

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/04/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTARA NORTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3600 SOUTH NORTON AVENUE SIOUX FALLS, SD 57105</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 584 SS=E	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 10/3/23 through 10/4/23. Areas surveyed included accidents, environment, and quality of care. Avantara Norton was found not in compliance with the following requirements: F584 and F677.</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each</p>	F 584	<ol style="list-style-type: none"> <li>1. Resident 2 Bathroom door replaced.</li> <li>2. All residents are at risk to be affected by practice.</li> <li>3. All carpet being replaced on 300 wing. Flooring ordered on 10/10/2023 installment will be scheduled for next available date. Doors 302, 305, 308, 309, 311, 312, 315, 318, 319, 325, 326, 327, and 328 were ordered 10/10/2023. Installment will be completed upon arrival of doors. All other doors were audited for maintenance on 10/09/2023 repairs and replacements made.</li> <li>4. All Doors will be reviewed monthly and recorded in TELS management system by Maintenance Director or Designee. Audit of completion of monthly Door Review will be audited monthly x 6 months. All audits will be reviewed and revised in QAPI meeting.</li> </ol>	11/18/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

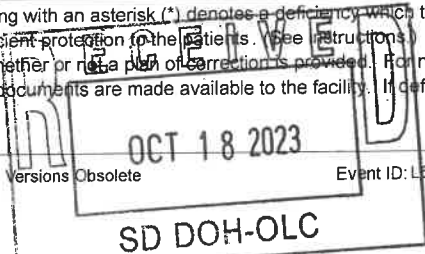
(X6) DATE

Ashley Nickel

LNHA

10/18/2023

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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F 584 Continued From page 1  
resident room, as specified in §483.90 (e)(2)(iv);

§483.10(i)(5) Adequate and comfortable lighting levels in all areas;

§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and

§483.10(i)(7) For the maintenance of comfortable sound levels.  
This REQUIREMENT is not met as evidenced by:  
Based on observation, interview, and policy review, the provider failed to ensure:  
\*One of one carpeted wing (300 east) had carpet that was free from multiple stains.  
\*Thirteen of thirty resident bathroom doors (rooms 302, 305, 308, 309, 311, 312, 315, 318, 319, 325, 326, 327, and 328) were free from scratches and gouges to prevent resident injuries.  
Findings include:

1. Observation and interview on 10/3/23 at 8:57 a.m. with environmental consultant J on the 300 wing revealed:  
\*He was in the building to train the newly hired maintenance director D.  
\*He was the consultant for fifteen buildings.  
\*The provider worked on environmental issues as they were identified.  
\*He agreed the carpet in the 300 wing had multiple stains.
2. Interview on 10/3/23 at 9:05 a.m. with maintenance director D on the 300 wing revealed:  
\*He had been in his position for eight weeks.  
\*He was working with environmental consultant J

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F 584	<p>Continued From page 2</p> <p>on addressing issues in the building.</p> <p>*He agreed the carpet in the 300 wing was stained by most of the resident room doorways.</p> <p>*They had recently hired an individual to complete floor maintenance in the building.</p> <p>*He was not sure when the carpet had been cleaned.</p> <p>*They had gotten an estimate to replace the carpet, but approval had not been received from the corporate office.</p> <p>3. Observation and interview on 10/3/23 at 1:15 p.m. with one of one sampled resident 2 in her room on the 300 wing revealed she:</p> <p>*Was admitted on 9/18/23.</p> <p>*Was living at another nursing home until a private room had become available here at Avantara Norton.</p> <p>*Had mentioned the scratched bathroom door and stated the maintenance staff would fix it if she would ask them.</p> <p>*Was happy that she would not have to share a room with another resident.</p> <p>4. Observation and interview on 10/3/23 at 3:50 p.m. with administrator A and nurse consultant C on the 300 wing revealed:</p> <p>*They had identified the 300 wing for replacing the carpet and plank flooring.</p> <p>*Administrator A had received an estimate for the completion of the work.</p> <p>*They were not aware of the scratches and gouges on the bathroom doors in the following rooms: 302, 305, 308, 309, 311, 312, 315, 318, 319, 325, 326, 327, and 328.</p> <p>*They used a computerized system for submitting and tracking maintenance requests and environmental issues.</p> <p>*Administrator A would add the bathroom doors to</p>	F 584			

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F 584	Continued From page 3 the list for maintenance to repair. *They agreed the carpet was stained around the doorways leading to resident rooms and the bathroom doors needed repair or replacement. *They were not aware of any maintenance requests to fix the bathroom doors.  A door maintenance policy was requested from administrator A on 10/3/23 at 4:00 p.m., but she stated there was no such policy.	F 584		
F 677 SS=D	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: Surveyor: Williams, Peggy Based on observation, interview, record review, and policy review, the provider failed to meet the bathing and toileting needs for 4 of 5 sampled residents (4, 5, 9, and 10). Findings include:  1. Observation and interview on 10/3/23 at 4:55 p.m. with resident 4 revealed: *She was in bed with the head of the bed raised so that she was sitting upright. *An over-the-bed table on wheels was positioned in front of her and above her legs. *A portable commode was setting on the floor at the foot of the bed and in front of the bathroom door. *She had been told by staff to eliminate her urine and bowels into her brief, but "I cannot do that, it is not right." *She preferred to be transferred onto the	F 677	1. Resident 4 had open investigation on 10/01/23 for allegation of neglect that was completed 10/6/2023. Staff involved were educated on checking on all residents every 2 hours education completed 10/06/23. Re-interviewed resident on 10/6/23 who verbalized cares had improved. Interviewed resident 4 for bathing and toileting preferences. Updated resident 4 care plan to reflect her preferences. Bath scheduled updated to reflect Resident 4 preferences. Resident 5 had open investigation on 10/01/2023 for allegation of neglect that was closed on 10/6/2023. Neglect was not substantiated upon completion of investigation. Interviewed resident for his preferences for bathing and toileting. Care plan reviewed and updated to reflect ADL needs and preferences. Updated bathing schedule per resident 5 preferences. Resident 9 interviewed for bathing preferences and updated Care plan and bath schedule to reflect preferences. Resident 10 interviewed for bathing preferences and updated Care Plan and bath schedule to reflect preferences.	11/18/2023

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F 677	<p>Continued From page 4</p> <p>commode or into the bathroom and onto the toilet to urinate or have a bowel movement. *She felt very good when she recently had been able to have a bowel movement while sitting on the commode.</p> <p>Review of resident 4's 8/11/23 significant change Minimum Data Set (MDS) revealed: *A Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognitive abilities. *Verbal and physical behaviors that had occurred on one to three days during the seven days before 8/11/23. *A need for extensive or total support of one to two persons when transferring, toileting, and bathing. *Incontinence of bladder and bowel all the time.</p> <p>Review of the care plan for resident 4 included the following areas related to toileting, incontinence, and bathing: *A diagnoses of unspecified hydronephrosis [a condition of excess urine accumulation in kidney(s) that causes swelling of kidneys]. *Revised on 8/4/22, "at risk for alteration in bowel elimination related to diagnosis of malaise" [a feeling of general discomfort], "reducible hernia without obstruction" [a bulge that flattens when lying down], "use of bowel medications as ordered, urinary incontinence, &amp; [and] history of bowel obstruction related to hernia." *Revised on 8/21/22, "assistance with ADL's [activities of daily living]" with the following interventions revised on: -8/14/23, "TRANSFERS: Hoyer lift only [.] She does refuse to use stand aide appropriately and complains staff are being abusive/mean to her because they will not perform the task unsafely per her instruction."</p>	F 677	<p>2. All residents are at risk to be affected by practice.</p> <p>3. Education to all staff on Toileting and incontinence policy, bathing policy, and documentation requirements. All residents interviewed for bathing preferences. Care plans updated as needed to match bathing preferences. Bathing schedules updated for all residents to reflect preferences.</p> <p>4. Audits of bathing will be audited 5 x week to verify documentation of bath and bathing preferences met. Toileting interviews and observations will be completed 3x week for 4 weeks. All audits will be reviewed and revised in QAPI meeting.</p>	

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F 677	<p>Continued From page 5</p> <p>-8/24/23, assist with shower or bed bath. "Resident prefers one shower per week, Any time of day any day of week. If refused, offer the following day." *Revised on 11/11/22, "at risk for alteration in bowel elimination" with a goal revised on 8/4/22 to "remain free from skin breakdown due to incontinence and brief use," and the following interventions revised on: -2/22/22, "I have incontinence; staff assists me with toileting, peri-cares, and changing protective product as needed." -2/22/22, "I wear a protective product to wick moisture from my skin." -2/14/22, "Remind, offer and assist with toileting as needed." *Revised on 8/21/23, "potential for pressure ulcers related to limited mobility, incontinence" and "redness to coccyx," with the following interventions revised on 10/26/22: -Assist with repositioning to "help her remain comfortable &amp; [and] free of skin breakdown." -Keep her "skin clean &amp; dry...changing her incontinence products as needed."</p> <p>Review of the bath schedule dated 9/25/23 for the hallway where resident 4 resided revealed her bathing preference was for a shower on Monday and Friday.</p> <p>Review of the ADL task documentation for resident 4 between 9/5/23 and 10/4/23 revealed: *"Toilet transfer: The ability to get on and off a toilet or commode" was documented on only two days: -On 10/3/23 at 5:59 p.m., the column for "Dependent" was checked. -On 10/4/23 at 1:58 a.m., the column for "Not applicable" was checked.</p>	F 677		

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F 677	<p>Continued From page 6</p> <p>**"Urinary/Bladder" was documented as incontinent one to three times on every day with the exception of 9/29/23, which had no documentation.</p> <p>**"Bowel" was documented as continent on 9/18/23, incontinent one to three times on 19 days, and was noted as "Response Not Required" on 9 days.</p> <p>**"Bathing" was documented as completed only two days, as follows, according to the scheduled days: -9/8/23, Friday. -9/22/23, Friday.</p> <p>*Only one other bath was documented on 9/20/23, Wednesday.</p> <p>*The other Monday and Friday bath days were not documented as given nor marked as "resident refused," including: -9/11/23, Monday. -9/15/23, Friday. -9/18/23, Monday. -9/25/23, Monday. -9/29/23, Friday. -10/2/23, Monday.</p> <p>Interview on 10/4/23 at 9:20 a.m. with certified nursing assistant (CNA) F revealed: *She had started as a CNA in February 2023 and was assigned most of the time to resident 4's hallway. *Resident 4 used the commode when she needed to have a bowel movement. *The Hoyer mechanical lift was used to transfer resident 4 on and off the commode. *There was no room in the bathroom to transfer resident 4 onto the toilet using the Hoyer lift.</p> <p>Interview on 10/4/23 at 10:11 a.m. with director of nursing (DON) B revealed:</p>	F 677		

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F 677	<p>Continued From page 7</p> <p>*The Hoyer mechanical lift would not fit into the bathroom to transfer resident 4 onto the toilet.</p> <p>*Resident 4 had expectations that were not always reasonable.</p> <p>*He confirmed the daily toilet transfer documentation was missing.</p> <p>*He thought there was a need to provide education to staff on the documentation expectations.</p> <p>2. Observation and interview on 10/3/23 at 4:00 p.m. with resident 5 revealed he:</p> <p>*Was sitting in a specialized wheelchair in his room facing the doorway.</p> <p>*Had limitation of movement in both arms and legs due to a spinal injury, but his right arm and hand had regained some functional ability.</p> <p>*Had moved into the nursing home just seven days ago.</p> <p>*Had reported complaints to the nurse when staff had not helped him brush his hair and put his socks on, and when he had to wait to get out of bed one day until after the staff gave him his bath.</p> <p>*Understood how CNAs were supposed to meet the needs of residents because he had been one for 27 years before his injury.</p> <p>*Explained that the CNA who had not brushed his hair had told him she was not the CNA assigned to his area.</p> <p>*Had witnessed CNAs go into resident rooms in response to a call light that was on, turn it off, and walk out of the room.</p> <p>Review of resident 5's care plan revealed:</p> <p>*His admission date was 9/25/23.</p> <p>*An "(interim)" focus, initiated on 9/25/23, of "requires assistance with ADL's" with no interventions listed.</p>	F 677		



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F 677	<p>Continued From page 8</p> <p>*There was no information about the bathing ADL task.</p> <p>Review of a 10/1/23 "Health Status Note" at 3:56 p.m. in resident 5's electronic medical record (EMR) revealed he reported to the nurse: *"No one would help the resident get out of bed for 18 hours this past Thursday and today." *"The shower aide promised a shower at 11am [11:00 a.m.], but then "informed him that he will get a shower after lunch...and he will have to wait." *He had wanted to "get up in his chair and be put down later that afternoon," but "he did not get out of bed until after the shower was complete." *After getting a shower, the "bath aid did not brush his hair or put socks on."</p> <p>Review of resident 5's 10/2/23 admission MDS revealed: *It was still "in progress" with most sections not yet completed. *A Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognitive abilities.</p> <p>Review of the ADL-bathing task documentation for resident 5 revealed: *His bathing preference was for a "shower 2x [two times] weekly in the afternoon. Placed on schedule for Tues. [Tuesday] and Sat. [Saturday]." *Baths had been documented as given on 9/29/23, Friday, at 4:33 p.m. and on 10/1/23, Sunday, at 3:32 p.m. *There were no days marked as "resident refused."</p> <p>Interview on 10/4/23 at 9:20 a.m. with CNA F revealed she:</p>	F 677		

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F 677	<p>Continued From page 9</p> <p>*Had "helped the bath CNA on the day" resident 5 received his bath.</p> <p>*Was assigned to work on "yellow" that day, which was a different hallway than where resident 5 resided.</p> <p>Interview on 10/4/23 at 9:55 a.m. with CNA G revealed: *She was a full-time bath CNA. *Resident bath preferences might not have been accommodated related to the bath CNA getting "pulled to work the floor." *She was working on the day of resident 5's last bath. *She had to give him a "bed bath" on that day because "she had to work the floor on Friday and Saturday."</p> <p>Interview on 10/4/23 at 10:11 a.m. with DON B revealed: *If a bath was missed, the resident should have been offered a bath on the next day. *He thought that resident 5's bathing preferences had "not been completely worked into the rotation" for the bath schedule.</p> <p>3. Observation and interview on 10/3/23 at 2:37 p.m. with resident 9 revealed she: *Was in bed with the head of the bed raised so that she was sitting in a reclined position. *An over-the-bed table on wheels was positioned in front of her and above her legs. *"Would like to use the toilet but they only give me pads."</p> <p>Interview on 10/4/23 at 9:20 a.m. with CNA F revealed: *She was assigned most of the time to the hallway where resident 9 resided.</p>	F 677		

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NAME OF PROVIDER OR SUPPLIER  <b>AVANTARA NORTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3600 SOUTH NORTON AVENUE</b> <b>SIOUX FALLS, SD 57105</b>	
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F 677	<p>Continued From page 10</p> <p>*Resident 9 had never told her that she would prefer to use the toilet.</p> <p>Review of the 9/5/23 quarterly MDS for resident 9 revealed:</p> <p>*A BIMS score of 13, which indicated intact cognitive abilities.</p> <p>*A need for extensive or total support of one to two persons when transferring and toileting.</p> <p>*Incontinence of bladder and bowel all the time.</p> <p>Review of resident 9's care plan included the following areas of focus related to toileting, incontinence, and bathing:</p> <p>*Revised on 6/12/23, "assistance with ADL's" with the following interventions:</p> <p>-Initiated on 10/23/22, "Toileting: Total dependence with 2 staff assist."</p> <p>-Revised on 10/23/22, "Transfers: Hoyer [mechanical] lift for all transfers with 2 staff assist."</p> <p>-Revised on 4/19/23, "Bathing: Total dependent, prefers whirlpool twice weekly on Tues/Fri. Will sometimes refuse."</p> <p>*Revised on 9/19/23, "At risk for alteration of bowel and bladder functioning related to: deconditioning and decreased mobility, History of UTIs [urinary tract infections]."</p> <p>Review of the bath schedule dated 9/11/23 for the hallway where resident 9 resided revealed her bathing preference was listed as a whirlpool on Tuesday and Friday.</p> <p>Review of the ADL task documentation for resident 9 between 9/5/23 and 10/4/23 revealed:</p> <p>**"Toilet transfer: The ability to get on and off a toilet or commode" was documented as "not applicable" on only one day, 10/3/23.</p>	F 677		

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F 677	<p>Continued From page 11</p> <p>*"Urinary/Bladder" was documented as incontinent one to three times on every day.</p> <p>*"Bowel" was documented as incontinent one to three times on 26 days, and was noted as "Response Not Required" on 2 days.</p> <p>*"Bathing" was documented as completed per her preference on the following five days: -9/5/23, Tuesday. -9/8/23, Friday. -9/12/23, Tuesday. -9/19/23, Tuesday. -9/26/23, Tuesday.</p> <p>*Another bath was given on 9/30/23, Saturday.</p> <p>*The remaining Friday bath days on 9/15/23, 9/22/23, and on 9/29/23 were not documented as given nor marked as "resident refused."</p> <p>Review of three progress notes on 9/24/23 between 00:40 a.m. and 9:30 a.m. in resident 9's EMR revealed she had been sent to the emergency room for abdominal pain.</p> <p>Review of the census record for resident 9 revealed she had been assigned to her current room on 9/25/23 from the room on a different hallway where she had resided since 1/1/23.</p> <p>Interview on 10/4/23 at 10:11 a.m. with DON B revealed he: *Confirmed that resident 9 had been moved from her previous room to the current room in which she resided. *Had not sees resident 9 up from her bed very often. *Had not provided an explanation for the missed documentation for toileting transfers and the baths, but thought her care plan might need to have been revised.</p>	F 677		
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F 677	<p>Continued From page 12</p> <p>4. Observation and interview with resident 10 on 10/3/23 at 2:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>*He was seated in a wheelchair in his room.</li> <li>*His hair appeared greasy at the scalp and was styled in a long braid with loose strands.</li> <li>*He stated he had not had a bath since Friday, 9/29/23, and was supposed to get baths on Mondays, Wednesdays, and Fridays.</li> </ul> <p>Interview on 10/3/23 at 3:00 p.m. with East hallway unit manager I revealed:</p> <ul style="list-style-type: none"> <li>*An assigned CNA does baths every day.</li> <li>*Any missed baths from the day before were passed onto the next day's shift report.</li> <li>*The bath CNA should have offered the resident a bath three times in an effort to make-up a missed or refused bath.</li> <li>*She confirmed resident 10's bath schedule included Monday, Wednesday, and Friday.</li> <li>*Resident 10 was on the shift report list to make-up for the missed bath on 10/2/23.</li> </ul> <p>Review of the 7/12/23 quarterly MDS for resident 10 revealed:</p> <ul style="list-style-type: none"> <li>*A BIMS score of 15, which indicated intact cognitive abilities.</li> <li>*No verbal or physical behaviors that impacted care routines.</li> <li>*A need for total support of two persons when transferring.</li> </ul> <p>Review of resident 10's care plan revealed a preference, revised on 4/26/23, for a shower on Monday, Wednesday, and Friday before breakfast.</p> <p>Review of the bathing schedule (not dated) where resident 10 resided revealed his:</p> <ul style="list-style-type: none"> <li>*Preferred days were included.</li> </ul>	F 677			

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F 677	<p>Continued From page 13</p> <p>*Preference for before breakfast was not listed.</p> <p>Review of the ADL task documentation of bathing for resident 10 between 9/8/23 and 10/4/23 revealed:</p> <p>*A bath on 9/8/23, Friday, at 6:00 a.m. was according to his preference.</p> <p>*Two baths on 9/11/23, Monday, and 9/15/23, Friday, were on his preferred days of the week but not until at 5:00 p.m.</p> <p>*A bath on 9/27/23, Wednesday, was also on his preferred day but not until 11:44 a.m.</p> <p>*The bath he reported missing on 10/2/23, Monday, was given on 10/3/23 after 5:00 p.m.</p> <p>*Six baths on his preferred days, as follows, were not documented as "No" or "Resident Refused" including:</p> <ul style="list-style-type: none"> <li>-9/13/23, Wednesday.</li> <li>-9/18/23, Monday.</li> <li>-9/20/23, Wednesday.</li> <li>-9/22/23, Friday.</li> <li>-9/25/23, Monday.</li> <li>-9/29/23, Friday.</li> </ul> <p>Interview on 10/4/23 at 10:00 a.m. with CNA H revealed:</p> <p>*She was working as the bath CNA in the unit where resident 10 resided.</p> <p>*She normally worked as a CNA on another unit.</p> <p>*Scheduled resident baths were missed because the bath CNA "gets pulled off the floor when people call off."</p> <p>*Seven residents were to have been given missed baths that day in addition to the residents already scheduled for their baths.</p> <p>Interview on 10/4/23 at 10:11 a.m. with DON B revealed:</p> <p>*He had frequently given education and</p>	F 677		

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F 677	<p>Continued From page 14</p> <p>reminders to the staff to work together to get resident baths completed on the day of the residents' preferences.</p> <p>*Resident 10 would "frequently refuse his baths."</p> <p>5. Review of the provider policy, "Toileting and Incontinence," created in March 2021, revealed: *"It is the policy of this facility to ensure that residents requiring assistance are assisted to the restroom to reduce the number of incontinent episodes." *"If the individual remains incontinent despite treating transient causes of incontinence that staff will initiate a toileting plan." *"Toileting plans will be included on the plan of care."</p> <p>Review of the provider policy, "Bathing," last reviewed on 8/23/23, revealed: *"The resident has the right to choose the timing and frequency of bathing activity. Bathing preferences should be asked upon admission and during quarterly care conferences." *Document bathing activity or refusal of bathing activity. If a resident refuses bathing, reapproach resident at a later time or offer another day to bathe the resident."</p>	F 677		

