

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

PRINTED: 06/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2019
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-TOWN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 ROBERTA ROAD HARRISBURG, NC 28075		
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E 000	Initial Comments An unannounced Recertification survey was conducted on 06/02/2019 through 06/05/2019. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 2TRT11.	E 000			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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 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	F 656		6/24/19	

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

TITLE

(X6) DATE

Electronically Signed

06/19/2019

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 656	<p>Continued From page 1</p> <p>desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to have a comprehensive and individualized care plan in the area of discharge planning for three of eight sampled residents (Resident #1, Resident #7, and Resident #8).</p> <p>Findings included:</p> <p>1. Resident #1 was originally admitted to the facility on 11/15/16 and most recently readmitted on 7/17/17. Resident #1's cumulative diagnoses included: Heart failure and congestive heart failure (CHF), generalized weakness, dysphagia (difficulty swallowing), Chronic Obstructive Pulmonary Disease (COPD), impaired hearing, atrial fibrillation (abnormal heart beat), and a recent fall.</p> <p>Review of Resident #1's Minimum Data Set (MDS) assessments revealed the most recently completed assessment was a significant change comprehensive assessment with an Assessment Reference Date (ARD) of 5/15/19. Review of the assessment revealed the resident was coded as having had moderately impaired cognition, required limited assistance of one person for bed</p>	F 656	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law to remove the deficiency. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>What Corrective action will be accomplished for the residents found to have been affected by the deficient practice?</p> <p>On 6/17/19 the Social Worker (SW) audited the comprehensive care plans for all current residents (65) for the presence of individualized discharge care planning. The audit revealed that 30 of 30 long-term</p>		

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F 656	<p>Continued From page 2</p> <p>mobility, transfer (such as from the bed to a chair), and toileting. Further review of the assessment revealed the resident was coded as not having had an active discharge plan in place for the resident to return to the community.</p> <p>A review of the comprehensive care plan for Resident #1 revealed that the care plans problem/needs were most recently updated on 5/29/19. There was no comprehensive care plan problem/need discovered for Resident #1 which included her discharge plans.</p> <p>During an interview conducted on 6/5/19 at 12:53 PM with the Director of Nursing (DON) she stated she did review the care plans and did see a need for a long-term care plan. The DON stated the facility Social Worker (SW) collaborated with other facility staff regarding discharge planning and helps to coordinate the discharge process for the short-term residents and their discharge care plan.</p> <p>During an interview conducted on 6/5/19 at 12:50 PM with the facility social worker (SW) she stated she was responsible for residents' care plans relating to discharge planning. The SW stated she had not developed care plans related to the discharge potential for long-term residents. The SW stated she did develop care plans for discharge planning for residents who were at the facility for short-term and the residents would discharge plans included a discharge to home or an Assisted Living Facility (ALF). The SW stated Resident #1 had been at the facility for a long time, was a long-term resident, and there was no discharge care plan for the resident.</p> <p>An interview was conducted with the</p>	F 656	<p>residents, including the identified residents did not have a discharge care plan completed during the most recent comprehensive assessment. The audit further revealed that 100% of the short-term residents (35) had a discharge care plan completed.</p> <p>On 6/17/19 the SW initiated a discharge care plan for the 30 long-term residents, including the identified residents that were noted to not have a discharge care plan to reflect his/her current discharge care planning needs. All identified residents are currently residing in the facility.</p> <p>Resident #1 the discharge care plan was completed and added to the chart.</p> <p>Resident #7 the discharge care plan was completed and added to the chart.</p> <p>Resident #8 the discharge care plan was completed and added to the chart</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>The SW and MDS (Minimum Data Set) Coordinator were in-serviced by the Administrator on 6/17/19 on the discharge care planning process. The education included addressing the discharge care planning needs on the baseline care plan as well as the comprehensive care plan.</p> <p>The SW will discuss discharge care</p>		

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F 656	<p>Continued From page 3</p> <p>Administrator on 6/5/19 at 1:07 PM. The Administrator stated the care plans for Resident #1 were appropriate, provided information about the care the resident received, intertwined, and by addressing all of the resident's needs a discharge care plan was not needed.</p> <p>2. Resident #8 was originally admitted to the facility on 7/17/17 and most recently readmitted on 2/22/19. Resident #8's cumulative diagnoses included: Dementia, presence of cardiac pacemaker, generalized weakness, chronic indwelling urinary catheter, depression, arthritis, and Coronary Artery Disease (CAD).</p> <p>Review of Resident #8's Minimum Data Set (MDS) assessments revealed the most recently completed assessment was a quarterly assessment with an Assessment Reference Date (ARD) of 3/1/19. Review of the assessment revealed the resident was coded as having had severely impaired cognition, required moderate assistance of one to two people for bed mobility, transfer (such as from the bed to a chair), toileting, and required limited assistance of one person for eating. Further review of the assessment revealed the resident was coded as expecting to remain in the facility and not having had an active discharge plan in place for the resident to return to the community.</p> <p>A review of the Baseline Care Plan for Resident #8, with a Post Admission Care Conference Care Conference Meeting date of 2/26/19, revealed a care plan for discharge planning which included goals of the resident's initial goals of care and discharge goal will be met and discharge planning will begin upon admission. The resident's discharge goal was listed as</p>	F 656	<p>planning needs with the resident/family during the 48-hour post-admission care plan meeting and will develop/document an appropriate discharge plan at that time.</p> <p>The SW is responsible for ensuring each resident has a discharge care plan addressed via the baseline care plan upon admission and if resident transitions to long-term care the care plan will be modified via the comprehensive care plan.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>The SW will initiate a discharge care plan via the baseline care plan for each new admission.</p> <p>During any time of the resident's stay the discharge planning needs change, the SW will discuss the needs during the weekly case mix meeting with the IDT and update the discharge care plan accordingly at that time.</p> <p>The MDS Coordinator is responsible to ensure each resident has a discharge care plan with his/her comprehensive care plan.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued</p>		

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F 656	<p>Continued From page 4</p> <p>Long-Term Care (LTC)/Skilled Nursing Facility (SNF).</p> <p>A review of the comprehensive care plan for Resident #8 revealed that the care plans problem/needs were most recently updated on 5/20/19. There was no comprehensive care plan problem/need discovered for Resident #8 which included his discharge plans.</p> <p>During an interview conducted on 6/5/19 at 12:53 PM with the Director of Nursing (DON) she stated she did review the care plans and did see a need for a long-term care plan. The DON stated the facility Social Worker (SW) collaborated with other facility staff regarding discharge planning and helps to coordinate the discharge process for the short-term residents and their discharge care plan.</p> <p>During an interview conducted on 6/5/19 at 12:50 PM with the facility social worker (SW) she stated she was responsible for residents' care plans relating to discharge planning. The SW stated she had not developed care plans related to the discharge potential for long-term residents. The SW stated she did develop care plans for discharge planning for residents who were at the facility for short-term and the residents would discharge plans included a discharge to home or an Assisted Living Facility (ALF). The SW stated Resident #8 had been at the facility for a long time, was a long-term resident, and there was no discharge care plan for the resident.</p> <p>An interview was conducted with the Administrator on 6/5/19 at 1:07 PM. The Administrator stated the care plans for Resident #8 were appropriate, provided information about</p>	F 656	<p>compliance.</p> <p>The MDS Coordinator will monitor each new admission (resident) and each comprehensive care plan via the audit tool for the presence of discharge care planning needs weekly for four weeks and monthly for three months. The MDS Coordinator will track and trend the results via the audit tool and report the findings to the QA (Quality Assurance) committee to determine the need for continued monitoring or alteration to the established plan to ensure compliance. The MDS Coordinator is responsible for the Plan of Correction (POC).</p> <p>Date of Compliance: 6/24/19</p>		

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F 656	<p>Continued From page 5</p> <p>the care the resident received, intertwined, and by addressing all of the resident's needs a discharge care plan was not needed.</p> <p>Resident #7 was admitted to the facility on 3/7/2013 and readmitted 12/21/2018 with diagnoses to include stroke, high blood pression and congestive heart failure. A review of the admission Minimal Data Set (MDS) assessment dated 12/28/2018 assessed Resident #7 to be severely cognitively impaired and she required extensive assistance with activities of daily living.</p> <p>A nurse practitioner (NP) note dated 1/28/2019 documented Resident #7 had transitioned to long-term care.</p> <p>A social services assessment form dated 2/15/2019 for Resident #7 documented no plans were in place for discharge from the facility and Resident #7 was a long-term care resident.</p> <p>A review of the care plans revealed no care plan was in place that addressed long-term care. The Social Worker (SW) was interviewed on 6/5/2019 at 9:26 AM and she reported she did not initiate long-term care plans.</p> <p>MDS Nurse #1 was interviewed on 6/5/2019 at 9:40 AM and she reported the long-term care plans were not initiated unless there was an issue with the resident transitioning to long-term care. MDS Nurse #1 further noted that because Resident #7 and her family agreed with the transition to long-term care, no long-term care plan was initiated.</p> <p>The Director of Health Services was interviewed on 6/5/2019 at 12:53 PM and she reported she was not aware there were long-term care plans</p>	F 656			

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F 656	Continued From page 6 available.	F 656			
F 732 SS=C	<p>The Administrator was interviewed on 6/5/2019 at 1:00 PM and she reported the facility had not completed long-term care plans and reported the comprehensive care plans would address all resident needs, including long-term care.</p> <p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> (i) Facility name. (ii) The current date. (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: <ul style="list-style-type: none"> (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. <p>§483.35(g)(2) Posting requirements. (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. (ii) Data must be posted as follows: (A) Clear and readable format. (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</p>	F 732		6/24/19	

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F 732	<p>Continued From page 7</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and review of required posted nursing staffing sheets dated 5/24/19 through 5/31/19, the facility failed to post accurate staffing information as compared to the Daily Nursing Staff Schedule for 8 days of the 8 days reviewed (5/24/19 through 5/31/19) and post resident census for at least two shifts of three shifts on 4 of the 8 days reviewed.</p> <p>Findings included:</p> <p>Review of the Daily Nursing Staff Schedule for 5/24/19 revealed there were 2 Nursing Assistants (NAs) on the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/24/19 revealed the facility had posted 3 NAs on the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population. Further review revealed a resident census of 68 was entered for the 7:00 AM to 3:00 PM shift; no census was entered for the 3:00 PM to 11:00 PM shift or the 11:00 PM to 7:00 AM shift.</p> <p>Review of the Daily Nursing Staff Schedule for 5/25/19 revealed there were 4 Licesnsed Practical Nurses (LPN) on the schedule on the 7:00 AM to 3:00 PM shift and 4 LPNs for the 3:00</p>	F 732	<p>What Corrective action will be accomplished for the residents found to have been affected by the deficient practice?</p> <p>On June 17, 2019 the Daily Nursing Hours for Healthcare Centers Forms for June 6, 2019 through June 16, 2019 were audited. All forms were accurate.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>On June 17, 2019 the Director of Health Services (DHS) and RN (Registered Nurse) Supervisors were in-serviced by the Administrator on how to complete the Daily Nursing Hours for Healthcare Centers Form. The education included ensuring the number of nurses <input type="checkbox"/> and aides were accurate for each shift, hours for each discipline were accurate and the current census for each shift posted. This form is to be updated each shift by the DHS and/or the RN Supervisor. RN Supervisors currently on FMLA, Leave of</p>		

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F 732	<p>Continued From page 8</p> <p>PM to 11:00 PM shift for the entire skilled nursing facility population. Further review revealed there were 5 Nursing Assistants (NAs) on the 7:00 AM to 3:00 PM shift plus 1 NA working 7:00 AM to 11:00 AM for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/25/19 revealed the facility had posted no hours for LPN on staff, 6 NAs on the entire 7:00 AM to 3:00 PM shift, and no LPNs or NAs for the 3:00 PM to 11:00 PM shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Staff Schedule for 5/26/19 revealed there were 6 NAs on the schedule for the 7:00 AM to 3:00 PM shift. Further review revealed there were 6 NAs on the schedule for the 3:00 PM to 11:00 PM shift working a total of 41 hours for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/26/19 revealed the facility had posted 7 NAs on the 7:00 AM to 3:00 PM shift for the entire skilled nursing facility population. Further review revealed there were 5 NAs on the 3:00 PM to 11:00 PM shift working a total of 37.5 hours for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Staff Schedule for 5/27/19 revealed there were 2.5 NAs on the schedule on the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/27/19 revealed the facility had posted 3 NAs on the 11:00 PM to 7:00 AM shift</p>	F 732	<p>Absence and/or vacation will be in-serviced on their first scheduled day of work by the Administrator. Education will be ongoing for all new DHS and RN Supervisor's during orientation by the Administrator.</p> <p>The Daily Nursing Hours for Healthcare Centers Form will be reviewed by the DHS and Administrator during the daily clinical meeting for the previous day. The daily clinical meeting is held daily, Monday through Friday at 9:30am. On Monday, the Daily Nursing Hours for Healthcare Centers Form for Saturday and Sunday will be reviewed.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>To ensure accuracy, the DHS will compare the Daily Staffing Schedule to the Daily Nursing Hours for Healthcare Centers Form daily for the previous day to ensure accuracy. Accuracy will include the Registered Nurse hours, Licensed Practical Nursing hours, Certified Nursing Assistant hours and total census per shift.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance.</p> <p>The DHS will monitor the Daily Nursing</p>		

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F 732	<p>Continued From page 9</p> <p>for the entire skilled nursing facility population. Further review revealed a resident census of 68 was entered for the 7:00 AM to 3:00 PM shift; no census was entered for the 3:00 PM to 11:00 PM shift or the 11:00 PM to 7:00 AM shift.</p> <p>Review of the Daily Nursing Staff Schedule for 5/28/19 revealed there were 8 NAs on the 7:00 AM to 3:00 PM shift for a total of 57.5 hours and 2 NAs on the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population.</p> <p>Review of Daily Nursing Hours for Healthcare Centers Form for 5/28/19 revealed the facility had posted 9 NAs on the 7:00 AM to 3:00 PM shift for a total of 60 hours and 3 NAs on the 11:00 PM to 7:00 PM shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Staff Schedule for 5/29/19 revealed there were 6 Nursing Assistants (NAs) on the 3:00 PM to 11:00 PM shift for a total of 44 hours for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/29/19 revealed the facility had posted 5 NAs on the 3:00 PM to 11:00 PM shift for a total of 37.5 hours shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Staff Schedule for 5/30/19 revealed there were 6 NAs on the schedule on the 3:00 PM to 11:00 AM shift for a total of 40 hours for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/30/19 revealed the facility had</p>	F 732	<p>Hours for Healthcare Centers Form daily via the audit tool for four weeks and monthly for three months. The DHS will track and trend the audit tool results and report the findings to the QA (Quality Assurance) committee to determine the need for continued monitoring or alteration to the established plan to ensure compliance. The DHS is responsible for the Plan of Correction (POC).</p> <p>Date of Compliance: 6/24/19</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2019
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-TOWN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 ROBERTA ROAD HARRISBURG, NC 28075		
(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	<p>Continued From page 10</p> <p>posted 7 NAs for the 3:00 AM to 11:00 PM shift for a total of 38 hours for the entire skilled nursing facility population. Further review revealed no resident census was entered for the 7:00 AM to 3:00 PM shift, the 3:00 PM to 11:00 PM shift, and the 11:00 PM to 7:00 AM shift.</p> <p>Review of the Daily Nursing Staff Schedule for 5/31/19 revealed there was a Registered Nurse who was scheduled for Medication Administration Records (MARs) during the 7:00 AM to 3:00 PM shift for the entire skilled nursing facility population. Further review revealed there were 6 NAs on the 3:00 PM to 11:00 PM shift working a total of 31 hours and there were 4 NAs scheduled for the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population.</p> <p>Review of the Daily Nursing Hours for Healthcare Centers Form for 5/31/19 revealed the facility had posted 3 RNs and 3 LPNs for the 7:00 PM to 3:00 PM shift, 5 NAs on the 3:00 PM to 11:00 PM shift for a total of 28 hours, and 3 NAs on the 11:00 PM to 7:00 AM shift for the entire skilled nursing facility population. Further review revealed no resident census was entered for the 7:00 AM to 3:00 PM shift, the 3:00 PM to 11:00 PM shift, and the 11:00 PM to 7:00 AM shift.</p> <p>Further review of all 8 Daily Nursing Hours for Healthcare Centers Form, 5/24/19 through 5/31/19, revealed one day of eight days (5/28/19) with hand written adjustments to the printed staffing for RNs, LPNs, and CNAs (CNAs: 3:00 PM to 11:00 PM). In addition, review of the recorded census revealed three days (5/25/19, 5/26/19, and 5/28/19) of eight with changes to the posted census from shift to shift which would reflect admissions and discharges.</p>	F 732			

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F 732	Continued From page 11 An interview was conducted with the Director of Nursing (DON) on 6/5/19 at 12:27 PM. The DON stated she was responsible for filling out the Daily Nursing Hours for Healthcare Centers Form and was in charge of staffing. She stated she updated the staffing numbers on the form the next day Monday through Friday, or on Monday following the weekends, but she had not updated some of the sheets to reflect actual staffing. The DON reviewed the Daily Nursing Staff Schedule and compared it to the Daily Nursing Hours for Healthcare Centers form and discovered discrepancies for staffing for the following days: 5/24/19, 5/25/19, 5/26/19, 5/27/19, 5/28/19, 5/29/19, 5/30/19, and 5/31/19. Further review by the DON revealed the census number had not been entered for at least two to the three shifts on the following days: 5/24/19, 5/27/19, 5/30/19, and 5/31/19. The DON stated the Daily Nursing Hours for Healthcare Centers Form was not accurate for staffing for all the forms and census information reviewed and was incomplete for some of the forms reviewed. The DON stated it was her goal to update the staffing sheet daily or she expected the shift supervisor to update staffing and the census information, so the form would be accurate. An interview was conducted with the Administrator on 6/5/19 at 1:07 PM. The Administrator stated it was her expectation for the Daily Nursing Hours for Healthcare Centers Form to be updated and accurate through the day. The Administrator further stated she expected the weekend supervisor to update the form through the weekend and during the 11:00 PM to 7:00 AM shift the nurse could update the form.	F 732			