STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39866 Based on observations, interviews, and record review the facility failed to ensure resident rights were honored for two residents (#3 and #4) out of 3 residents sampled related to removing residents from isolation precautions according to the standards of practice. Findings included: 1. Review of Resident #3's Admission Record revealed she was admitted to the facility on [DATE] with medical diagnoses of enterocolitis due to clostridium difficile (C-Diff) and major depressive disorder. An observation was made on 11/20/2024 at 10:25 a.m., Resident #3's room was observed to have a contact precaution sign on the door. Staff D, Occupational Therapist Assistant (OTA), was observed in the resident's room. She stated Resident #3 was getting dressed, she would be out soon, she would be going down to therapy. Staff D, OTA was observed to have gloves on, no gown, and no mask. Resident #3 was observed sitting on her bedside, with the top half of her body dressed. An observation and interview was conducted on 11/20/2024 at 10:30 a.m., Resident #3 was observed in her wheelchair, coming out of her room, with Staff D, OTA propelling the resident. Staff D, OTA pointed to the precaution sign on Resident #3's door, she said, they left the sign up on the door, she came off precautions yesterday. (photographic evidence obtained). An interview was conducted with Resident #3 on 11/20/24 at 11:05 AM. She said she had not had diarrhea for a while now. An interview was conducted on 11/21/24 at 11:30 AM with Resident #3. She said, since she has been on isolation she has not been able to go to therapy gym and do her exercises. She said the therapists have been coming to her room to do exercises. She said, Yesterday, or maybe the day before, I was able to go to the therapy gym and use their equipment. Review of Resident #3's Minimum Data Set (MDS), dated [DATE], Section C, Cognitive Patterns revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #3's physician orders revealed an order with a start date of 11/1/24 and no end date for Contact precautions: C-diff every shift. There was also a physician's order with a start date of 11/2/24 and no end date for Contact Precautions: encourage and assist resident to maintain contact precautions for C-diff every shift. There was a physician's order with a start date of 11/1/24 and an end date of 11/6/24 for Vancomycin HCL [hydrochloride] oral solution reconstituted 25MG/ML [milligrams/milliliters] Give 125 mg by mouth two times a day for c-diff for 5 days. Review of Resident #3's November 2024 Medication Administration Record (MAR) revealed she received her Vancomycin antibiotic ordered for C-diff as ordered and her last dose of Vancomycin was administered on 11/6/24 at 2100. Further review of the November MAR revealed the resident was on contact isolation: C-diff every shift from November first through the day shift of November 20th. Review of Resident #3's November POC Response History, Bowel Management revealed the last documented bowel movement was on 11/18/24 at 2:59 PM and 7:33 PM and both were documented as Formed/Normal 2. Review of Resident #4's Admission Record revealed she was admitted to the facility on [DATE] and discharged on [DATE]. Her medical diagnoses included COVID-19, Parkinsonism, cerebral infarction, acute and chronic respiratory failure with hypoxia, and chronic obstructive pulmonary disease, pleural effusion in other conditions. Review of Resident #4's hospital Chart Summary, dated 11/12/24, revealed, Labs (11/2/24 00:00 [midnight]-11/3/24 21:15 [9:15]) .Micro Rapid Testing COVID 19 Results RT-PCR: Positive . (11/03 14:55 [2:55PM]). Review of Resident #4's physician orders revealed an order for start date of 11/13/24 and an end date of 11/23/24 for Contact Precautions: Encourage and assist resident to maintain contact precautions for (COVID) every shift for 10 days. Review of Resident #4's November MAR revealed the physician order Contact Precautions: Encourage and assist resident to maintain contact precautions for (COVID). every shift for 10 days. Was signed off as completed every shift from 11/13/24 day shift through 11/14/24 night shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 11/20/24 at 12:48 PM with the Assistant Director of Nursing (ADON)/Infection Preventionist. She said, Resident #3 is on isolation for C-diff. She said C-Diff isolation requires strict contact precautions with personal protective equipment (PPE) of gloves and gown and washing hands with soap and water when you go in to take care of the resident. She said C-diff has spores that stick to you and can travel to other areas. Someone on C-diff precautions would stay on isolation until symptoms resolves, meaning no diarrhea, and they have to finish their antibiotics. The ADON/Infection Prevention reviewed Resident #3 record and said the resident had finished her antibiotic of Vancomycin on 11/6/24. The ADON/Infection Preventionist said, It looks like we have not done anything to change any of that. She confirmed Resident #3 did not need to be on isolation, and Resident #3 did not have diarrhea. The ADON/Infection Preventionist said the facility currently does not have any residents who are COVID-19 positive but if a resident comes from the hospital COVID-19 positive the resident is placed on contact/droplet precautions for 10 days starting from the time they are admitted and they can come off isolation after day 10 as long as they are symptom free. She said, But I have not had anyone come to me with symptoms. The ADON/Infection Preventionist confirmed the facility's policy was to isolate residents for the start of COVID symptoms, per the Centers for Disease Control and Prevention (CDC). She said the last resident to have COVID-19 was Resident #4, and she remained on contact/droplet precautions until she discharged on [DATE]. The ADON/Infection Preventionist reviewed Resident #4's medical record and confirmed she tested positive for COVID-19 in the hospital on 11/3/24. The ADON/Infection Preventionist confirmed the facility's policy is to isolate residents from the start of COVID symptoms for 10 days. She said Resident #4 should have been off isolation on 11/13/24. The ADON/Infection Preventionist said she is not aware of any policy or procedure the facility has on ensuring residents are taken off of isolation timely. She said if she was a nurse giving the last dose of antibiotics, she would question the reason for the resident still being on isolation. She said in her tracking and trending of infections and antibiotics she does not have a process to ensure residents are taken off of isolation when they are supposed to be taken off. An interview was conducted on 11/20/24 at 1:36 PM with Staff A, Licensed Practical Nurse (LPN) and Staff B, LPN, they said for COVID positive residents who come from the hospital they are on isolation for 10 days from the time they are admitted not the time they test positive, and the residents have to stay in their room. Staff A, LPN said residents who are positive for C-Diff can come off isolation after they complete their course of antibiotics, and they are not having diarrhea. She stated she was taking care of Resident #3 and confirmed she was on isolation for C-diff. She reviewed the medical record and said the resident was not taking antibiotics for C-diff and she would have to look into why the resident was still on isolation because she was not having loose stool. Review of the facility's policy titled Standards and Guidelines: Transmission Based Precautions, revised on 2/2024, revealed the following: Standard Guideline: All staff receive training on transmission-based precautions upon hire and at least annually. Procedure: .2. Contact Precautions- a. Intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. Make decision regarding private room on a case-by-case basis after considering infections risks to other residents in the room and available alternatives. c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens. 2. Droplet Precautions- a. Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking). b. Make decision regarding private room on a case-by-case basis after considering infections risks to other residents in the room and available alternatives. c. Healthcare Personnel wear a surgical mask for close contact with infectious resident. d. Residents on Droplet Precautions who must be transported outside of the room should wear a surgical mask if tolerated, and follow respiratory hygiene/cough etiquette. .5. Discontinuation of Transmission-Based Precautions (Isolation)- a. Transmission-Based Precautions remain in effect for limited periods (i.e. while the risk of transmission of the infectious agent persists or for the duration of the illness). b. Strategies for determining to discontinue precautions, organism specific as summarized in table at the end of this policy. i. Consider the known pattern of persistence and shedding of infectious agents associated with the natural history of the infectious process and its treatment. ii. Symptoms of disease is resolved. iii. Adhere to state laws and regulations. . Type and Duration of Transmission-Based Precautions Recommended doe Selected Infections and Conditions .Clostridioides difficile, formerly Clostridium difficile Precaution-Contact Duration-Duration of illness (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Comments- Hand hygiene with soap and water. .Coronavirus (COVID-19) Precaution-Droplet Duration- [blank] Comments- Refer to CDC for up-to-date isolation standards. Review of the facility's policy titled Standards and guidelines: SCREENING, TESTING, RETURN TO WORK (HCP [healthcare provider]), PERSONAL EQUIPMENT, ISOLATION, REPORTING, revised on 6/24/24, revealed the following: .Isolation 1. Single room isolation preferred if available. Isolation is 10 days from the start of COVID symptoms, per the CDC .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22481 Based on observations, interviews, and record review, the facility failed to ensure the grievance process was conducted to resolve grievances in a timely manner for five residents (#3, #5, #6, #7, and #8) of eight sampled residents. Findings included: On 11/20/2024 at approximately 11:50 a.m., the NHA (Nursing Home Administrator) presented the facility grievance logs for 01/01/2024 through the date of survey, 11/20/2024. A review of the log revealed no information to identify the type of concern the grievance was about. The NHA was interviewed at 11:57 a.m. The NHA said she could not identify what kind of grievance was filed and she did not see a column to identify the type of grievance filed by the submitter. She stated, For March and April, there is a category column on the form and then, they switched back to the incorrect form. She stated there should be an identifier as to the type of grievance. She stated it was important to identify the type of the grievance for tracks and trends, to identify if there are areas to focus on for improvement. Resident #3: On 11/20/2024 at 10:30 a.m., Resident #3 was observed in her wheelchair (w/c), coming out of her room, assisted by Staff D, Occupational Therapist Assistant. Resident #3 agreed to an interview. When asked about call bell response, she stated, Well, they are sometimes a little slow in getting to me, they come in about 10 minutes, longest 15 minutes, or longer. One day, they had gotten me up in my wheelchair, and I had been sitting in it a very long time. I asked the aide to put me back in bed. I do not know her name. It was on the day shift. She said she did not put me there. When I asked her for a nurse, she said, if I see one. She was rude. I am afraid of retaliation. I got in bed myself. I am a fall risk. My (family member) reported it. The resident said she had talked to someone about it as well. Resident #3 was able to describe the aide's physical characteristics, and stated the aide was not working today, but thought she worked yesterday. Resident #3 stated the event occurred during the day shift, though she did not say what day the event occurred. A review of Resident #3's Admission Record reflected an admission of 10/31/2024. Resident #3's Diagnosis Information included: Acute respiratory failure with hypoxia, Enterocolitis due to clostridium difficile, need for assistance with personal care and Hypertensive heart disease without heart failure. A review of MDS (Minimum Data Set), assessment dated [DATE], Section C, Cognitive Patterns, documented a Brief Interview for Mental Status (BIMS) score of 15, which meant the resident was cognitively intact. A review of Resident #3's Care Plan, reflected the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Focus: Resident has a potential for ADL (Activities of Daily Living) self-care deficit r/t ADL needs and participation vary, general weakness s/p (status post) hospital stay with multiple medical issues, initiated on 11/01/2024. Interventions included: ADL Care: The resident may need limited to extensive assistance x1 or x2 for ADL care. Transfer: the resident is limited to extensive and may need assistance x1 or x2 for transfers in and out of chair or bed. This may fluctuate with weakness, fatigue, and weight bearing status. A review of the facility's Grievance log, dated 10/01/2024 to present revealed no listing of a grievance for Resident #3. Resident #5: A review of a grievance, dated 11/09/2024, for Resident #5, filed by the resident's (family member), documented a complaint as follows: Complaint that she was informed today by a (Staff E, CNA (certified nursing assistant), that (Resident #5) naked & soaked of urine when she came in. Stated that might have been since last night. (Family member) is concerned why no one changed her at night. The grievance investigation and follow-up area on the form were blank. A review of the facility Grievance log for 11/2024, documented the 11/0924 complaint for Resident #5 was resolved on 11/11/2024. An interview was conducted on 11/20/2024 at 1:46 p.m. with the Nursing Home Administrator (NHA) and the Social Services Director (SSD). A review of Resident #5's family member's grievance was conducted. The SSD stated, It looks like the Business Office Manager took the complaint. The SSD said, We have to get that form back form nursing, when asked why the form was blank. The NHA said, The resident is mobile and confused. The SSD confirmed the resident currently resided in the facility. When asked if there was an assessment on the resident after the grievance was filed, the SSD stated, I would have to follow-up with nursing, the grievance was only reported to nursing. When asked if she knew who the aide was assigned during the allegation, the NHA said, We can check with nursing to see if they included it on her form. When the SSD was asked her time frame to complete a grievance, she stated, Forty-eight (48) hours, as soon as possible. The SSD said, If I get it at the first of the week, my goal is the end of the week. If I get it at the end of the week, my goal is the beginning of the week, On 11/20/2024 at 3:12 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). She confirmed she was the facility Staff Educator. She stated she was unaware of Resident #5's 11/09 complaint. A review of Resident #5's Admission Record, documented an admission of 07/03/2024. The Medical diagnosis information included but not limited to: Chronic Obstructive Pulmonary disease, Dementia without behavioral disturbance, and generalized anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident #5's MDS assessment, quarterly review dated 10/08/2024, documented a BIMS score of 3, which indicated severe cognitive impairment. A review of Resident #5's Care Plan documented: Focus: (Resident) has an ADL self-care deficit r/t Dementia, chronic medical issues, weakness/ decreased mobility. ADL needs and participation may vary, initiated 07/04/2024. Interventions included: ADL CARE: the resident may need limited to extensive assistance x 1 or x 2 for ADL care. This may fluctuate with weakness, fatigue, and weight bearing status, initiated 11/20/2024. Toileting: Limited: (Resident) can transfer on and off of the toilet bed pan without physical help, but will need limited with wiping, clothing, and washing up, initiated 07/04/2024. Focus: (Resident) is at risk for complications r/t bowel and/or bladder incontinence, initiated 07/04/2024. Interventions included: Provide incontinence care with each incontinence episode as tolerated. A phone interview was conducted on 11/20/2024 at 4:03 p.m. with the family member for Resident #5. The family member stated on 11/09/24, I went in to see (Resident #5) and all her bedding was gone. (Resident #5) was up and dressed, the CNA that was working, said she got to my (Resident #5's) room, she was naked and laying in her bed and her bedding was soaked. I was like wow. She said I should complain. I went to (Staff G, Licensed Practical Nurse (LPN)). She said no one told her about it. I do not know. I took (Resident #5) out to my girlfriends. (Resident #5) smelled. I gave her a shower. Nothing happened after that. So, I told (the Business Office Manager) because nothing happened. It happened that day. I complained that Saturday. The girl that had cleaned up (Resident #5), her name was (Staff E). She apologized for finding (Resident #5) that way. She said the night shift did not do their job. When asked if the facility had communicated a response to her grievance, she said, No, you are the first person to call. An interview was conducted on 11/20/2024 at 5:09 pm with the Director of Nursing (DON) and the NHA. The DON confirmed she just became aware of Resident #5's grievance. The DON stated she was on vacation on 11/09 and returned on 11/11. NHA stated today was the first day she read the grievance for Resident #5. Review of sampled grievances from 09/01/2024 thru 11/20/2024: For Resident #6. A review of a grievance, dated 09/06/02024 for Resident #6, documented his Emergency Contact #1 (EC#1) submitted the following: On 09/05/2024, day of incident, (EC#1) stated that resident was left in his chair all day soaked in urine all the way down to his shoes and on to the floor . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The form was signed by Staff I, Unit Manager (UM)). The form follow-up: Spoke with (EC#1) over the phone regarding her concerns. This UM listened to (EC#1) during this call. (EC#1) was doing most of the talking. Care conference offered to her & agrees & will attend either in person or by phone, depending on how she feels. Further review of the form documented the concern was resolved on 09/06/2024. The Risk management area on the form had no documentation of being signed. For Resident #7. A review of a grievance, dated 10/23/2024 for Resident #7, documented her family member submitted the following: 9 am. This AM (Resident #7) left in wet diaper & has diaper rash. 11:45 a.m. (Resident #7) called sending her to hospital he was never notified. 2:15, Pt (patient) sent to hospital per (family member). The form was signed by the SSD (Social Service Director). The form follow-up: Spoke to nursing about wet brief and notification of resident being transported out to hospital. The resident called before they could get call to son. The form documented the grievance was resolved on 10/23/2024. Risk management area on the form had no documentation of being signed. For Resident #8. A review of a grievance dated 11/05/2024, submitted by Resident #8, documented the following: I was in bathroom on toilet, didn't get my brief off (yet). (Staff J, CNA), 7-3 p.m., came into room-I calmly, quietly requested her help to get my brief off so I could (no 2) (sic) to bathroom. She (Staff J, CNA) responded to my request, said, I'm not doing this with you (Resident #8) and in a very derogatory tone to me and left bathroom & closed door without helping me. Before she left-again I calmly said, what are you talking about? - She again said no- This was so surprising & upsetting to me. I now couldn't go to bathroom because on seat, still with my brief on me. Couple minutes later (Staff K, CNA) came into take by brief off. (Staff J, CNA) unpleasant & unkind. The form was documented to have been investigated by the ADON (Assistant Director of Nursing). The follow-up: (Staff J, CNA) reported resident was short tempered and agitated from earlier interaction when she, (Staff J, CNA) asked (Resident #8) to wait until she finished with another resident. During assist with brief, (Resident #8) pushed her away with her upper body. (Staff J, CNA) reported interaction to nurse & UM, (Staff J, CNA) will not take care of Resident #8 moving forward. The form documented the grievance was resolved 11/06/2024. Risk management area on the form had no documentation of being signed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility' policy titled Standards and Guidelines: Grievances-Resident Rights, last revised 07/2024, documented the following: Guideline: The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/ or representative. Procedure included: 1. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning the care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished. 2. 3. Section 8: Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations and submit a report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint. In the event the facilities investigation exceeds five (5) working days, the resident/responsible party will be notified. .9. The Grievance Officer will coordinate actions with the appropriate state and federal agencies, depending on the allegations. All alleged violations of neglect, abuse and/or misappropriation of property will be reported and investigated under guidelines for reporting abuse, neglect and misappropriation of property, as per state law. 10. The Grievance Officer, Administrator and Staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated. 11. The Administrator will review the findings with the Grievance Officer to determine what corrective actions, if any need to be taken. 12. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and/or in writing as per request) of the findings of the investigation and the actions that will be taken to correct any identified problems. a. The Administrator, or his or her designee, will make such reports orally within ten (10) working days of the filing of the grievance or complaint with the facility. b. A written summary of the investigation will also be provided to the resident upon request, and a copy will be filed in the business office. 13. If the grievance was filed anonymously . 14. The results of all grievances files investigated and reported will be maintained in the facilities electronic workspace for a minimum of three years from the issuance of the grievance decision. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	15. The policy will be provided to the resident or the resident's representative upon request.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22481 Based on observation, record review, and interviews, the facility failed to ensure the development of a person-centered care plan related to shoulder replacement and pain during care for one resident (#2) of eight sampled residents. Findings included: A review of Resident #2's medical record revealed an admitted [DATE], with readmission on 05/23/2024. The medical diagnosis list included, Parkinson's disease without dyskinesia without mention of fluctuations; moderate protein calorie malnutrition; altered mental status; cellulitis of right toe; dementia in other diseases . metabolic syndrome; other iron deficiencies anemia; generalized anxiety disorder . presence of left artificial shoulder joint. A review of Resident #2's MDS (Minimum Data Set) Quarterly Assessment, dated 10/22/2024, Section C, documented a Brief Interview for Mental Status (BIMS) score of 8, which meant Resident #2 was moderately impaired. On 11/20/2024 at 11:05 a.m., an observation was conducted of Resident #2 in his room. Lights were dim. Television was on. Low bed. Resident was in bed, body facing the wall. On 11/20/2024 at 12:47 p.m., an interview was conducted with a representative from an outside provider. She stated on 08/05/2024 she had received a call from Resident #2 and during the call, Resident #2 had alleged he had a history of left shoulder replacement, and staff often pull on this shoulder to move him and it causes him pain. The representative stated she had reviewed Resident #2's medical record and validated he did have a shoulder replacement done and she was concerned about the handling of the resident. A review of Resident #2's Care Plan, print date of 11/20/2024, revealed no documentation or information pertaining to the resident having a shoulder replacement or that he was identified to have shoulder pain during care. There were no interventions listed for the staff to detail how to care for the resident. A review of Resident #2's Kardex, print date of 11/20/2024, reflected no information for staff to know Resident #2 had a shoulder replacement, pain during care, or interventions for staff on how to care for the resident. On 11/20/2024 at approximately 3:00 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). She stated Resident #2 was a total care assist. She stated, He has an old shoulder injury, not sure if it was a replacement, he does have pain. She stated the staff should know about the shoulder replacement and the assigned nurse should make sure this was identified to staff caring for the resident. She stated, I know when we turn him, he always says to be careful grabbing the shoulder; when we go to roll him, he does not want us to grab the shoulder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/21/2024 at 9:26 a.m., an interview was conducted with the Director of Nursing (DON). She presented a radiology interpretation, dated 07/30/2024 for review. The report showed: History Pain left shoulder for Resident #2, which documented: Left shoulder Complete, findings: Postoperative changes of shoulder replacement with anatomical alignment noted. Sub-acromial space is within normal limits. No acute fracture, Osteopenia. Impression. No acute fracture. Intact prosthesis. The DON stated the x-ray was done for Resident #2 Because he complained of pain. On 11/21/2024 at approximately 12:30 p.m., the NHA provided a statement, IDT (Interdisciplinary Team) follows the RAI (Resident Assessment Instrument) manual regarding the care planning process. A review of the document provided revealed the following: CMS's (Centers for Medicare and Medicaid Services) RAI Version 3.0 Manual excerpts, page 2-44: Resident's preferences and goals may change throughout their stay, so facilities should have ongoing discussions with the resident and resident representative, if applicable, so that changes can be reflected in the comprehensive care plan. Page 4-9 included: Selecting interventions/ planning care, Identify and implement interventions and treatments to address the individual's physical, functional, and psychosocial needs, concerns, problems and risks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 22481 Based on observations, interviews, and record review, the facility failed to honor the right of the resident's representative to participate in the development of the resident's care plan for one resident (#5) out of eight sampled residents. Findings included: A review of Resident #5's Admission Record, documented an admission of 07/03/2024. The Medical diagnosis included but not limited to: Chronic Obstructive Pulmonary disease, Dementia without behavioral disturbance, and generalized anxiety disorder. A review of Resident #5's MDS (Minimum Data Set) assessments reflected a quarterly assessment had been completed on 10/08/2024. The assessment documented a BIMS score of 3, which indicated severe cognitive impairment. On 11/20/2024 at 4:44 p.m., an observation was conducted of Resident #5 sitting in a wheelchair close to the nurses' station, she was dressed, groomed, clean in appearance talking to other residents next to her. A phone interview was conducted on 11/20/2024 at 4:03 p.m. with Resident #5's family member. During the interview, she stated, I have asked for a care plan meeting, and I have not received a response. The other facility she was in, we would meet and talk. Nothing like that here. (Resident #5) has lost weight since she has been there. I would like to know about her shower process. I would like to know what she is eating, On 11/21/2024 at 10:03 a.m. an interview was conducted with the Social Service Director (SSD) and the Regional MDS Coordinator. The SSD confirmed she was responsible to invite persons to the care plan meetings. The SSD stated, Based on whether the resident is alert and oriented, I invite them, and I ask if they want any person invited to the care plan. For a non-oriented person, I would look at the emergency contact, or POA (Power of Attorney) on the face sheet, sometimes it is the case manager. She stated, I would phone call them. If we have an e-mail on file, I use the e-mail. There used to be a letter that would go out, but, I have not used that method. I have never used the letter method. She said she gets out the invitation two weeks prior to the conference. On 11/21/2024 at 10:17 a.m., a request for documentation of care plan meeting participants and invitations to the care plan meetings for Resident #5 was requested. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/21/2024 at 1:08 p.m., the SSD and Regional MDS Coordinator were interviewed. The SSD provided a progress note, created on 11/21/2024, which documented a request for a care plan meeting from Resident #5's (family member). The SSD provided a progress note, with an effective date of 11/15/2024, which reflected an invitation to schedule a care plan meeting with the family member. The SSD stated a care plan meeting had taken place today, and the family member was present. The Regional MDS Coordinator stated he would have to look to see if any other care plan meetings had been conducted with a family member. He stated care plan meetings were held every quarter, (i.e. every 90 days). On 11/21/2024 at 2:14 p.m., the Regional MDS Coordinator provided a progress note which reflected a Baseline care plan had been completed and reviewed with the resident and/or resident representative on 07/03/2024. The Regional MDS coordinator confirmed the progress note was generated from the admission assessment and the form did not have any evidence of being reviewed by the family member. No additional information was provided by the facility to support an invitation had been extended to Resident #5's family member for a care plan meeting for the admission or quarterly assessment conducted approximately 90 days after her admission in October 2024 until the date of survey on 11/21/2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22481 Based on observations, interviews, and record review, the facility failed to provide Activities of Daily Living (ADL) services related to toileting for two residents (#2 and #5) out of eight sampled residents. Findings include: Resident #2: A review of Resident #2's medical record revealed an admitted [DATE], and readmission on 05/23/2024. Resident #2's medical diagnosis list included: Parkinson's disease without dyskinesia without mention of fluctuations; moderate protein calorie malnutrition; altered mental status; cellulitis of right toe; dementia in other diseases .metabolic syndrome; other iron deficiencies anemia; generalized anxiety disorder . presence of left artificial shoulder joint. A review of Resident #2's MDS (Minimum Data Set) Quarterly Assessment, dated 10/22/2024, Section C, documented a Brief Interview for Mental Status (BIMS) score of 8, indicating Resident #2 was moderately cognitively impaired. On 11/20/2024 at approximately 3:00 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). She stated Resident #2 was a total care assist for ADL's. On 11/20/2024, 4:35 p.m., an observation was conducted of Resident #2. The resident was observed dressed in a shirt and no bottoms, a diaper was visible. His television was on. An attempt to interview the resident was conducted. The resident's conversation was not directable. He did not answer the questions posed. When leaving, he stated he wanted his door left open. A review of Resident #2's Care plan revealed the following: Focus: (Resident) has an ADL (Activity of Daily Living) self-care deficit r/t Activity intolerance, ADL needs and participation vary, chronic medical conditions, dementia, limited mobility, edema, AMS, Parkinson, obesity weakness asthma, dementia, . Interventions included: Bed Mobility: (Resident) is dependent and is unable to repositioned or move themselves in bed. Changing (resident)s position may require 2 people. Move and reposition (resident) about every 2 hours or more often (unless other instructions are given) to prevent discomfort or skin concerns . Transfer: (Resident) is dependent is unable to assist with transfer and will need assistance X 2 staff and a mechanical lift to move from bed to chair and back, 04/24/2024. Toileting: (Resident) is not able to participate in the task at all and will need staff to move, cleanse, and dress them. This may require the Dependent assistance of 2 people to be done thoroughly and safely. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Focus: (Resident) is at risk for complications r/t bowel and/or bladder incontinence, constipation, .initiated 04/23/2024, revised 09/04/2024. Interventions included: Provide incontinence care with each incontinence episode as tolerated, effective 04/24/2024. A review of Resident #2's ADL Bladder and Bowel Management documentation for incontinence care, dated 11/01/2024 through 11/20/2024 reflected the following: 11/01, care at 5:14; 11/02, care at 00:14, and 20:29; 11/03, care at 1:49, and 22:50; 11/06, care at 6:59, and 16:49; 11/07, care at 00:37, and 21:34; 11/10, care at 13:57, and 21:51; 11/15, care at 22:54; 11/16, no care was documented. 11/17, care at 1:22, and 21:09; 11/20, care at 0028, and 21:47; Resident #5 A review of Resident #5's Admission Record, documented an admission of 07/03/2024. The Medical diagnosis information included but not limited to: Chronic Obstructive Pulmonary disease, Dementia without behavioral disturbance, and generalized anxiety disorder. A review of Resident #5's MDS assessment, quarterly review dated 10/08/2024 documented a BIMS score of 3, which indicated severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview was conducted on 11/20/2024 at 4:03 p.m. with the family member for Resident #5. The family member stated on 11/09/24, I went in to see (Resident #5) and all her bedding was gone. (Resident #5) was up and dressed, the CNA that was working, said she got to my (Resident #5's) room, she was naked and laying in her bed and her bedding was soaked. I was like wow. She said I should complain. I went to (Staff G, Licensed Practical Nurse (LPN)). She said no one told her about it. I do not know. I took (Resident #5) out to my girlfriends. (Resident #5) smelled. I gave her a shower. Nothing happened after that. So, I told (the Business Office Manager) because nothing happened. It happened that day. I complained that Saturday. The girl that had cleaned up (Resident #5), her name was (Staff E). She apologized for finding (Resident #5) that way. She said the night shift did not do their job. When asked if the facility had communicated a response to her grievance, she said, No, you are the first person to call. A review of Resident #5's Care Plan revealed the following: Focus: (Resident) has an ADL self-care deficit r/t Dementia, chronic medical issues, weakness/ decreased mobility. ADL needs and participation may vary, initiated 07/04/2024. Interventions included: ADL CARE: the resident may need limited to extensive assistance x 1 or x 2 for ADL care. This may fluctuate with weakness, fatigue, and weight bearing status, initiated 11/20/2024. Toileting: Limited: (Resident) can transfer on and off of the toilet bed pan without physical help, but will need limited with wiping, clothing, and washing up, initiated 07/04/2024. Focus: (Resident) is at risk for complications r/t bowel and/or bladder incontinence, initiated 07/04/2024. Interventions included: Provide incontinence care with each incontinence episode as tolerated. A review of Resident #5's ADL Bladder and Bowel Management documentation for incontinence care, dated 11/01/2024 through 11/20/2024, revealed the following: 11/02, care at 4:32, and 22:59; 11/03, care at 20:38; 11/08, care at 1:35; and 14:59; 11/09, care at 3:24; and 22:00; 11/16, care at 6:37; and 22:34; 11/20, no documented services provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview was conducted on 11/21/2024 at 10:24 a.m. with (Staff E, CNA), regarding her 7:00 a.m. -3:00 p.m. shift on 11/09/2024. She stated, When I came in that morning, I do my rounds, check on everyone. They should not be soiled. I went to her room; I saw her bed was soiled. She was completely soaked. Completely soaked, urine. She did not have on a brief. My whole section / assignment had no briefs on. Everyone was confused. She stated, I told the nurse. My whole unit was absolutely soaked, I was upset. So, she stated she was going to check into who was on shift before me and address it. I said good. I said no one should be completely soaked if the prior shift had done their job. On (Resident #5's) situation, her family came in, maybe the afternoon, to have lunch. Her (family member) was asking about a blanket. I was cleaning the bed when she came in. She said Hey, thank you so much. I said, she was completely soiled. She said, my (Resident #5), that was not normal. The (family member) said, I have not ever seen (Resident #5) take off her brief. She was not completely naked, just no brief. No one on the set had briefs on. A phone interview was conducted on 11/21/2024 at approximately 11:00 a.m. with Staff G, LPN. When asked about the grievance for Resident #5, and if management had spoken to her about it to her or obtained a statement, she stated, no. When asked if any of the aides had approached her about incontinence concerns or lack of incontinent care, she stated, They did tell me something. They did say how the (family member) said the aide told her she found the resident filthy, dirty, soaked, naked. The (family member) said she had filed a complaint. The thing is the resident is getting more confused. She had been removing her diaper. That is what night shift was saying. That she had been soiling her diaper. She had been having more incontinence. (Staff E, CNA) found the resident in the condition. I asked the aide, (Staff F, CNA) about it. (Staff F) informed me that she had done her job. She stated she assessed Resident #5 when she was informed and she stated, There is nothing wrong with her skin. The family came at around 11:00 a.m. The patient has severe dementia. She can get wet in 3 minutes. On 11/21/2024 at 11:40 a.m., the Director of Nursing was interviewed. She stated it was her expectation the aides would document at minimum of two times per shift for incontinence care, (i.e. three shifts per day, thus six entries for incontinence care during a 24-hour period).