

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WESTOVER HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4403 FOREST HILL AVENUE RICHMOND, VA 23225</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 04/06/21 through 04/08/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 174 licensed bed facility was 110 at the time of the survey. The survey sample consisted of 40 resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-370 (A). Maintenance and Housekeeping. Cross Reference to F-584.</p> <p>12 VAC 5-371-110 (B) (3). Management and Administration. Cross Reference F-602.</p> <p>12 VAC 5-371-300 (A). Pharmaceutical Services. Cross Reference F-755.</p> <p>12 VAC 5-371-320 (A). Dental Services. Cross Reference to F-791.</p> <p>12 VAC 5-371-180 (A) and (C) (4) and (6). Infection Control. Cross Reference to F-880.</p> <p>12 VAC 5-371-370 (B). Maintenance and Housekeeping. Cross Reference to F-921.</p> <p>COV 32.1-126.01 (A)</p> <p>Based on staff interview and facility</p>	F 001	<p>Maintenance and Housekeeping Refer to F584</p> <p>Management and Administration Refer to F602</p> <p>Pharmaceutical Services                      Refer to F755</p> <p>Dental Services                                      Refer to F791</p> <p>Infection Control                                      Refer to F880</p> <p>Maintenance and Housekeeping Refer to F921</p> <p>1. CNA E, CNA F, CNA G, LPN E, LPN F no longer work in the facility. CNA D signed his initial sworn disclosure statement on 10-25-19 and another one on April 28, 2021. Employee G signed her</p>	5/4/21

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

TITLE

(X6) DATE

Electronically Signed

04/29/21

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F 001	<p>Continued From page 1</p> <p>documentation review, the facility staff failed to obtain a signed sworn statement prior to hire for 7 employees (CNA D, CNA E, CNA F, CNA G, LPN E, LPN F, Employee G) in a sample of 25 employees.</p> <p>The findings included:</p> <p>On 4/7/21, a review of a sample of 25 of the facility's employee files was conducted by Surveyor J.</p> <p>On 4/8/21, Surveyor A met with Employee J, the Human Resources Coordinator to review the employee files and findings. The reviews revealed the following:</p> <ol style="list-style-type: none"> <li>1. CNA D's hire date was confirmed as 10/8/19. CNA D signed a sworn statement disclosing any criminal convictions or pending criminal charges on 10/25/19. Therefore, CNA D worked in the facility and provided direct patient care to Residents within the facility prior to the facility knowing if CNA D had any pending criminal charges of barrier crimes.</li> <li>2. CNA E's hire date was confirmed as 2/16/21. CNA E signed a sworn statement on 5/18/2020. Therefore, CNA E had not "sworn" to not having any convictions or pending charges of barrier crimes from 5/18/20-2/16/21, prior to being permitted to provide direct care to Residents.</li> <li>3. CNA F's hire date was confirmed as 3/4/21. CNA F signed a sworn statement on 11/3/2020. Therefore, CNA F was permitted to work directly with Residents within the facility without having "sworn" to not having any convictions or pending charges of barrier crimes from 11/3/20-3/4/21.</li> </ol>	F 001	<p>initial sworn disclosure statement on 1-14-21 and signed another one on April 22, 2021. CNA F, CNA G, LPN D and LPN E no longer work in the facility. A background check has been pulled for CNA D. CNA C, CNA E, CNA F, CNA G, LPN E, LPN F and LPN G no longer work in the facility.</p> <ol style="list-style-type: none"> <li>2. The Human Resource Coordinator or designee will complete a quality review of new hires for prior 30 days to include agency staff to ensure sworn disclosures, license verifications and criminal backgrounds were completed prior to hire date. Follow up based on findings.</li> <li>3. The Human Resource Coordinator will be educated by the Executive Director or Designee on obtaining sworn disclosures, license verifications and criminal backgrounds prior to the employees hire date. The Executive Director or Designee will review new hire files weekly X8 weeks to ensure compliance with new hire screening process.</li> <li>4. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and further recommendations.</li> <li>5. May 4, 2021</li> </ol> <p>State tag showers</p> <ol style="list-style-type: none"> <li>1. Resident #5 continues to be offered showers weekly and declines and prefers a bed bath. The staff will continue to offer</li> </ol>	

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F 001	<p>Continued From page 2</p> <p>4. CNA G's hire date was confirmed as 3/11/21. CNA G signed a sworn statement on 8/27/2019. Therefore, CNA G was permitted to work directly with Residents within the facility without having sworn to not having any convictions or pending charges of barrier crimes from 8/27/19-3/11/21.</p> <p>5. LPN E's hire date was confirmed as 3/27/21. LPN E signed a sworn statement on 1/8/20. Therefore the facility staff permitted LPN E to work within the facility and provide Resident care without knowing if LPN E had any criminal convictions or pending criminal charges of barrier crimes from 1/8/20-3/27/21.</p> <p>7. LPN F was hired 2/26/21. The sworn statement in the employee file was not dated.</p> <p>8. Employee G was hired on 1/11/21. Employee G didn't sign a sworn statement until 1/14/21. Therefore, Employee G had direct access to Resident's without the facility knowing if she had any criminal convictions or pending charges.</p> <p>On 4/8/21 at 8:55 AM, Surveyor A sat with Employee J, the Human Resources Coordinator. The hire dates for each of the above noted employees was confirmed by Employee J. Employee J stated that "I get sworn statements upon hire when I get their background stuff, that's the policy". Surveyor A asked Employee J what the purpose of a sworn statement is, Employee J stated, "its like the court of law, you are saying you don't have a criminal background".</p> <p>Employee J made note of the missing documents and agreed that if she found any of the missing items she would provide them to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p>	F 001	<p>showers while honoring her wishes for a bed bath.</p> <p>2. Residents in the facility have the potential to be affected. A quality review of scheduled showers will be conducted by the Director of Clinical services or designee to ensure compliance. Any resident not provided a shower will be completed immediately.</p> <p>3. The DCS or designee will educate the certified nursing staff and licensed nursing staff on providing ADL care to include offering of showers, noting any refusals of showers will require follow up by the nurse for a reattempt with documentation in the clinical record. The clinical team will review the shower schedule during the clinical review meeting to ensure showers have been completed and are documented in the clinical record this will continue for 8 weeks.</p> <p>4. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.</p> <p>5. May 4, 2021</p>	

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F 001	<p>Continued From page 3</p> <p>Surveyor A asked Employee K why there was such a delay in the date of the sworn statement and the employees being hired on several staff. Employee K stated, "this is what the agency sends us".</p> <p>On 4/8/21 at 12:07 PM, Surveyor A met with the Facility Administrator to review the findings. The facility Administrator stated the purpose of a sworn statement is "for someone to tell you if they have any infractions on their records or any pending charges". When asked what her expectation is on when these should be obtained, the Administrator stated, "prior to their hire date". When Surveyor A provided evidence that some of the sworn statements were obtained over a year prior to hire, the Administrator stated this was not acceptable. Surveyor A let the Administrator know what if any additional items were found they could be provided to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p> <p>On 4/8/21, review of the facility policy titled, "Abuse, Neglect, Exploitation &amp; Misappropriation" was conducted. Page 5 read, "1. Screening. Persons applying for employment within the center will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but is not limited to: * employment history, *criminal background check, * abuse check with appropriate licensing board and registries, prior to hire, * licensure or registration verification prior to hire, * documentation of status of any disciplinary actions from licensing or registration boards and other registries, * information from former employers. The center will ensure that all prospective consultants, contractors, volunteers,</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>caregivers, and students are pre-screened as required by law".</p> <p>The Administrator and Director of Nursing (DON) were made aware of the findings again on 4/8/21 during the end of day meeting. The facility policy regarding pre-employment verifications and employment paperwork was requested and not received prior to the survey team exit at 6:15 PM.</p> <p>No further information was received.</p> <p>12 VAC 5-371 140 (E)(3)(A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to verify employee license prior to hire for 4 employees (CNA F, CNA G, LPN D, LPN E) in a sample of 25 employee records.</p> <p>The facility failed to verify nursing licenses were active and in good standing prior to employment for CNA F, CNA G, LPN D and LPN E.</p> <p>The findings included:</p> <p>On 4/7/21, a review of a sample of 25 of the facility's employee files was conducted by Surveyor J.</p> <p>On 4/8/21, Surveyor A met with Employee J, the Human Resources Coordinator to review the employee files and findings. The reviews revealed the following:</p> <p>1. CNA F's hire date was confirmed as 3/4/21. There was no evidence that the facility staff verified CNA F's license to ensure it was active and in good standing prior to employment.</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>2. CNA G's hire date was confirmed as 3/11/21. CNA G's license verification was dated 6/30/2020. There was no evidence of facility staff verifying the license of CNA G prior to permitted CNA G to work and provide direct care to Residents. Therefore, the facility staff were unaware if CNA G's license remained active and unencumbered from the period of over 8 months from the last verification.</p> <p>3. LPN D's hire date was confirmed as being 7/2/20. LPN D's license verification was dated 4/14/2019 and showed a license expiration date of 6/30/20. Therefore, the facility staff were unaware if LPN D's license remained active and unencumbered at the time of hire and she was permitted to provide care and treatment to Residents.</p> <p>4. LPN E's hire date was confirmed as 3/27/21. LPN E's license verification was dated 1/8/20, and showed a license expiration date of 12/31/20. Therefore, the facility staff were unaware if LPN D's license remained active and unencumbered at the time of hire and LPN E was permitted to provide care and treatment to Residents.</p> <p>On 4/8/21 at 8:55 AM, Surveyor A sat with Employee J, the Human Resources Coordinator. The hire dates for each of the above noted employees was confirmed by Employee J. Employee J made note of the missing documents and agreed that if she found any of the missing items she would provide them to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p> <p>On 4/8/21 at 12:07 PM, Surveyor A met with the Facility Administrator to review the findings.</p>	F 001		

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F 001	<p>Continued From page 6</p> <p>Surveyor A let the Administrator know that if any additional items were found they could be provided to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p> <p>On 4/8/21, review of the facility policy titled, "Abuse, Neglect, Exploitation &amp; Misappropriation" was conducted. Page 5 read, "1. Screening. Persons applying for employment within the center will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but is not limited to: * employment history, *criminal background check, * abuse check with appropriate licensing board and registries, prior to hire, * licensure or registration verification prior to hire, * documentation of status of any disciplinary actions from licensing or registration boards and other registries, * information from former employers. The center will ensure that all prospective consultants, contractors, volunteers, caregivers, and students are pre-screened as required by law".</p> <p>The Administrator and Director of Nursing (DON) were made aware of the findings again on 4/8/21 during the end of day meeting. The facility policy regarding pre-employment verifications and employment paperwork was requested and not received prior to the survey team exit at 6:15 PM.</p> <p>No further information was received.</p> <p>12 VAC 5-371.140 (E)(3)(B) and COV § 32.1-126.01 (A)</p> <p>Based on staff interview and facility documentation review, the facility staff failed to</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>obtain a Criminal Background check with the Central Criminal Records Exchange within 30 days of hire for 8 employees (CNA C, CNA D, CNA E, CNA F, CNA G, LPN E, LPN F, LPN G) in a sample of 25 employee records.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. CNA C was hired 3/3/21. In CNA C's employee file there was evidence that a criminal background check was submitted on 7/12/2019. However, the facility staff had no record of the criminal background check findings and were unaware if CNA C had any criminal charges of a barrier crime. Employee K, the staffing coordinator stated, "we get this from the agency, we don't run it here". When Surveyor A asked Employee K what the results of the criminal background check were, Employee K was unaware of the results.</li> <li>2. CNA D's hire date was confirmed as 10/8/19. CNA D's employee file had no evidence of a criminal record check being processed as of the date of survey record review on 4/8/21.</li> <li>3. CNA E's hire date was confirmed as 2/16/21. CNA E's employee file contained a criminal background check performed on 5/18/2020, from a company other than the Central Criminal Records Exchange. The background check on file, was obtained 9 months prior to hire and contained the following statement, "...criminal records obtained from a database search for employment screening purposes must be verified with a County Criminal Court Search to obtain current up to date case status..... This report does not guarantee the accuracy or truthfulness of the information".</li> </ol>	F 001		



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F 001	<p>Continued From page 8</p> <p>Surveyor A asked Employee J, the Human Resources Coordinator if obtaining a criminal record check 9 months prior to hire is acceptable, Employee J stated, "I have to ask". When asked if a criminal background check from companies other than the central criminal records exchange is accepted, Employee J stated, "no, we use the Virginia State Police but the agency does their own criminal background checks".</p> <p>4. CNA F's hire date was confirmed as 3/4/21. CNA F's employee file contained a criminal background check performed on 11/04/2020, from a company other than the Central Criminal Records Exchange. The background check on file contained the following statement, "....criminal records obtained from a database search for employment screening purposes must be verified with a County Criminal Court Search to obtain current up to date case status..... This report does not guarantee the accuracy or truthfulness of the information.....".</p> <p>5. CNA G's hire date was confirmed as 3/11/21. CNA G's employee file contained a criminal background check which was processed 8/28/2019, which was 1 year and 6 months prior to CNA G working for this facility. The background check was performed by a company other than the Central Criminal Records Exchange. The background check on file contained the following statement, "....criminal records obtained from a database search for employment screening purposes must be verified with a County Criminal Court Search to obtain current up to date case status..... This report does not guarantee the accuracy or truthfulness of the information.....".</p> <p>6. LPN E's hire date was confirmed as 3/27/21.</p>	F 001		

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F 001	<p>Continued From page 9</p> <p>The employee file for LPN E contained a criminal background check that was obtained 5/15/2019 by the staffing agency. This was 1 year and 10 months prior to LPN E starting work that this facility. The facility staff were unaware if LPN E had any criminal charges from 5/15/19-3/27/21.</p> <p>7. LPN F was hired 2/26/21. The employee file for LPN F contained no evidence of a criminal record check being performed. Employee J, the human resources coordinator, stated she was not able to find a criminal record for LPN F.</p> <p>8. LPN G was hired 2/25/21. The employee file for LPN G contained no evidence of a criminal record check being performed. Employee J, the human resources coordinator, stated she was not able to find a criminal record for LPN G.</p> <p>On 4/8/21 at 8:55 AM, Surveyor A sat with Employee J, the Human Resources Coordinator. The criminal record check findings for the above noted employees was confirmed by Employee J. Employee J made note of the missing documents and agreed that if she found any of the missing items she would provide them to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p> <p>On 4/8/21 at 12:07 PM, Surveyor A met with the Facility Administrator to review the findings. Surveyor A let the Administrator know that if any additional items were found they could be provided to Surveyor A. No additional information was received prior to the survey team exit at 6:15 PM.</p> <p>On 4/8/21, review of the facility policy titled, "Abuse, Neglect, Exploitation &amp; Misappropriation" was conducted. Page 5 read, "1. Screening.</p>	F 001		

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F 001	<p>Continued From page 10</p> <p>Persons applying for employment within the center will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. This includes but is not limited to: * employment history, *criminal background check, * abuse check with appropriate licensing board and registries, prior to hire, * licensure or registration verification prior to hire, * documentation of status of any disciplinary actions from licensing or registration boards and other registries, * information from former employers. The center will ensure that all prospective consultants, contractors, volunteers, caregivers, and students are pre-screened as required by law".</p> <p>The Administrator and Director of Nursing (DON) were made aware of the findings again on 4/8/21 during the end of day meeting. The facility policy regarding pre-employment verifications and employment paperwork was requested and not received prior to the survey team exit at 6:15 PM.</p> <p>No further information was received.</p> <p>12 VAC 5-371-220 (F). Quality of Life. ADL Care Provided for Dependent Residents</p> <p>Under section (F). Each resident shall receive tub or shower baths as often as needed, but not less than twice weekly.</p> <p>Based on resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to include showers for 1 resident in the survey sample (Resident #5) who was unable to independently carry out activities of daily living (ADL's).</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WESTOVER HILLS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4403 FOREST HILL AVENUE RICHMOND, VA 23225</b>
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F 001	<p>Continued From page 11</p> <p>The findings included:</p> <p>The facility staff failed to ensure Resident #5 was offered and received a scheduled twice-weekly showers. Resident #5 was admitted to the facility on 12/18/15. Diagnosis for Resident #5 included but are not limited to Cerebrovascular accident (CVA) with left sided hemiplegia and hemiparesis.</p> <p>Resident #5's Minimum Data Set (MDS-an assessment protocol) a quarterly assessment with an Assessment Reference Date (ARD) of 01/12/21 coded Resident #5 with a 15 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment. In addition, the MDS coded Resident #5 total dependence of two with transfer, personal hygiene and bathing, extensive assistance of one with bed mobility, eating and toilet use for Activities of Daily Living (ADL) care. Under section E-Behavior (Rejection of Care) was coded zero (0) for refusal of ADL assistance.</p> <p>Resident #5' comprehensive care plan with a revision date of 03/16/21 documented Resident #5 has an ADL self-care performance deficit related to r/t Neuropathy, history of CVA with left sided weakness, Morbid Obesity, incontinence AEB: requiring assist with ADLs. The goal: will receive appropriate staff support with ADL care. One intervention to manage goal include resident requires staff assistance with bathing/showering.</p> <p>During the initial tour on 04/06/21 at 12:30 p.m., Resident #5 was in bed watching television. Resident #5 stated she only get a shower and good hair washing from Certified Nursing Assistant (CNA H). "They never offer me a shower, I only get bed baths." I would like them</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 12</p> <p>(showers), wouldn't you?</p> <p>On 4/6/21 at approximately 1:30 p.m., an onsite interview was conducted with License Practical Nurse (LPN I.) The LPN was asked where to locate showers performed for Resident #5 her clinical record. The LPN stated she would send the document but never did.</p> <p>The review of Wing-4's shower schedule indicated that Resident #5 was scheduled to receive her twice weekly showers every Monday and Thursday (7-3 shift).</p> <p>A phone interview was conducted with (CNA I) on 04/08/21 at approximately 1:07 p.m. (CNA I) was assigned to Resident #5 on her scheduled shower day (03/15/21.) The CNA said Resident #5 refused her shower so a bed bath was given. She said when a resident refuse their shower, the nurse should be notified so she can speak with the resident and a shower sheet should also be completed to include their shower refusal. She said, I did inform the nurse but a shower was not done. When asked, how would I know if Resident #5 was offered her shower but refused if it's not document, the CNA stated, "To be honest, you can't but you can ask Resident #5, she will tell you if her shower were offered or not."</p> <p>On 04/08/21 at approximately 2:03 p.m., a phone interview was conducted with (CNA J). (CNA-J) was assigned to Resident #5 on the following scheduled shower days (03/22, 03/25, 04/01 and 04/05/21.) He (CNA J) said Resident #5 was offered her showers but refused. The CNA was asked, "What is the process when a resident refuse their shower," he replied, "Report the refusal to the nurse." When asked if he reported Resident #5 refused her showers on the days</p>	F 001		

State of Virginia

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F 001	<p>Continued From page 13</p> <p>mentioned, he replied, "No, I just gave her a bed bath." He said, we also have to fill out a shower sheet that the resident refused their shower. (CNA-J) said on Wednesday, 04/07/21, (LPN I) asked me to complete a shower sheet for 04/05/21 (a scheduled shower day for Resident #5) that she refused her shower. (CNA-J) stated, "That is the first time I have ever filled out a shower sheet or asked to fill out a shower sheet for Resident #5.</p> <p>Review of residents medical record during a 30-day look back included a nursing progress note that was written by (LPN I) on 04/07/21. The nursing progress note included the following information: "CNA reported resident refused shower (04/05/21), writer went to clarify with resident of the refusal. Resident refused shower x 3 but accepted ADL care including a bed bath." The nursing progress was written after the onsite surveyor requested information related to Resident #5's not receiving her showers twice a week from (LPN I.)</p> <p>A pre-exit conference was conducted with the Administrator, Director of Nursing (DON) and Cooperate Nurse on 04/07/21 at 6:30 p.m. When ask what the process is when a resident refuse his /her shower. The Cooperate Nurse stated the (CNA) should inform the nurse of the resident's refusal, the nurse will educate the resident of the risk vs. benefits for not receiving their shower, notify the Nurse Practitioner (NP) and Responsible Party (RP) of the refusal and document in their clinical record. Review of Resident #5's clinical record did not reveal the RP or NP were informed of Resident #5's refusal to take showers and the only documentation that Resident #5 refused her showers in a 30-day look back was written on 04/07/21 for a late entry on</p>	F 001		
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F 001	Continued From page 14  04/05/21.  A pre-exit conference was conducted with the Administration team on 04/08/21 at approximately 5:30 p.m. No further information was provided prior to exit.	F 001		