feelings of neglect and stated, I really like it here. The staff are so nice and attentive to me. LVN H further inquired if the resident's needs were being met and the resident responded, Yes, I am very comfortable here. When asked if she felt safe in the facility, the resident stated, Yes, I feel very safe here. LVN H provided education to the resident about having a CNA assist with changing her brief prior to all meals. The resident verbalized understanding of this process. Additionally, the resident was informed that meal tray delivery will be adjusted to allow for brief changes before trays are served in the hallway. This change was in alignment with CMS and state infection control guidelines. On 08/20/25 a documentation policy was requested but one was not provided by the facility. During an interview on 08/20/25 at 1:56 PM, with the DON, she stated the Suggest Questions for Accused was provided to CNA C, CNA D, and LVN F but they were not being accused of any allegations. The DON stated they were given that documents form to gather information as it was being investigated as a concern and grievance from family member #1 for Resident #2. The DON stated the form should have been adjusted to say something different other then, Suggest Questions for Accused. The DON stated it was a documentation error and all staff have been trained on how to documents properly. The DON stated the negative outcome of improper documentation would be failure in documenting of the care and what was done for the resident. During an interview on 08/21/25 at 9:21 AM, CNA C stated family member #1 had voiced that Resident #2 was not being changed. CNA C stated they were changing Resident #2 and were marking the changes down on a log every time they changed her. CNA C stated she was called into the office and was asked to fill out a document. CNA C stated she does not read English and was not told that the documents title was Suggested Questions for Accused was accusing her of the allegation. CNA C stated if she would have known she would have not filled out and signed the document. During an interview on 08/21/25 at 9:52 AM, with CNA D, she stated family member #1 was complaining that staff were not changing Resident #2. CNA D stated CNA C</p>		