STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165533	A. BUILDING _____ B. WING _____	02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QHC HUMBOLDT NORTH, LLC	1111 11TH AVE NORTH HUMBOLDT, IA 50548

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date: 3-16-17 The following deficiencies relate to the annual recertification and licensure survey conducted February 6-13, 2017. See Code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F 000	This facility denies that the alleged fact as set forth constitute a deficiency under interpretations of Federal and State law. The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of the State and Federal law required it. Please accept this plan of correction as the facilities credible allegation of compliance.	
F 164 SS=D	483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS 483.10 (h)(i) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. (h)(3)The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. §483.70 (i) Medical records. (2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dianne Vanzi — TITLE: Administrator — (X6) DATE: 3-10-17

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 164	Continued From page 1 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to provide privacy during personal care for 1 of 13 active residents reviewed (Resident #9). The facility reported a census of 57 residents. Findings include: According to the Minimum Data Set (MDS) assessment, dated 12/7/16, Resident #9 scored on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Resident #9 required extensive assistance with activities of daily living (ADL's) including dressing, personal hygiene, and toilet use. The Care Plan dated 3/28/16 with a goal target date of 2/27/16 identified Resident #9 with a self care deficit. The interventions included to provide privacy for all personal care daily. Resident #9's diagnoses included dementia with behavioral disturbance.	F 164	Staff E was specifically educated as to necessity of offering privacy to Resident's with their personal cares. An all-staff In-service was offered on Feb. 22, 2017 in which staff were alerted to the privacy deficiency and re-education was offered. Periodic visual audits will be conducted by Charge Nurse staff when personal cares are being offered to Residents. If needed, redirection/education will be offered as audits occur. Director of Nursing will monitor and Results brought to Quality Assurance Committee.	3-10-17

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F 164	Continued From page 2 During an observation on 2/7/17 at 8 a.m. Staff E Certified Nursing Assistant (CNA) provided care to Resident #9, while he/she sat naked on the toilet with the bathroom door wide open. Resident #9's roomate had a direct view to the bathroom and laid awake watching. The bathroom door remained open during the care including perineal care.	F 164		
F 314 SS=G	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to assure a resident with a pressure ulcer received necessary treatment and services, consistent with professional standards of practice to promote healing, prevent infections, and prevent new ulcers from developing for 1 of 13 active	F 314		

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F 314	Continued From page 3 residents reviewed (Resident #6). Resident #6 developed skin impairment of the right heel noted on 6/13/16. The facility failed to obtain a treatment for over a week, or interventions to protect or prevent pressure to the area for 3 months. The heel showed signs and symptoms of infection and treated over several months with antibiotics including intravenous (IV). The wound (ET) nurse initially documented the ulcer was a diabetic ulcer and recommended treatment. The resident saw the podiatrist on 7/22/16 and debrided the wound to reduce infection and improve wound healing. The progress notes directed Resident #6 as non-weight bearing and wear a Podus boot (boot to manage heel pressure and foot drop). The clinical record lacked any documentation the facility initiated the interventions at that time. The podiatrist referred Resident #6 to the wound center due to worsening of the wound. On 9/2/16, the wound center diagnosed Resident #6 with a stage 3 pressure ulcer of the right calcaneous/heel, and directed heel boots bilaterally. The clinical record lacked documentation of the use of heel boots until 9/12/16, and then only in bed. The clinical record lacked documentation of interventions to protect the heel when not in bed. Resident #6 went to the wound center routinely, but missed several weeks from 12/28/16 to 1/20/17 and the facility failed to document an assessment of the ulcer during this time. At the time of the survey Resident #6 wore the right boot at all times, but did not wear the left boot at all times. At the time of the survey the facility had not identified the resident had a pressure ulcer, and dietary services had not addressed Resident #6's needs in relation to having a pressure ulcer. The facility reported a census of 57 residents.	F 314	With respect to Resident #6 the facility sought treatment for the callous area on heel with Enterostomal Therapy Nurse, subsequent referral to Podiatrist both giving a documented diagnosis for the wound as "diabetic ulcer" and "ulcer-not related to pressure". Facility followed E.T. Nurse and Podiatrist recommendations/orders and ultimately wound clinic recommendations/orders following the protocol for interventions to include weekly dietary notations acknowledging the initial diagnosis as guide to care planning wound. All Resident #6 interventions have been added to the care plan and steps have been taken by care planning nurse to glean any orders/recommendations from any Resident physician visits and address as appropriate. With respect to all other similarly situated Resident's with a potential for skin breakdown will have documented assessments and interventions to monitor and maintain skin integrity will be added to the plan of care as appropriate. Nursing staff have been educated as to the policies concerning resident diagnoses that would indicate the potential for skin breakdown and assessment guide to enable staff to initiate any pertinent interventions. QIO will be contacted for advice in monitoring those Resident's with potential for skin breakdown. Director of Nursing and Quality Assurance Team will monitor Resident's skin integrity on an ongoing basis and intervene when appropriate.	2-28-17

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F 314	Continued From page 4 Findings include: According to the Minimum Data Set (MDS) assessment dated 12/7/16, Resident #6 scored 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The MDS indicated Resident #6 was not at risk of developing pressure ulcers, and had no pressure ulcers. Resident #6's diagnoses included an unspecified open wound of the right foot. A Diagnoses report printed 2/7/16 documented Resident #6's diagnoses included hemiplegia (paralysis of 1 side of the body) and hemiparesis (weakness of 1 side of the body) following stroke affecting the right dominant side, and foot drop of the right foot. A Wound/Skin Record dated 6/13/16 documented Resident #6 had a 3 by 5 callous with a 1.7 by 0.9 cm dark spot in the center of the right heel. A facsimile (fax) dated 6/13/16 notified the physician Resident #6 had a 3 by 5 cm callous on his/her right heel with a 1.7 by 0.9 cm black spot in the center. Resident #6 denied pain. The physician responded okay. A fax dated 6/14/16 asked the physician if they could have a wound nurse (ET) consult for impaired skin integrity to Resident #6's right heel. The physician responded okay. A fax dated 6/14/16 notified the physician Resident #6 had a right foot callous at the heel, approximately 5 by 5 cm with a split in the center, and a black scab in the middle of the callous approximately 3.5 by 2 cm. Resident #6 denied	F 314		

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F 314	Continued From page 5 pain, refused to wear shoes, and propelled self in his/her wheelchair throughout the facility. ET nurse consult order obtained already. Resident #6 received Eucerin cream to both legs at bedtime with TED hose on during the day. The physician responded okay. The clinical record lacked any documentation the facility initiated any treatment to the heel ulcer, or interventions to protect or provide pressure relief. The Progress Notes dated 6/18/16 at 3:26 p.m. documented Resident #6 had Ted (compression) hose applied in the a.m. Resident #6 encouraged to wear shoes but declined. Resident #6 wore gripper socks with staff encouragement. A fax dated 6/21/16 notified the physician the ET nurse recommended a treatment. The fax documented Resident #6 also complained of increased pain the previous few days, and noted erythema surrounding the area extending up towards the ankle. The ET nurse thought cellulitis. The area was warm to touch. The physician responded to outline the area of redness and monitor for spreading. A fax dated 6/22/16 notified the physician the erythema to Resident #6's right heel/ankle increased, warm to touch, painful, and questioned cellulitis. Resident #6 requested Motrin for discomfort, and they needed an order for treatment, to start when supplies available. The physician responded okay for Cephalexin (antibiotic) 500 mg 4 times a day for 10 days, okay for Motrin (anti-inflammatory, pain med) 400 mg every 6 hours as needed, and okay to dressing changes.	F 314		

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F 314	Continued From page 6 The Progress Notes dated 6/30/16 at 3:35 p.m. documented Resident #6 refused to wear shoes, and Ted Hose held due to skin and heel status. The Progress Notes dated 7/12/16 documented the skin nurse updated on the right heel ulcer, informed of Resident #6 complaining of pain, with erythema around wound. The skin nurse recommended contacting the provider to check for osteomyelitis. A Wound Care Skin Integrity Evaluation dated 7/14/16 documented a full thickness neuropathic ulcer of the right medial heel measuring 3 by 2.8 cm with undeterminable depth. The wound bed consisted of 80% grey/brown necrotic tissue surrounded by 20% pink granulation. A Podiatry Clinic report dated 7/22/16 at 4 p.m. documented the ulcer to the right medial heel measured 3.3 by 3.4 cm, with depth undeterminable due to eschar (necrotic tissue), however upon debridement depth 0.1 cm. The ulcer base had necrotic eschar and a moderate amount of serous exudate (drainage). The podiatrist debrided eschar and ulceration sharply with 15 blade down to the level of the subcutaneous tissue. Debridement performed to reduce infection and improve wound healing. Resident #6 instructed to be non-weight bearing with a Podus boot in his/her wheelchair, and given a prescription for Levaquin (antibiotic) 750 mg 1 every day for 2 weeks. The Progress Notes dated 7/30/16 at 2:42 p.m. documented Resident #6 continued on antibiotics for the right heel. Resident #6 stated the heel tender. Resident #6 encouraged to wear shoes, but refused. Resident #6 propelled self around	F 314		

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F 314	Continued From page 7 the facility in his/her wheelchair. A Podiatry Clinic report dated 8/15/16 at 11:30 a.m. documented the ulcer measured 3 by 3 by 0.1 cm. The ulcer base with mixed granular/fibrotic tissue, and wound tissue dry. Resident #6 instructed on non-weight bearing to right foot. The Progress Notes dated 8/22/16 at 2:49 p.m. documented a fax sent to the on call physician because Resident #6 complained of increased pain to the right foot. Resident #6's foot, ankle area with increased erythema, edema, and warmth. A Podiatry Clinic report dated 8/29/16 at 9 a.m. documented the ulcer measured 3.1 by 3.4 by 0.1 cm. The ulcer base fibrotic, full thickness, with mild serous drainage. Due to the slight worsening of the heel ulcer the Podiatrist elected to consult the wound care center for Resident #6's future wound care. A Wound Healing Center report dated 9/2/16 at 12:30 p.m. the podiatrist had been the referring physician and documented the primary etiology of Resident #6's right calcaneous/heel wound as a pressure ulcer. The ulcer measured 3.8 by 3.9 by 0.1 cm. The ulcer had 67-100% necrotic tissue with exposed fat. The ulcer measured 3.8 by 3.9 by 0.3 cm, and a stage 3 post debridement. The wound had erythema circumferentially, hot and tender. A Wound Healing Center Physician Orders Details report dated 9/2/16 documented Resident #6 had a stage 3 pressure ulcer of the right heel, localized edema, and type 2 diabetes with a foot ulcer. The report directed heel lift boots bilaterally	F 314		

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F 314	Continued From page 8 (to both feet). The facility Wound/Skin Record defined a stage 3 pressure area as a full thickness tissue loss. Subcutaneous fat may be visible. Slough may be present but does not obscure the depth of tissue loss. A Wound Healing Center Discharge Instruction Details dated 9/2/16 and noted 9/2/16 included the treatment and directed heel lift boots bilaterally. The Progress Notes dated 9/2/16 at 5:47 p.m. documented Resident #6 encouraged to use a foot pedal for his/her right foot due to the wound and to decrease trauma from putting pressure on the area. Resident #6 compliant with request. Nutrition/Dietary Notes in the Progress Notes dated 9/4/16 and 9/11/16 documented professional nursing service reported ongoing diabetic wound. The Treatment Administration Record (TAR) for September 2016 directed to apply heel lift boots bilaterally in bed every shift for pressure relieving initiated 9/12/16 (3 months after the ulcer noted). The TAR for October 2016 directed to apply heel lift boots bilaterally at all times every shift for pressure relieving initiated 10/8/16. The Care Plan with a goal target date of 3/20/17 identified Resident #6 had the potential for skin impairment. The goal for Resident #6 to have no open areas caused by pressure. The interventions included: a. Callous with dark center noted on heel. ET	F 314		

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F 314	Continued From page 9 consult. Resident #6 non-compliant with wearing shoes, stated would try Ted hose (6/14/16). b. Roylan EZ boot to right foot at all times, heel elevator boot to left foot at bedtime when in bed (12/29/16). The Care Plan initiated 8/28/15 and revised 1/14/16, with a goal target date of 3/20/17 identified Resident #6 with potential for injury. The interventions included: a. Remind Resident #6 not to put weight on his/her right lower extremity, toe touch weight bearing to avoid pressure to heel, with transfers, and remind to ask for assistance when needed (10/24/16). b. Heel elevators applied to right foot to wear day and night, and to wear left foot at night (10/7/16). The intervention conflicts with the TAR. The care plan diagnoses included Type 2 diabetes Mellitus with hyperosmolarity with coma. The Progress Notes dated 10/10/16 at 10 a.m. documented Plan of Care/Interdisciplinary Note for goal would have no open areas caused by pressure. Late entry for 9/26/16, goal ongoing, continued diabetic heel wound. An Occupational Therapy Plan of Treatment for Rehabilitation with a start of care date of 10/22/16 documented Resident #6 seen by the wound center and requesting lymphedema services. Resident required services to assist in management of right lower extremity to promote wound healing. Resident #6 had limited range of motion in the right ankle and right foot drop. A Physician's Review Report dated 11/1/16 directed to apply heel lift boots bilaterally at all times every shift for pressure relieving with a start date of 10/08/16 (conflicts with the care plan).	F 314		

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F 314	Continued From page 10 A laboratory report documented Resident #6 had a heel culture obtained 10/21/16. The culture showed Resident #6 had Methicillin Resistant Staphylococcus Aureus (MRSA). A Physician's Order dated 10/24/16 at 3:15 p.m. documented Resident #6 to have PICC placement per radiology on 11/2/16, MRI of right lower extremity, and IV Vancomycin once PICC placed. Pharmacy to dose for 6 weeks. A fax dated 11/4/16 notified the physician Resident #6 to receive antibiotics every day at the infusion center for 6 weeks. A Wound Healing Center Discharge Instructions Details report dated and noted 10/21/16, 10/28/16, 11/4/16, 11/11/16, 11/18/16 and 11/28/16 directed heel lift boots bilaterally, need to make sure wearing all the time, day and night. The Progress Notes dated 11/23/16 at 3:25 p.m. written by Staff C documented Resident #6 noted to wear foot protectors on bilaterally. Staff reminded him/her again and they told him/her earlier in the day he/she did not need both on during the day and while up, he/she only needed to wear both when in bed and to wear only one during the day. Resident #6 stated understanding and left protector placed in room. A handwritten record of wound center appointments showed Resident #6 had no appointments from 12/28/16 to 1/20/17 for various reasons. The clinical record lacked documentation of an assessment of the pressure ulcer during that time	F 314		

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F 314	Continued From page 11 A Wound Healing Center report dated 1/27/17 documented Resident #6 on the 21st week of treatment for a stage 3 pressure ulcer. A Wound Healing Center Physician Orders Details report dated 1/27/17 directed heel lift boot left, EZ boot right. Need to make sure wearing all the time, day and night. During an observation on 2/6/17 at 3:28 p.m. Resident #6 sat at a table in the dining room with a heel boot on the right foot and a shoe on the left foot. During an observation on 2/7/16 at 6:30 a.m. Resident #6 sat at the dining room table with a heel boot on the right foot, and a shoe on the left. During an observation on 2/8/17 at 4:38 a.m. Staff D Licensed Practical Nurse (LPN) changed Resident #6's dressing. Resident #6 laid in bed, dressed with a heel boot on the right foot and a shoe on the left foot. Resident #6 had small open, reddened areas to the right heel with discolored surrounding skin. Staff B stated the open area was a lot bigger. She did not know where the left heel boot was at. During an interview on 2/7/17 at 12:10 p.m. Staff C (LPN) stated the wound nurse said Resident #6 had a diabetic ulcer, not a pressure ulcer. Staff C reported she would make calls. Staff C stated she was not aware the wound center indicated Resident #6 right heel a pressure ulcer. At 1:50 p.m. Staff C stated the wound center physician confirmed Resident #6 had a pressure ulcer. She stated when they received the wound center documentation, they should have treated as a pressure ulcer. She said they started the	F 314		

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F 314	Continued From page 12 heel boots on 10/7/16, and Resident #6 received lymphedema therapy via OT per the wound center physician's order. During an interview on 2/8/17 at 8:15 a.m. Resident #6 stated he/she did not wear a boot on the left leg/foot, even in bed. Resident #6 stated the right heel did hurt at times.	F 314		
F 465 SS=E	483.90(h)(5) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON (h) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. (h)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors in the facility in a homelike manner. The facility reported a census of 57 residents. Findings Included: Observation of the facility environment on 2/8/17 at 10:00 A.M., revealed the following: a. A wooden double door at the entrance of the 200 hallway revealed an excess amount of gouged and marred wood along the edges of the	F 465	Facility will replace all vinyl on all doors in the 100 and 200 hall in which the vinyl is in disrepair. Facility will repair and/or repaint/re-stain those doors in the 100 and 200 hall that are in disrepair. Facility will address all door jams in the 100 and 200 hall that are in disrepair Facility will address repair of the double wooden doors in entry ways of 100 and 200 halls and double doors in entryway of main dining area. Door repair commenced on March 3, 2017 Maintenance Supervisor will coordinate door repairs overseen by Corporate Maintenance Director. All aforementioned doors will be repaired by March 21, 2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165533	A. BUILDING _____ B. WING _____	02/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 465	Continued From page 13 doors. Some of the larger gouged areas contained a stained putty material, different in texture and color than the wood stained doors. During the same observation, the facility Maintenance Supervisor reported he had attempted to repair the gouged areas in the doors with putty and stained over the putty. 2. Resident room doors 203, 204, 205 and 212 revealed a vinyl material over the lower 1/3 of the doors (hallside), with torn and missing vinyl and marred and gouged wood along the lower door jam and lower door frame. 3. Resident room door 208 revealed excess marred and gouged wood in the lower door jam. 4. Wooden double doors to the entryway of the main dining room revealed vinyl covered the lower 1/3 of the doors with missing vinyl and marred and gouged wood in the door frames. 5. Wooden double doors to the entryway of the 100 hall revealed excess marred and gouged wood in the door frames.	F 465		
	6. Resident room doors 106,110 and 111 (hallside), revealed vinyl covered the lower 1/3 of the doors with torn and missing vinyl and excess marred and gouged wood in the lower door jams and frames. 7. Resident room doors 105, 112 and 114 (hallside), revealed vinyl covered the lower 1/3 of the doors with torn and missing vinyl. Observation revealed many of the vinyl covered doors contained an excess amount of white and black marks on the vinyl.			

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F 465	Continued From page 14 During interview on 2/8/17 at 10:40 A.M., the facility Maintenance Supervisor reported it being difficult to keep up with the maintenance of the doors due to his part time hours in the facility. During interview on 2/8/17 at 12:40 P.M., the facility Administrator confirmed the doors described above lacked a good/nice appearance.	F 465		
F 499 SS=D	483.70(f)(1)(2) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS (f) Staff qualifications. (1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to verify nursing licensure for 1 of 2 nurses reviewed (Staff A-Registered Nurse/RN). The facility identified a census of 57 residents. Findings include: Review of Staff A's Employee Face Sheet revealed a hire date of 8/12/2016. A Single Contact License and Background Check (SING) dated 7/27/16, revealed facility staff completed an abuse background and criminal	F 499	Facility will continue to check nursing licensure on SING web-site. All out of state licensed nurses coming from compact state will have their license checked for current licensure status in their prior state of residence before hire. Copies of dated current licensure check from compact state will be retained in employee personnel file for review. Administrative staff will audit employees licensure in compact state and/or the state of Iowa for compliance of licensure requirements before hire. System will be overseen by Director of Nursing and Administrative staff.	3-10-17

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F 499	Continued From page 15 history background checks, but lacked a check for Staff A's current nursing licensure. A time card report revealed Staff A began work in the facility on 8/12/16. During interview on 2/8/17 at 1:55 P.M., Staff A confirmed she worked in the facility on a full time basis since her employment began on 8/12/16. During interview on 2/7/17 at 10:00 A.M., the facility Administrator confirmed being unable to find Staff A's licensure verification prior to hire and confirmed the facility practice is to verify a nursing license prior to hire. The facility verified Staff A's nursing licensure on 2/6/17.	F 499		