

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2025
Form Approved OMB
No. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265337 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Pacific Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 105 South Sixth Street Pacific, MO 63069 | |
| 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 - Some | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on observation, interview, and record review, facility staff failed to provide activities of daily living (ADLs) for eight residents (Resident #9 #21, #23, #26, #27, #33, #40 and #210) out of fourteen sampled residents when staff did not provide showers. The facility's census was 54.</p> <p>1. Review of the facility's policy titled, Daily Care Needs, undated, showed before beginning care, check the resident's care plan.</p> <p>2. Review of Resident # 9's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 06/20/24, showed staff assessed the resident as severely cognitively impaired, and dependent on staff for hygiene and bathing.</p> <p>Review of the resident's care plan, dated 06/22/24, showed:</p> <ul style="list-style-type: none">-Cognitive loss and memory issues;-Received Hospice care;-Dependent on staff for bed mobility, transfers, dressing, toileting, and hygiene;-Dependent on staff for bathing/showers. <p>Review of the master shower list showed the resident not on the list.</p> <p>3. Review of Resident # 21's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none">-Required maximum assistance from staff for transfers, toileting, and dressing;-Dependent on staff for hygiene, and bathing;-Did not assess cognitive status. <p>Review of the resident's care plan, dated 07/26/24, showed:</p> <ul style="list-style-type: none">-Cognitive loss and memory issues; <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Recieved Hospice care;</p> <p>-Required assistance from staff for bed mobility, transfers, dressing, toileting, and hygiene;</p> <p>-Dependent on staff for bathing/showers.</p> <p>Review of the master shower list showed the resident listed to receive a shower on Monday and Thursday during the day shift.</p> <p>Review of the resident's shower documentation showed it did not contain documentation staff showered the resident.</p> <p>4. Review of Resident # 23's Admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact and required supervision or touch assistance from staff for dressing, hygiene, toileting and bathing.</p> <p>Review of the resident's care plan, dated 06/17/24, showed staff documented the resident required assistance for transfers, dressing, toileting, hygiene and bathing.</p> <p>Review of the master shower list showed the resident not listed.</p> <p>Review of the resident's shower documentation showed staff documented showers on 04/12/24, 04/30/24, 05/10/24, 06/18/24 and 07/21/24.</p> <p>During an interview on 07/26/24 at 08:11 A.M., the resident said he/she does not get his/her showers two times a week like staff said. Sometimes it is one week or even week and a half between showers. The resident said if he/she does not get his/her showers it makes his/her head itch really bad.</p> <p>5. Review of Resident #26's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for toileting and personal hygiene;</p> <p>-Required setup or cleanup assistance from staff with eating, oral hygiene;</p> <p>-Required substantial/maximal assistance from staff with bathing.</p> <p>Review of the resident's care plan, dated 07/22/24, showed the resident requires assistance with bed mobility, transfers, dressing toileting, hygiene and bathing.</p> <p>Review of the master shower list showed the resident listed on the schedule for Tuesday day shift.</p> <p>Review of the resident's shower documentation showed staff documented showers on 05/01/24, 05/15/24, 05/17/24, 06/28/24 and 07/09/24.</p> <p>6. Review of Resident #27's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Cognitively intact;</p> <p>-Required partial/moderate assistance from staff with personal hygiene;</p> <p>-Required setup or cleanup assistance from staff with oral hygiene;</p> <p>-Required substantial/maximal assistance from staff with toileting and bathing.</p> <p>Review of the resident's care plan, dated 05/17/23, showed the resident requires assistance for bed mobility, transfers, dressing, toileting, hygiene, and bathing.</p> <p>Review of the master shower list showed the resident listed on the schedule for Monday and Thursday day shift.</p> <p>Review of the resident's shower documentation showed staff documented showers on 04/11/24, 04/25/24, 04/30/24, 05/10/24, 05/14/24, 05/27/24, 06/03/24 and 07/22/24.</p> <p>During an interview on 07/26/24 08:03 A.M., the resident said if he/she does not get his/her showers when he/she is supposed to it makes him/her feel horrible and rundown. The resident said it makes him/her not feel good about himself/herself.</p> <p>7. Review of Resident # 33's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Required set up assistance from staff with dressing, hygiene, and bathing;</p> <p>-Received hospice care.</p> <p>Review of the resident's care plan, dated 06/17/24, showed:</p> <p>-Cognitive loss and memory issues;</p> <p>-Received hospice care;</p> <p>-Required assistance for bed mobility, transfers, dressing, toileting, hygiene, and bathing.</p> <p>Review of the master shower list showed the resident listed as hospice and not on the facility shower schedule.</p> <p>During an interview on 07/23/24 at 11:37 A.M., the resident said hospice provides all his/her showers. The resident said he/she had asked the facility staff about getting showers and he/she was told they would be offered to him/her. The resident said the facility staff does not offer him/her a shower. The resident said he/she wished the facility staff did offer him/her showers.</p> <p>8. Review of Resident #40's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Cognitively intact;</p> <p>-Independent with eating, toileting, and hygiene;</p> <p>-Required supervision from staff with dressing, and bathing;</p> <p>-Received hospice care.</p> <p>Review of the resident's care plan, dated 06/17/24, showed:</p> <p>-Received hospice care;</p> <p>-Required assistance from staff for bed mobility, transfers, dressing, toileting, hygiene, and bathing.</p> <p>Review of the master shower list showed the resident listed as hospice and not on the facility shower schedule.</p> <p>Observation on 07/23/24 at 12:15 P. M., showed the resident in the dining room and with a green shirt and black shorts on.</p> <p>Observation on 07/24/24 at 6:28 A.M. and 10:55 A.M., showed the resident wore the same green shirt and black shorts. The resident had long facial hair.</p> <p>During an interview on 07/24/24 at 11: 05 A.M., Licensed Practical Nurse (LPN) B said the resident is showered by hospice.</p> <p>Observation on 07/25/24 at 8:22 A.M., showed the resident sat in the dining room and wore a blue shirt and gray shorts. The resident had long facial hair.</p> <p>Observation on 07/26/24 at 7:15 A.M., showed the resident in the dining room and wore a blue shirt and gray shorts.</p> <p>9. Review of Resident # 210's medical record showed it did not contain a MDS assessment.</p> <p>Review of the resident's care plan, dated 07/03/24, showed:</p> <p>-Cognitive loss and memory issues;</p> <p>-Required assistance from staff for bed mobility, transfers, dressing, toileting, hygiene, and bathing.</p> <p>Review of the master shower list showed the resident not listed on the schedule.</p> <p>Review of the resident's shower documentation showed it did not contain documentation staff provided a shower to the resident.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>10. During an interview on 07/26/24 at 8:33 A.M., Certified Medication Technician (CMT) F said he/she is the shower aide. CMT F said he/she had been responsible for updating the master shower sheet and giving all the showers until recently. CMT F said the Assistant Director of Nursing (ADON) is now responsible for updating it. CMT F said all residents should be on the shower schedule twice a week. CMT F said he/she did not know that some of the residents were not on the master shower schedule. CMT F said if a resident is not on the shower schedule, then staff don't know when to give the resident a shower.</p> <p>During an interview on 07/26/24 at 8:33 A.M. Certified Nurse Assistant (CNA) I said the ADON is responsible to update the master shower schedule, but he/she is not sure how often it is updated. CNA I said prior to the ADON updating it CMT F was responsible for keeping it updated, and documenting and providing all the showers. CNA I said if a resident is not on the shower schedule, then staff don't know when to give them a shower. CNA I said all residents are to be on the shower schedule twice a week. CNA I said the aide assigned to the hall is responsible for the showers on their hall. CNA I said whoever completes the shower is responsible to document the shower on a shower sheet. CNA I said the facility staff does not provide showers for residents who receive hospice care unless hospice staff are not available. CNA I said the facility staff is responsible for the care of a resident.</p> <p>During an interview on 07/26/24 at 9:36 A.M., LPN C said the ADON is responsible to make and update the master shower schedule. LPN C said he/she is not sure how often the shower schedule is updated. LPN C said all facility residents should be on the shower schedule twice a week. LPN C said if a resident is not on the shower schedule staff may not know to give a resident a shower and the resident could potentially go without one. LPN C said all hospice residents should be offered facility showers on opposite days from the hospice shower schedule as hospice is supplemental care. LPN C said the facility staff is responsible to make sure all residents are cared for. LPN C said the aide working on the hall is responsible to provide the showers on the hall assigned that day, then they are expected to document the shower on a paper shower sheet and turn into the charge nurse.</p> <p>During an interview on 07/26/24 at 11:00 A.M., the ADON said CMT F had been responsible for updating the master shower schedule until about a week ago. The ADON said he/she is now responsible for making a master shower schedule and ensuring it is updated. The ADON said he/she realized that not all residents were on the shower schedule this week. The ADON said not all residents were receiving showers due to not being on the list. The ADON said he/she was not sure how CMT F updated the master shower schedule, or if she had at all. The ADON said all residents in the facility should be on the shower schedule twice a week, including hospice residents. The ADON said the hospice residents should be offered facility showers on opposite days of the hospice scheduled shower days. The ADON said facility staff is responsible for the care of the residents and hospice is an added care. The ADON said the aide assigned to the hall is responsible to complete any scheduled showers on their hall. The ADON said when the aide completes the shower, or if a resident refuses, they are responsible to document this on the shower sheet and turn into the charge nurse. The ADON said the DON and ADON are responsible to oversee and ensure all the residents get showers.</p> <p>(continued on next page)</p> | | |

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| F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the DON or ADON are responsible to make the master shower schedule and to update it at least weekly. The Nurse Consultant said all residents, including hospice residents, in the facility should be on the shower schedule twice a week. The Nurse Consultant said hospice residents should be on opposite days of the hospice shower as hospice is an extra care to the resident. The Nurse Consultant said the facility is responsible to ensure each resident is taken care of. The Nurse Consultant said he/she did not know all residents were not on the master shower schedule. The Nurse Consultant said if the resident is not on the shower schedule staff would not know to give them a shower. The Nurse Consultant said when the aide gives the resident a shower, or if the resident refuses as shower, the aide is responsible to document on the shower sheet and turn it in to the charge nurse. The Nurse Consultant said nursing management is responsible to oversee and ensure all residents receive showers.</p> <p>During an interview on 07/26/24 at 2:21 P.M., the administrator said nursing management is responsible to make and update the master shower schedule. The administrator said the shower schedule should be updated with each resident admission and discharge. The administrator said all residents should be on the shower schedule twice a week. The administrator said he/she did not know all residents were not on the master shower schedule. The administrator said hospice residents must be offered showers on opposite days of their hospice shower schedule because hospice is a supplemental care, and the facility staff are still responsible for the residents' care. The administrator said staff must document showers on the shower sheets and he/she expects the charge nurse to sign them and turn them into the DON or ADON. The administrator said the DON and ADON are responsible to oversee and ensure all residents get showers.</p> <p>48982</p> | | |

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| <p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>48982</p> <p>Based on interview and record review, facility staff failed to ensure four nurse aides ((NA) NA R, NA K, NA Q, and NA S) out of six sampled NA's, completed the nurse aid training program within four months of their employment in the facility. The facility census was 54.</p> <p>1. Review of the facility's policy's showed the facility did not provide a policy for the completion of the nurse aide training program.</p> <p>Review of the Facility Assessment Tool, dated July 2024, showed staff documented all NA's must be certified within 120 days.</p> <p>2. Review of NA R's personnel file showed a hire date of 10/10/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA K's personnel file showed a hire date of 10/24/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA Q's personnel file showed a hire date of 12/12/23. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>Review of NA S's personnel file showed a hire date of 01/02/04. The file did not contain documentation NA R completed the nurse aide training program.</p> <p>3. Observation on 07/24/24 at 11:10 A.M., showed NA K performed incontinence care on Resident #14. Observation showed NA K removed fecal soiled gloves, put on clean gloves, and assisted the resident to put on clothing. Observation showed NA K did not perform hand hygiene between glove changes.</p> <p>4. During an interview on 07/24/24 at 3:17 P.M., the Business Office Manager (BOM) said he/she is not sure who is responsible for monitoring the NA's to ensure they complete the Certified Nurse Aide (CNA) training within 120 days of their hire date. The BOM said he/she was not aware there were four NA's who had not completed training in the required time frame.</p> <p>During an interview on 07/24/24 at 3:17 P.M., the administrator said he/she is not sure who is responsible for monitoring the NA's to ensure they complete the CNA training within 120 days of their hire date. The administrator said the CNA classes are completed online. The administrator said he/she was aware the facility had four NA's past their 120 days to complete the CNA training. The administrator said the NA's had missed classes, the tests, and not tested . The Administrator said he/she told the NA's to go to class.</p> <p>During an interview on 07/24/24 at 3:51 P.M., the Director of Nursing (DON) said he/she was not aware there were four NA's out of compliance with CNA class completion. The DON said the Assisted Living Facility (ALF) Coordinator was responsible for monitoring the NA's to ensure they completed CNA class within 120 days of their date of hire.</p> <p>(continued on next page)</p> | | |

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| <p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 07/25/24 at 10:00 A.M., the ALF Coordinator said he/she is responsible for completing new hire orientation, CNA class enrollment, and monitoring the CNA class completion. The ALF Coordinator said he/she is responsible for tracking the NA's to ensure they complete the CNA class within 120 days from their hire date. The ALF Coordinator said he/she was aware the facility had four NA's past their 120 days to complete the CNA training. The ALF Coordinator said the CNA classes are completed online. The ALF Coordinator said if a NA misses a class the course instructor will send him/her an email to let him/her know. The ALF Coordinator said he/she emails the Administrator, DON, Assistant Director of Nursing (ADON), and the BOM to let them know of the missed class. The ALF Coordinator said the NA's had missed classes or not taken their exam.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the ADON said the ALF Coordinator is responsible for monitoring the NA's to ensure they complete CNA classes within 120 days of their hire date. The ADON said he/she was not aware there were four NA's out of compliance and over their 120-day mark. The ADON said if a NA misses a class the course instructor will send an email to the ALF Coordinator to notify the facility of the missed class. He/She said the ALF Coordinator then sends an email to him/her, the Administrator, and the DON to notify them of the missed class. The ADON said if a NA misses a class, it is the NA's responsibility to schedule a makeup class with the course instructor. The ADON did not know why the four NA's were still being allowed to work the floor at this time.</p> <p>During an interview on 07/26/24 at 1:45 P.M., the Nurse Consultant said the ALF Coordinator is responsible for monitoring the NA's to ensure they complete the CNA classes within 120 days of their hire date. The Nurse Consultant said he/she was not aware there were four NA's out of compliance and over their 120-day mark as he/she is not at the facility each day.</p> <p>During an interview on 07/26/24 at 2:21 P.M., the administrator said the ALF Coordinator is responsible to oversee the CNA classes. The administrator said he/she is not sure what happens if a NA misses a class, but he/she assumed they make the class up. The administrator said if a NA misses a class the course instructor sends the ALF Coordinator an email to notify the facility of the missed class. He/She said the ALF Coordinator then sends an email to him/her and the DON to notify them of the missed class. The administrator said he/she has no excuse or explanation for why four of the NA's are out of compliance and continue to work as NA's on the floor.</p> | | |