STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315044	A. BUILDING _____ B. WING _____	12/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATION CENTER	1 O'BRIEN LANE ANDOVER, NJ 07821

(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 Standard Survey: 12/3/21 Census: 120 Sample Size: 28 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that [redacted] therapy was administered to a resident in accordance with physician's orders. This was found with 1 of 1 residents reviewed, Resident [redacted] The deficient practice was evidenced by the following: On 11/22/21 at 10:34 AM, the surveyor observed Resident [redacted] in bed, [redacted]. The resident was receiving [redacted]	F 695	F695 1. Resident [redacted] was immediately changed to [redacted] in accordance with physician orders. 2. All physician orders of residents who are on [redacted] therapy were immediately checked and chart audit done by 3-11 nursing supervisor to make sure order(s) in place for accuracy. All residents on [redacted] therapy have the potential to be affected by the same deficient practice.	12/4/21

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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 695	Continued From page 1 [redacted]. The [redacted] was [redacted]. The resident stated "[redacted]) and the [redacted] should be set [redacted]. The surveyor asked the resident who set the [redacted] on the [redacted]. The resident said [redacted] did not know. On 11/23/21 at 12:19 PM, the surveyor observed the resident ambulate out of the bathroom without [redacted] and upon return to the bedside, put the nc back on. The [redacted] was on and set [redacted] On 11/23/21 at 12:30 PM, the surveyor reviewed the resident's record which revealed the following: A physician's order sheet (POS) with an order that read [redacted]." The order date was [redacted]. A care plan with the focus "[The resident] is at risk for signs and symptoms of [redacted] & with diagnosis of [redacted]." Under interventions, the last intervention listed read "Administer [redacted] as ordered." The date the care plan was initiated was [redacted] and the revision date was [redacted] On 11/30/21 at 10:09 AM, the surveyor observed the resident in bed wearing a [redacted] that was attached to an [redacted]. The surveyor asked the Licensed Practical Nurse (LPN) who was assigned to care	F 695	3. All staff nurses were re-educated to make sure that the [redacted] that is being administered coincides with the physician order. For all new and re-admissions being admitted to the facility requiring [redacted] therapy, have the correct physician order(s) in place. Physician orders to be checked by nursing supervisor within 24 hours. 4. 7-3 Nursing supervisor will monitor that all P.O.S. of all residents that are on oxygen will be checked within 24 hours upon admission for 3 months to ensure accuracy. 11-7 nursing supervisor will check monthly P.O.S. orders for resident on [redacted] therapy, written on admission and monthly x3 months. Data will be reported to the facility quarterly QAPI committee meeting. completion date: 12-4-2021	

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F 695	Continued From page 2	F 695		

for the resident, what the [redacted] was supposed to be. The LPN went into the resident's room and checked the resident's [redacted]. The [redacted] reading on the [redacted] The LPN checked the [redacted] and confirmed that the [redacted]. The LPN then told the resident not to change the [redacted]. The resident stated [redacted]." The LPN checked the physician's order and confirmed that the order was for the resident to receive [redacted]. The LPN said she would call the doctor and let them know what had occurred.

On 11/30/21 at 10:36 AM, the surveyor asked the LPN if she ever noticed that the [redacted] was not set at [redacted] as the physician's order indicated. She said today was the first time she noticed that the [redacted] was not what the physician ordered. She said she usually checked the setting daily after medication administration.

On 11/30/21 at 1:00 PM, the survey team spoke with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA) and made them aware of the concern with the resident receiving [redacted] at a level contrary to the physician's order. They both confirmed that the resident should have been receiving [redacted] at the level ordered by the physician.

On 12/1/21 at 9:00 AM, the surveyor reviewed the facility's policy and procedure titled [redacted] Administration." Under "Initiation of [redacted] A. read "A Physician's order is required to initiate [redacted] therapy, except in an emergency situation. The order shall include:
1. [redacted]

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F 695	Continued From page 3 2. Method of administration (e.g. [redacted]) 3. Usage of therapy (continuous or prn) 4. Titration instructions (if indicated) 5. Indication for use" NJAC 8:39-27.1 (a)	F 695		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, it was determined that the facility failed to observe, monitor, assess and document the care of a hemodialysis resident's access site for 1 of 3 residents (Resident [redacted] reviewed for dialysis care. This deficient practice was evidenced by the following: On 11/23/21 at 9:02 AM, the surveyor interviewed Resident [redacted] who was in bed and stated was receiving [redacted] The surveyor reviewed Resident [redacted] medical record which showed that the resident was admitted with diagnoses that included [redacted]). The resident was assessed as [redacted] according to the Admission MDS, an assessment tool used to facilitate the management of care, dated [redacted].	F 698	F698 1. Doctor was immediately contacted, and order obtained to monitor, assess, observe and document [redacted] to assure adequate [redacted] for resident [redacted] 2. All physician orders of residents who are on [redacted] were immediately checked and chart audit done by 7-3 nursing supervisor to make sure order(s) are in place for monitoring, assessing, observing, and documenting for [redacted]. All residents on [redacted] have the potential to be affected by the same deficient practice. 3. All staff nurses were re-educated to make sure that there is a physician order written to make sure that residents on [redacted] have an order in place for	12/4/21

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F 698	Continued From page 4 The [redacted] Physician's Order Sheet revealed no order to monitor, assess, observe or document Resident [redacted] flow. The surveyor reviewed the resident's current care plan titled "Needs [redacted]" which revealed an intervention to "Observe/document/report as needed any signs and symptoms of infection to [redacted]." During an interview on 11/24/21 at 11:10 AM, the Licensed Practical Nurse (LPN) who was assigned to Resident [redacted], stated that there should have been [redacted] done daily and was unable to locate the order. The surveyor reviewed the facility's policy titled, "After [redacted]," dated 7/8/21. The policy indicated to listen to [redacted] with stethoscope on a daily basis. On 11/24/21 at 1:15 PM, the surveyor brought the above concerns to the attention of the Administrator and Director of Nursing, who stated that the [redacted] should have been assessed and monitored for this resident. NJAC 8:39- 27.1 (a)	F 698	monitoring, assessing, observing, and documenting for [redacted] New and re-admission on [redacted] being admitted to the facility will also have the physician orders in place for monitoring, assessing, observing, and documenting for [redacted]. Physician order to be checked by nursing supervisor within 24 hours. 4. 7-3 nursing supervisor will monitor that the P.O.S of all residents that are on [redacted] will be checked within 24 hours upon admission for 3 months. 11-7 nursing supervisor will check monthly P.O.S. orders for residents on [redacted]. Nursing supervisors will monitor, and review accuracy of [redacted] orders written on admission and monthly x3 months. Data will be reported to the facility quarterly QAPI committee meeting. completion date: 12-4-2021.	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed	F 755		12/4/21

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F 755	Continued From page 5 personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to maintain controlled medications in a manner that would decrease the possibility of loss or diversion. This was found in 1 of 4 medication carts inspected. The deficient practice was evidenced by the following: 1. On 11/23/21 at 10:01 AM, the surveyor inspected the [redacted] medication cart with the	F 755	F755 1. The [redacted] Med Cart Compartment for controlled medication (narcotics) was immediately locked appropriately by the [redacted] nurse. 2. All med carts were immediately checked by ADON to make sure that they are appropriately locked. 3. All staff nurses were reeducated on topic on locking med cart appropriately.	

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F 755	Continued From page 6 Registered Nurse (RN) who was assigned to the cart. The surveyor pulled up on the locked compartment for controlled medications(narcotics) and found that it lifted right up, it was not locked. The surveyor and the RN went through the process of the narcotic count (the physical counting of all controlled medications and comparing the numbers of medications counted with the number of medications accounted for on the declining inventory sheets (DIS)). There were multiple discrepancies with the number of narcotics that were counted and what the nurse documented on the DIS, as well as on the Medication Administration Record (MAR). The findings were: There were 11[redacted] (an [redacted] medication) [redacted] mg tablets for Resident [redacted] however the DIS indicated that there were 13 tablets. The DIS was not signed by the RN that day that would have indicated how many tablets she had removed from inventory. The surveyor reviewed the MAR for Resident [redacted]. The MAR was initialed next to the 9 AM and 1 PM doses of [redacted] mg for [redacted] which indicated that those doses had been administered. The surveyor asked the RN to explain, the RN stated "I gave one this morning but I forgot to sign [the DIS]." The surveyor asked the RN if she removed two of the [redacted] mg pills from the inventory. The RN stated "No, I gave [the resident] one this morning." There were 57 [redacted] (a[redacted] medication) 50 mg tablets for Resident [redacted] however the DIS indicated that there were 56 tablets. The surveyor reviewed the MAR for Resident [redacted] There were no initials next to the [redacted] mg	F 755	4. 7-3 nursing supervisor will check all med carts to ensure that they are appropriately locked at all times. Nursing supervisor on all shifts will do spot checks on a random basis to ensure that all med carts are locked appropriately at all times. Findings will be reported to the facility quarterly QAPI Committee meeting Completion Date 12-4-2021 F755 (Discrepancies with number of narcotics counted and that nurse documented on the DIS) 1. The RN signed the declining inventory sheet immediately for resident [redacted]. The RN stated she forgot to sign the DIS after she had given the medication this morning. 2. All declining sheets of residents on controlled medication (narcotics) were checked and reviewed by the DON or designee to ensure accuracy. All residents receiving controlled medication (narcotics) have the potential to be affected by the same deficient practice. 3. All nurses have been re-educated on the policy of Declining Inventory Sheets). 4. DON or designee will monitor that staff will follow the facility protocol on the Declining medication sheets. Random spot checks will be done 2x week for 3 months to ensure compliance in this area. Data/ findings will be reported at the facility quarterly QAPI meetings.	

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F 755	Continued From page 7 which indicated that no doses had been given to Resident [redacted]. The DIS had been signed by the RN that day at 9 AM which indicated that the RN removed a [redacted] mg at that time. The surveyor asked the RN if she gave the [redacted] that morning. The RN said she gave the [redacted] to Resident [redacted] that morning and she forgot to sign for it on the MAR to indicate that it had been administered. There were 11 [redacted] 1 mg tablets for Resident [redacted] however the DIS indicated that there were 12 tablets. The RN did not sign the DIS to indicate that she removed any [redacted] from inventory that day. The surveyor checked the MAR. The MAR was initialed next to the [redacted] mg by the RN which indicated that the 9 AM dose had been given on that day. On 11/23/21 at 10:39 AM, the surveyor asked the RN if this was typically how she administered medication and documented the medication. The RN stated "No, I had the woman from the pharmacy down here and she was in my cart when I was in my cart and I got very nervous. When I do med pass I like to just focus." 2. On 11/23/21 at 10:42 AM the surveyor reviewed the form the nurses signed upon completion of the shift to shift narcotic count titled "Control Drugs and Syringe Count." On that day, 11/23/21, there were signatures next to the 7 AM column for the outgoing nurse and the incoming nurse and a signature next to the 3 PM column for the outgoing nurse. The surveyor asked the RN if she counted narcotics every morning. The RN stated "Yes, except this morning, the night nurse wasn't here, the pharmacy lady was here so I didn't count." The surveyor reviewed the sheet and noted that the RN signed that she	F 755	Completion Date: 12-4-2021 F755 1. All controlled medication (narcotics) were immediately signed for by RN for resident [redacted]. 2. DON or designee will check/ review signature for controlled medication (narcotics) count for the declining sheets and MAR along with the actual bingo cards to ensure the count(s) for controlled medication (narcotics) are correct to ensure accuracy. All residents receiving controlled medication (narcotics) have the potential to be affected by the same deficient practice. 3. All staff nurses were re-educated on topic of signing declining sheets, MAR and importance of counting bingo cards to ensure accuracy. 4. DON or designee will monitor and check that all declining sheets, MAR, and bingo card counts are correct and accurate 2x week for 3 months. Data/ findings to be reported at the quarterly QAPI committee meeting. Completion Date: 12-4-2021 F755 1. All controlled medication (narcotics) were immediately signed for by RN for resident [redacted] on the declining inventory sheet. 2. DON or designee will check/review	

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F 755	Continued From page 8 counted with the night nurse. There was a signature for the outgoing nurse, the night nurse. She said the night nurse had left a note that he counted. The surveyor asked the RN why she signed for the end of the shift before counting with the incoming nurse. The RN said she signed for 3 PM because she worked the shift and knew the count was going to be ok. She then said she never signed ahead of time but today was very unusual because the state was there. On 11/23/21 at 1:42 PM, the surveyor shared the concerns of the controlled substances on the [redacted] unit with the Administrator and asked if the nurses were supposed to be doing shift to shift counts of narcotics. The Administrator said "Yes, If they leave early the nurse who is leaving counts with the supervisor and gives the key to the supervisor." On 11/30/21 at 11 AM, the surveyor reviewed the facility's policy and procedure titled "Declining Medication Sheets." The "Procedure" was listed as follows: The floor nurse shall follow the following steps during narcotic administration. 1. Pull the bingo card 2. Check against orders 3. Compare to declining sheet 4. Dispense medication 5. Sign the narcotic count on declining sheet 6. Secure bingo card back in locked box in med cart 7. Administer medication 8. Complete MAR On 11/30/21 at 11:15 AM, the surveyor reviewed the facility's policy and procedure titled "Change of Shift Narcotic Count." The "Procedure" was listed as follows:	F 755	signatures for controlled medication(s) (narcotics) on the declining inventory sheets to ensure narcotic count is correct and accurate. All residents receiving controlled medication (narcotics) have the potential to be affected by the same deficient practice. 3. All staff nurses were re-educated on topic of signing declining sheet and on the importance of having an accurate count. 4. DON or designee will monitor and check 2x week for 3 months that all declining sheets are signed and that narcotic counts are correct. Data/ finding to be reported at the quarterly QAPI committee meeting. Completion Date: 12-4-2021 F755 1. All medication were immediately counted by [redacted] nurse and nursing supervisor and accounted for. RN that presigned the Control Drugs and Syringe Count was given a 1:1 in-service. 2. DON or designee will check/ review nurses□ signatures on the Control Drug and Syringe Count which all nurses sign at change of shift when coming on their shift and also when completing their shift. All residents have the potential to be affected by the same deficient practice. 3. All nurses were re-educated on topics of signing Control Drugs and Syringe	

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F 755	Continued From page 9 The incoming nurse will count the narcotics with the outgoing nurse every shift to ensure ongoing accuracy of narcotics and avoidance of discrepancies. Any discrepancy noted must be immediately reported to the nursing supervisor. NJAC 8:39-29.7 (c)	F 755	Count form at change of shift. 4. DON or designee will monitor and check 2x week for 3 months that all Control Drugs and Syringe Count forms are signed by all nurses at change of shift, to ensure accuracy. Data/ findings to be reported at the quarterly QAPI committee meeting. Completion date: 12-4-2021	

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	061902	A. BUILDING: _____ B. WING _____	12/03/2021

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.	S 560	S560 Mandatory Access to Care 1. The facility is actively recruiting license staff and certified nursing assistants by placing an add and working directly with recruitment agency to cover the staffing requirements. The facility has instituted a sign on bonus, and employee referral program. The facility has instituted incentive programs for current staff to assist with covering staffing requirements. 2. All residents have the potential to be affected by this deficient practice.	12/15/21

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

Electronically Signed | 12/15/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061902	A. BUILDING: _____ B. WING _____	12/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMECREST SUBACUTE AND REHABILITATION CENT	1 O'BRIEN LANE ANDOVER, NJ 07821

(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 560	Continued From page 1 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties: and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to	S 560	3. The DON will work with the staffing coordinator in reviewing the nursing/ CNA monthly schedule to ensure appropriate staff is in place. The facility will continue to work closely with staffing agencies in utilizing agency staff ensuring monthly schedule for their staff. 4. The Human Resource Manager or designee will conduct a monthly audit of call outs and recruitment efforts and bring the findings to the QAPI Committee meetings for further recommendations and/ or actions plans as needed. Completion Date: 12/15/2021	

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LIMECREST SUBACUTE AND REHABILITATION CENT	1 O'BRIEN LANE ANDOVER, NJ 07821

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S 560	Continued From page 2 affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the period beginning November 7, 2021 and ending November 20, 2021 revealed the following: The facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 3 of 14 evening shifts as follows: - 11/07/21 had 9 CNAs for 122 residents on the day shift, required 16 CNAs. - 11/08/21 had 13 CNAs for 122 residents on the day shift, required 16 CNAs. - 11/09/21 had 11 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/10/21 had 14 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/11/21 had 10 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/12/21 had 9 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/13/21 had 10 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/14/21 had 8 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/15/21 had 8 CNAs for 122 residents on the day shift, required 16 CNAs. - 11/16/21 had 9 CNAs for 122 residents on the day shift, required 16 CNAs. - 11/16/21 had 11 total staff for 122 residents on the evening shift, required 13 total staff.	S 560		

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S 560	Continued From page 3 - 11/17/21 had 9 CNAs for 121 residents on the day shift, required 16 CNAs. - 11/17/21 had 11 total staff for 121 residents on the evening shift, required 13 total staff. - 11/18/21 had 11 CNAs for 120 residents on the day shift, required 15 CNAs. - 11/18/21 had 11 total staff for 120 residents on the evening shift, required 12 total staff. - 11/19/21 had 10 CNAs for 120 residents on the day shift, required 15 CNAs. - 11/20/21 had 9 CNAs for 120 residents on the day shift, required 15 CNAs. On 12/1/21 at 11:45 AM, the surveyor discussed the staffing ratio concerns with the Administrator and Director of Nursing, who stated they were aware of the staffing ratio criteria and that they are attempting to hire new CNAs and offer incentives.	S 560		