STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LINCOLN COUNTY NURSING & REHAB	1145 EAST CHERRY STREET TROY, MO 63379

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F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff provided the necessary care and services to maintain comfortable positioning in bed for one resident (Resident #4), nail care for one resident (Resident #10) and bathing for three residents (Resident#1, #5, and #14) who required assistance to perform their activities of daily living, in a review of 14 sampled residents. The facility census was 71. Review of the facility's Bath (Bed) policy, undated showed care of fingernails is part of the bath, be certain nails are clean, and licensed nurses cut fingernails of diabetic residents. 1. Review of Resident #4's undated face sheet, showed the following: -The resident admitted on 12/30/24; -Diagnoses included flaccid hemiplegia affecting left dominant side (the left side of the body is completely limp and unable to move effectively) caused by a stroke. Review of the resident's baseline care plan, dated 1/8/25, showed the following: -The resident was cognitively intact; -He/She had disease management concerns of diabetes (chronic condition that occurs when the pancreas can no longer make insulin, or the body cannot effectively use insulin), hypertension (high	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Donald S/L | LNHA | 2/10/25

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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blood pressure), weakness, post cerebrovascular accident (CVA; stroke) and psychiatric illness;
-He/She required assistance of two staff members for bed mobility and transfer;
-Assist with activities of daily living care (ADL) as needed to promote health, hygiene, and safety;
-Always incontinent of bladder and bowel;
-The resident was unable to manage own toileting functions and required all cares to be provided by staff;
-The resident will receive cares necessary to maintain hygiene, promote dignity, and avoid skin breakdown;
-He/She used incontinence briefs and pads.

Review of the resident's nurse's note, dated 12/31/24 at 1:01 A.M., showed the following:
-The resident admitted post cerebrovascular accident (CVA, stroke);
-Able to make some needs known, the resident speaks rapidly and at times had difficulty expressing needs;
-Flaccid from the CVA on the left side;
-Dependent on staff for activities of daily living (ADL) required a mechanical lift with transfers, and needed supervision and reminders with eating and completing tasks;
-Incontinent of bladder.

Observation on 1/16/25 at 11:00 A.M., showed the following:
-The resident lay in bed, wearing a facility gown with the head of bed elevated. The resident slid down in bed, his/her legs hung off the foot of the bed, the resident's neck was located in the bed at the angle in the middle of the bed (head of bed raised and foot of bed flat);
-A urinal with urine in it sat on the overbed table;
-A towel in the bed that the resident rubbed on

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F 677	Continued From page 2 his/her abdomen. Observation on 1/16/25 at 12:15 P.M., showed the following: -The resident lay in bed on his/her right side on the flat section in the middle of the bed, the head of the bed remained elevated; -His/her legs continued to hang off the foot of the bed; -A Certified Medication Technician (CMT) entered the room and administered medications to the resident's roommate. When finished the CMT emptied the resident's urinal. The towel remained on the resident's bed; -The CMT left the room without repositioning the resident. During an interview on 1/16/25 at 12:15 P.M., the resident said the following: -He/She was not comfortable and felt cramped up; -The staff gave him/her the towel to clean up urine if the urinal spilled; -The resident did not know how long he/she was in this position but wanted to be moved back up in bed and to be dry. Observation on 1/16/25 between 11:00 A.M. and 12:40 P.M., showed the following: -No staff repositioned the resident; -The resident used the towel to wipe over his/her abdomen while he/she complained of feeling wet. During an interview on 1/16/25 at 1:12 P.M., Licensed Practical Nurse (LPN) B said the following: -Staff were supposed to check incontinent residents every two hours; -The resident was incontinent at times.	F 677		

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During an interview on 1/16/25 at 3:30 P.M., Certified Nurse Aide (CNA) D said the following:
-He/She checked on the residents before lunch for incontinence;
-He/She pulled the resident up in bed;
-The resident must have slid back down after he/she left.

2. Review of Resident #10's Care Plan, updated 10/7/24, showed staff were to encourage the resident to take time with ADLs and to break tasks into segments to ease respiratory stress.

Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 12/1/24, showed the following:
-The resident was cognitively intact;
-Needed setup assistance from staff for personal hygiene.

During an interview on 1/16/25 at 12:45 P.M., Licensed Practical Nurse (LPN) A said the resident required more assistance with ADLs over the past few days.

Observation on 1/16/24 at 2:30 P.M., showed the resident had brown debris under the fingernails on his/her left hand.

During an interview on 1/16/25 at 2:30 P.M., the resident said the following:
-He/She did not know there was brown debris under the fingernails on his/her left hand;
-The resident was upset because no one told him/her earlier and the resident did not like his/her fingernails being dirty.

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3. Review of Resident #1's quarterly MDS, dated 12/13/24, showed the following:
-The resident was cognitively intact;
-He/She required supervision from staff with bathing.

Review of the resident's care plan, dated 12/19/24, showed the following:
-The resident had minimal deficits in ADLs related to minimal weakness, but usually independent in all ADLs;
-Determine his/her preferences for shower days to assure the staff were meeting the resident's needs

Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following:
-The resident's shower days were Wednesdays and Saturdays;
-The staff assisted the resident with a shower on 11/11/24, seven days from the previous shower;
-The staff assisted the resident with a shower on 11/20/24, nine days from the previous shower;
-The staff assisted the resident with a shower on 12/21/24;
-The staff assisted the resident with a shower on 12/28/24, seven days from the previous shower;
-The staff assisted the resident with a shower on 1/1/25;
-The staff assisted the resident with a shower on 1/8/25, seven days from the previous shower.

During an interview on 1/16/25 at 11:30 A.M., the resident said the following;
-He/She did not always get a bath twice a week, he/she was "lucky" to get a bath once a week;
-He/She wanted to have two showers a week.

4. Review of Resident #5's care plan, updated

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F 677	Continued From page 5 12/10/24, showed the following: -The resident had limited mobility due to hemiplegia and hemiparesis (hemiplegia refers to a severe or complete loss of strength, whereas hemiparesis refers to a relatively mild loss of strength) following a stroke affecting right side; -The resident preferred showers to bed baths and will receive showers twice weekly. Review of the resident's quarterly MDS, dated 12/11/24, showed the following: -The resident had modified independent cognitive skills for daily decision making; -He/She required moderate assistance with bathing. Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following: -The resident's shower days were Tuesdays and Fridays; -Staff showered the resident on 11/25/24; -The staff offered but the resident refused a shower on 12/9/24, 14 days since last shower; -The staff showered the resident on 12/23/24, 14 days since last shower; -The staff offered the resident a shower on 12/26/24, but he/she refused; -The staff offered the resident a shower on 12/30/24, but he/she refused; -The staff offered but the resident refused a shower on 1/13/25, which was 14 days since staff offered the resident a shower. Observation on 1/16/25 at 10:45 A.M., showed the resident lay in bed with eyes closed, his/her hair was disheveled and oily. During an interview with Resident #6 (Resident #5's roommate) on 1/16/25 at 10:45 A.M., the	F 677		

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F 677	Continued From page 6 resident said the following: -Resident #5 usually received one shower a week when the facility was short staffed; -When Resident #5 started to smell from across the room, Resident #6 and staff Resident #5 liked convinced him/her to take a bath. 5. Review of Resident #14's Care Plan, updated 8/13/24, showed the following: -The resident displayed signs of moderate dementia sequencing and steps of tasks if asked to deliberately perform, i.e., dressing and showers; -The staff provided cues and supervision for tasks which require numerous steps if the resident appears confused or stressed. Review of the resident's quarterly MDS, dated 11/26/24, showed the following: -The resident was cognitively intact; -He/She required moderate assistance with showering. Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following: -The resident's shower days were Wednesdays and Saturdays; -Staff showered the resident on 11/13/24, ten days after previously scheduled shower; -Staff showered the resident on 11/20/24, seven days since the previous shower; -Staff showered the resident on 11/27/24, seven days since previous shower; -Staff showered the resident on 12/4/24, seven days since previous shower; -Staff showered the resident on 12/18/24, 14 days since the previous shower; -Staff showered the resident on 12/29/24, eleven days since previous shower;	F 677		

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F 677	Continued From page 7 -Staff showered the resident on 1/1/25; -Staff showered the resident on 1/11/25, ten days since the previous shower. Observation on 1/16/25 at 3:10 P.M., showed the following: -The resident self-propelled the wheelchair down the hallway; -His/Her hair was disheveled and oily. During an interview on 1/16/25 at 3:10 P.M., the resident said he/she did not get a shower twice a week, but did not complain because the staff were busy. During an interview on 1/16/25 at 2:20 P.M., Nurse Aide (NA) C said the following: -Resident showers were often missed; -He/She had difficulty keeping up with brushing hair, brushing teeth and providing incontinence care while making sure all the residents got up in the morning and before meals. During an interview on 1/16/25 at 3:30 P.M., Certified Nurse Aide (CNA) D said the following: -When a resident refused to take a shower/bath, staff were supposed to ask again later on in the shift; -A different staff member should offer the resident a shower/bath because sometimes a resident would refuse for some staff but liked other staff members better; -Staff could offer to give the shower/bath on the next shift or another day. During an interview on 1/16/25 at 12:45 P.M., Licensed Practical Nurse (LPN) A said the following: -Staff are supposed to give residents a shower	F 677		

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twice a week;
-The aide scheduled on the hall was responsible for making sure the showers were done.

During an interview on 1/16/25 at 1:12 P.M., LPN B said when a resident refused a bath or shower, staff were supposed to ask again during the shift and have a different staff member approach the resident about a shower/bath.

During an interview on 1/16/25 at 4:00 P.M., the Assistant Director of Nursing (ADON) said the following:
-He/She collected shower sheets;
-If he/she was aware showers/baths were not completed or offered, it should have been addressed with the staff to ensure the showers/baths were completed.

During an interview on 1/23/25 at 9:55 A.M., the Director of Nursing said the following:
-Staff were supposed to shower/bath residents twice a week;
-For the most part, there was enough staff to complete showers/baths;
-The Assistant Director of Nursing tracked the shower sheets;
-The staff were supposed to check incontinent residents every two hours;
-If a staff member saw a resident needed to be repositioned, staff should reposition or ask for help to reposition a resident;
-Staff should check resident fingernails on their shower day and as needed.

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F 725	Continued From page 9	F 725		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide sufficient staffing to meet residents' needs, including bathing for three residents (Resident #14, #5, and #1), in a review of 14 sampled residents. The facility census was 71.	F 725		

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F 725	Continued From page 10 Review of an email from the Administrator on 1/23/25 showed the facility did not have a policy on staffing. 1. Review of the facility assessment, dated 7/1/24, showed the following: -The facility had an average daily census of 60; -Forty residents required assistance of one to two staff with bathing; -Eighteen residents were dependent on staff for bathing: -Twenty-four residents required assistance of one to two staff for transfers; -Fourteen residents were dependent on staff for transfers; -Based on the average census of sixty, the staffing criteria was 112 certified nurse aide (CNA) hours per day. 2. Review of the facility's daily staffing sheets, dated 12/26/24 through 1/15/2025, showed the following: -On 12/29/24 the census was 68, the CNA hours totaled 84 hours, 28 hours less than the criteria listed in the facility assessment; -On 12/30/24 the census was 68, the CNA hours totaled 101 hours, 11 hours less than the criteria listed in the facility assessment; -On 12/31/24 the census was 68, the CNA hours totaled 104 hours, eight hours less than the criteria listed in the facility assessment; -On 1/1/25 the census was 69, the CNA hours totaled 98 hours, 14 hours less than the criteria listed in the facility assessment; -On 1/2/25 the census was 69, the CNA hours totaled 80 hours, 32 hours less than the criteria listed in the facility assessment; -On 1/3/25 the census was 69, the CNA hours totaled 104 hours, eight hours less than the	F 725		

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criteria listed in the facility assessment;;
-On 1/4/25 the census was 69, the CNA hours totaled 80 hours, 32 hours less than the criteria listed in the facility assessment;
-On 1/5/25 the census was 69, the CNA hours totaled 96 hours, 16 hours less than the criteria listed in the facility assessment;
-On 1/6/25 the census was 69, the CNA hours totaled 68 hours, 44 hours less than the criteria listed in the facility assessment;
-On 1/7/25 the census was 69, the CNA hours totaled 105 hours, seven hours less than the criteria listed in the facility assessment;
-On 1/8/25 the census was 69, the CNA hours totaled 93.5 hours, 18.5 hours less than the criteria listed in the facility assessment;
-On 1/11/25 the census was 69, the CNA hours totaled 88 hours, 24 hours less than the criteria listed in the facility assessment;
-On 1/12/25 the census was 69, the CNA hours totaled 96 hours, 16 hours less than the criteria listed in the facility assessment;
-On 1/13/25 the census was 69, the CNA hours totaled 82 hours, 30 hours less than the criteria listed in the facility assessment;
-On 1/14/25 the census was 69, the CNA hours totaled 98 hours, 14 hours less than the criteria listed in the facility assessment;
-On 1/15/25 the census was 70, the CNA hours totaled 84 hours, 28 hours less than the criteria listed in the facility assessment.

3. Review of Resident #14's Care Plan, updated 8/13/24, showed the following:
- The resident displayed signs of moderate dementia sequencing and steps of tasks if asked to deliberately perform, i.e., dressing and showers;
-The staff provided cues and supervision for

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LINCOLN COUNTY NURSING & REHAB	**1145 EAST CHERRY STREET TROY, MO 63379**

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F 725	Continued From page 12 tasks which required numerous steps if he/she appears confused or stressed. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 11/26/24, showed the following: -The resident was cognitively intact; -He/She required moderate assistance with showering. Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following dates when staff provided showers for the resident: -The resident's shower days were Wednesdays and Saturdays; -No documentation the resident received a shower from 11/3/24 through 11/12/24, nine days; -11/13/24; -11/20/24, seven days since the previous shower; -11/27/24, seven days since previous shower; -12/4/24, seven days since previous shower; -12/18/24; -12/29/24, eleven days since previous shower; -1/1/25; -1/11/25, ten days since previous shower. Observation on 1/16/25 at 3:10 P.M., showed the following: -The resident self-propelled the wheelchair down the hallway; -His/Her hair was disheveled and oily. During an interview with the resident on 1/16/25 at 3:10 P.M., the resident said he/she did not get a shower twice a week, but he/she did not complain because the staff were busy.	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265433	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 725	Continued From page 13	F 725		

4. Review of Resident #5's Care Plan, updated 12/10/24, showed the following:
-The resident had limited mobility due to hemiplegia and hemiparesis (Hemiplegia refers to a severe or complete loss of strength, whereas hemiparesis refers to a relatively mild loss of strength) following cerebral vascular accident (CVA, stroke) affecting the right side;
-The resident preferred showers to bed baths and will receive showers twice weekly.

Review of the resident's quarterly MDS, dated 12/11/24, showed the following:
-The resident had modified cognitive skills for daily decision making;
-He/She required moderate assistance with bathing.

Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed the following dates staff provided the resident a shower:
-The resident's shower days were Tuesdays and Fridays;
-11/25/24;
-Staff offered but the resident refused a shower on 12/9/24, 14 days since last shower;
-12/23/24, 14 days since the resident's last shower;
-Staff offered the resident a shower on 12/26/24, but he/she refused;
-Staff offered the resident a shower on 12/30/24, but he/she refused;
-Staff offered but the resident refused a shower on 1/13/25, 14 days since staff offered the resident a shower.

Observation on 1/16/25 at 10:45 A.M., showed the resident lay in bed with eyes closed, his/her hair was disheveled and oily.

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F 725	Continued From page 14	F 725		

During an interview with Resident #6 (Resident #5's roommate) on 1/16/25 at 10:45 A.M., he/she said the following:
-Resident #5 usually received one shower a week because the facility was short staffed;
-When Resident #5 started to smell from across the room, Resident #6 and the staff Resident #5 liked, convinced him/her into taking a bath.

5. Review of Resident #1's quarterly MDS, dated 12/13/24, showed the following:
-The resident was cognitively intact;
-He/She required supervision from staff with bathing.

Review of the resident's Care Plan, dated 12/19/24, showed the following:
-The resident had minimal deficits in ADLs related to minimal weakness, but was usually independent in all ADLs;
-Determine his/her preferences for shower days to assure the staff were meeting the resident's needs

Review of the resident's shower sheets, dated 11/3/24 through 1/15/25, showed staff showered the resident on the following dates:
-The resident's shower days were Wednesdays and Saturdays;
-No documentation staff offered or provided a shower to the resident from 11/3/24 through 11/10/24 (nine days);
-11/11/24;
-11/20/24, nine days from the previous shower;
-12/21/24;
-12/28/24, seven days from the previous shower;
- 1/1/25;
-1/8/25, seven days from the previous shower.

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F 725	Continued From page 15	F 725		

During an interview on 1/16/25 at 11:30 A.M., the resident said the following:
-He/She did not always get a bath twice a week, he/she was "lucky" to get a bath once a week;
-He/She wanted two showers a week.

6. During an interview on 1/16/25 at 2:20 P.M., Nurse Aide (NA) C said the following:
-There was not enough staff to get everything done;
-Showers were missed;
-He/She had difficulty keeping up with brushing hair, brushing teeth, providing incontinence care while making sure all the residents got up in the morning and before meals.

During an interview on 1/16/25 at 1:12 P.M., LPN B said the following:
-There was not enough staff to get showers done, especially since the facility cut agency staffing;
-The residents were lucky if they received two showers a week;
-The facility had four certified nurse aides (CNA) for four halls with some residents requiring two staff members assistance;
-Evening shift was the worst with staffing.

During an interview on 1/23/25 at 8:56 A.M., the Assistant Director of Nursing said the following:
-He/She had difficulty filling open slots on the nursing schedule at times;
-The staff member on-call covered when a staff member called off or did not show up for the shift, however, if the on-call staff was already in the building for several hours, then another staff member covered;
-He/She did not know the hours per day per discipline required on the facility assessment.

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F 725	Continued From page 16 During an interview on 1/23/25 at 9:55 A.M., the Director of Nursing said the following: -She assisted the Staffing/Wound Nurse and Assistant Director of Nursing with the schedule; -The issue was multiple staff calling off; -There were four nursing administrative staff to cover openings in the schedule, the Assistant Director of Nursing, Staffing/Wound Nurse, MDS Coordinator, and herself; -She did not know the hours per discipline needed to care for 60 residents as listed on the facility assessment until recently. During an interview on 1/17/25 at 9:53 A.M., the Administrator said the following: -The Director of Nursing, Assistant Director of Nursing, and Staffing/Wound Nurse worked together to make the nursing schedule; -Her expectation was enough nursing staff be scheduled to provide quality care to the residents; -She was not sure if the Staffing/Wound Nurse, Assistant Director of Nursing or Director of Nursing, who were responsible for staffing, knew the number of hours needed per discipline according to the facility assessment. MO247389 MO248026	F 725		

Missouri Department of Health and Senior Services

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	15750	A. BUILDING: _____ B. WING _____	C 01/17/2025

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A4046	19 CSR 30-85.042(37) Nursing Staff Sufficient/Qualified All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs. I/II This regulation is not met as evidenced by: Class II Refer to F725	A4046		
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II Refer to F677	A4075		

PLAN OF CORRECTION

Provider/Supplier Name:	Lincoln County Nursing and Rehab
Street Address, City, Zip:	1145 East Cherry St. Troy, MO 63379
Date of Survey:	01/17/2025

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ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	LCNR will develop and implement a plan to ensure dependent	
	Residents receive proper ADL Care	
	Corrections for cited examples include:	
	R#4 is being properly positioned in bed, urinal is being properly stored	
	R#10 fingernails have been cleaned	
	R#1, #5, and #10 are being offered twice weekly showers	
	Alleged deficiency had potential to affect all residents requiring	
	Assistance with ADL care	
F677		3/3/2025
A4075	Steps taken to prevent recurrence:	
	Staff inseviced that showers must be offered twice weekly and prn,	
	Nail care must be performed as needed, proper positioning of	
	The resident while in bed and proper urinal storage	
	Nurse management to audit showers daily	
	Positioning and urinals to be monitored on dept head walking	
	Rounds.	
	DON and/or designee to ensure ongoing compliance through	
	Facility audit tool 3x weekly x4 then weekly. Any issues will be	
	Immediately corrected. Findings will be discussed at monthly	
	QAPI meeting.	
	DOC: 3/3/2025	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

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	LCNR will develop and implement a plan to provide sufficient	
	Staffing to meet resident needs	
	Corrections for cited examples include:	
	Facility assessment has been reviewed and updated	
	Facility is being staffed to meet resident needs and according to	
	The Facility assessment	
	R#1, #5 and #14 are being offered showers twice weekly	
F725	Alleged deficiency had the potential to affect all residents	3/3/2025
A4046		
	Steps taken to prevent recurrence	
	Nursing management inserviced that staffing must meet resident needs	
	And the facility assessment must be followed	
	Nursing staff inserviced that residents must be offered showers	
	Twice weekly and as needed	
	DON and/or designee to ensure ongoing compliance through	
	Facility audit tool 3x weekly x 4 then weekly. Any identified	
	Issues will be immediately corrected. Findings will be discussed	
	At monthly QAPI meeting.	
	DOC: 3/3/2025	

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