PRINTED: 10/13/2023 FORM APPROVED OMB NO. 0938-0391

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | 1 ' ' | NG | COMPLETED | |
|--|--|---|---------------------|--|--|
| | | | | | С |
| | | 555404 | B. WING | | 10/11/2023 |
| | PROVIDER OR SUPPLIER DE VILLAGE HEALTH | ICARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518 | |
| (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 CORRECT ((EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE COMPLETION |
| F 000 F 684 SS=D | California Departm investigation of a complaint Number Representing the Elements of the Inspection was complaint investigated the findings of a full Two deficiencies wounder CA008525 Quality of Care CFR(s): 483.25 § 483.25 Quality of Quality of care is a applies to all treatm facility residents. But assessment of a rethat residents received accordance with prince and complete to the complete that the com | cts the findings of the ent of Public Health during the omplaint. s: CA00852541 Department: raluator Nurse(s): 41422 s limited to the specific ated and does not represent I inspection of the facility. ere identified for the complaint 41. | F 0 | Riverside Village Healthcare Center submits this Plan of Correction as pathe requirements under State and Federal law. The Plan of Correction submitted in accordance with specing regulatory requirements. It shall not construed as admission of any allegate deficiency cited or any liability. The provider submits this Plan of Correwith the intention that it is inadmisted by any third party in any civil, crimicaction or proceedings against the provider of its employees, agents, officers, directors, or shareholders changes to provider policy or processhould be considered to be subsequently for the federation of evidence and California evidence section 1151 and should be inadmited in any proceedings on that basis. F 684 Quality Of Care Corrective Action: Resident 1 discharged from facility 5/13/2022. No possible corrective accould be taken for this resident. | oart of is ific of be ged ection estible inal Any edures uent is il rules e code estible on action |
| | by: Based on interview facility failed to proto address one of the multiple episodes of the company of the comp | NT is not met as evidenced v, and record review, the vide medication and treatment hree residents' (Resident 1)'s | | Identification of Other Resident(s) Affected: On 10/16/2023, Director of Nursing (DON) and Medical Records Director (MRD) conducted an audit of curre residents and Physician's Orders for Bowel Management regarding constipation, loose stools and when not a parameter is in place. No other | g or nt r ther or |
| ABORATORY | DIRECTOR'S OR PROVID | DER/SUPPLIER REPRESENTATIVE'S SIGN | NATURE | TITLE | (X6) DATE |

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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| NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS CA 92518 | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|---|--|---|---|--------|--|---|----------------------------|
| RIVERSIDE VILLAGE HEALTHCARE CENTER (X4) ID PREFIX (EACH DENEISON WASTS ER PRECEDED BY PULL (EACH CORRECTION COMMENT AND CONTROLL OF CROSS-REFERNCED TO THE APPROPRIATE COMMENT AND CONSTITUTION OF CONSTITUT | | | 555404 | | | | 1 | |
| F 684 Continued From page 1 the physician order; and 2. Docusate sodium tablet (medication for constipation) was administered on four occasions when Resident 1 was having loose stools. Findings: On August 8, 2023, at 2:56 p.m., an unanounced visit to the facility was conducted to investigate quality care issue. A review of Resident 1's medical records indicated she was admitted to the facility on April 30, 2022, and discharged on May 13, 2022, with diagnoses which included dehydration, (a harmful loss of the amount of water in the body), constipation, (difficulty in emptying the bowel leading to hard faces), stroke, and chronic kidney disease, (the gradual loss of kidney's salility to filter wastes and excess fluids from the blood). A review of Resident 1's "History and Physical" dated indicated she had the capacity to understand and make decisions. A review of Resident 1's "Order Summary Report "dated May 1, 2022, at 9 a.m., indicated the following: a. On May 1, 2022, Docusate Sodium Tablet 100 MG Give 1 tablet by mouth two times a day for constipation hold for loose stools; and b. On May 6, 2022, at 10:15 a.m., Loperamide | | | | | S 1 | 7040 ARNOLD DR. | | 11/2020 |
| the physician order; and 2. Docusate sodium tablet (medication for constipation) was administered on four occasions when Resident 1 was having loose stools. Findings: On August 8, 2023, at 2:56 p.m., an unannounced visit to the facility was conducted to investigate quality care issue. A review of Resident 1's medical records indicated she was admitted to the facility on April 30, 2022, and discharged on May 13, 2022, with diagnoses which included dehydration, (a harmful loss of the amount of water in the body), constipation, (difficulty in emptying the bowel leading to hard feces), stroke, and chronic kidney disease, (the gradual loss of kidney's ability to filter wastes and excess fluids from the blood). A review of Resident 1's "History and Physical "dated indicated she had the capacity to understand and make decisions. A review of Resident 1's "Order Summary Report "dated May 1, 2022, at 9 a.m., indicated the following: a. On May 1, 2022, Docusate Sodium Tablet 100 MG Give 1 tablet by mouth two times a day for constipation hold for loose stools; and b. On May 6, 2022, at 10:15 a.m., Loperamide | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREF | | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | D BE | (X5) COMPLETION DATE |
| hours as needed for LOOSE STOOL A review of Resident 1's Change in Condition " | F 684 | the physician orde 2. Docusate sodiu constipation) was when Resident 1 v Findings: On August 8, 2023 unannounced visit investigate quality A review of Reside indicated she was 30, 2022, and disc diagnoses which it loss of the amount constipation, (difficially leading to hard feed disease, (the grad filter wastes and edited indicated she understand and must be a review of Resided at a review of Resided and must be a review of Resided at a review of Res | m tablet (medication for administered on four occasions was having loose stools. 3, at 2:56 p.m., an to the facility was conducted to care issue. 2, at medical records admitted to the facility on April charged on May 13, 2022, with included dehydration, (a harmful to fwater in the body), culty in emptying the bowel ces), stroke, and chronic kidney ual loss of kidney's ability to excess fluids from the blood). 2, at 1's "History and Physical" in the had the capacity to ake decisions. 2, at 9 a.m., indicated the conductor of | F | 684 | deficient practice. Systemic Changes: On 10/14/2023, DON initiated a followin-service education to the Licensed Nurses (LN) on the facility's Administering Medications in according with physician order's Policy and Procedure and lesson plan on Bowe Management and the importance of following orders and parameters set residents who have medications for constipation or loose stools. During clinical meeting on Monday to Frida Interdisciplinary Team (IDT) will disconew orders for medications needed residents who are constipated or haloose stools and review documentate related to orders to ensure that policand procedures are followed. Any is identified will be addressed immedication orders to ensure that policand procedures relating to Bowel Management and medications for residents with constipation and/or I stools to ensure documentation and follow through on orders. Any issue identified will be addressed immedicatified will be addressed immedication for residents with constipation and/or I stools to ensure documentation and follow through on orders. Any issue identified will be addressed immedication for residents with constipation and/or I stools to ensure documentation and follow through on orders. Any issue identified will be addressed immedication the Physician Ordaudit to the Quality Assurance and | ow up dance I f t for v, cuss for ive tion icies sues ately. l y's oose d s ately. l er's | |

Facility ID: CA240000673

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED C | |
|---|--|---|---|-----|--|------------------------------|----------------------------|
| | | 555404 | B. WING | | | 1 | 11/2023 |
| NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE HEALTHCARE CENTER | | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518 | 4 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | | BE | (X5) COMPLETION DATE |
| F 684 | DE VILLAGE HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | F6 | 684 | | | |
| | May 6, 2022, at 9:5 Loose/Diarrhea | 9 p.m., Incontinent, Medium, | | | | | |

PRINTED: 10/13/2023 **FORM APPROVED** OMB NO. 0938-0391

(X3) DATE SURVEY

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|-----|--|-------------------------------|----------------------------|
| | | 555404 | B. WING | | | I | 11/2023 |
| | PROVIDER OR SUPPLIER DE VILLAGE HEALTI | | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518 | | |
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| F 684 | Continued From pa | age 3 | F6 | 384 | | | |
| | May 6, 2022, at 9:5 Loose/Diarrhea | 59 p.m., Incontinent, Medium, | | | | | |
| | May 6, 2022, at 9:5 Loose/Diarrhea | 59 p.m., Incontinent, Medium, | OCOCCUPATION OCCUPATION OCCUPATIO | | | | And Andrews |
| | May 6, 2022, at 9:5 Loose/Diarrhea | 59 p.m., Incontinent, Medium, | | | | | |
| | May 6, 2022, at 9:5 Loose/Diarrhea | 59 p.m., Incontinent, Medium, | | | | | |
| | May 6, 2022, at 11 Loose/Diarrhea | :26 p.m., Incontinent, Small, | | | | | |
| | May 7, 2022, at 5:5 Loose/Diarrhea | 59 a.m., Incontinent, Small, | | | | | |
| | May 7, 2022, at 1:5 Loose/Diarrhea | 59 p.m., Incontinent, Large, | | | | | |
| | May 8, 2022, at 5:5 Loose/Diarrhea | 59 a.m., Incontinent, Large, | | | | | |
| | May 8, 2022, at 11 Loose/Diarrhea | :23 a.m., Incontinent, Large, | | | | | |
| | May 8, 2022, at 7:2 Loose/Diarrhea | 21 p.m., Incontinent, Large, | | | | | |
| | A review of Reside Administration Red the following: | ent 1's "Medication cord " for May 2022 indicated | | | | | |
| | at 5:08 p.m., to Ma "Docusate Sodium | 9 a.m., hold from May 2, 2022, ay 5, 2022, 5:07 p.m., Tablet 100 MG Give one table s a day for constipation hold for | t | | | | |

| 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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| | 555404 B. WING | | | C 10/11/2023 | | |
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| F 684 | Ioose stools. " The MAR indicated May 2, 2022, at 9 a May 6, 2022, at 6 p a.m. b. May 6, 2022, at 6 p a.m. b. May 6, 2022, at 7 Tablet 2 MG Give 2 hours as needed for The MAR indicated May 8, 2022, at 10: a.m., and May 11, 2 On August 8, 2023, conducted with the (CNA). The CNA st diarrhea, she would document episodes medical record. On August 8, 2023, conducted with the RN stated if resider | the medication was given on a.m., May 5, 2022, at 6 p.m., a.m., and May 7, 2022, at 9 10:15 a.m., "Loperamide HCI MG by mouth every four or loose stool." the medication was given on 16 a.m.; May 9, 2022, at 10:17 2022, at 11:32 a.m. at 4:11 p.m., an interview was Certified Nursing Assistant, ated if a resident was having d notify the charge nurse and a of diarrhea in the residents' at 4:32 p.m., an interview was Registered Nurse, (RN). The nt had a new onset of diarrhea, | F 68 | 34 | | |
| F 757 SS=D | orders. The RN sta order for Docusate diarrhea, she would Drug Regimen is FI CFR(s): 483.45(d)(§483.45(d) Unnece Each resident's dru | e doctor and follow new ted that if residents had an Sodium and were having I hold the medication. The from Unnecessary Drugs 1)-(6) ssary Drugs-General. g regimen must be free from . An unnecessary drug is any | F 75 | Drug Regimen is Free from Unnecessal Drugs Corrective Action: Resident 1 discharged from facility on 5/13/2022. No possible corrective actions | | |
| | - | cessive dose (including | | could be taken for this resident. | | |

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| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ` ′ | ING | COMPL | COMPLETED | | |
|--------------------------|--|--|--|---|---|----------------------------|---|--|
| | | 555404 | B. WING | | 10/11 | /2023 | | |
| | NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | | |
| F 757 | duplicate drug the §483.45(d)(2) For §483.45(d)(3) With §483.45(d)(4) With use; or §483.45(d)(5) In the consequences where duced or discontinuous stated in paragraphs section. This REQUIREMED by: Based on intervier facility failed to entersidents (Reside unnecessary med Tablet (medication stool softener) was Resident 1 was had diarrhea. This failure had the suffer prolonged of Findings: On August 8, 2023 | excessive duration; or hout adequate monitoring; or hout adequate indications for its he presence of adverse hich indicate the dose should be etinued; or combinations of the reasons ohs (d)(1) through (5) of this ENT is not met as evidenced ew, and record review, the sure one of the three sampled ent 1) was free from ication when Docusate Sodium in used for constipation and or a s given on four occasions when aving multiple episodes of the potential for Resident 1 to diarrhea. 3, at 2:56 p.m., an | age 5 apy); or excessive duration; or out adequate monitoring; or out adequate indications for its expresence of adverse th indicate the dose should be nued; or combinations of the reasons as (d)(1) through (5) of this NT is not met as evidenced or, and record review, the ture one of the three sampled at 1) was free from the tation when Docusate Sodium the tation when Docusate Sodium the tation and or a given on four occasions when oring multiple episodes of | | Identification of Other Resider Affected: On 10/16/2023, Director of Num (DON) and Medical Records Dir (MRD) conducted an audit of curesidents and Physician's Order Bowel Management regarding constipation, loose stools and w not a parameter is in place. No residents were found to be affected in-service education to the Lice Nurses (LN) on the facility's Administering Medications in a with physician order's Policy ar Procedure and lesson plan on E Management and the importar following orders and paramete residents who have medication constipation or loose stools. LN able to assess the need to reco evaluation of resident medicati regimen. During clinical meetin Monday to Friday, Interdisciplin (IDT) will discuss new orders fo medications needed for reside are constipated or have loose s review documentation related to ensure that policies and pro- | | sing ector rrent s for whether or other cted by follow up ensed ector for s set for s set for s will be enmend on g on earry Team ets who | |
| | unannounced visit to the facility was conducted to investigate quality care issue. A review of Resident 1's medical records indicated she was admitted to the facility on April 30, 2022, and discharged on May 13, 2022, with | | | | | | | |

Facility ID: CA240000673

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | 1 ' ' | NG | CON | COMPLETED | | |
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| NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 17040 ARNOLD DR. RIVERSIDE, CA 92518 | | 10/11/2023 | | |
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| F 757 | diagnoses which is loss of the amount constipation, (difficiending to hard fed disease, (the grad filter wastes and edisease, (the grad filter wastes and edisease, (the grad filter wastes and edisease, (the grad filter wastes and edisease of Resided dated indicated shounderstand and management of Resided May 1, 20 "Docusate Sodium by mouth two times loose stools." A review of Resided dated May 2, 2022 resident alert and breathing even and distress present. In stools with foul od A review of Resided Administration Resided | ncluded dehydration, (a harmful t of water in the body), culty in emptying the bowel ces), stroke, and chronic kidney lual loss of kidney's ability to excess fluids from the blood). Lent 1's "History and Physical" he had the capacity to make decisions. Lent 1's "Order Summary Report 122, at 9 a.m., indicated, in Tablet 100 MG Give 1 tablet less a day for constipation hold for lent 1's Change in Condition" 2, at 7:43 a.m., indicated " able to verbalize needs. In don-labored, no acute resident present with loose or" Lent 1's "Medication cord" for May 2022, indicated as a day for constipation hold for less a day for less a day for constipation hold for less a day for less a d | F7 | The DON, MRD and/or designee conduct random audits of our far Physician Orders relating to Bow Management and medications for residents with constipation and/stools to ensure documentation follow through on orders. Any issidentified will be addressed imm The DON, MRD and/or designee present the results of Physician Caudit to the Quality Assurance at Performance Improvement Comfor review and recommendation monthly for 3 months then quart thereafter. The plan will be reevamonthly by the QAPI Committee make necessary changes as warr | cility's el or or loose and sues ediately. will Order's ad mittee s cerly aluated and | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | TE SURVEY MPLETED |
|---|--|---|--|--|-----------|----------------------------|
| | | 555404 | B. WING | | 10 | C 0/11/2023 |
| | PROVIDER OR SUPPLIER DE VILLAGE HEALTH | | | STREET ADDRESS, CITY, STATE, ZIP CO 17040 ARNOLD DR. RIVERSIDE, CA 92518 | | |
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| F 757 | May 2, 2022, at 5:5 or insufficient volunt Large Loose/Diarrhea May 2, 2022, at 1:2 Loose/Diarrhea May 5, 2022, at 5:5 Loose/Diarrhea May 5, 2022, at 5:2 Loose/Diarrhea May 5, 2022, at 9:5 Loose/Diarrhea May 5, 2022, at 9:5 Loose/Diarrhea May 6, 2022, at 12:1 Loose/Diarrhea May 6, 2022, at 9:5 Loose/Diarrhea | ing episodes of diarrhea: 9 a.m., Incontinent, (having no tary control over defecation), | F7 | 757 | | |

| 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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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | ION SHOULD HE APPROPE | BE | (X5) COMPLETION DATE |
| F 757 | May 6, 2022, at 9:5 Loose/Diarrhea May 6, 2022, at 11:2 Loose/Diarrhea May 7, 2022, at 5:5 Loose/Diarrhea May 7, 2022, at 1:5 Loose/Diarrhea On August 8, 2023, conducted with the (CNA). The CNA stadiarrhea, she would document episodes record. On August 8, 2023, conducted with the RN stated if resider she would notify the orders. The RN state | 9 p.m., Incontinent, Medium, 26 p.m., Incontinent, Small, 9 a.m., Incontinent, Small, 9 p.m., Incontinent, Large, at 4:11 p.m., an interview was Certified Nursing Assistant, ated if a resident was having I notify the charge nurse and in the residents' medical at 4:32 p.m., an interview was Registered Nurse, (RN). The it had a new onset of diarrhea, et doctor and follow new ted that if residents were on and have diarrhea, she would | F 7 | 757 | | | |