PRINTED: 07/10/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345260	B. WING		C 06/07/2017
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1 33.01.23.11
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 241 SS=D	(a)(1) A facility must the resident in a manner promotes maintenancher quality of life reconstruction individuality. The faci promote the rights of This REQUIREMENT by: Based on record revinterviews, the facility with dignity and responsible to the resident's request to The facility's failure to resulted in 1 of three (Resident #1), review lying in bed soiled an of time. The findings included Resident #1 was admitted with diagnoses included without complications. Disease and Hyperterecent Minimum Data Resident #1's cognitive extensive assistance person assistance. In Resident #1 required two person assistance. In Resident #1 required one person physical anot on a toileting progincontinent of bowel and Review of Resident #4.	the resident. is not met as evidenced iew, staff and resident failed to treat a resident ect by failing to respond to a provide incontinent care, provide incontinent care, sampled residents ed for dignity and respect, d wet for an extended period it initted to the facility on 4/5/16 ling Type 2 Diabetes Mellitus prepared Vascular insion. According to the most a Set (MDS) dated 5/24/17, on was intact. She required in bed mobility, with one the area of transfers, extensive assistance with e. In the area of toileting, extensive assistance with assistance. Resident #1 was gram and was always	F 24	* RI# resident is receiving incontine care appropriately according to her and care plan. There have been no concerns regarding incontinent care. * Current residents who are incontined have been audited and no concerns been identified. *Certified nursing staff will be in serby nursing management regarding providing timely incontinent care. Conurses will monitor for concerns regincontinent care provided timely. *Nursing Management will conduct random audits for incontinent care a week for two weeks, and then twice weekly for one month and then mor for three months. Results of the audite reviewed by the QAPI team to encontinued compliance. Date of allegation of Compliance:6/28	needs e. nent s have viced harge garding 5 times ce nthly dits will
ABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u> =	TITLE	(X6) DATE

06/26/2017

Electronically Signed

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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		345260	B. WING		C 06/07/2017
	ROVIDER OR SUPPLIER OUNT REHABILITATIO	N CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1 00/0//2017
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F 241	free from skin break and brief use. Interv 2 - 3 hours and as n impaired physical milimited mobility, pair non-ambulatory due. During an interview Resident #1 reveale sometimes bad. She care was bad becau Nursing Assistant to recalled she had to shift to second shift stated an agency not that day. She recalled a bath before lunch lunch she was wet a she revealed a Nurroom and said the tonot change her. She a Nursing Assistant just a minute, but she stated a 2nd shift not change her. She stated the also called the second shift nursing changed her bed. During another interview.	e. The goal was to remain adown due to incontinence rentions included, check every eeded. Resident #1 had a deficit related to	F 24		
	laid in bed wet and change her for a lor Resident #1 was en eyes when she said	soiled and no one came to ng period of time on 5/21/17. notional and tears were in her she felt like she had been ent #1 stated "I felt like I was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345260	B. WING		C 06/07/2017		
	ROVIDER OR SUPPLIER OUNT REHABILITATION	ON CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	,		
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F 241	Continued From pa	ge 2	F 24	1			
	Nurse #1 revealed come to her room to she told Resident # room and when the would go to her roo agency nurse who but she did go in R #1 said she did not She stated Resider not being changed resident would hav #1 revealed the las weekend in May ar that day. She state assistants on the h Resident #1 used have been bathing She further stated to she told room to her to have been bathing she further stated to have she further stated to have she further stated to have she further stated	Resident #1 asked for staff to o change her and she stated that staff might be in another by finished the staff person om. She stated they had an owas doing the best she could, resident #1's room. Staff Nurse recall Resident #1 being wet. That did not complain about that day and if she did, the retold someone. Staff Nurse time she worked was the red there were no complaints of there were three nursing all. Staff Nurse #1 revealed her call bell if she needed and the nursing assistant might or assisting someone else. When Resident #1 called the would go to get whoever was isting Resident #1.					
	Assistant #1, 2nd s a large bowel move and down by her kr revealed Resident; all day about gettin said she had asked the nurse told the a stated she came in Nursing Assistant g turn off Resident #' was when Residen stated she asked th down to look at Res	hift, revealed Resident #1 had ement and urine up her back nees. Nursing Assistant #1 #1 said she had been asking g help. She stated Resident #1 If the nurse on first shift and hides to change her. NA#1 about 2:40 PM and saw a no into Resident #1's room and 1's call light. She stated that the that the nurse on the hall to come sident #1. She stated Resident had been in that condition for a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345260	B. WING		C 06/07/2017
NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1 00/07/2017	
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F 241	had laid in bed without five hours. During an interview Nurse #2, who work acknowledged she sawas wet and soiled made her rounds an attention and she wo look at her. She state over and there was begun to dry because long time. She reveals on Resident #1 Resident #1 told her light just before lunce She stated Resident her room, turned off return. Staff Nurse # usually did not expressive on second shift time she had observed changed. She stated work she talked to the about the incident. During an interview	by saying it looked like she out being changed for four or on 6/4/17 at 2:54 PM, Staff	F 24	,	
	on Monday, 5/22/17 Tuesday, 5/23/17. S there was a problem aide was assigned t incident. She stated told them that the N the standards of car allowed to return to Resident #1 did not to her about her car Supervisor for Resident	and she returned to work on he revealed she was told in. She revealed an agency of Resident #1 the day of the she called the agency and cursing Assistant did not meet the and she would not be the facility again. She stated express any other concerns in the DON stated the Nurse lent #1's hall followed-up is related to Resident #1's			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIE		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER OUNT REHABILITATION	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	33/0//2011
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F 241	Manager revealed sh when the incident hap She stated she follow Monday, 5/22/17 where revealed second shift incident. The Unit Ma Resident #1 told them first shift. She stated and Staff Nurse #2 m Resident #1 soiled. Sthe facility at the time going on what was restated Resident #1 wand everything was gonecked with Resider the incident. During an interview of Assistant #2 (NA#2) wagency aide assigned recalled on 5/21/17 Rand NA#2 revealed si were on the hall and worked on Resident #1 wagency aide and it was worked on Resident #1 dia a long time or anythin During an interview we (DON) and the Administration of the stated Resident #1 dia long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration in the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration the stated Resident #1 dia a long time or anythin During an interview we (DON) and the Administration the stated Resident #1 dia a long time or anythin During an interview we did not the stated Resident #1 dia a long time or anythin During an interview we did not the stated Resident #1 dia a long time or anythin During an interview we did not the stated Resident #1 dia a long time t	on 6/5/17 at 2:52 PM, the Unit be was not in the building opened with Resident #1. ed up with the issue on on the staff told her about the mager stated staff told her in she had been soiled since when Nursing Assistant #1 ade rounds they found the stated by her not being in the stated by her not being in the stated by her not being in the stated she was ported to her by staff. She has being monitored closely oing well. She stated she int#1 a couple of days after the first shift to Resident #1 per call light the told Resident #1 the trays when the trays were up after come change her and give chasized that she was an as the first time she had the discomplain about waiting	F 24		
F 312 SS=D	to treat residents with 483.24(a)(2) ADL CA DEPENDENT RESID	dignity and respect. RE PROVIDED FOR	F 31	2	6/18/17
	(a)(2) A resident who	is unable to carry out			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			06/0) 07/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			7172017
				160 S WINSTEAD AVENUE			
ROCKY M	OUNT REHABILITATION	CENTER		ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
F 312	Continued From page	÷ 5	F 3	12			
F 312	activities of daily living services to maintain of personal and oral hyoral This REQUIREMENT by: Based on record revisiterviews, the facility care to 1 of three sam #1), reviewed for incoming the resident lying in extended period of time. The findings included Resident #1 was administerviews and Hyperter recent Minimum Data Resident #1's cognition extensive assistance person assistance. In Resident #1 required two person physical at toileting, Resident #1 assistance with one person assistance with one person the recent was always incontine. Review of Resident #1 revealed Resident #1 revealed Resident #1 revealed Resident #1 revealed Resident #1	g receives the necessary good nutrition, grooming, and giene. is not met as evidenced ew, staff and resident failed to provide incontinent inpled residents (Resident intinent care, which resulted in bed soiled and wet for an ine. itted to the facility on 4/5/16 ing Type 2 Diabetes Mellitus in Peripheral Vascular insion. According to the most instance. Set (MDS) dated 5/24/17, in was intact. She required in bed mobility, with one inthe area of transfers, extensive assistance with insisistance. In the area of required extensive erson physical assistance. In a toileting program and int of bowel and bladder. 1's Care Plan dated 4/25/17, had frequent bowel and	F 3	* RI# resident is receiving incomappropriately according to her recare plan. There have been no concerns reincontinent care. * Current residents who are incompared been audited and no concerns reincontinent care. * Certified nursing staff will be in by nursing management regard providing timely incontinent care nurses will monitor for concerns incontinent care provided timely *Nursing management will concerns incontinent care provided timely *Nursing management will concerns incontinent care provided timely *Nursing management will concerns incontinent care a week for two weeks, and the few weekly for one month and then for three months. Results of the be reviewed by the QAPI teams continued compliance.	needs and regarding ontinent cerns have serviced ling e. Charges regarding. duct are 5 time twice monthly e audits v	ve d ge ing nes	
	bladder incontinence. free from skin breakd and brief use. Interve 2 -3 hours and as nee impaired physical mo limited mobility, pain,	The goal was to remain own due to incontinence ntions included, check every eded. Resident #1 had bility and a deficit related to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345260	B. WING			06/	07/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET AD	DDRESS, CITY, STATE, ZIP CODE		-
DOOLOV N	OUNT DELLA DIL ITATI	ON OFNITED		160 S WIN	STEAD AVENUE		
ROCKY	IOUNT REHABILITATI	ON CENTER		ROCKY N	MOUNT, NC 27804		
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F 312	During an interview Resident #1 reveal sometimes bad. Sincare was bad becan Nursing Assistant to recalled she had to shift to second shift stated an agency of that day. She recalled a bath before lunch lunch she was wet She revealed a Nurson and said the not change her. She a Nursing Assistant just a minute, but a stated a 2nd shift of an and by that time sher. She stated the washed her and chouring an interview Nurse #1 revealed come to her room she told Resident froom and when the would go to her room agency nurse who but she did go in Resident would have #1 revealed the last weekend in May at that day. She stated assistants on the her Resident #1 used lanything. She stated anything. She stated anything. She stated anything. She stated	v on 6/4/17 at 12:10 PM, led her care was good and me stated most of the time her ause it was hard to get a so help her. Resident #1 wait to be changed from first on Sunday, 5/21/17. She hurse was assigned to help her led the agency nurse gave her and needed to be changed. rsing Assistant came to her trays were out and she could be stated after lunch was over, at said she would be back in the did not come back. She hursing assistant changed her, he was wet and had stool on the second shift nursing assistant.	F	312			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345260	B. WING		C 06/07/2017	
	ROVIDER OR SUPPLIER OUNT REHABILITATIO	N CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	1 000000	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION	
F 312	nurse's station, she responsible for assist puring an interview of Assistant #1, 2nd she a large bowel mover and down by her kne revealed Resident # all day about getting in about 2:40 PM an into Resident #1's refull to the control of the purse on the hall to the Resident #1. She state she had been in that clarified by saying it	then Resident #1 called the would go to get whoever was string Resident #1. on 6/4/17 at 2:45 PM Nursing iff, revealed Resident #1 had ment and urine up her back ees. Nursing Assistant #1 1 said she had been asking help. NA#1 stated she came d saw a Nursing Assistant go oom and turn off Resident eated that was when Resident of She stated she asked the come down to look at ated Resident #1 looked like a condition for a minute, and looked like she had laid in	F 312			
	During an interview of Nurse #2, who work acknowledged she swas wet and soiled of made her rounds an attention and she we look at her. She state over and there was abegun to dry because long time. She revealso on Resident #1 Resident #1 told her light just before lunce She stated Resident her room, turned off return. Staff Nurse # usually did not expression she had observed.	ranged for four or five hours. on 6/4/17 at 2:54 PM, Staff ed on second shift aw Resident #1 when she on 5/21/17. She stated she d it was brought to her ent to Resident #1's room to ed she turned Resident #1 stool and urine which had e it had been on her for a aled the stool and urine were s sheets. She stated that she turned on her call h and asked to be changed. #1 told her a person came to the call light and did not 2 revealed Resident #1 ess any concerns about her . She stated that was the first ed Resident #1 not being I when she came back to				

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NAME OF D	ROVIDER OR SUPPLIER	343260	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	06/	07/2017
	OUNT REHABILITATION	CENTER		1	60 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 312	about the incident. During an interview o Director of Nurses (D on Monday, 5/22/17 a Tuesday, 5/23/17. Sh there was a problem. aide was assigned to incident. She stated a told them that the Nur the standards of care allowed to return to th Resident #1 did not e to her about her care. Supervisor for Reside regarding any issues care. During an interview o Manager revealed sh when the incident hap She stated she follow Monday, 5/22/17 whe revealed second shift incident. The Unit Ma Resident #1 told then first shift. She stated and Staff Nurse #2 m Resident #1 soiled. S the facility at the time going on what was re stated Resident #1 w and everything was g checked with Resider the incident. During an interview o Assistant #2 (NA#2) v agency aide assigned recalled on 5/21/17 R	e Director of Nurses (DON) n 6/5/17 at 2:40 PM, the ON) stated she was off work and she returned to work on e revealed she was told She revealed an agency Resident #1 the day of the she called the agency and rsing Assistant did not meet and she would not be ne facility again. She stated express any other concerns The DON stated the Nurse ent #1's hall followed-up related to Resident #1's n 6/5/17 at 2:52 PM, the Unit e was not in the building opened with Resident #1. The dup with the issue on en she returned to work. She estaff told her about the enager stated staff told her en she had been soiled since when Nursing Assistant #1 ade rounds they found the stated by her not being in en she revealed she was ported to her by staff. She as being monitored closely oing well. She stated she ent#1 a couple of days after	F	312			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		345260	B. WING _			C 06/07/2017	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804	I	06/07/2017	
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F 312	were on the hall and breakfast she would her a bath. NA#2 em agency aide and it wworked on Resident stated Resident #1 d a long time or anythin During an interview v (DON) and the Admin	when the trays were up after come change her and give phasized that she was an as the first time she had #1's end of the hall. She id not complain about waiting ng. with the Director of Nurses nistrator on 6/7/17 at 5:30 or revealed he expected staff	F3	312			