

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

PRINTED: 05/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315309</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/28/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARISTACARE AT WHITING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>23 SCHOOLHOUSE ROAD</b><br><b>WHITING, NJ 08759</b> |
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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) COMPLETION DATE |
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| F 000         | <p>INITIAL COMMENTS</p> <p>COMPLAINT # NJ 141277</p> <p>CENSUS: 107</p> <p>SAMPLE SIZE: 3</p> <p>Based on observations, interviews, review of medical records, and review of other pertinent facility documents on 11/22/20, it was determined that the facility staff failed to ensure residents living on the [REDACTED] unit were protected from [REDACTED] by failing to consistently monitor a resident (Resident [REDACTED]) with a known history of [REDACTED] encounters and [REDACTED] seeking behavior with residents. The facility also failed to appropriately monitor and supervise Resident [REDACTED] as ordered by the physician, when on [REDACTED] on the 3:00 p.m. to 11:00 p.m. shift, from 5:00 p.m. until 11:00 p.m., the facility staff failed to assign a 1:1 monitor for Resident [REDACTED] due to a staffing shortage. The facility also failed to follow their policy titled "Abuse" for 1 of 3 residents (Resident [REDACTED]) sampled for abuse. This placed all residents living on the [REDACTED] unit in an Immediate Jeopardy (IJ) situation. The IJ was identified on 11/22/20 at 3:45 p.m., when the Administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation, which ran from 11/21/20 at 5:00 p.m. to 11/21/20, until 11:00 p.m., when the facility provided an acceptable Removal Plan to remove the immediacy.</p> | F 000 |  |          |
| F 600<br>SS=J | <p>Free from Abuse and Neglect</p> <p>CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and</p>   | F 600 |  | 12/14/20 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><br>12/11/2020 |
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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 600  | <p>Continued From page 1</p> <p>Exploitation</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;<br/>This REQUIREMENT is not met as evidenced by:<br/>COMPLAINT # NJ 141277</p> <p>REPEAT DEFICIENCY</p> <p>Based on observations, interviews, review of medical records, and review of other pertinent facility documents on 11/22/20, it was determined that the facility staff failed to ensure residents living on the [REDACTED] unit were protected from [REDACTED] by failing to consistently monitor a resident (Resident [REDACTED]) with a known history of [REDACTED] encounters and [REDACTED] seeking behavior with residents. The facility also failed to appropriately monitor and supervise Resident [REDACTED], as ordered by the physician, when on 11/21/20 on the 3:00 p.m. to 11:00 p.m. shift, from 5:00 p.m. until 11:00 p.m., the facility staff failed to assign a 1:1 monitor for Resident [REDACTED] due to a staffing shortage. The facility also failed to follow their</p> | F 600   | <p>Rotation of administration/non-clinical staff was put into place to cover 1:1 supervision in the event that staffing cannot meet the needs of resident's plan of care.</p> <p>The resident was discharged from 1:1 care following the physician's review of their plan of care on 11.27.2020. Supervisors were educated to notify administration in the event of call outs. This was started on 11/22/2020. All residents in the facility had the potential of being negatively affected if plan of care for resident [REDACTED] is not followed. There are currently no resident requiring 1:1 monitoring as of 12/7. Supervisors educated to call administration when there are call outs to enact our emergency staffing contingency including mandating staff. This was started on 11//22/2020. Rotation of administration/non-clinical staff was put into place to cover 1:1 supervision in the event that staffing</p> |                      |   |

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| F 600  | <p>Continued From page 2</p> <p>policy titled "Abuse" for 1 of 3 residents (Resident [REDACTED]) sampled for abuse. This placed all residents living on the [REDACTED] unit in an Immediate Jeopardy (IJ) situation. The IJ was identified on 11/22/20 at 3:45 p.m., when the Administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation, which ran from 11/21/20 at 5:00 p.m. to 11/21/20, until 11:00 p.m., when the facility provided an acceptable Removal Plan to remove the immediacy. This deficient practice was further evidenced by the following:</p> <p>1. According to the "Admission Record" (AR), Resident [REDACTED] was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>Review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident [REDACTED] had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating Resident [REDACTED] had [REDACTED]. The MDS also indicated Resident [REDACTED] required limited assistance for Activities of Daily Living (ADLs).</p> <p>During a survey on 9/24/20, the first day of the survey an IJ was called for Resident #1's inappropriate sexual seeking behaviors and sexual encounters with residents on the dementia unit. The removal plan to remove the immediacy included placing the resident on 1:1 monitoring for safety.</p> <p>Review of the Physician's orders dated [REDACTED]</p> | F 600   | <p>cannot meet the needs of a resident's plan of care. This was done on 11/22/2020.</p> <p>The facility will continue to have weekly psych. meetings. The committee will be inter-disciplinary and include the psychiatrist. During meeting, the team will review resident eligible for a gradual dose reduction, new behaviors, and [REDACTED] incidents. The team will discuss the immediate responses to plan of care and any additional changes to meet the resident's needs. First meeting took place on 11/27/2020.</p> <p>The daily staffing needs will be reviewed in house with additional support provided by the home office. This will allow for monitoring and follow up needed to address lack of responsiveness to the needs of call outs and open shifts. 11/23/2020</p> <p>Administration will review staffing sheets to ensure call outs were reported according to protocol by supervisor. Results of these reports will be reported to the quality steering committee meeting monthly for three months. Following the three months, the committee will determine the frequency and need of the reports.</p> |                      |   |

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| F 600  | <p>Continued From page 3</p> <p>verified a doctors order for Resident [REDACTED] to be placed on 1:1 supervision at all times every shift to ensure appropriate behaviors, with an initiated date of [REDACTED]</p> <p>Review of the Care Plan (CP) initiated date of [REDACTED], revealed a "Focus" that Resident [REDACTED] has been identified as a "[REDACTED]." Interventions included but were not limited to: "Strict 1:1 supervision by staff to prevent inappropriate interactions."</p> <p>On 11/22/20 during a tour of the Dementia unit at 9:40 a.m., a staff member was observed sitting outside of Resident [REDACTED] room. The staff member identified herself as a part-time Activities Aide (AA). She reported she was scheduled to be a monitor today and came in at 9:00 a.m., and was working until 5:00 p.m. Her responsibility was 1:1 monitoring to make sure that Resident [REDACTED] stays in the room and is occupied. According to the AA she signs in the Log book every 15 minutes showing that she is monitoring Resident #1.</p> <p>Review of the facility's Log book titled "15 minute Checks for Safety" failed to show any documentation or signatures on 11/21/20, from 5:00 p.m. until 11:00 p.m., that Resident #1 was monitored 1:1.</p> <p>Review of the facility staffing schedule dated 11/21/20 for the 3 p.m. to 11 p.m., revealed 6 nurses and 1 nursing supervisor and 6 CNAs scheduled for the evening shift.</p> <p>During an interview on 11/22/20 at 1:47 p.m., the Licensed Practical Nurse (LPN#1) reported she worked the 3:00 p.m. to 11:00 p.m. shift on 11/21/20, on the [REDACTED] Unit. She reported the staffing included only one Licensed Practical</p> | F 600   |   |                      |   |

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| F 600  | <p>Continued From page 4</p> <p>Nurse (LPN) and two CNAs (Certified Nursing Assistants) for a census of █ residents. The LPN stated she called the Supervisor and told him they were short staffed. She explained to the Supervisor that the unit usually has 2 nurses and 4 Aides scheduled, however on 11/21/20, there were only 2 Aides and 1 nurse scheduled.</p> <p>LPN reported that she was unable to provide 1:1 monitoring of Resident █ by sitting outside his room, but did monitor the resident while passing her medications on the same hallway and stated: "I'm in rooms less than 4 minutes."</p> <p>During an interview on 11/22/20 at 2:18 p.m., the Unit Manager (UM) of the █ unit reported Resident █ was being monitored 1:1 by the staff sitting outside or inside of the residents room. She stated that she can only speak that they are monitoring the resident when she's here. Activity staff helps monitor as needed, I monitor as needed, so care and feedings can be done.</p> <p>During an interview on 11/22/20 at 3:00 p.m., the 7:00 a.m. to 7:00 p.m., shift Supervisor reported that he was aware that the unit was short staffed and he did speak to the LPN scheduled to work on the █ unit on 11/21/20. She started her shift at 3:00 p.m., and she voiced concerns of the staffing shortage at the beginning of the shift. The Supervisor also stated that he was aware that a resident on the █ unit was on 1:1 monitoring for █" but stated "we didn't have enough staff for it. I couldn't ask someone to sit there because care needed to be done." He further stated that "the 1:1 was in place for awhile so I figured the staff would handle it and keep a watch at the same time."</p> <p>The Supervisor further stated that he was able to</p> | F 600   |   |                      |   |

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| F 600  | <p>Continued From page 5</p> <p>help with the passing of medications but did not do any 1:1 monitoring himself. He also stated that he did not contact the Administrator or the DON regarding the issue with the 1:1 monitoring due to the staffing shortage on 11/21/20.</p> <p>During an interview on 11/22/20 at 3:25 p.m., the Admin and the DON reported that they were aware there was a staffing shortage for 11/21/20, and stated phone calls were made "but we were unable to get anyone to cover for 1:1 coverage." The DON further stated that they could have handled it "between the nurses, CNAs and the Supervisor to split the time to monitor him between all of them, it needed to be a team approach." She also stated that she did not give the staff permission to monitor Resident [REDACTED] from a distance.</p> <p>During a post survey phone interview on 12/2/20, at 11:45 a.m., the staffing coordinator reported that 1 nurse had called out for the evening shift on 11/21/20, and due to the call out, a nurse was moved to [REDACTED] to cover the unit. "That floor always requires 2 nurses."</p> <p>The staffing coordinator also reported that they are frequently short staffed on weekends since a lot of the staff are per diem (works as needed no set schedule). The per diem staff is only required to work one weekend out of the month and Saturday 3 p.m. to 11 p.m., shift is the hardest shifts for staffing coverage.</p> <p>Review of the facility policy titled "Abuse," dated October 27, 2017, revealed the following under Policy: It is the policy of the Facility that each resident will be free from "Abuse." Abuse can include verbal, mental, sexual, or physical abuse .... Residents will be protected from abuse,</p> | F 600   |   |                      |   |

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| F 600  | Continued From page 6<br>neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection. The facility will strive to educate staff and other applicable individuals in techniques to protect all parties.<br>Abuse Policy under section "D" "Identification" included but was not limited to the following: It is the policy of this facility that all staff monitor residents and will know how to identify potential signs and symptoms of "abuse." Occurrences, patterns and trends that may constitute 'abuse' will be investigated.<br><br>The IJ was identified on 11/22/20 at 3:45 p.m., when the Administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation. The IJ ran from 11/21/20 at 5:00 p.m. to 11/21/20 until 11:00 p.m., and was removed when the facility provided an acceptable Removal Plan to remove the immediacy. The plan included placing a rotating schedule at the reception desk so staff can reach out to administration to provide 1:1 coverage when the staff is short.<br><br>A revisit occurred on 11/28/20, to verify the Removal Plan was in place. The 1:1 monitoring order was discontinued by the Medical doctor on 11/27/20, after a consultation with the [REDACTED] and Resident [REDACTED] was placed on half hour checks. | F 600   |   |                      |   |
| F 732<br>SS=D  | N.J.A.C. 8:39-4.1(a)5<br>Posted Nurse Staffing Information<br>CFR(s): 483.35(g)(1)-(4)<br><br>§483.35(g) Nurse Staffing Information.<br>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:   | F 732   |   | 12/14/20             |   |

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| F 732  | <p>Continued From page 7</p> <p>(i) Facility name.<br/>(ii) The current date.<br/>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:<br/>(A) Registered nurses.<br/>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).<br/>(C) Certified nurse aides.<br/>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.<br/>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.<br/>(ii) Data must be posted as follows:<br/>(A) Clear and readable format.<br/>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.<br/>This REQUIREMENT is not met as evidenced by:<br/>COMPLAINT # NJ 141277</p> <p>Based on observations, interviews, review of</p> | F 732   | <p>Staffing was updated and posted.<br/>All residents are at potential risk if facility cannot provide sufficient staffing to address care needs.<br/>The facility updated the policy for posting staffing sheets to include the weekend,</p> |                      |   |



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| F 732  | <p>Continued From page 8</p> <p>medical records and review of other pertinent facility documents on 11/22/20, it was determined that the facility staff failed to post the Nursing Staff Information/Data in a timely manner for the nursing census for the day. In addition, the facility failed to follow the facility policy titled "Posting Direct Care Daily Staffing Numbers." This deficient practice was evidenced by the following:</p> <p>During a visit to the facility on 11/22/20, observed at the reception desk was the staffing report titled "Nursing Home Resident Care Staffing Reports" for all 3 shifts dated 11/19/20, no staffing was posted for the current day.</p> <p>During an interview on 11/22/20 at 1:02 p.m., the Director of Nursing (DON) reported that the Staffing Coordinator and/or the Receptionist is responsible for posting the staffing sheets daily.</p> <p>During an interview on 11/22/20 at 1:30 p.m., the Receptionist reported that she has worked at the facility for 5 years and no one has ever informed her it was her responsibility to post the staffing sheets.</p> <p>During a post survey phone interview on 12/2/20, at 11:45 a.m., the staffing coordinator reported that she is responsible to post the staffing sheets at the reception desk, however she does not work weekends, therefore she is unable to post the Staffing Reports for Saturday or Sunday and she is not sure who's responsibility it is to post the staffing reports on weekends.</p> <p>Review of the facility policy titled "Posting Direct Care Daily Staffing Numbers" undated, revealed the following under "Policy Interpretation and Implementation;" #1. Within two (2) hours of the beginning of each shift, the number of Licensed</p> | F 732   | <p>12/14/2020. The receptionist and staffing coordinator were educated on the process on 11/27/2020 and 12/1/2020 respectively. The facility will implement an audit that includes weekend auditing to ensure that the staffing sheets are posted according to the facility policy. 12/13/2020. Results of the audits will be reported the quality steering committee monthly for the next three months. Following the three months, the committee will determine frequency and need.</p> |                      |   |

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FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315309</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/28/2020</b> |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARISTACARE AT WHITING</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>23 SCHOOLHOUSE ROAD</b><br><b>WHITING, NJ 08759</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 732  | Continued From page 9<br>Nurses (RN's, LPN's, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.<br><br>N.J.A.C. 8:39-41.2(a) | F 732   |   |                      |   |

New Jersey Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>061523</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/28/2020</b> |
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| S1680              | <p>8:39-25.2(b)(1)&amp;(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care<br/>0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy<br/>0.75 hour/day</p> <p>Tracheostomy<br/>1.25 hours/day</p> <p>Intravenous therapy<br/>1.50 hours/day</p> <p>Use of respirator<br/>1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p> | S1680         |   | 12/14/20           |

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

TITLE

(X6) DATE

Electronically Signed

12/11/20

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|--------------------|---|---------------|---|--------------------|----------|-----|-------|-------|---|--|
| S1680              | <p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:<br/>COMPLAINT: # NJ 141277</p> <p>Based on interviews and review of the Nurse Staffing Reports for the week of 11/21/20, it was determined that the facility failed to provide at least minimum staffing levels for 1 out of 7 days.</p> <p>The required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 11/15/20<br/>Daily required per census: 289.55</p> <table border="1" data-bbox="165 1530 768 1606"> <thead> <tr> <th>Date</th> <th>Actual hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>11/21/20</td> <td>280</td> <td>-9.55</td> </tr> </tbody> </table> <p>During an interview on 11/22/20, the Director of Nursing (DON) stated that the facility does currently have staffing issues. They are working on hiring and are currently using multiple staffing</p> | Date          | Actual hours  | Difference         | 11/21/20 | 280 | -9.55 | S1680 | <p>At the time of surveyor visit, staffing was adequate in the building.<br/>All residents are at potential risk if facility cannot provide sufficient staffing to address care needs.<br/>Supervisors educated to call administration when there are call outs to enact our emergency staffing contingency, including mandating staff. This was started on 11/22/2020.<br/>The facility reviewed the master schedule and made appropriate notifications to adequately distribute staff to eliminate additional staff on one day. This was done on 12/9/2020.<br/>The facility is re-evaluating the job performance of the staffing coordinator.<br/>Administration continues with the facility's robust recruitment and retention plan, including but not limited to: incentives, identify specific open positions, agency relationships, waived CNA program.<br/>The daily staffing needs will be reviewed in house with additional support provided by the home office. This will allow for monitoring and follow up needed to address lack of responsiveness to the</p> |  |
| Date               | Actual hours  | Difference    |   |                    |          |     |       |       |   |  |
| 11/21/20           | 280   | -9.55         |   |                    |          |     |       |       |   |  |

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| S1680              | Continued From page 2<br><br>agencies. They are also advertising to hire nurses and aides.                             | S1680         | needs of call outs and open shifts.<br>11/23/2020.<br>Results of these reports will be reported to the quality steering committee meeting monthly for three months. Following the three months, the committee will determine the frequency and need of the reports. |                    |