STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525571	A. BUILDING _____ B. WING _____	03/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BORNEMANN NURSING HOME	226 BORNEMANN ST GREEN BAY, WI 54302

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

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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** Based on record review and staff interviews, the facility did not make prompt efforts to resolve grievances involving 4 Residents (R) (R6, R9, R10 and R1) and 6 of 6 grievances reviewed. R6 voiced two grievances on 2/28/20; R9 voiced two grievances on 2/26/20 and 3/3/20; and R10 had voiced a grievance on 3/4/20. As of 3/10/20, none of the above listed grievances had been resolved by the facility. R1's case manager voiced a grievance to the facility on [DATE] on behalf of AC (Anonymous Complainant)-K. The grievance was not investigated, resolved or contained in the facility's grievance file. Findings include: Review of the facility's procedure regarding grievances, dated January 2017 indicated that the department responsibilities as Directed and Supervised by the Grievance Officer included to communicate with the resident/resident representative and attempt to resolve the issue within 5 days. 1. Facility staff filed a grievance on behalf of R6 dated 2/28/20. One of the grievances indicated that on the evening shift on 2/27/20, the CNA (Certified Nursing Assistant) told R6 at 8:30 p.m. that would staff would answer R6's call light shortly and never came back. R6's light was answered at 10:30 p.m. (two hours later) by the oncoming shift staff. Further review of the grievance form did not indicated the department the grievance was referred to; did not indicate a department response; did not indicate resolution and/or additional action needed and, if resolved, how the issue resolved; and, did not indicate if the resolution was unfounded, was related to missing property, nursing care, staff treatment of [REDACTED]. The form was not signed by the Executive Director. R6 filed an additional grievance dated 2/28/20 indicating that on 2/21/20, R6 received a p.m. medication too late. Further review of the grievance form did not indicated the department the grievance was referred to; did not indicate a department response; did not indicate resolution and/or additional action needed and, if resolved, how the issue resolved; and did not indicate if the resolution was unfounded, was related to missing property, nursing care, staff treatment of [REDACTED]. The form was not signed by the Executive Director. 2. Facility staff filed a grievance on behalf of R9 with the facility dated 2/26/20 which indicated R9 stated breakfast was cold that morning and wasn't happy with how food tasted. The department the grievance was referred to was Social Services. The department response indicated Social Services (no name listed of that staff and no date when resident was spoken to listed on the form) spoke to R9 about breakfast. R9 stated breakfast had been warm, but oatmeal was not made the way R9 liked it because it did not have enough milk. Social Services informed R9 that R9 was able to request more milk so that R9 could adjust oatmeal how R9 liked it. The Resolution and/or additional action needed was blank, and the form did not indicated if the resolution was unfounded, was related to missing property, nursing care, staff treatment of [REDACTED]. The form was not signed by the Executive Director. Facility staff filed a grievance on behalf of R9 with the facility dated 3/3/20 which indicated on 2/27/20, R9 did not like the evening meal and a different meal was provided. The staff stated R9 was yelling and stated a CNA (no name given) threw a bib at R9. The department the grievance was referred to was Social Services (no name listed of the staff and no dated when R9 was spoken to listed on the form) which indicated that Social Services spoke to the nurse who reported the same account that R9 was upset about the meal, but reported the CNA (no name listed) did not throw a bib. Social Services interviewed R9 who did not recall the account. The Resolution and/or additional action needed was blank, and the form did not indicated if the resolution was unfounded, was related to missing property, nursing care, staff treatment of [REDACTED]. The form was not signed by the Executive Director. 3. Facility staff filed a grievance on behalf of R10 with the facility dated 3/4/20 which indicated that R10 eats dinner at 5:30 p.m. and no breakfast until 8:45-9:00 a.m. which is 14 or 15 hours without food. R10 gets hungry and doesn't get any snacks and should be getting some snack. R10 indicated was too long of a period between food ingestion. Further review of the grievance form did not indicate the department the grievance was referred to; did not indicate a department response; did not indicate resolution and/or additional action needed and, if resolved, how the issue resolved; did not indicate if the resolution was unfounded, and was related to missing property, nursing care, staff treatment of [REDACTED]. The form was not signed by the Executive Director. It was noted by the Surveyor that all of the above grievances were housed in the facility's grievance binder. On 3/10/20 at 12:35 p.m., the Surveyor interviewed DON (Director of Nursing)-B. DON-B stated, I had not seen any of (the above listed grievances). They were never brought up to me at all. The grievances are not completed and resolved. I'm not sure why staff are not letting myself or the NHA (Nursing Home Administrator) know when a formal grievance is filled so we can complete them. On 3/10/20 at approximately 2:15 p.m., the Surveyor interviewed NHA-A regarding the above noted incomplete resident grievance forms. NHA-A stated, There is not a time limit on resolving resident grievances. We check to make sure the grievance isn't alleging abuse and work on them. I don't have time to jot down notes on every allegation/grievances. We are very busy and most of the grievances are not significant. We have some residents that complain daily. I have not signed off on the grievances so they are not yet closed. 4. On 3/10/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated, R1's family arrived at the facility at 2:00 PM on (2/22/20). R1 was still in a nightgown, (R1's) incontinence brief was almost off and R1 was covered in BM (bowel movement) . On 3/10/20 at 10:40 AM, the Surveyor interviewed AC-K via telephone. AC-K stated R1's niece arrived at the facility on 2/22/20 and observed R1 in a nightgown playing with (R1's) poop. AC-K stated, (R1) thought (R1) was out in the mud. I talked to (LCM (Lakeland Case Manager)-L). AC-K stated LCM-L talked to DON (Director of Nursing)-B who said R1 had to be encouraged to not, play in (R1's) poop. AC-K stated, We've never experienced that. There are family there almost every day. The Surveyor reviewed the facility's grievance file. The file did not contain a grievance related to R1. On 3/10/20 at 11:45 AM, the Surveyor interviewed DON-B regarding the grievance. DON-B stated, I'll have to check my messages. I know there was a concern about something awhile ago. I'll have to see if I wrote anything down. DON-B stated DON-B received a call from LCM-L that family came to visit R1 and stated R1, had stuff all over. DON-B stated DON-B didn't ask LCM-L what stuff was all over R1. DON-B stated DON-B interviewed a nurse who thought the stuff was food. DON-B stated, I didn't write anything down. DON-B verified there was no follow-up with LCM-L or R1's family. On 3/10/20 at 2:42 PM, the Surveyor interviewed LCM-L via telephone. LCM-L stated LCM-L called DON-B on [DATE] after receiving a concern from AC-K. LCM-L referred to LCM-L's note from the phone call and read the note to the Surveyor. LCM-L's note stated, (R1's) niece was in (to visit) .(R1) was in (R1's) nightgown and covered in feces at 2:00 PM. (DON-B) said (DON-B) would see who was assigned to (R1) and follow-up. IDT (Interdisciplinary Team) will see if hospice nurse will follow-up more frequently in facility .
F 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.**

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0609 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) Based on record review and resident and staff interview, the facility did not ensure all allegations of abuse or neglect were reported to the State Survey and Certification Agency for 2 Residents (R) (R5 and R7) of 4 residents reviewed. R5 reported an allegation of verbal abuse. The facility did not report the allegation to the State Agency. R7's family member reported an allegation of neglect. The facility submitted an initial report to the State Agency, but did not submit a five-day follow-up investigation. Findings include: The facility's Abuse Identification and Prevention, Reporting and Investigation Program policy, dated 6/2017, states: E. Reporting Any employee who suspects an alleged violation shall immediately notify the Administrator or his/her designee. The facility must immediately report all alleged violations involving mistreatment, neglect, or abuse, including injury of unknown source, resident to resident altercations and misappropriation of resident property to the Division of Quality Assurance (DQA). Immediately is defined as as soon as possible but not to exceed 24 hours after discovery of the incident. The Administrator and/or DON will complete the initial report and submit to DQA within 24 hours of the alleged violation. The results of all investigations must be reported to the DQA Office of Caregiver Quality (OCQ) within 5 working days of the incident. 1. During a complaint investigation on 3/10/20, the Surveyor interviewed FM (Family Member)-G regarding R5's care and treatment in the facility. FM-G stated R5 experienced a dizzy spell on 3/08/20 and requested staff assistance. FM-G stated staff were rough with R5 and RN (Registered Nurse)-H made a derogatory statement when RN-H exited R5's room. FM-G stated R5 overheard RN-H say, (R5's) only (acting that way) because (R5's) being released on Friday (3/13/20). When asked if the incident was reported to administration, FM-G stated, One of the nurses wrote a report on it. I reported it also. The Surveyor noted the allegation of verbal abuse was not contained in the facility's self reports or grievance file. On 3/10/20 at 11:40 AM, the Surveyor interviewed DON (Director of Nursing)-B regarding the allegation. DON-B stated, We had something that happened last night where (R5) heard staff talking outside (R5's) door . On 3/10/20 at 11:55 AM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding the allegation. NHA-A stated, There is a concern .(SW (Social Worker)-C) has it .The concern came out of therapy. (R5) said something to (COTA (Certified Occupational Therapist)-D). (DON-B) gave (the concern) to (SW-C) to do the initial review. NHA-A stated the concern involved a conversation between two staff overheard in the hallway on 3/08/20 at 6:00 PM. NHA-A stated, The concern wasn't specific. There was nothing that alleged the staff were talking directly to (R5). On 3/10/20 at 12:15 PM, Surveyor interviewed SW-C regarding the allegation. SW-C stated R5 wanted to use the toilet; however, RN-H wouldn't allow R5 to do so due to R5's dizzy spell. SW-C stated the bedpan was offered, but R5 refused. When asked if R5 could've used the toilet with the assistance of two staff, SW-C stated if staff would've provided that option, R5 would have been agreeable. SW-C verified R5 stated RN-H made a derogatory comment to CNA (Certified Nursing Assistant)-I when both staff exited R5's room. SW-C, who was in the process of investigating the concern, stated, I get all the information. I give (the information) to (NHA-A) and (NHA-A) will see if there's any follow up that needs to be done. (NHA-A) will close the grievance. When asked if SW-C considered the grievance an allegation of abuse, SW-C stated SW-C was not sure as SW-C was new to the position. SW-C stated, I have a flow chart I can refer to. SW-C provided the Surveyor a Complaint/Grievance form, dated 3/09(20). The form, initiated by COTA-D, stated, (R5) put on call light for (assistance) due to feeling a dizzy spell and wanting (assistance) getting ready for bed. (CNA-I) got (RN-H). Vitals taken. (CNA-I) very rapidly took clothes off and (laid) (R5) down. (CNA-I) . told (R5) (R5) couldn't use toilet and that (R5) had to use the bed pan. (R5) refused. (R5) then heard (RN-H) say, '(R5) only does this because (R5) is going to be discharged ' .(R5) attempted to explain dizzy episodes to (RN-H) . (R5) has otherwise been happy with experience here and this was very upsetting. This happened around 6:00 PM on (3/08/20). On 3/10/20 at 12:50 PM, the Surveyor interviewed RD (Rehab Director)-E regarding the allegation. RD-E verified the concern was reported to COTA-D sometime between 6:00-7:45 AM on 3/09/20 and was reported to DON-B before the 9:00 AM morning meeting on 3/09/20. RD-E stated R5 also reported the concern to RD-E on 3/09/20. RD-E stated R5 had balance issues and needed to use the call light more over the weekend due to unsteadiness. RD-E stated R5's FMP (Functional Maintenance Plan) indicated R5 asked for assistance as needed. RD-E stated, Most of the time, (R5) can get up and take (R5's) self to the bathroom .(R5) gets spells of feeling unsteady. (R5) has been consistent about calling staff. If (R5) calls them, (R5) needs them. On 3/10/20 at 1:05 PM, the Surveyor interviewed R5 regarding the allegation. R5 verified the information contained in the Complaint/Grievance form was accurate. R5 also stated R5 reported the concern to an unnamed NOC (night) shift nurse on either the evening of 3/08/20 or the morning of 3/09/20 when the nurse administered R5's medication. R5 stated the NOC shift nurse responded, (RN-H) didn't mean that. R5 stated, (RN-H and CNA-I) were rough when they put me to bed to put on my nightgown and take off my clothes. My vision is very blurred. When I have a spell, I'm wondering when it will end. I thought that was down-right nasty for a nurse to say that. That hurts me. I don't ever want any kind of comment made like that. I would feel terrible if that comment was made to any person who's going to be living here. 2. On 3/10/20, the Surveyor reviewed a self-report filed with the State Agency. The initial report, submitted 2/28/20, stated, NHA-A received a telephone call from (FM-J) who's spouse (R7) was admitted to the facility at approximately 5:00 PM on 2/27/20. The report stated, The caller voiced several concerns which included that after being admitted the staff did not come in to check on (R7) for a couple of hours. That there was a delay in (R7) receiving (R7's) medication and there was a shortage of staff in the center. We tried to immediately address (FM-J's) concerns and verified the staffing levels at the center currently and at the time of the concern. We will initiate (an) investigation and follow-up with the family. The Surveyor noted the self-report did not contain a five-day follow-up investigation. A Social Services report, dated 2/28/20, stated on 2/28/20, SW-C received notice R7's family filed a complaint. SW-C was informed by FM-J that upon R7's arrival, R7's room was not ready, R7's bed was not made and there was no soap. FM-J also stated there was a long wait for call light response and R7's medications were late. On 3/10/20 at 11:55 AM, the Surveyor interviewed NHA-A regarding the self-report. NHA-A stated NHA-A spoke with (FM-J) on Saturday morning (2/29/20), but (FM-J) was angry. NHA-A stated, due to FM-J's concerns, FM-J was, in staff's face on the evening of R7's admission and opted to stay overnight in R7's room. NHA-A stated NHA-A was unable to submit the five-day follow-up investigation because NHA-A did not have a working access code for the MIR (Misconduct Incident Reporting) system. NHA-A stated because NHA-A previously worked for another company, NHA-A's MIR access was tied to submissions for that company. NHA-A stated NHA-A placed a call in an attempt to obtain MIR access, but wasn't sure if the call was returned. In addition, NHA-A verified to the Surveyor the five-day follow-up investigation was not completed.
F 0610 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Respond appropriately to all alleged violations.** Based on record review and staff interview, the facility did not ensure an allegation of neglect was thoroughly investigated for 1 Resident (R) (R7) of 4 residents reviewed. R7's family member reported an allegation of neglect. The facility did not thoroughly investigate the allegation in a timely manner. Findings include: The facility's Abuse Identification and Prevention, Reporting and Investigation Program policy, dated 6/2017, states: The facility shall have a process in place to investigate and take appropriate steps to prevent the occurrence of all types of abuse .When abuse is reported, the facility shall conduct a thorough investigation . G. Investigation: All investigations shall be initiated at the time the allegation is reported. The Administrator/designee will conduct the investigation General Guidelines for an Investigation: Complete an Incident Report form for all residents involved as per the facility's policies and procedures. Conduct a thorough investigation to include: Interviewing alleged victim(s) and witness(es); Interviewing accused individual(s) (including staff, visitors, resident relatives, etc.); Interviewing other residents to determine if they have been abused or mistreated; Interviewing staff who worked the same shift to determine if they have been abused or mistreated; Interviewing staff who worked previous shifts to determine if they were aware of an injury or incident . An investigative package containing all pertinent information, statements, notifications along with a conclusive summary of findings will be maintained throughout the investigation. 1. On 3/10/20, the Surveyor reviewed a self-report filed with the State Agency. The initial report, submitted 2/28/20, stated, NHA (Nursing Home Administrator)-A received a telephone call from (FM (Family Member)-J) whose spouse, (R7), was admitted to the facility at approximately 5:00 PM on 2/27/20. The report stated, The caller voiced several concerns which included that after being admitted the staff did not come in to check on (R7) for a couple of hours. That there was a delay in (R7) receiving (R7's) medication and there was a shortage of staff in the center. We tried to immediately address (FM-J's) concerns .We will initiate (an) investigation and follow-up with the family. The Surveyor noted the self-report did not contain a five-day follow-up investigation. The Surveyor reviewed a Social Services report, dated 2/28/20, that stated SW (Social Worker)-C received notice R7's family filed a complaint. SW-C was informed by FM-J that upon R7's arrival, R7's room was not ready, R7's room did not contain soap and

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F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 2) R7's bed was not made. FM-J also stated there was a long wait for R7's call light and R7's medications were late. The Surveyor reviewed a Complaint/Grievance form, initiated by COTA (Certified Occupational Therapy Assistant)-D and dated 3/02/20, that stated, (FM-J) stated (FM-J) is afraid to leave because there is nobody to help (R7). The Grievance documented concerns with staffing, timely administration of medication, cold food and stated R7's bed wasn't made. In addition, the Grievance indicated R7 was not welcomed or given a welcome bag upon admission and was not provided with basic information such as where to get water. The Surveyor reviewed a written statement from CNA (Certified Nursing Assistant)-M, dated 2/28/20, that stated, Upon arriving on the NOC (night) shift (2/27/20), (FM-J) was very upset that (R7) hadn't received (R7's) meds and (FM-J) was told there was no CNA for (R7). CNA-M stated R7 was cared for throughout the shift; however, (FM-J) was not happy with anything done for (R7). CNA-M stated, Unfortunately, it (stemmed) from the PM shift. On 3/10/20 at 11:55 AM, the Surveyor interviewed NHA-A regarding the self-report and investigation. NHA-A stated FM-J was angry when NHA-A spoke with (FM-J) on Saturday morning (2/29/20). NHA-A stated, due to FM-J's concerns, FM-J was, in staff's face on the evening of R7's admission and opted to stay overnight in R7's room. NHA-A stated NHA-A left a card in R7's room sometime last week to see if FM-J's concerns were resolved. NHA-A stated, I haven't heard anything more from (FM-J and R7). NHA-A stated the facility was in the process of investigating the allegation of neglect, but verified the investigation was not completed and submitted to the State Agency in a timely manner.
F 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews and record review, the facility did not provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological's) to meet the needs of 1 Resident (R) (R2) of 5 sampled residents. R2 had outpatient hemorrhoid surgery on 2/20/20. R2 was to receive the stool softening medication twice daily and a numbing cream to the rectal area every 6 hours as needed after the procedure. R2 did not receive this medication or treatment until 2/23/20. Findings include: Review of R2's medical record indicated that the resident had outpatient hemmorroidectomy on 2/20/20. R2 was assessed by the facility to score a 15 of 15 on the cognitive screen dated [DATE] and was own decision maker. On 3/10/20 at 11:20 a.m., the Surveyor interviewed R2. R2 verified had not received twice daily stool softener or as needed [MEDICATION NAME] Gel 20% externally to the rectum, which was ordered by the [MEDICATION NAME] who performed the hemmorroidectomy surgery on 2/20/20 until 2/23/20. R2 stated, I really needed those things after the surgery. Review of the resident's MAR (Medication Administration Record) indicated that R2's first dose of [MEDICATION NAME] Sodium was documented as administered the morning of 2/23/20 and the MAR indicated [REDACTED]. On 3/10/20 at approximately 9:30 a.m., the Surveyor interviewed LPN (Licensed Practical Nurse)-F. LPN-F verified to the Surveyor that R2 had not received stool softener or rectal ointment as ordered on [DATE] because the facility had never received orders or a dictated report from the outpatient surgery but stated that no one from the facility called to get the orders or documents until R2 approached them on 2/23/20 indicating was to be on the medication and ointment post surgery. The facility received the orders on 2/23/20 and initiated the stool softener and rectal cream into R2's medication regime. On 3/10/20 at 12:30 p.m., the Surveyor interviewed DON-B. DON-B verified to the Surveyor that staff had not been educated on the medication error relating to R2 so like medication errors would not occur in the future. On 3/10/20 at 1:00 p.m., the Surveyor again interviewed DON-B. DON-B verified to the Surveyor that a Medication Error report was not generated when R2 did not receive medications and topical treatments as ordered from 2/20/20-2/23/20. DON-B stated, If a Med Error form had been made out, we take all these reported errors to IDT (Interdisciplinary Team) meetings and discuss a plan of how to prevent like errors in the future.
F 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility did not maintain complete medical records for 1 Resident (R)(R2) of 4 sampled residents. R2 had an out patient surgery on 2/20/20. The consulting physician's post operative medication and treatment orders and the documented plan of care post surgery were not obtained by the facility until 2/23/20 when R2 indicated was to have a change in treatment post surgery. The facility's standard of practice includes daily documentation if each resident received an evening snack and what percentage of the snack was consumed by the resident, refused an evening snack, or were not available, to offer an evening snack. The facility had no documentation in R2's medical record for several evenings in early March 2020 to indicate whether R2 received a snack or not and, if not, why. Findings include. 1. Review of R2's medical record indicated R2 had an out patient hemmorroidectomy on 2/20/20. Further review of the record indicated that the facility did not ensure that the documented note to include new treatments and medications and follow up instructions completed by the consulting physician who performed the procedure were obtained until 2/23/20. The facility obtained the information on 2/23/20 when R2 informed staff that R2 was to be getting a twice daily stool softener and an ointment to the rectal area. Ultimately, R2 did not receive the twice daily stool softener until the morning of 2/23/20 and did not receive the as needed rectal ointment for pain until the afternoon of 2/23/20. On 3/10/20 at approximately 9:30 a.m., the Surveyor interviewed LPN (Licensed Practical Nurse)-F. LPN-F verified to the Surveyor that R2 did not receive stool softener or rectal ointment as ordered on [DATE] because the facility never received orders or a dictated report from the outpatient surgery. LPN-F stated that no one from the facility called to get the orders or documents until R2 approached staff on 2/23/20 indicating was to be on the medication and ointment post surgery. The facility received the orders on 2/23/20 and initiated the stool softener and rectal cream into R2's medication regime. On 3/10/20 at 12:30 p.m., the Surveyor interviewed DON-B. DON-B verified to the Surveyor that staff had not been educated on the need to promptly request consulting physician's notes for resident outpatient visits to ensure staff were aware of what procedure had taken place, if there were any new orders identified, and what the follow-up plan for the resident was to entail. On 3/10/20 at 2:15 p.m., NHA (Nursing Home Administrator)-A stated to the Surveyor, Did (R2) tell you that the paper work after the procedure (2/20/20) was given to him? It is the facility's responsibility to obtain the documented note etc. after a resident residing in their facility was scheduled for an out patient procedure or consulting physician office visit. 2. Review of R2's medical record snack intake documentation indicated that on 2/26/20, 2/27/20, 3/5/20, 3/7/20 and 3/8/20, there was no check mark to indicate whether R2 received an evening snack and, if so, what percent of the snack was consumed by the resident; if the resident was not available to offer an evening snack to; or if the resident refused the evening snack. On 3/10/20 at approximately 2:20 p.m., DON-B verified to the Surveyor that it is a facility policy and expectation that staff document daily if residents received an evening snack and, if so, what percentage of the snack was consumed by the resident; if the resident was not available to offer an evening snack, or if the resident refused the evening snack.