STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315361	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	**305 OLDHAM ROAD , WAYNE, New Jersey, 07470**

(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
F0000	INITIAL COMMENTS Complaint #: NJ00181747 Census: 278 Sample: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must	F0656	1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. The Interdisciplinary Care Team for resident #1, the Nurse [redacted], [redacted] and [redacted] evaluated and updated the [redacted] care plan to include focus/problem areas, goals and interventions to address the [redacted]. b. The Interdisciplinary Care Team for resident #2, the Nurse, [redacted], [redacted] and [redacted] evaluated and updated the [redacted] care plan to include focus/problem areas, goals and interventions to address the [redacted]. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All residents who reside at the facility who have psychoactive medications prescribed have the potential to be affected by the deficient practice. b. Using the monthly ♦Psychotropic Drug Use Report♦ provided by the Pharmacy Provider for the month of December 2024 of all residents prescribed	02/14/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0656 SS = D	Continued from page 1 indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Complaint # NJ00 181747 Based on interview, medical records (MR) review, and review of pertinent facility documents on 01/14/2025, it was determined that the facility failed to develop and implement a care plan (CP) focus to include NJ Ex Order 26.4(b) NJ Ex Order 26.4(b)(1) for residents who were on medications. The deficient practice was found in 2 of 4 residents, (Resident #1 and #2), reviewed for NJ Ex Order 26.4(b)(1) and comprehensive care planning and was evidenced by the following: 1.According to the Admission Face Sheet Record (AFSR), Resident #1 had diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) [redacted] A review of Resident #1's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated NJ Ex Order 26.4(b)(1) under Section NJ showed Resident #1 had a Brief Interview for Mental Status (BIMS) Score of NJ E indicating Resident's NJ Exec Order 26. was NJ Ex Order 26.4(b)(1). The MDS further revealed in	F0656	Continued from page 1 psychoactive medications, a Psychoactive Medication Facility Audit was completed by the Director of Therapeutic Recreation, the Director of Social Services, an Assistant Nursing Supervisor and an LPN under the direction of the Mental Health Administrator of the medical records of residents who have psychoactive medications prescribed. The audit included a review of the Physician's orders for psychoactive medication, the resident's diagnoses, the presence or absence of monthly Psychotropic Use Review including target behaviors, the presence or absence of a care plan for the psychoactive medication use including focus/problem area, goals, non-pharmacological interventions for the target behaviors, and the Psychiatrist's assessments. The findings of the audit were presented to the Executive Director, the Director of Nursing, Assistant Director of Nursing and Mental Health Administrator for review and assignment to the Assistant Nursing Supervisors to meet with the Interdisciplinary Care Teams to develop and/or update the psychoactive use or behavior care plans. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. The Executive Director, Mental Health Administrator, Director of Nursing, Assistant Director of Nursing, Director of Social Services, Director of Therapeutic Recreation and the Director of Quality Improvement reviewed and revised the Psychoactive Medication Use Policy with input from the Medical Director. Revisions include the development of comprehensive psychoactive use or behavior care plans for residents who are prescribed psychoactive medications for the management of behavior expressions and daily behavior data collection to monitor the effectiveness of interventions. b. Mandatory inservice by the Mental Health Administrator is in progress and will continue until completed for all Interdisciplinary Care team members including Assistant Nursing Supervisors, Nurses, Social Workers, Recreation Therapists, Dietitians and Certified Nursing Assistants on the Psychoactive Medication Use policy and the development of comprehensive care plans for residents prescribed psychoactive medications. Topics include Psychoactive Medication Facility Audit results, Psychoactive Medication Use Policy, Behavior Assessments, Target Behaviors, Behavior Care Plans, Behavior Monitoring and Psychoactive	02/14/2025

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F0656 SS = D	Continued from page 2 Section NJ Ex Order 26.4(b)(1) that Resident required NJ Ex Order 26.4(b)(1) in his/her completion of Activities of Daily Living (ADLs). The Resident's MDS further showed under Section NJ E[redacted] s that Resident was taking NJ Ex Order 26.4(b)(1) [redacted]) and an indication (a diagnosis) was noted. A review of the Resident #1's Physician's Order Form (POF) with Review Date of NJ Ex Order 26.4(indicated an order originally dated NJ Ex Order 26.4(b)(1) [redacted] 1 TABLET ORALLY AT BEDTIME FOR NJ Ex Order 26.4(b)(1). A review of Resident #1's Medication Administration Record (MAR) Routine Medications dated from months of NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) indicated a medication order entry of: NJ Ex Order 26.4(b)(1) [redacted] 1 TABLET ORALLY AT BEDTIME FOR NJ Ex Order 26.4(b)(1) with HOUR [of administration] at 8:30pm [evening]. The MAR revealed the medication NJ Ex Order 26.4(b)(1) on the aforementioned months were signed and initialed by staff indicating the medication was administered to the Resident. A review of the document NJ Ex Order 26.4(b)(1) ASSESSMENT/EVALUATION FORM NJ Ex Order 2[redacted]) dated on NJ Ex Order 26[redacted] and signed by NJ Ex Order 26.4(b)(1) #1 [name] under "History of Present Illness: NJ Ex Order 26.4(b)(1) [redacted] ..; under Current NJ Ex Order 26.4(b)(1) Meds: NJ Ex Order 26.4(b)(1) per Med): NJ Ex Order 26.4(b[redacted] with NJ Ex Order 26.4(b)(1) Target NJ Ex Order 26.4[redacted] (per med): [redacted] A review of the NJ Ex Order 2[redacted] dated NJ Ex Order 26.4[redacted] signed by NJ Ex Order 26.4(b)(1) #1 [name] under "History of Present Illness: Staff still reports intermittent episodes of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b[redacted] No side effects to ...; under Current NJ Ex Order 26.4(b)(1) Meds ...Diagnosis (Justification per Med): NJ Ex Order 26.4(b[redacted] with NJ Ex Order 26.4(b)(NJ Ex Order 26.4(b)(1) [redacted] A review of Resident #1's document titled NJ Ex Order 26.4(b)(1) Use Review (NJ Ex Orde[redacted] dated NJ Ex Order 26.4(b)(1) revealed under NJ Ex Order 26.4(b)(1)	F0656	Continued from page 2 Use Monthly Summary. c. The Director of Nursing and Assistant Director of Nursing will continue to review the twenty-four hour report for reports of resident behavior expressions to ensure care plans are initiated or updated to address target behaviors including non-pharmacological interventions. d. The Assistant Nursing Supervisor will review the daily ♦New Orders Report♦ provided by the Pharmacy Provider to identify new physician orders for psychoactive medications to ensure care plans are initiated or updated upon assessment of resident expressions of behaviors by the Interdisciplinary Care team to address target behaviors including non-pharmacological interventions. e. The Assistant Director of Nursing/designee will audit the medication orders for residents with psychoactive medications from three resident units/month to ensure comprehensive behavior care plans are developed and updated by the Interdisciplinary Care Team upon assessment of resident expressions of behaviors and report the findings to the Executive Director, Director of Nursing and Mental Health Administrator for review and action. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Mental Health Administrator will report the findings from the Psychoactive Medication Facility Audit at the monthly Quality Assurance and Performance Improvement Committee meeting. b. The Assistant Director of Nursing/designee will report the findings from the audits of residents with psychoactive medications on three resident units/month at the monthly Quality Assurance and Performance Improvement Committee meetings. Based on the findings, the Quality Assurance and Performance Improvement Committee will determine if additional audits are required	02/14/2025

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F0656 SS = D	Continued from page 3 NJ Ex Order 26.4 affecting primary daily activities - N of NJ Ex Order 26.4(b)(1) A review of Resident #1's CP with CP Reference Date of NJ Ex Order 26.4(b did not indicate a Focus [Problem Area] addressing the Resident's NJ Ex Order 26.4(b)(1) as mentioned above in the NJ Ex Order 2 and NJ Ex Orde The CP furthermore did not indicate a corresponding Goal and Interventions to address the NJ Ex Order 26.4(b)(1) 2.According to the Admission Face Sheet Record (AFSR), Resident #2 had diagnoses which included but were not limited to: NJ Ex Order 26.4(b)(1) A review of Resident #2's Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of a resident's functional capabilities, dated NJ Ex Order 26.4(b)(1), under Section N showed Resident #1 had a Brief Interview for Mental Status (BIMS) Score of NJ E indicating Resident's NJ Exec Order 26.4 was NJ Ex Order The MDS further revealed in Section NJ Ex Order 26.4(b)(1) and Goals that Resident required NJ Ex Order 26.4(b)(1) in his/her completion of Activities of Daily Living (ADLs). The Resident's MDS further showed under Section N Medications that Resident was taking an NJ Ex Order 26.4(b)(1) medication NJ Ex Order 26.4(b)(1)) and an indication (a diagnosis) was noted. A review of the Resident #2's Physician's Order Form (POF) with Review Dates of NJ Ex Order 26.4(bNJ Ex Order 26.4(NJ Ex Order 26.4 , and NJ Ex Order 26.4 indicated an order with original date o NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) 1 TABLET ORALLY THREE TIMES WEEKLY MON-WED-FRI (NJ Ex Order 26.4(b)(1)] FOR NJ Ex Order 26.4(b)(A review of Resident #2's Medication Administration Record (MAR) Routine Medications with dates of NJ Ex Order 26.4(b)(1) indicated a medication order entry of: NJ Ex Order 26.4(b)(1)) 1 TABLET ORALLY THREE TIMES WEEKLY MON-WED-FRI NJ Ex Order 26.4(b)(1)) FOR NJ Ex Order 26.4(b with HOUR [of administration] at 10:30am [morning].	F0656		02/14/2025

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F0656 SS = D	Continued from page 4 The MAR revealed the medication NJ Ex Order 26.4(b)(1) on the aforementioned months were signed and initialed by staff indicating the medication was administered to the Resident. A review of Resident #2's document NJ Ex Order 26.4(b)(1) ASSESSMENT/EVALUATION FORM NJ Ex Order 26.4 dated on NJ Ex Order 26.4 and signed by NJ Ex Order 26.4(b)(1) #2 [name] under "History of Present Illness: NJ Ex Order 26.4(b)(1) ...On NJ Ex Order 26 ... NJ Ex Order 26 while attending NJ Ex Order 26.4 Prescribed NJ Ex Order 2 [dose] NJ Ex Order 2 before NJ Ex Order 26 ...can be NJ Ex Order 2 and easily frustrated ...under Current NJ Ex Order 26.4(b)(1) Meds: NJ Ex Order [dose] 30 min before NJ Ex Order 26.4 with Updated Diagnosis: NJ Ex Order 26.4(b)(1) " A review of Resident #2's Progress Notes (PN) dated NJ Ex Order 26.4(b) 11:20 am [morning] documented by Registered Nurse (RN #1), "7:10am [morning] Resident noted NJ Ex Order 26.4(b)(inside her/his room NJ Ex Order 26.4(b)(1) ...resident NJ Ex Order 26.4(b)(1) noted ...assessment done claimed that [Resident] was given a NJ Ex Order 26 this morning and that she/he was having a NJ Ex Order 26.4(b)(1) ...8am [morning] resident noted NJ Ex Order 2 again saying that her/his NJ Ex Orde is about to NJ Ex Order 26 resident noted NJ Ex Order 26 ...assessed resident, no NJ Ex Order 26.4(b)(1)] ...10:45am [morning] pick up for NJ Ex Order 26 went down to NJ Ex Orde ...Resident will be seen by NJ Ex Order 26.4(b)(1) tomorrow, will continue to monitor resident ..." Further review of Resident #2's PN revealed that on NJ Ex Order 26.4(b) and as documented by RN #1, "12:45pm [afternoon] resident noted NJ Ex Order 26.4(b)(in the room & NJ Ex Order 2 saying NJ Ex Order 26.4(b)(1) ...talked to resident regarding NJ Ex O condition and NJ Ex (was NJ Ex Order 26.4(b) ...continue to monitor NJ Ex Order 26.4(b) A review of Resident #2's CP with CP Reference Date of NJ Ex Order 26.4(did not indicate a Focus [Problem Area] addressing the Resident's NJ Ex Order 26.4(b)(1)] was initiated as mentioned in the NJ Ex Order 26 and PN on the above-mentioned dates. In the interview of the Surveyor with the U.S. FOIA (b)(6) U.S. FOIA (b)(6)), and the U.S. FOIA (b)(6)) on U.S. FOIA (b)(6) at 11:59am [morning], the U.S. FOIA and U.S. FOIA (b) stated the nurses do NJ Ex Order 26.4(b)(1) charting every month and a NJ Ex Order 26.4(b)(1) follows up the residents with NJ Ex Order 26.4(b)(1) medications regularly.	F0656		02/14/2025

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F0656 SS = D	Continued from page 5 When asked regarding the absence of Care Plan on the [NJ Ex Order 26.4(b)] of residents with [NJ Ex Order 26.4(b)(1)] medications, the [U.S. FOIA] and [U.S. FOIA (b)] were unable to provide statements. A review of the facility's Policy Manual under Subject: Psychotropic Drug Use; under Objective: 1) To assure that all behavior problems are assessed properly and that every alternative to the use of psychoactive medications has been attempted to eliminate problem behaviors; 3) To assure that all residents receiving psychoactive medications are monitored daily for target behaviors, adverse side effects, and drug reactions; 4) The IDCP [inter-disciplinary care plan] assess, monitor, evaluate the resident's behavior and the use of psychoactive medications ...under Procedure: ...3) Upon completion of behavioral assessment the nurse will initiate an interdisciplinary team meeting to implement non-pharmacological interventions ...These interventions will be entered onto the Interdisciplinary Careplan and the Care Needs Form, and the twenty four hour report ...6) If psychoactive medications are initiated ...c) The interdisciplinary team must initiate a care plan for psychoactive medications and update the behavioral care plan." N.J.A.C: 8:39-11.2 (d)(e)1,2	F0656		02/14/2025

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S0000	Initial Comments No Information	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on facility document review on 01/14/2025, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 9 of 14 day shifts. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and One direct care staff member to every 14 residents for the night shift, provided that each direct care	S0560	1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. No residents were identified. b. The Executive Director reviewed the staffing schedules for the nine day shifts on 12/29/24, 12/31/24, 1/1/25, 1/2/25, 1/3/25, 1/5/25, 1/6/25, 1/7/25, 1/11/25 that did not meet the required minimum staff-to-resident ratio to identify reasons for the staffing deficiencies and solutions to address the deficiencies. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All residents who reside at the facility have the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. A Sidebar Agreement was negotiated for the Collective Bargaining Agreement that includes Certified Nursing Assistants for incentive pay for CNAs who voluntarily work additional day or evening shifts on a weekend to ensure adequate staffing for vacant shifts. The Sidebar Agreement was implemented on January 25, 2025 and is effective for calendar year 2025. b. The Collective Bargaining Agreement that includes Certified Nursing Assistants was renegotiated and ratified on August 6, 2024 and is effective through June 30, 2028. Included are wage increases for full-time, part-time and per-diem staff, salary step level increases for Certified Nursing Assistants and	02/14/2025

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S0560	Continued from page 1 staff member shall sign in to work as a CNA and perform CNA duties. The surveyor requested staffing for the weeks of 12/29/2024 to 01/04/2025 and 01/05/2025 to 01/11/2025. The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -12/29/24 had 26 CNAs for 278 residents on the day shift, required at least 35 CNAs. -12/31/24 had 34 CNAs for 278 residents on the day shift, required at least 35 CNAs. -01/01/25 had 31 CNAs for 278 residents on the day shift, required at least 35 CNAs. -01/02/25 had 31 CNAs for 276 residents on the day shift, required at least 34 CNAs. -01/03/25 had 31 CNAs for 276 residents on the day shift, required at least 34 CNAs. -01/05/25 had 31 CNAs for 273 residents on the day shift, required at least 34 CNAs. -01/06/25 had 33 CNAs for 273 residents on the day shift, required at least 34 CNAs. -01/07/25 had 30 CNAs for 273 residents on the day shift, required at least 34 CNAs. -01/11/25 had 31 CNAs for 277 residents on the day shift, required at least 35 CNAs.	S0560	Continued from page 1 a stipend for Certified Nursing Assistants during the first twelve months of their initial employment. c. The Executive Director, the Director of Nursing and Assistant Director of Nursing monitor Certified Nursing Assistant staffing ratios and will continue to augment Certified Nursing Assistant staffing levels by retaining agency Certified Nursing Assistant staff and offering additional shifts and/or overtime to employed Certified Nursing Assistant staff who wish to work additional shifts and/or overtime. d. The facility increased the number of staffing agencies to fourteen staffing agencies to provide nursing staff including Certified Nursing Assistants. Staffing agencies will continue to be contacted to fill vacant Certified Nursing Assistant positions while the Executive Director continues to advertise to hire Certified Nursing Assistants. e. Agency staff are contracted through a Request for Qualification procurement process. The County Administrator approved including multi-year contracts as an option in the future solicitations to address agency staff year end turnover. The Executive Director will continue to work with Passaic County Procurement Director to issue Requests for Qualification to expand the pool of staffing agency providers for Certified Nursing Assistants. f. The Staffing Coordinator or Assistant Nursing Supervisor will continue to update the Director of Nursing/designee at the beginning of each shift if the C NA to resident ratio has not been met. Efforts will be made to address the CNA shortage for the shift. g. Resident census and nursing staffing including Certified Nursing Assistant staff schedules are reviewed daily by the Director of Nursing/designee and the Executive Director to monitor Certified Nursing Assistant staff to resident ratios. h. Employment applications are available at the entrance Security desk and on the facility website to ensure individuals looking for employment as Certified Nursing Assistants can be provided with an application immediately and an interview scheduled. i. The Staffing Coordinator will continue to establish	02/14/2025

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PREAKNESS HEALTHCARE CENTER	**305 OLDHAM ROAD , WAYNE, New Jersey, 07470**

(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
S0560		S0560	Continued from page 2 a pool of Certified Nursing Assistants who are willing/available to fill in the vacant shifts in the event of call-outs by Certified Nursing Assistants. j. The Executive Director will continue to use digital, social and print media and to assign staff to attend job fairs and community events with Human Resources personnel to recruit Certified Nursing Assistants. k. The Executive Director will continue to work with Human Resources Director to review staffing levels and recruitment efforts. l. The Executive Director, Director of Nursing, Assistant Director of Nursing and Staffing Coordinator will continue to meet on a weekly basis to review Certified Nursing Assistant staffing levels for the next days, the next weeks, vacant positions, agency staff availability and recruitment efforts. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. Staffing levels of Certified Nursing Assistants and recruitment efforts are reviewed by the Executive Director and the Director of Human Resources. Staffing levels including compliance with PL 2020 c112 NJSA 30:13-18, vacancy rates and trends of Certified Nursing Assistants will be reported by the Executive Director monthly to the Quality Assurance and Performance Improvement Committee for review and recommendations.	02/14/2025