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	IL6005631	A. BUILDING: _____ B. WING _____	09/21/2022

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COUNTRYVIEW CARE CENTER-MACOMB	400 WEST GRANT STREET MACOMB, IL 61455

(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) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations #1 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c)2)3) 300.1210d)5) 300.1220b)1)2)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including,	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	S9999		

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S9999	Continued From page 2 following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 1) Assigning and directing the activities of nursing service personnel. 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other	S9999		

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S9999	Continued From page 3 modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to complete new admission skin assessments (R150), failed to reposition a resident to prevent pressure ulcers, failed to complete pressure ulcer risk assessments, failed to notify a resident's physician of a pressure ulcer, failed to obtain and provide wound treatments, and failed to perform hand hygiene during wound assessment and dressing application for two (R41 and R150) of two residents reviewed for pressure ulcers in the sample of 43. These failures resulted in R41 obtaining pressure ulcers which worsened to R41's left lateral foot, left malleolus (ankle), left heel, left lateral bunion, and left elbow. Findings include: The facility's Preventative Skin Care policy and procedure, Revised 1/2018, documents "Policy: It is the facility's policy to provide preventative skin care through repositioning and careful washing,	S9999		

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S9999	Continued From page 4 rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. Responsibility: All nursing staff." "Procedures: 1. All residents will be assessed using the Braden Pressure Ulcer Scale at the time of admission and weekly x 4 then will be reassessed at least quarterly and/or as needed. 2. Staff on every shift and as necessary will provide skin care... 5. Any resident identified as being at high risk for potential skin breakdown shall be turned and repositioned at a minimum of every two (2) hours... 7. Pillows and/or bath blankets may be used between two (2) skin surfaces or to slightly elevate bony prominence's/pressure areas off the mattress. Pressure relieving devices may be used to protect heels and elbows." The facility Pressure Sore Prevention Guidelines policy and procedure, Revised 1/2018, documents "It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as determined by the Braden Scale." After the four weeks of skin assessments the skin assessments "must then be done with an annual. quarterly and significant change MDS (minimum data set) or in the event a pressure ulcer develops." "Any resident scoring a High or Moderate risk for skin breakdown will have scheduled skin checks on the Treatment Record. Skin checks will be completed and documented by the nurse." The facility's Turning and Positioning Program policy and procedure, Reviewed 1/2018, documents "To ensure residents at risk for pressure ulcers are turned and positioned per the plan of care in an organized system...1. Turning	S9999		

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S9999	Continued From page 5 schedule will occur as indicated by the resident's plan of care." The facility's Decubitus Care/Pressure Areas policy and procedure, Revised 1/2018, documents "Policy: It is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. Responsibility: Licensed Nursing Personnel. Procedure: 1) Upon notification of skin breakdown, the QA (Quality Assurance) form for Newly Acquired Skin condition will be completed and forwarded to the Director of Nurses. 2) The pressure area will be assessed and documented on the Treatment Administration Record or the Wound Documentation Record. 30 Complete all areas of the Treatment Administration Record or Wound Documentation Record... 4) Notify the physician for treatment orders... 5) Documentation of the pressure area must occur upon identification and at least once each week on the TAR (treatment administration record) or Wound Documentation Form. The facility's Hand Hygiene policy and procedure, revised 12/7/2018, documents, "All staff will wash hands, as washing hands as promptly and thoroughly as possible after resident contact and after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them is an important component of the infection control and isolation precautions... If soap and water are not available alcohol gel/rub to clean your hands." The Shower Sheet for R41, dated 8/24/22, documents an open area to R41's right foot near the bunion area and signed off by V11 CNA and V26 LPN. The Shower Sheet, dated 8/31/22,	S9999		

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documents open area to R41's left lateral foot and was signed off by V11 CNA but not a Nurse. The Shower Sheet, dated 9/6/22, documents "Has old small, scabbed area that is on top and sides of both feet" and is signed off by V11 CNA and V33 LPN. The Shower Sheet, dated 9/7/22, documents open area on side of left foot and left ankle red area. This sheet is signed off by V11 CNA but not a Nurse. The Shower Sheet, dated 9/14/22, documents small open areas to left foot and red area on ankle. This form is signed off by V11 CNA but not a Nurse.

R41's Cumulative Diagnosis Log, dated 2/1/22 includes the following diagnoses: Right Distal Carotid Occlusion, Right Cerebral Hemisphere Infarction, Malignant Cerebral Edema of Right Hemisphere - bone flap and Peg (feeding) Tube, and Dysphagia (difficulty swallowing.) R41's Physician Orders, dated 9/1/22 through 9/30/22 also lists Protein/Calorie Malnutrition as a diagnosis.

On 09/18/22 at 6:24 am, 8:16 am, and 11:00 am, R41 was lying on his back with his left leg bent at the knee with his left leg underneath his extended right leg with his left foot near his right buttock cheek. R41's left foot, left leg and left elbow were lying directly on the mattress. There were no pressure relieving positioning devices noted under R41's legs, feet or under R41's left elbow.

On 09/19/22 at 8:35 am, R41 was lying on his back with his left leg bent at the knee with his left leg and foot lying directly on the mattress underneath R41's extended right leg with his left foot near R41's buttock cheek. R41's left arm and elbow were also lying directly on the bed mattress. There were no pillows or other devices in place to help relieve pressure at this time.

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S9999	Continued From page 7 On 09/19/22 at 11:00 am R41 was lying on his back and his position was unchanged from 8:35 am as V5 LPN (Licensed Practical Nurse) donned gloves and performed a skin assessment of R41's left foot revealing open wounds to R41's left inner foot, left lateral malleolus, left lateral foot, and left heel. V6 and V7 CNA's (Certified Nursing Assistants) entered R41's room to assist with positioning during this assessment. During this skin assessment V5 LPN cleansed and measured each of R41's left foot wounds with the same pair of gloves on and used the same plastic measuring device to measure each of R41's left foot wounds. V5 LPN did not change her gloves, use hand sanitizer, or wash her hands during this task. On 9/19/22 at 11:05 am, V5 LPN stated she was concerned about R41's skin yesterday but didn't get a chance to assess him as it was her first day working at the facility. V5 LPN stated there are no treatment orders for the wounds on R41's left inner foot, left lateral malleolus, left lateral foot or left heel. On 9/19/22 at 11:06 am, V6 CNA stated R41 is not able to move around in his bed by himself. On 9/19/22 at 12:00 pm V3 RCC (Resident Care Coordinator) and V8 CNA entered R41's room and turned R41 onto his right side to assess R41's back and buttocks, revealing very reddened and barely blanchable skin to R41's buttock and coccyx areas. V3 RCC and V8 CNA turned R41 onto his right side, revealing a large circular area to R41's left elbow that is covered with thick sloughing and unblanchable redness surrounding the open wound. During turning R41 hollered out that staff were killing him. R41 was	S9999		

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S9999	Continued From page 8 positioned back onto to his back. On 9/19/22 at 12:00 pm, during R41's cares, V3 RCC stated R41 will be put back on the wound doctor list to be seen, R41's family will be notified, and treatment orders will be obtained. V3 RCC stated residents should be turned and repositioned every two hours. On 9/19/22 at 12:29 pm, R41 remained lying on his back with his left leg bent at the knee and underneath his extended right leg directly on the bed mattress and R41's left elbow remained lying directly on the bed mattress. On 9/19/22 at 1:19 pm, R41 remained lying on his back and position had not been changed. V9 and V10 CNA's provided R41 with incontinence care and when finished positioned R41 back onto his back and placed a pillow under R41's left leg raising left foot off the mattress. During positioning of R41's left leg an area to R41's left lateral bunion was noted that was burgundy and purple in color and did not blanch when touched. V10 CNA lifted R41's left arm to place a pillow under it and R41's left open elbow wound remained without a treatment or dressing covering it. V10 CNA then placed R41's left arm on top of a pillow with open area laying on the pillow. On 9/19/22 at 1:29 pm, V10 CNA stated R41 cannot turn and position himself, is dependent for all of his cares, and will holler out went positioned any other way than his back. V10 CNA stated R41 cannot move his left arm or left leg. On 9/19/22 at 1:11 pm, V3 RCC stated there is not a pressure ulcer risk assessment for R41, confirmed R41 is a high risk for skin breakdown,	S9999		

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and will complete the pressure ulcer risk assessment for R41 and get it put in R41's chart. V3 also stated the facility does not currently have a wound nurse so the nurses should measure wounds.

On 9/19/22 at 2:30 pm, R41 remained lying in bed on his back with his left leg bent at his knee underneath his extended right leg with his left foot near his right buttock cheek and still had no treatment or bandage to R41's left elbow.

On 9/20/22 at 8:30 am, V11 CNA stated she does all the resident showers on day shift, unless she gets pulled to work the floor as a CNA. V11 stated she documented and reported R41's foot wounds on 8/24/22 to V26 (Licensed Practical Nurse) and to V33 (Agency LPN) on 8/31/22, 9/6/22, and 9/7/22. V11 stated V11 didn't report the wounds on 9/14/22 because she thought they already knew about them.

V33 no longer works at the facility and is unable to be interviewed.

On 9/18/22 at 7:34 A.M., V1 (Administrator in Training) stated the current Director of Nursing/DON has been on a suspension since 8/30/22. V1 stated V3 (Licensed Practical Nurse/Resident Care Coordinator) has been assisting with DON duties and verified that no Registered Nurse has been appointed in her place. V1 stated that the facility currently does not have a wound/treatment nurse. V1 stated that the facility was recently cited for concerns with pressure ulcers. V1 stated the facility recognizes a need for a wound treatment nurse but the facility is currently without one. V1 stated it would be the responsibility of the wound nurse to round with the wound physician and ensure wound

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treatments are implemented/completed. V1 stated that the wound physician comes weekly and wound measurements would be obtained at those visits by the physician, not the nurses. V1 stated, "If the wound doctor was ever to not round for some reason, the wounds weren't getting measured." V1 stated the nurses are responsible for completing wound treatments. V1 stated the facility is currently without an Infection Control Preventionist and no one is overseeing this role.

As of 9/19/22 at 12:00 PM, R41's medical record did not document notification or orders for treatments to R41's physician regarding R41's pressure ulcers.

On 9/21/22 at 2:30 pm, V1 AIT (Administrator in Training) stated she was not aware that R41 had any wounds to his left foot or elbow until 9/19/22 when V5 LPN found them and was not aware that the wounds had been documented by V11 CNA on R41's Shower Sheets. V1 AIT confirmed R41 should be turned and repositioned every two hours and treatment orders should have been obtained when R41's wounds were first identified.

On 9/21/22 at 2:30 P.M. V1 (Administrator in Training) stated that V2 was officially terminated on 9/20/22. V1 stated, "I am not a nurse, and I am not medical, but with all of these issues that were found, it is clear that (V2/Director of Nursing) was not doing her job. I need someone who is going to help me with the medical side of things since that is not my area. We do not employ a full time MDS nurse and we do not have a Care Plan Nurse right now, so we are just trying to write in the Resident's care areas on our own."

On, 9/18/22 through 9/21/22, during the hours of

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survey, the Facility did not have a Director of Nursing, Infection Preventionist, Restorative Rehabilitation Nurse, Minimum Data Set/MDS Nurse, Care Plan Nurse or licensed Administrator.

On 9/18/21, at 8:10 am, V3 (Resident Care Coordinator/Licensed Practical Nurse) stated, "We do not currently have a Director of Nursing or Infection Preventionist. We do not currently have a Wound Nurse and no one oversees the wounds in the building.

On 9/20/22 at 11:55 am, V25 (Regional Director) stated, "I do not oversee the day-to-day operations while I am here. I do not come here very frequently, and I have multiple other buildings, so I cannot answer any of your questions regarding the facility. We currently do not have a Director of Nursing or Infection Preventionist, and I am not sure who is overseeing the Nursing Department."

2. The facility's "Nursing Admission Assessment Policy", undated, states, "Each resident upon initial assessment and re-admission to the facility will have a Nursing Admission Assessment completed. Responsibility: Admitting Nurse. Procedure: Nursing Assessment must be completed within 24 hours of admission. Complete all sections as indicated on the form."

R150's "Nursing Admission Assessment" documents R150 was admitted to the facility on 9/7/22. The remainder of this form is blank, including the area "Skin Inspection."

As of 9/20/22, R150's Pressure Ulcer Risk Assessment was in R150's medical record and was blank.

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S9999	Continued From page 12 On 9/19/22 at 9:45 AM, V26 (Licensed Practical Nurse) stated that V26 was the admitting nurse for R150 on 9/7/22. V26 stated R150 was anxious upon arrival to the facility and went on an outing right away to help calm R150 down. V26 denied completing any of R150's admission paperwork, including an admission skin assessment or pressure ulcer risk assessment. V26 verified these forms should be completed upon admission. (B) #2 Statement of Violations: 300.610a) 300.690a) 300.1010h) 300.1210b) 300.1210c)3) 300.3210t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by	S9999		

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(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) COMPLETE DATE
S9999	Continued From page 13 written, signed and dated minutes of such a meeting. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999		

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	IL6005631	A. BUILDING: _____ B. WING _____	09/21/2022

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S9999	Continued From page 14 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to honor residents' right of refusal of hospital transfer and failed to treat with dignity and respect for one (R23) resident reviewed for resident rights. These failures resulted in R23 being distressed, feeling humiliated and exhibiting anxiety. Findings include: The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in	S9999		

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S9999	Continued From page 15 Long-term Care Facilities, documents "Your facility must treat you with dignity and respect and must care for you in a manner that promotes you quality of life." "You must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally or sexually. The facility must ensure that you are free from retaliation and discrimination, in exercising your rights." "You may ask any visitor to leave your personal living area at any time." "Your facility must try to keep your property from being lost or stolen." The undated Director of Nursing Job Description documents, Resident Rights: 1. Maintain the confidentiality of all resident care information. 2. Monitor nursing care to ensure that all residents are treated fairly and with kindness, dignity and respect. 3. Ensure that all nursing service personnel are knowledgeable of the residents' responsibilities and rights including the right to refuse treatment. 4. Review complaints and grievances made by the resident and make a written/oral report to the Administrator indicating what action(s) were taken to resolve the complaint or grievance. Follow facility's established procedures. 5. Maintain a written record of the resident's complaints and/or grievances that indicates the action taken to resolve the complaint and the current status of the complaint. 6. Report and investigate all allegations of resident abuse and/or misappropriation of resident property. 7. Ensure that nursing staff personnel honor the resident's refusal of treatment request. Ensure that such requests are in accordance with the facility's policies governing advance directives. R23's Cognitive Assessment, dated 8/12/22 documents a score of 15 out of 15 which	S9999		

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S9999	Continued From page 16 indicates R23 is cognitively intact, with no problems with short-term or long-term memory and no signs or symptoms of delirium. R23's Behavior Tracking Record, does not document R23 with any behaviors prior to 9/20/22. On 9/20/22 V30 Housekeeping/Laundry Supervisor documented the only entry on R23's Behavior Tracking Record under "Target Behavior: Physical Aggression/Throwing items when upset" and interventions were successful in stopping the behavior. R23's current Care Plan documents R23 is to use a wheeled walker for ambulation. R45's Cognitive Assessment, dated 7/5/22, documents a score of 99 which indicates R45 is unable to complete the interview due to impairment and has severely impaired cognition. R45's Behavior Tracking Record documents a Target Behavior for R45 as "Taking objects that belong to others (especially food)" with "Goal: Reduce wandering behavior to other residents rooms." This record documents 14 out of 20 days of continuous episodes of R45 wandering into other rooms and behavior increased with interventions. This record documents behavior on 9/20/22 with increased behaviors with attempted interventions. R45's current Care Plan documents R45 "is known/has history of displaying inappropriate behavior" and "Resident known to take items that belong to others." R45 walks independently with a steady gain and "Needs additional monitoring to insure respect of other resident rights." On 9/20/22 at 9:30 am, R23 was sitting on the side of her bed in front of her overbed table when R45 entered R23's room. R23 raised her voice and told R45 to get out of her room. V30 Housekeeping/Laundry Supervisor and V24 Activity Director entered R23's room and V31	S9999		

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S9999	Continued From page 17	S9999		

Unknown Staff Member exited R23's room with R23's cane and V24 Activity Director sat in a chair just outside of R23's room.

On 9/20/22 at 9:40 am, V24 Activity Director stated she was assigned to sit outside R23's for one-to-monitoring of R23.

On 9/20/22 at 9:45 am, the local ambulance service arrived at the facility and entered R23's room with a stretcher. R23 began yelling profanities and asking "Why the F*** do I have to go out? (R45) was the one who came into my room. I didn't F***ing do anything wrong." R23 was noticeably upset and angry. The local ambulance service staff assisted R23 onto the stretcher and exited the facility with R23.

On 9/20/22 at 10:30 am, V3 RCC (Resident Care Coordinator) stated R45 was escorted out of R23's room, R23's cane was taken from her, and V24 Activity Director sat outside of R23's room and did one-to-one monitoring of R23 until the ambulance came to take R23 to the local hospital for an evaluation. V3 confirmed that R45 did not have any visible injuries.

On 9/20/22 at 1:40 pm, R23 entered the conference room in acute distress with anguished facial expression and visible anxiety and asked to speak with surveyors. R23 stated she just got back from the hospital emergency room because the facility sent her there to be evaluated because she was yelling at R45 to get out of her room and tapped him with her cane to stop him from taking her cereal off her table and out of her room. R23 stated she has never had altercations with anyone at the facility. R23 stated "they took my cane away, sent me to the hospital and did nothing with (R45) and they know he goes in

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S9999	Continued From page 18 other peoples' rooms." On 9/21/22 at 9:30 am, R23 stated she used to use a wheelchair but the facility took it away and she was using a walker, then they took that away and gave her a cane to use. R23 stated, "They have not given me back my cane so now what do I use." R23 stated R45 still walks all over the place by himself and goes in and out of everyone's room and they know it and haven't done anything about it." R23 stated "I feel so humiliated and made out to be the bad guy and I didn't do anything wrong." R23's Nurses Notes do not include documentation or an A.I.M. (Assess. Intercommunicate, Manage.) for Wellness form, documenting the 9/20/22 incident or that R23's Physician or Guardian were notified. The Nurses Note, dated 9/20/22 at 1:10 pm, documents "Resident back to facility from mental health evaluation, no significant management care formulated or directed. We will continue to monitor, and all due care rendered." R23's Social Service Notes do not include any documentation regarding this incident. R23's Physician's Orders and Telephone Orders do not include a Physician Order for 9/20/22 for R23 to be sent out to the local hospital for an evaluation. R45's Nursing Notes do not include documentation or an AIM for Wellness form, documenting the 9/20/22 incident or that R45's Physician or Guardian were notified of the incident. R45's Social Service Notes do not include any documentation on 9/20/22 regarding this incident.	S9999		

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S9999	Continued From page 19 On 9/21/22 at 2:30 pm, V1 AIT (Administrator in Training) stated she was aware of the incident with R23 and R45 and that R45 has been known to go into other resident rooms and try to take things. (B)	S9999		