Printed: 12/31/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022	
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 4602 Northgate Court Sarasota, FL 34234	P CODE	
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)			
F 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	participate in experimental researc **NOTE- TERMS IN BRACKETS IN Based on review of the facility's pote to implement their policy and honor event of cardiac and/or respiratory life. On [DATE] shortly after midnight, Finitiate CPR despite the resident's Resuscitation efforts, if successful, On [DATE] at 3:40 p.m., the Admin provided the IJ templates. Cross reference: F678 and F835. The findings included: The facility's policy regarding Treat this facility to support and facilitate treatment and to formulate an advance of the control of	st, refuse, and/or discontinue treatment h, and to formulate an advance directive dave BEEN EDITED TO PROTECT Collicies and procedures, record review and the resident's right to receive cardiopt arrest for 1 (Resident #1) of 3 resident Resident #1 was found without a pulse Power of Attorney directive to do every may have prolonged Resident #1's life distrator was informed of the determinant and Advance Directives, revised a resident's right to request, refuse an ance directive. Sident #1 was admitted to the facility or artery disease, emphysema, and atrial with an Assessment Reference Date of score of 0 which meant Resident #1 with the relationary of the although the artery disease.	ONFIDENTIALITY** 36658 Ind staff interview, the facility failed culmonary resuscitation (CPR) in the serviewed for care at the end of or respiration. The facility failed to thing that can be done. It is the policy of dor discontinue medical or surgical of [DATE] with diagnoses of a fibrillation. If [DATE] revealed Resident #1 had as rarely/never understood.	

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 105407

If continuation sheet Page 1 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022	
NAME OF PROVIDED OR CURRUN			D. CODE	
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center Siesta Key Health and Rehabilitation Center 4602 Northgate Court Sarasota, FL 34234		PCODE		
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F 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] in a discussion with the facility social worker, the POA stated, Do everything that can be done, meaning full code status (initiate cardiopulmonary resuscitation (CPR) in the event of cardiac and/or respiratory arrest). Closed record review revealed a physician's order for full code was written on [DATE] and a care plan initiated on [DATE] which noted Resident #1 had an established CPR (Full code) order in place. Closed record review revealed on [DATE], a little after 12:00 a.m., Certified Nursing Assistant (CNA) Staff C entered Resident #1's room and he did not seem to be breathing. The CNA asked Licensed Practical Nurse (LPN) Staff A to come to his room. LPN Staff A nurse entered the room, checked pulse and respirations, and determined Resident #1 was not breathing and did not have a pulse. This occurred at 12:20 a.m. LPN Staff A exited the room and returned to the nursing station. She did not check for code status, start CPR or call [DATE]. LPN Staff A asked LPN Staff B to contact the physician and family to let them know the resident had expired. Review of the facility investigation revealed a witness statement from LPN Staff A dated [DATE] noting: Resident expired after midnight. During rounds I found the resident to be deceased. I came to the desk at the nurse's station and notified the family and the MD (Physician). I didn't check to see that he was a full code. I didn't initiate CPR. The resident was mottled (patchy, irregular colors), and his extremities were cold, but his body was warm. I made a mistake. On [DATE] at 9:30 a.m., the Administrator and Director of Nursing (DON) confirmed LPN Staff A did not follow Resident #1's Power of Attorney's expressed advance directive for a full code and did not initiate CPR. On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after verification of an acceptable removal plan, and the scope and severity reduced to D (No actual harm with potential for more than minimal harm that is not immediate jeopardy).			
	[DATE] - The Licensed Nurse who did not perform CPR on the full code status resident was suspended prinvestigation.			
The DON or designee initiated education with the licensed nurses on the facility's policy and p responding to a medical emergency, validating code status, resident rights regarding advance and abuse and neglect. By end of day, education was completed with 23 of 65 facility licensed CNAs (35% completion).				
	An ad hoc (unplanned) QAPI (Quality Assurance Performance Improvement) Committee meeting was he with the Medical Director in attendance. Root Cause Analysis was performed. A Performance Improveme Project (PIP) was implemented.			
	(continued on next page)			

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F 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	each shift for 2 months to ensure liand procedure. DON or designee to conduct comp following advanced directives and should be performed, and emerger QAPI committee meeting.	Blue drills weekly on each shift for four censed nursing staff respond as per fer etencies with 10 licensed nursing staff responding to medical emergencies to accy medical personnel contacted. Finding committee monthly. Ongoing quality revance practice remains in place.	deral regulation and facility policy weekly for 3 months regarding include identifying when CPR ings will be reported at monthly	

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including physician orders and the resident's **NOTE- TERMS IN BRACKETS Hased on staff interview and clinica (CPR) in accordance with the reside sampled residents reviewed for emersident #1 had a full code status unresponsive and had no pulse or Resident #1 expired at the facility of The facility's failure to initiate CPR resulted in a determination of Immersional Provided the IJ templates. On [DATE] at 3:40 p.m., the Admin provided the IJ templates. On [DATE] at 7:00 p.m., the Immersional plan was verified, and the more than minimal harm that is not There were 59 residents with full concept for Clinical Standards and Resuscitation (CPR) in Nursing How The American Heart Association (American Heart Association (America	g CPR, prior to the arrival of emergency advance directives. HAVE BEEN EDITED TO PROTECT Content's documented wishes and physicial pergency care. effective [DATE]. On [DATE] shortly after respiration. The staff nurse on duty did without receiving CPR as per expressed in accordance with the resident's expressionated at a scope and severity distrator was informed of the determinated diate Jeopardy was removed after implescope and severity was reduced to D (a immediate jeopardy). Dede status at the time of the event. ALA Quality/Survey & Certification (S&C) Ime: ,d+[DATE]-NH, revised [DATE] income: ,d+[DATE]-NH, revised [DATE] inco	on medical personnel, subject to on the property of solution of the personnel of the personnel, subject to only only on the personnel of the p

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Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	witnesses or is first on the site of a including CPR as appropriate. The Admission Minimum Data Set a Brief Interview for Mental Status severe cognitive impairment. A valid Power of Attorney (POA) fo POA on [DATE]. On [DATE] in a discussion with the meaning full code Status. Closed record review revealed a pl A care plan noting Resident #1 has Closed record review revealed on [entered Resident #1's room and he The CNA asked LPN Staff A to con LPN Staff A nurse entered the roor breathing and did not have a pulse LPN Staff A exited the room and restart CPR, and did not call [DATE]. LPN Staff A asked LPN Staff B to con Review of the facility investigation in Resident expired after midnight. Do on, but he was not breathing there nurse's station and notified the fam didn't initiate CPR. The resident was body was warm. I made a mistake.	ne to the resident's room. n, checked pulse and respirations, and . This occurred at 12:20 a.m. sturned to the nursing station. She did r	f [DATE] revealed Resident #1 had as rarely/never understood and had pointing Resident #1's sister as the Do everything that can be done in on [DATE]. In place was initiated on [DATE]. In d Nursing Assistant (CNA) Staff C determined Resident #1 was not not check for code status, did not mem know the resident had expired. I Staff A dated [DATE] noting: deceased . He still had the oxygen eased , I came to the desk at the ck to see that he was a full code. I d his extremities were cold, but his

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F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] staff nurse observed Recode status and CPR was not initial limited to resident interviews, staff allegation of neglect and noted in the validated that the LPN did not initial [DATE]. The resident's care plan at the control of the contro	esident #1 unresponsive and without a sted. The facility completed a thorough interviews and medical record review. The conclusion based on the facility invested CPR when Resident #1 was observed the CPR with the Administrator and Director with the Administrator and Director the CPR of Attorney's expressed and the CPR was removed after verification with potential properties and the CPR on the full code status resident with the licensed nurses on the CPR on the full code status resident with the licensed nurses on the CPR was completed with 23 with the CPR of the CPR on the full code status resident with the licensed nurses on the CPR on the full code status resident with the licensed nurses on the CPR on the full code status resident with the licensed nurses on the CPR on the full code status resident with the licensed in the LPR of the CPR on the CPR on the full code status resident with the licensed in the LPR of the CPR on the CPR on the full code status resident with the licensed in the LPR of the CPR on the CPR on the full code status resident with the LPR of the CPR on the full code status resident with the LPR of the CPR on the full code status resident with potential the CPR of the CPR on the full code status resident with potential the CPR of the CPR on the full code status resident with potential the CPR of the CPR on the full code status resident with potential the CPR of the C	pulse. The nurse did not verify the investigation including, but not The facility substantiated the estigative findings, it had been ed without a pulse or respiration on tives were not followed. For of Nursing (DON), they confirmed dvance directive for a full code and dication of an acceptable removal tial for more than minimal harm that a included: I included: I dent (Resident #1) was suspended facility's policy and procedure for segarding advanced directives, of 65 facility licensed nurses and ent) Committee meeting was held ent. A Performance Improvement was 6 months to ensure advanced ent #1, 2 of 19 residents reviewed ent was contacted. Is for current residents residing in ent. For residents with DNR (Do Not resent in the medical records and engly.

end of day, 21 of 65 licensed nursing staff participated in drills (33% completion). [DATE] - Employment terminated with licensed nurse who did not initiate CPR on the full code resident (Resident #1). Nurse license reported to Florida Department of Health. HR or designee completed audit of licensed nurses' CPR certification. CPR certification current for 19 of 19 licensed nurses consisting of 8 RNs (Registered Nurses) and 11 LPNs (100% validated). The DON or designee initiated education with licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education was completed with 64 of 65 facility licensed nurses and CNAs (98% completion). 1 CNA not yet educated will not be permitted to work until education has been received. Any new hires will receive education prior providing resident care. The DON or designee completed the quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directive were confirmed present. For residents with DNR orders in place, the Florida DNR form was confirmed to be present in the medical records. Care plans related to advanced directives were reviewed/updated accordingly. DON or designee conducted Code Blue drills with licensed nursing staff. By end of day, 47 of 65 licensed nursing staff had successfully participated in Code Blue drills (72% completion). Licensed nursing staff will not be permitted to provide direct care to residents until he/she has participated in a code blue drill and has shown competency in implementing the emergency medical response policy. Licensed nursing staff who fail				No. 0936-0391
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Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Resid	(X4) ID PREFIX TAG			
Ongoing quality review schedule may be modified based on findings to ensure compliance practice remains	F 0678 Level of Harm - Immediate jeopardy to resident health or safety	(Each deficiency must be preceded by full regulatory or LSC identifying information) DON or designee conducted Code Blue drills with licensed nursing staff. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy. B end of day, 21 of 65 licensed nursing staff participated in drills (33% completion). [DATE] - Employment terminated with licensed nurse who did not initiate CPR on the full code resident (Resident #1). Nurse license reported to Florida Department of Health. HR or designee completed audit of licensed nurses' CPR certification. CPR certification current for 19 of 19 licensed nurses consisting of 8 RNs (Registered Nurses) and 11 LPNs (100% validated). The DON or designee initiated education with licensed nurses on the facility's policy and procedure for responding to a medical emergency, validating code status, resident rights regarding advanced directives, and abuse and neglect. By end of day, education was completed with 64 of 65 facility licensed nurses and CNAs (98% completion). 1 CNA not yet educated will not be permitted to work until education has been received. Any new hires will receive education prior providing resident care. The DON or designee completed the quality review of advanced directive orders for current residents residing in the facility. Physician orders for advance directive were confirmed present. For residents with DNR orders in place, the Florida DNR form was confirmed to be present in the medical records. Care plans related to advanced directives were reviewed/updated accordingly. DON or designee conducted Code Blue drills with licensed nursing staff. By end of day, 47 of 65 licensed nursing staff woll not be permitted to provide directives were reviewed/updated accordingly. DON or designee to conduct Code Blue drills weekly on each shift for four weeks, then 2 times monthly on		Licensed nursing staff who fail to be re-educated and be required to regency medical response policy. By obletion). The full code resident (Resident #1). The certification current for 19 of 19 00% validated). The staff policy and procedure for some response and work until education has been recordered for the full code and the full
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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner **NOTE- TERMS IN BRACKETS IN Based on record review and staff in to ensure licensed staff were comp including cardiopulmonary resuscit This has the potential to negatively services. Resident #1 had a full code status unresponsive and had no pulse or Resident #1 expired at the facility when the licensed nurse failed to in without a pulse or respiration. On [DATE] at 3:40 p.m., the Admin provided the IJ templates. On [DATE] at 7:00 p.m., the Immer removal plan was verified, and the than minimal harm that is not immer Cross reference: F578 and F678. The findings included: The Administrator's job description overall operations of the facility in a policies, with focus on maintaining The Director of Nursing's job descr operations of the Nursing Departm and governmental regulations to m Review of the facility policy Reside d+[DATE] noted, It is the policy of the	that enables it to use its resources effer HAVE BEEN EDITED TO PROTECT Conterview, the facility administration faile betent to perform emergency response ation for residents requiring such emergency residents requiring such emergency residents in the facility we are residents in the facility we are responsed in the facility we a	ctively and efficiently. ONFIDENTIALITY** 36658 Ind to utilize its resources effectively and provide life saving measures, gency care. The may require emergency Iter midnight, the resident was not perform CPR or call [DATE]. Iteration of the may require emergency response by of isolated (J) starting on [DATE] individually a full code status, was found for item of Immediate Jeopardy and the ementation of an acceptable citual harm with potential for more Summary: Lead and direct the remement regulations and Company and company with the company of the c

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 4602 Northgate Court Sarasota, FL 34234	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	is first on the site of a medical emerappropriate. Review of the closed clinical record diagnoses of schizophrenia, demerated a Brief Interview for Mental Status Power of Attorney (POA) for health on [DATE]. On [DATE] in a discussible done meaning full code Status. Closed record review revealed a place Review of the closed clinical record unresponsive and had no pulse or per expressed wishes and physicial Licensed Practical Nurse (LPN) States Pr	aff A, the staff nurse on duty, did not percentact the physician and family to let the revealed a witness statement from LPN did not initiate CPR. LPN Staff A document of the control of	the facility on [DATE] with coronary heart disease. If [DATE] revealed Resident #1 had as rarely/never understood. A valid gresident #1's sister as the POA POA stated, Do everything that can an on [DATE] and a care plan noting ATE]. In on [DATE] and a care plan noting ATE]. In on [DATE] and a care plan noting ATE]. In on (DATE] and a care plan noting CPR as facility without receiving CPR as facility without receiving CPR as facility without resident had expired. In Staff A dated [DATE]. In on the statement, I made a seed for competency in medical and advance directives. In on the staff A did not follow ate CPR. In on the staff A did not follow ate CPR. In on the staff A did not follow ate CPR. In on the staff A did not follow ate CPR. In on the staff A did not follow ate CPR. In on the staff A did not follow ate CPR. In on the facility of the side of the staff to the staff A did not follow ate CPR. In on the facility of the side of the staff A did not follow ate CPR. In or on the facility of the side of the side of the staff A did not follow ate CPR. In or on the facility of the side of the side of the side of the staff A did not follow ate CPR. In or on the facility of the side of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	105407	B. Wing	12/08/2022	
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Siesta Key Health and Rehabilitation Center 4602 Northgate Court Sarasota, FL 34234				
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)			
F 0835 Level of Harm - Immediate jeopardy to resident health or	On [DATE] at 7:00 p.m., the Immediate Jeopardy was removed after verification of an acceptable removal plan, and the scope and severity reduced to D (no actual harm with potential for more than minimal harm that is not immediate jeopardy).			
safety	The removal plan submitted by the	facility and verified by the survey team	included:	
Residents Affected - Few	By [DATE], the facility DON or designee conducted Code Blue drills with licensed nursing staff to include 4 CNAs who had not yet participated in a code blue drill and prior to providing direct patient care. By the end o day, 51 of 65 licensed nursing staff had participated in Code Blue drills (78% completion). Licensed nursing staff will not be permitted to provide direct care to residents until he/she has participated in a code blue drill and has shown competency in implementing the emergency medical response policy. Licensed nursing staff who fail to perform code as per the emergency response policy during the drill will be re-educated and be required to participate in additional code blue drill(s) until competent to carry out emergency medical response policy.			
	Ongoing monitoring to ensure com	pliant practice remains in place:		
	DON or designee to conduct Code Blue drills weekly on each shift for four weeks, then 2 times monthly on each shift for 2 months to ensure licensed nursing staff respond as per federal regulation and facility policy and procedure.			
	DON or designee to conduct competencies with 10 licensed nursing staff weekly for 3 months regarding following advanced directives and responding to medical emergencies to include identifying when CPR should be performed, and emergency medical personnel contacted.			
	Regional Operations and/or Clinical Consultants to review education and competencies on emergency medical response policy and advanced directives that has been completed with facility staff to include newly hired licensed nurses and CNAs every other week for 4 weeks, then a minimum of monthly to ensure administration is effective in ensuring staff implement their emergency response policy.			
		the DON/designee within 24 hours of a policy was implemented and advanced		
	Findings will be presented to QAPI (Quality Assurance and Performance Improvement) committee monthly. Ongoing quality review schedule may be modified based on findings to ensure to ensure compliance practic remains in place.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER Siesta Key Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 4602 Northgate Court	P CODE
Sarasota, FL 34234			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0843 Level of Harm - Minimal harm or potential for actual harm	Have an agreement with at least one or more hospitals certified by Medicare or Medicaid to make sure residents can be moved quickly to the hospital when they need medical care. 36658		
Residents Affected - Few		nterview, the facility failed to have a writed for participation under the Medicaid	
	The findings included:		
		ce of a written transfer agreement in effe Medicaid and Medicare programs.	ect with one or more hospitals
	On 12/8/22 at 2:57 p.m., in an interview, the Administrator said he could not locate a written transfer agreement in effect with one or more hospitals approved for participation under the Medicaid and Medicare programs.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE ZID CODE	
		STREET ADDRESS, CITY, STATE, ZIP CODE 4602 Northgate Court	
Siesta Key Health and Rehabilitation Center		Sarasota, FL 34234	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		
F 0947 Level of Harm - Minimal harm or	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 36658		
potential for actual harm			
Residents Affected - Some	Based on record review and staff interview, the facility failed to provide at least 12 hours of in-service education including dementia and abuse training annually (based on employment date) to 3 Certified Nursing Assistants (CNAs) (Staff D, E, and F) of 4 staff reviewed. This has the potential to jeopardize continued competence of CNAs.		
The findings included:			
	A record review of employee training files revealed the following:		
	CNA Staff D was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.		
	CNA Staff E was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.		
	CNA Staff F was hired on 4/1/20. Further review revealed no evidence 12 hours of in-service education was provided between 4/1/21 and 4/1/22.		
	On 12/8/21 at approximately 12:30 p.m., the facility Director of Nursing confirmed the required annual education was not provided for Staff D, E, and F.		