

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3210 W Hwy 22 Corsicana, TX 75110	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47772</b></p> <p>Based on observation, interview, and record review the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain grooming and personal hygiene for 3 of 6 residents (Residents #1, #2 and #3) reviewed for ADL care.</p> <p>The facility failed to ensure Resident #1 was cleaned, groomed, and free from the strong odor or urine; Resident #2 was cleaned, groomed, and free from the strong odor or urine; and, Resident #3 had adequate staff to help stand and ambulate to the bathroom to use the toilet.</p> <p>This failure placed residents at the facility at risk of diminished quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #1's undated AR reflected a [AGE] year-old male, who was admitted to the facility on [DATE]. He was diagnosed with Diabetes Mellitus Type 2 (which was a condition of the body that disrupted how the body used sugar for fuel) and paraplegia, complete (which was symptom having affected the lower legs due to spinal cord injury or medical conditions.)</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Section C., Cognitive Patterns: Resident #1 had a BIMS Score of 2. A BIMS Score of 2 indicated Resident #1 had severe cognitive impairment. Section GG., Functional Abilities and Goals: The resident had no impairment in either upper extremity (shoulder, elbow, wrist, and hand.) Resident had impairment on both sides of lower extremities (hip, knee, ankle, and foot). The resident utilized a wheelchair for mobility. Resident #1 was dependent upon staff for toileting hygiene, shower/bathe self, and personal hygiene. Dependent meant the helper did all the effort. Section H., Bladder and Bowel (bladder) indicated resident was always incontinent. Bladder and Bowel (bowel) indicated resident was always incontinent.</p> <p>Record review of Resident #1's CP reflected a [focus] area, initiated on 01/08/2024, for psychosocial well-being evidenced by involuntary muscle movement. The [goal], initiated on 01/08/2024, indicated resident's dignity will be maintained and no occurrence of injuries will occur over the next quarter. The [intervention], initiated on 01/08/2024, delegated staff to assist with ADLs as needed.</p> <p>Record review of Resident #2's undated AR reflected a 56- year-old female, who was admitted to the facility on [DATE]. She was diagnosed with Huntington's Disease (which was a disease that affected a person's movement, cognition, and behavior) and muscle wasting and atrophy (which was a condition that caused muscle decrease in size and ability.)</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.

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 - Some</p>	<p>Record review of Resident #2's Quarterly MDS, dated [DATE], reflected Section C., Cognitive Patterns: Resident #2 had a BIMS Score of 15. A BIMS Score of 15 indicated the resident had no cognitive impairment. Section GG., Functional Abilities and Goals indicated the resident utilized a wheelchair for mobility. The resident required partial/moderate assistance with toileting hygiene and personal hygiene. Partial/moderate assistance meant the helper did less than half the effort. Section H., Bladder and Bowel (bladder) indicated resident was always incontinent. Bladder and Bowel (bowel) indicated resident was always incontinent.</p> <p>Record review of Resident #2's CP reflected a [focus] area, initiated on 6/17/2021, for other (behavior problems) was evidenced by the resident and incontinent behaviors. The [goal], revised on 1/26/2023, indicated staff will intervene with listed interventions daily. The [intervention], initiated 1/26/2023, indicated staff would try to have had 2 staff members in the room at a time to honor wishes and assist with ADLs as needed.</p> <p>Record review of Resident #3's undated AR reflected a [AGE] year-old female, who was admitted to the facility on [DATE]. She was diagnosed with atrial fibrillation (which was a disease of the heart characterized by irregular and often faster heartbeat,) cerebral infarction (which was a pathologic process that resulted in necrotic tissue in the brain, caused by disrupted oxygen and blood supply,) and muscle wasting and atrophy (which was a condition that caused muscle decrease in size and ability.)</p> <p>Record review of Resident #3's Quarterly MDS, dated [DATE], reflected Section C., Cognitive Patterns; The resident had a BIMS Score of 14. A BIMS Score of 14 indicated Resident had no cognitive impairment. Section GG., Functional Abilities and Goals: The resident had impairment on one side of their upper extremity (shoulder, elbow, wrist, and hand.) The resident had impairment on both sides of their lower extremities (hip, knee, ankle, and foot). The resident utilized a wheelchair for mobility. The resident required substantial/maximal assistance with toileting hygiene (which meant the meant the helper did more than half of the work) and partial/moderate assistance with personal hygiene (which meant the meant the helper did less than half of the work). Section H., Bladder and Bowel (bladder) indicated resident was always incontinent. Bladder and Bowel (bowel) indicated resident was always incontinent.</p> <p>Record review of Resident #3's CP reflected a [focus] area for ADLs, edited on 03/23/2024, evidenced by the resident was dependent upon staff for transfers with stand-up lift. The [goal], edited on 11/20/2023, indicated staff were supposed to use the stand-up lift with all transfers and be free from injury. The [intervention], edited on 11/20/2023, delegated the staff will use stand-up lift with all transfers and with toileting R/T right side weakness. Resident #3's CP reflected a second [focus] area for other, edited on 11/20/2023, evidenced by resident's limited use of right arm. The [goal], edited on 11/20/2023, stated staff will open all items for resident D/T right hand dominance. The [intervention], created on 05/26/2023, delegated staff to assist with ADLs.</p> <p>Record review of a complaint, made to the state on behalf of the residents at the facility, dated 2/27/2024, reflected allegations that that the facility did not have enough staff and that residents were regularly left unattended and repeatedly left soiled, and/or, wet for prolonged periods of time.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a complaint, made to the state on behalf of the residents at the facility, dated 3/12/2024, reflected allegations that staff at the facility were not changing residents in a timely manner, or at all it seemed. The allegation stated that the facility smelled and reeked of urine.</p> <p>Observations on 4/18/2024 at 9:30 AM reflected strong odors of urine in the 400 hallway.</p> <p>Observation and interview on 4/18/2024 at 9:40 AM with Resident #1 revealed the resident was in bed, there were no sheets, and the resident's room had a strong odor of urine. Resident was in a brief with no shirt. He stated that a nurse entered his room earlier to draw blood, but he had not received any help from nursing staff to get him out of bed, cleaned, or dressed. He reported that he had asked for help all morning and that he was mad that staff had not been in to help him. He stated he often went a long time without being cleaned and changed.</p> <p>Observation and interview on 4/18/2024 at 10:20 AM with Resident #3 revealed resident in her room appropriately groomed. There were no body odors, odors or urine, or odors of bowel in the room. In the room was a mechanical stand-up lift. The resident stated there were issues with staffing at the facility because regular staff, those employed by the facility, do not show up, and the facility needed to employ agency staff to fill the gaps. The agency staff were often overloaded, and she often argued with agency staff because they were not familiar with her levels of care. Resident #1 pointed to the stand-up lift in her room and explained how she required staff assistance to stand. She stated she had been reluctant to ask staff for help in the past because she did not think they knew how to use the lift correctly. She denied ever falling or having an injury. She stated that she has had to wait extended periods of time for staff to come and help her and that she had been asked to urinate in her brief. While waiting a long time for staff's help, Resident #2 got frustrated and felt like she was unimportant.</p> <p>Observations on 4/18/2024 at 10:30 AM in the 100 hallway, end of the hall, reflected a strong odor of urine. Observed a CNA, CNA A, setting up a Hoyer lift for a resident and then exiting the room.</p> <p>Interview and observation on 4/18/2024 at 10:55 AM with Resident #2 reflected a strong odor of urine coming from inside the room. She stated she did not think the facility had enough staff and that she has had to wait upwards to 1 hour for a call button response. Often, staff would come to the room to silence the alarm and say they would be right back, but she might have had to wait an additional hour for the help to return. She stated she had been asked to use the bathroom in her brief. While having waited for staff to change her, she felt neglected. When suggested to use her brief for toileting, she felt undignified. Resident # 3 stated that she has often asked a member of therapy staff to help her because she knew she would have to wait a long time for nursing staff.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 4/18/2024 at 12:20 PM with CNA A revealed staffing at the facility was an issue and that staffing shortages impeded providing care to the residents. She stated she was constantly moving (racing) to provide resident care. The workload was not like performing rounds, where she could enter the room and spend time addressing the resident's needs, but it was described as chaotic running from one room to the next. The goal was to answer calls within 10 to 15 minutes but stated that residents have had to wait upwards to an hour for care. CNA A referred to being observed earlier today, 4/18/2024 at 10:30 AM in the 100- hallway, and how it took extra time to wait for a second staff member to help with a resident's Hoyer lift. Management will offer over-time for staff to help fill gaps in staffing, but overtime on top of 12-hour shifts left little time for extra work and enough rest for the next day. She did not feel that residents were neglected, but she did feel that they have had to wait a long time for care.</p> <p>Interview on 4/18/2024 at 12:40 PM with LVN B reflected she was the Staffing Coordinator and that she was in that role at the facility since 9/2023. She reported that the facility was not always fully staffed and that the facility utilized two separate agencies for temporary staffing. Staff, specifically the CNA staff, had been quitting because the CNAs did not like the 12-hour shifts and could work shorter shifts elsewhere and even be paid more per hour. To keep CNAs on staff, CNAs were offered more flexible hours, but they did not like the rotation of days off. Sometimes the facility was short on staff and that did affect the resident's quality of care. The workload was hard for nursing staff and LVN B had noticed staff were sometimes overwhelmed.</p> <p>Interview on 4/18/2024 at 1:20 PM with OT revealed that she had often helped Resident #3 with her needs. She stated that Resident #3 often asked her for help because she received the help right away and did not have to wait on nursing staff. She reported she had been in the resident's room at times and had often observed staff having entered the room to silence the call light and then overheard staff having stated that the would be right back to address the resident's need. OT stated that members of the therapy group have offered, and have helped, to wake residents, to clean residents, and to help serve meals.</p> <p>Interview on 5/1/2024 at 10:00 AM with LVN B revealed she was provided with a form from the ADON each week. The form, called the PPD, was an excel spread sheet printout that had an embedded formula in it which determined the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, which could be scheduled. The number of staff that could be scheduled was the result of a mathematical formula based on the facility budget and the current resident census. The PPD based staffing on budget and the census. She denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or and any other pertinent information about the residents that may affect the services the facility must provide. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and record review on 5/1/2024 at 10:45 AM with the ADON revealed she was the person who input the census number into the PPD weekly, which resulted in the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, which could be scheduled. The PPD was pre-populated with a blank spot for the census. The Excel formula calculated the number of staff, based on the census in respect to the facility budget. The number that reflected an acceptable number of staff in respect to the census, and the budget, was 2.85. As long as the facility was at, or under 2.85, the facility was within budget. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics. Record review of the most recent PPD, which was undated, determined the nursing hours had (1) the name of the facility, (2) a number representing the census, which was 80, and (3) the number, in the decimal format of 2.83. The ADON denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or any other pertinent information about the residents that may affect the services the facility must provide. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics. Residents with a higher level of care required more staff versus residents who required a lower level of care. If there was not enough staffing to address a resident's needs, there was risk of falls, skin breakdown, hasty care without personalization, anger, frustration, and feelings of have been isolated.</p> <p>Observations on 5/1/2024 at 11:15 AM revealed strong odors of urine in the 100 hallway. There were 2 residents observed sitting in their wheelchairs in the hallway. They were observed unengaged with staff, or peers, at the time of the observation.</p> <p>Interview on 5/1/2024 at 11:55 AM with CNA C revealed they did not think there was enough nursing staff at the facility to take care of the residents and their needs. She denied the residents were neglected, but the pace was fast, and it took a long time to respond to resident's needs. She felt there needed to be more staff to care for the residents that had a lot of needs.</p> <p>Interview on 5/1/2024 at 12:20 PM with CMA D revealed she had offered to, and been asked, to help with resident care. She was dually certified as a CNA. CMA D's job was often dependent with the CNA getting the residents prepared for the day; therefore, she often helped get residents ready so she could perform her CMA duties. She denied the residents being neglected but has observed nursing staff overwhelmed at times.</p> <p>Interview on 5/1/2024 at 1:30 PM with the DON revealed she had been working at the facility for the last 5 years and had been the DON for the last approximate 3 months. The facility utilized the PPD to determine the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, that could be scheduled. The PPD was created by corporate and was utilized at the facility. The PPD was a tool that was used by the facility to budget, in combination with the census, to allocate direct care staffing. The DON denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or any other pertinent information about the residents that may affect the services the facility must provide. According to the PPD, staffing might be adequate one week, but may not be the next if there were residents with a higher level of care. Additional residents in the census having required higher levels of care did not influence the number of staff present. If there were not enough staff to address a resident's needs, there was risk of skin breakdown, residents remaining in bed, reduction on ADL care, falls, diminished quality of life, and lack of self-worth.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 5/1/2024 at 3:22 PM with the ADM revealed she felt the facility was adequately staffed to address the needs of the residents. She felt the staffing was adequate based on the resident population. The PPD was only a tool that was used, and she was able to adjust the budget with the census, if she needed, to accommodate residents with a higher level of care.</p> <p>Record review of the facility's [Staffing] policy, dated April 2007, revealed: Our facility maintained adequate staffing on each shift that ensured that our residents' needs and services were met. Licensed registered nursing and licensed nursing staff were available to promote and monitor the delivery of resident care services. Licensed nursing assistants were available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan. Other support services were adequately staffed to ensure that residents needs were met. our facility furnished information from payroll records setting forth the average numbers and types of personnel on each ship during the last week of each quarter to appropriate state agencies as required.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47772</b></p> <p>Based on observations, interview, and record review, the facility failed to assess the care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that were present within that population when determining staffing requirements for 3 of 6 residents (Residents #1, #2, and #3) reviewed for staffing.</p> <p>The facility failed to schedule nursing staff for resident care based on an evaluation of pertinent information about the residents that may affect the services the facility must provide.</p> <p>This failure placed residents at the facility in risk of having their needs unmet.</p> <p>Findings included:</p> <p>Record review or Resident #1's undated AR reflected a [AGE] year-old male, who was admitted to the facility on [DATE]. He was diagnosed with Diabetes Mellitus Type 2 (which was a condition of the body that disrupted how the body used sugar for fuel) and paraplegia, complete (which was symptom having affected the lower legs due to spinal cord injury or medical conditions.)</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], reflected Section C., Cognitive Patterns: Resident #1 had a BIMS Score of 2. A BIMS Score of 2 indicated Resident #1 had severe cognitive impairment. Section GG., Functional Abilities and Goals: The resident had no impairment in either upper extremity (shoulder, elbow, wrist, and hand.) Resident had impairment on both sides of lower extremities (hip, knee, ankle, and foot). The resident utilized a wheelchair for mobility. Resident #1 was dependent upon staff for toileting hygiene, shower/bathe self, and personal hygiene. Dependent meant the helper did all the effort. Section H., Bladder and Bowel (bladder) indicated resident was always incontinent. Bladder and Bowel (bowel) indicated resident was always incontinent.</p> <p>Record review of Resident #1's CP reflected a [focus] area, initiated on 01/08/2024, for psychosocial well-being evidenced by involuntary muscle movement. The [goal], initiated on 01/08/2024, indicated resident's dignity will be maintained and no occurrence of injuries will occur over the next quarter. The [intervention], initiated on 01/08/2024, delegated staff to assist with ADLs as needed.</p> <p>Record review or Resident #2's undated AR reflected a 56- year-old female, who was admitted to the facility on [DATE]. She was diagnosed with Huntington's Disease (which was a disease that affected a person's movement, cognition, and behavior) and muscle wasting and atrophy (which was a condition that caused muscle decrease in size and ability.)</p> <p>(continued on next page)</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of a complaint, made to the state on behalf of the residents at the facility, dated 3/12/2024, reflected allegations that staff at the facility were not changing residents in a timely manner, or at all it seemed. The allegation stated that the facility smelled and reeked of urine.</p> <p>Observations on 4/18/2024 at 9:30 AM reflected strong odors of urine in the 400 hallway.</p> <p>Observation and interview on 4/18/2024 at 9:40 AM with Resident #1 revealed the resident was in bed, there were no sheets, and the resident's room had a strong odor of urine. Resident was in a brief with no shirt. He stated that a nurse entered his room earlier to draw blood, but he had not received any help from nursing staff to get him out of bed, cleaned, or dressed. He reported that he had asked for help all morning and that he was mad that staff had not been in to help him. He stated he often went a long time without being cleaned and changed.</p> <p>Observation and interview on 4/18/2024 at 10:20 AM with Resident #3 revealed resident in her room appropriately groomed. There were no body odors, odors or urine, or odors of bowel in the room. In the room was a mechanical stand-up lift. The resident stated there were issues with staffing at the facility because regular staff, those employed by the facility, do not show up, and the facility needed to employ agency staff to fill the gaps. The agency staff were often overloaded, and she often argued with agency staff because they were not familiar with her levels of care. Resident #1 pointed to the stand-up lift in her room and explained how she required staff assistance to stand. She stated she had been reluctant to ask staff for help in the past because she did not think they knew how to use the lift correctly. She denied ever falling or having an injury. She stated that she has had to wait extended periods of time for staff to come and help her and that she had been asked to urinate in her brief. While waiting a long time for staff's help, Resident #2 got frustrated and felt like she was unimportant.</p> <p>Observations on 4/18/2024 at 10:30 AM in the 100 hallway, end of the hall, reflected a strong odor of urine. Observed a CNA, CNA A, setting up a Hoyer lift for a resident and then exiting the room.</p> <p>Interview and observation on 4/18/2024 at 10:55 AM with Resident #2 reflected a strong odor of urine coming from inside the room. She stated she did not think the facility had enough staff and that she has had to wait upwards to 1 hour for a call button response. Often, staff would come to the room to silence the alarm and say they would be right back, but she might have had to wait an additional hour for the help to return. She stated she had been asked to use the bathroom in her brief. While having waited for staff to change her, she felt neglected. When suggested to use her brief for toileting, she felt undignified. Resident # 3 stated that she has often asked a member of therapy staff to help her because she knew she would have to wait a long time for nursing staff.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Epic Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3210 W Hwy 22 Corsicana, TX 75110	
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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 4/18/2024 at 12:20 PM with CNA A revealed staffing at the facility was an issue and that staffing shortages impeded providing care to the residents. She stated she was constantly moving (racing) to provide resident care. The workload was not like performing rounds, where she could enter the room and spend time addressing the resident's needs, but it was described as chaotic running from one room to the next. The goal was to answer calls within 10 to 15 minutes but stated that residents have had to wait upwards to an hour for care. CNA A referred to being observed earlier today, 4/18/2024 at 10:30 AM in the 100- hallway, and how it took extra time to wait for a second staff member to help with a resident's Hoyer lift. Management will offer over-time for staff to help fill gaps in staffing, but overtime on top of 12-hour shifts left little time for extra work and enough rest for the next day. She did not feel that residents were neglected, but she did feel that they have had to wait a long time for care.</p> <p>Interview on 4/18/2024 at 12:40 PM with LVN B reflected she was the Staffing Coordinator and that she was in that role at the facility since 9/2023. She reported that the facility was not always fully staffed and that the facility utilized two separate agencies for temporary staffing. Staff, specifically the CNA staff, had been quitting because the CNAs did not like the 12-hour shifts and could work shorter shifts elsewhere and even be paid more per hour. To keep CNAs on staff, CNAs were offered more flexible hours, but they did not like the rotation of days off. Sometimes the facility was short on staff and that did affect the resident's quality of care. The workload was hard for nursing staff and LVN B had noticed staff were sometimes overwhelmed.</p> <p>Interview on 4/18/2024 at 1:20 PM with OT revealed that she had often helped Resident #3 with her needs. She stated that Resident #3 often asked her for help because she received the help right away and did not have to wait on nursing staff. She reported she had been in the resident's room at times and had often observed staff having entered the room to silence the call light and then overheard staff having stated that the would be right back to address the resident's need. OT stated that members of the therapy group have offered, and have helped, to wake residents, to clean residents, and to help serve meals.</p> <p>Interview on 5/1/2024 at 10:00 AM with LVN B revealed she was provided with a form from the ADON each week. The form, called the PPD, was an excel spread sheet printout that had an embedded formula in it which determined the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, which could be scheduled. The number of staff that could be scheduled was the result of a mathematical formula based on the facility budget and the current resident census. The PPD based staffing on budget and the census. She denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or and any other pertinent information about the residents that may affect the services the facility must provide. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and record review on 5/1/2024 at 10:45 AM with the ADON revealed she was the person who input the census number into the PPD weekly, which resulted in the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, which could be scheduled. The PPD was pre-populated with a blank spot for the census. The Excel formula calculated the number of staff, based on the census in respect to the facility budget. The number that reflected an acceptable number of staff in respect to the census, and the budget, was 2.85. As long as the facility was at, or under 2.85, the facility was within budget. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics. Record review of the most recent PPD, which was undated, determined the nursing hours had (1) the name of the facility, (2) a number representing the census, which was 80, and (3) the number, in the decimal format of 2.83. The ADON denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or any other pertinent information about the residents that may affect the services the facility must provide. The acuity of resident's care could increase, but the level of staffing would not increase, because the staffing was not based on resident characteristics. Residents with a higher level of care required more staff versus residents who required a lower level of care. If there was not enough staffing to address a resident's needs, there was risk of falls, skin breakdown, hasty care without personalization, anger, frustration, and feelings of have been isolated.</p> <p>Observations on 5/1/2024 at 11:15 AM revealed strong odors of urine in the 100 hallway. There were 2 residents observed sitting in their wheelchairs in the hallway. They were observed unengaged with staff, or peers, at the time of the observation.</p> <p>Interview on 5/1/2024 at 11:55 AM with CNA C revealed they did not think there was enough nursing staff at the facility to take care of the residents and their needs. She denied the residents were neglected, but the pace was fast, and it took a long time to respond to resident's needs. She felt there needed to be more staff to care for the residents that had a lot of needs.</p> <p>Interview on 5/1/2024 at 12:20 PM with CMA D revealed she had offered to, and been asked, to help with resident care. She was dually certified as a CNA. CMA D's job was often dependent with the CNA getting the residents prepared for the day; therefore, she often helped get residents ready so she could perform her CMA duties. She denied the residents being neglected but has observed nursing staff overwhelmed at times.</p> <p>Interview on 5/1/2024 at 1:30 PM with the DON revealed she had been working at the facility for the last 5 years and had been the DON for the last approximate 3 months. The facility utilized the PPD to determine the number of direct care staff, which consisted of RNs, LVNs, CNAs, and CMAs, that could be scheduled. The PPD was created by corporate and was utilized at the facility. The PPD was a tool that was used by the facility to budget, in combination with the census, to allocate direct care staffing. The DON denied the PPD contained information that determined staffing decisions, such as evaluation of diseases, health conditions, cognitive limitations, acuity of care, or any other pertinent information about the residents that may affect the services the facility must provide. According to the PPD, staffing might be adequate one week, but may not be the next if there were residents with a higher level of care. Additional residents in the census having required higher levels of care did not influence the number of staff present. If there were not enough staff to address a resident's needs, there was risk of skin breakdown, residents remaining in bed, reduction on ADL care, falls, diminished quality of life, and lack of self-worth.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 5/1/2024 at 3:22 PM with the ADM revealed she felt the facility was adequately staffed to address the needs of the residents. She felt the staffing was adequate based on the resident population. The PPD was only a tool that was used, and she was able to adjust the budget with the census, if she needed, to accommodate residents with a higher level of care.</p> <p>Record review of the facility's [Staffing] policy, dated April 2007, revealed: Our facility maintained adequate staffing on each shift that ensured that our residents' needs and services were met. Licensed registered nursing and licensed nursing staff were available to promote and monitor the delivery of resident care services. Licensed nursing assistants were available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan. Other support services were adequately staffed to ensure that residents needs were met. our facility furnished information from payroll records setting forth the average numbers and types of personnel on each ship during the last week of each quarter to appropriate state agencies as required.</p>		