

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2022
NAME OF PROVIDER OR SUPPLIER Fortuna Rehabilitation and Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2321 Newburg Road Fortuna, CA 95540	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>31424</p> <p>Based on kitchen observations, dietary staff interviews, management and administration interviews, and facility document and policy review, the facility failed to ensure sufficient and competent staffing in the dietetic service department when the facility did not have enough trained cooks and enlisted the Activity Director (Director B), Dietary Aide C (a dietary aide, not a trained cook) and Aide F to cook resident meals; Director B, Aide C and Aide F did not possess cooking competencies (verification of skills needed by staff to perform a task); dietary staff were not supervised per facility policy; and dietary staff were not adequately trained prior to cooking independently.</p> <p>Failure to ensure sufficient and competent staff and supervise staff caused potential for staff burn out (related to over-work/staff inability to take a day off) and for food production and meal distribution errors, that could compromise the medical and nutritional status of 52 residents in a census of 52; resident activities were suspended when Director B was cooking, and residents were not provided their scheduled activities on 3/3/2022 and 3/4/2022.</p> <p>An IMMEDIATE JEOPARDY was identified on 3/4/2022 at 4:35 p.m. under Food and Nutrition Services; S483.60, F802.</p> <p>The IMMEDIATE JEOPARDY was abated on 03/08/2022 at 5:26 p.m.</p> <p>Findings:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 3/4/2022 at 12:30 p.m., the Interim Administrator (IA) and Director of Nursing (DON) discussed staffing in the Dietary Department. The IA stated the facility's three cooks (Cook D, Cook E and the dietary supervisor [DS], who acted as a relief cook) were suspended two days earlier. The IA stated the cooks had left the facility Wednesday afternoon (3/2/22) and a dietary aide had cooked dinner that night. When asked how many cooks remained at the facility, the IA stated the facility was filling in (for the cooks). The IA stated the Activity Director (Director B, currently cooking at the facility) had worked at a restaurant but did not have experience cooking in a healthcare facility; the IA stated Aide C was experienced. When asked if Director B and Aide C were trained to cook, the IA stated he was, pretty sure they had been. The IA stated the Registered Dietitian (RD) had been in the kitchen the previous day (Thursday, 3/3/2022). The IA stated Director B and Aide C had cooked breakfast and lunch (on 3/4/2022) and a cook from a sister facility was coming in to cook dinner. The IA stated the facility did not yet have a cooking schedule confirmed for the following two day (Saturday and Sunday, 3/5/22 and 3/6/2022). When asked who was supervising Director B and Aide C's cooking, the IA stated the Administration was supervising them.</p> <p>Review of facility job description titled, Director of Nutritional Services (undated) indicated the Director of Nutritional Services (not Administration), Monitors staff performance .Evaluates quality .of services accomplished by staff.</p> <p>During a tour of the kitchen and concurrent interviews on 3/4/2022 at 1:10 p.m., Director B and Aide C were in the facility's kitchen. When queried who had cooked breakfast and lunch that day, Director B stated she had cooked with Aide C's help. When asked if she was trained to cook at the facility, Director B stated she had previously owned a restaurant. When asked if she was trained to prepare therapeutic diets (diets deviating from regular food such as pureed foods, mechanically chopped foods, etc.), Director B stated, yes, and stated the dietary supervisor (DS) had trained her when she (the DS) had broken her foot, approximately nine weeks earlier. (Pureed food is smooth, with no lumps and a texture like pudding; requires no chewing. Mechanically chopped food is soft, easy to chew and swallow and excludes foods with a hard texture; requires little chewing). Director B stated the RD had observed her cook breakfast and lunch. Director B stated the RD had been supervising in the kitchen the previous day (Thursday, 3/3/22) and stated the RD had come to the kitchen after breakfast was prepared and stayed until after 4 p.m. Director B stated she was scheduled to cook breakfast and lunch on Monday, 3/7/22. When queried about resident meal orders, Aide C stated seven residents needed their food pureed, one resident required liquid pureed food, twenty residents had mechanical texture (foods finely chopped, blended, or ground to make them smaller, softer, and easier to chew), and twenty-four had regular food preparations.</p> <p>During the same interview on 3/4/2022 at 1:10 p.m., Director B was queried how her need to cook meals (versus run the activity program) impacted resident activities at the facility. Director B stated residents had missed scheduled activities that day (3/4/22) and the prior day (3/3/22). Director B stated Bingo, painting, and arts and crafts were some of the activities that she was not able to offer the residents.</p> <p>Review of the facility's activity calendar (dated March, 2022) indicated the following activities were scheduled on 3/3/2022: Painting class from 10:30 a.m. to 12 noon and Bingo from 2:20 p.m.-4 p.m. On 3/4/2022 the following activities were scheduled: Window Art (arts and crafts) from 10:30 a.m. to 12 noon and Room to Room (room visit activities) from 2:30 p.m.-4 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 3/4/2022 at 1:35 p.m., the IA stated he did not yet have cooks for Saturday and Sunday (3/5/22 and 3/6/22).</p> <p>During an interview and concurrent record review on 3/4/2022 at 1:35 p.m., the Infection Preventionist (IP) reviewed Director B's employee files. The IP stated Director B had been hired as the Activity Director. When asked if Director B's file indicated she possessed verified cooking competencies, the IP stated, No. When queried is she should have had cooking competencies verified prior to preparing meals independently for residents, the IP stated she did not orient staff (to the kitchen). She stated the dietary supervisor would have oriented her.</p> <p>During an interview on 3/4/2022 at 1:45 p.m., the RD stated she normally works approximately one day a week at the facility. The RD stated she observed Director B cook the previous day, but did not give her cooking competencies.</p> <p>During an interview on 3/4/2022 at 2:05 p.m., the IA, DON, and RD described their plan to provide cooking and meal services in the coming days. The IA stated that evening's dinner would be prepared by a cook from their sister facility (in a nearby town). The IA stated Aide C (who did not have verified cooking competencies) would be cooking breakfast and lunch on Saturday and Sunday (3/5/22 and 3/6/22) and dinners would be prepared by their sister facility's cook. The RD stated Aide C and Director B did not possess cooking competencies. The IA stated Cook D would be back at the facility the following Monday.</p> <p>Review of facility policy titled, Staff Competency of Skills Checks, subtitled, Policy (revised 8/22/2019) indicated, Competency evaluations or skills checks will be performed upon hire . annually, anytime a new procedure is introduced and as needed.</p> <p>During an interview on 3/4/2022 at 2:55 p.m., Aide C was asked if she was comfortable cooking for the residents. Aide C stated she was not comfortable cooking alone (unsupervised) or with another aide to assist her. Aide C stated she was, very stressed out and exhausted. When asked if she had been trained to cook, she stated she was trained in 1984 (when she started working at the facility). She stated she worked a couple of weeks as a cook (in 1984) but did not like it, and had been working as a dietary aide since that time. Aide C stated she was last educated about therapeutic diets approximately two years prior (approximately 2020). Aide C stated she had helped the DS approximately one month prior, when the DS had broken her foot. Aide C stated the DS was in a wheel chair (in the kitchen) giving Aide C cooking instructions. Aide C stated last week she had prepared a therapeutic meal alone (unsupervised) for the first time.</p> <p>An IMMEDIATE JEOPARDY was identified on 03/04/2022 at 4:35 p.m. under S483.60 Food and Nutrition Services. The Interim Administrator and Consultant A were notified of the IJ in the Administrator's office.</p> <p>A Plan of Action (POA) to abate the IJ was emailed to the department on 3/4/2022 at 6:15 p.m. The POA was determined to be not acceptable on 3/5/2022 at 9:21 a.m. and the facility was notified via email.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an onsite visit and interview on 3/5/2022 at 11:20 a.m., the dietary supervisor (DS) was working in the kitchen. The DS stated she was back to work. The DS stated Cook D was also back to full-time work and Cook E would return to work on Monday. The DS stated Cook E was a new cook in training, Cook D was the p.m. (afternoon) cook, and she (the DS) was the supervisor and relief cook.</p> <p>A revised POA was submitted by the IA on 3/5/2022 at 11:25 a.m. The POA was determined to be unacceptable to abate the IJ. A revised POA was submitted on 3/5/2022 at 12:45 p.m. and was determined to be unacceptable to abate the IJ.</p> <p>During an interview on 3/5/2022 at 11:40 a.m., Cook D was in the kitchen and stated he was the p.m. (afternoon) cook. He stated he had been suspended until yesterday, 3/4/2022, but was now back working full-time as the p.m. cook. Cook D stated the facility needed another cook.</p> <p>During an interview on 3/5/2022 at 11:45 a.m., the DS stated she had not had days off in nine months except a few days off in November (2021) and three days off when she broke her foot (approximately nine weeks earlier). When queried who cooked in her absence, the DS stated she, remotely cooked. The DS stated Dietary Aide F (no longer working at the facility) cooked the meals but, I was on the phone talking him through. When queried how Aide F prepared therapeutic diets, the DS stated, I did it with him over the phone.</p> <p>During an interview on 3/5/2022 at 12:42 p.m., the IA stated he was not aware a dietary aide had cooked meals in the past with telephone support from the DS.</p> <p>Review of facility dietary staff list indicated Aide F's worked at the facility for less than four weeks, from 12/23/2021 through 1/18/2022.</p> <p>A facility Plan of Action (POA, dated 3/7/2022) to abate the IJ was received via email on 3/7/2022 at 12:41 p.m. The Plan of Action was accepted on 3/7/2022. The Plan of Action indicated: Immediate Corrective Actions revealed that the DS, Cook D and Cook E were placed on suspension. The POA indicated the facility was able to contact the DS and Cooks D and E on 3/4/2022 and notified them they were eligible to return to work and all three staff were scheduled to return to work and cover the shifts for 3/5/2022 and 3/6/2022. The dietary aide and Director B were no longer assigned to cook meals. The DS would update the schedule to ensure there was a cook for each shift. On 3/4/2022, the RD was present and overseeing dinner service. With the return of the DS and Cooks D and E, the facility had supervision and cooks as well as the RD's scheduled visits. The DS would ensure adequate daily dietary coverage with a qualified cook. If a qualified cook was not available, the facility would reach out to one of two sister facilities; the sister facility would utilize any available staff to float to the facility to cover open shifts. Both sister facilities had been informed of the agreement and had agreed. The facility would also secure a contract with (company name) Staffing Agency to serve as an additional back up when the facility was unable to get a qualified cook. Finally, the facility was actively recruiting and evaluating wages to recruit qualified staff. The facility has reached out and were awaiting agreements from for two additional staffing services to be sent to the facility.</p> <p>The IMMEDIATE JEOPARDY was abated onsite on 03/08/2022 at 5:26 p.m.</p> <p>Review of RD Reports - September through December, 2021:</p> <p>(continued on next page)</p>

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<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>1) Review of RD report titled Dietary Quality Control Review, (dated 9/23/21) indicated, DSS (DS) has been working shifts without days off and has not been able to keep up with all managerial duties .2 new employees going through orientation .DSS currently having to work most days as cook or diet aide. 2 staff training and 1 cook out on paternity leave .</p> <p>2) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 9/30/2021) indicated, No weekly weights (resident weights) available since Sept .RNA (restorative nurse assistant) who previously obtained weights no longer at facility.</p> <p>3) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 10/14/2021) indicated, Due to staffing issues, no weekly weights obtained;</p> <p>4)Review of RD report titled Dietary Quality Control Review, (dated 11/4/21) indicated, DSS has been cooking or working in the kitchen most days and has not been able to complete all tasks .1 cook recently hired .still need 1 aide position .</p> <p>5) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 11/11/2021) indicated, Met with the DSS and Administrator to discuss staffing in the kitchen . New diet aide recently hired and will replace the aide who is moving to work in the laundry .</p> <p>6) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 12/20/2021) indicated, Assisted in the kitchen for meal prep; currently only 1 cook and the DSS (DS) are cooking every day without breaks .</p> <p>Review of RD Reports - January through February, 2022:</p> <p>1) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 1/10/2022) indicated the DS was, currently out with a work injury. Stable PM cook position and a recently hired diet aide had been training to be the cook and did work as the AM cook today and on-going as able. Currently have a diet aide who will be off for the next month Applicant for the cook or diet aide position will be coming in on Thursday to interview . Spoke to the Regional RD consultant about desperate needs for dietary staff .</p> <p>2) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 1/13/2022) indicated, Contract for staffing agency sent to the Regional RD and Administrator for completion; looking to fill at least a temp cook position while the DSS (DS) is on light duty .Diet aide recently started training as a cook and continues to do so filling in as AM cook until alternative staffing found.</p> <p>3) Review of the RD's report titled, Consultant Dietitian Visit Report (dated 1/27/2022) indicated, Continuing to try recruiting a cook. Potential hire did not show up for scheduled interview .The PM Cook continues to work without days off .</p> <p>4)Review of RD report titled Dietary Quality Control Review, (dated 2/26/22) indicated, DSS has been cooking daily with no days off due to staffing shortages and unable to complete managerial duties (monthly in-service records not completed and up-to-date) . Recently hired a new cook and diet aide. DSS still having to cook/train but will hopefully be able to resume more clinical documentation . Still looking for a relief cook .</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During a telephone interview on 3/10/2022 at 2:37 p.m., the IA and Consultant A were further queried about staffing in the dietary department. When asked what steps the facility had taken to address staffing shortages, the IA stated the facility had ads out (advertisements) for cooks and aides and stated that was, all I know. When asked why the facility was not able to attract and maintain staff in the kitchen, the IA stated he did not know why, but a recent applicant cited low wages as an issue. When queried what management duties the DS may have been unable to complete as she was frequently cooking, the IA stated he was not aware if any duties were missed. When queried if the Medical Director had been notified of staffing issues in the kitchen, the IA stated per the QI (Quality committee) minutes, the Medical Director had not been notified. When asked if the Medical Director should have been notified, the IA stated, they (leadership/management) all should be notified.</p> <p>During a telephone interview on 3/10/2022 at 3:56 p.m., the RD was asked if the facility had conducted a root cause analysis (RCA) to determine possible causes of the dietary staffing shortage. The RD stated she did not know if an, official RCA had been conducted and stated the facility had talked about looking into compensation for dietary staff. The RD stated she hoped it continued because it was a help to have, adequate compensation (for staff). When asked if the dietary staffing issue had been brought up to the Medical Director, the RD stated she was not sure. When queried how the DS's frequent cooking in the kitchen impacted the dietary department, the RD stated normally the DS helped with clinical duties, provided training in the kitchen, and attended weight meeting. The RD stated the DS's attendance at weight meetings was not required but stated it was nice to have her input.</p> <p>Review of the facility job description titled, Director of Nutritional Services, subtitled, Principal Responsibilities (undated) indicated, .Maintains all records and documentation .Participates in assigned meetings and in-services (staff education) .Ensures exchange of information necessary with all departments as necessary for quality resident care .</p> <p>Review of the dietary aide job description titled, Dietary Assistant/Dishwasher, subtitled, Job Description, further subtitled, Principal Responsibilities, further subtitled, Technical . Administrative . Qualifications . Consumer Service . (undated) revealed the document did not contain information indicating dietary aides cooked meals as part of their job duties.</p> <p>Review of facility policy and procedure titled, Dietary Department - General, subtitled, Policy (revised June 01, 2014) indicated, The dietary department is responsible for establishing a program that meets the nutritional needs of the residents . Under subtitle, Procedure, the policy indicated, I. The primary objectives of the dietary department include . D. Procurement, production and service with economical use of labor and food . II. Organizational Structure . A. the Administrator is responsible for the overall operation of the facility. The Dietary Manager (DS) reports to the Administrator .</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>31424</p> <p>Based on interview and facility document and policy review, the facility failed to ensure its Facility Assessment (assessment tool) adequately reflected the needs of the dietary department, including identification of resources necessary to run nutritional services. This failure caused potential for the inability of the dietary department to provide person-centered nutritional services to residents that would allow them to maintain or attain their highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>Review of facility document titled, (facility name) Facility Assessment subtitled, Services and Care We Offer Based On Our Resident's Needs, (dated 7/7/2021) indicated, Nutrition .Individualized dietary requirements, liberal diets, specialized diets, IV (intravenous) nutrition, tube feeding, cultural or ethnic dietary needs, assuasive devices, fluid monitoring or restriction, hypodermically (method of infusing fluid into subcutaneous tissue).</p> <p>During a telephone interview and concurrent record review on 3/4/2022 at 2:37 p.m., the Interim Administrator (IA) and Consultant A reviewed the facility's assessment plan. When queried about the plan's lack of detail regarding the dietary department, the IA stated he thought it looked like the facility used a template to complete the assessment and agreed the plan was not individualized to the needs of the facility. When asked what items should have been included in the plan, the IA stated staff information, such as staff composition (cooks, aides, supervisor, etc.) and number of staff should have been included. The IA stated the plan should have addressed Covid-19 processes in the event of an outbreak (meal processes and staffing), departmental needs, and any potential risks associated with the dietary department.</p> <p>Review of facility policy titled, Facility Assessment Tool, subtitled, Purpose (dated 8/18/2017) indicated the assessment's purpose was to, .determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies make decisions about .capabilities to provide services to the residents .The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.</p>		