DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 43 Number of tenants with cognitive impairment: 0 Total census: 43 The following regulatory insufficiencies were cited during the investigation of Incident #115284-I:	A 000		
A 145	481-67.2(2)b Program Policies and Procedures 67.2(2) The program's policies and procedures on allegations of dependent adult abuse shall be consistent with Iowa Code chapter 235E and rules adopted pursuant to that chapter and, at a minimum, shall include: b. Requirements that the victim and alleged abuser be separated. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to have a policy and procedure on dependent adult abuse that was consistent with Iowa Code chapter 235E, including separation of victim and alleged abuser. This potentially affected all tenants (census of 43). Findings follow: 1. On 3/25/24 review of the Program's current (effective 12/1/23) management company's policy and procedure related to tenant abuse was located in a staff handbook. The policy provided	A 145	Policy and Procedures on allegations of dependent adult abuse are in place and assessable for all staff and residents at any given time as of 5/24/24. ED, DHW, or Designee will evaluate policies and procedures annually. All findings will be taken to our QAQI meeting monthly.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
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
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 145	Continued From page 1 indicated staff were required to be aware of and report to their supervisor or administrative staff any behavior or activity that might be related to tenant abuse. Review of the Program's former (from 1/2020 to 11/30/23) management company's policy and procedure related to tenant abuse was also reviewed. Neither the current or the former management company's policy included requirements that the victim and the alleged abuser be separated as required. 2. When interviewed on 3/25/24 at 4:17 p.m. the Executive Director confirmed all policies and procedures requested were provided.	A 145	All tenants will receive care, treatment, and services which are adequate and appropriate going forward as of 5/24/24.	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure tenants received care, treatment and services that were adequate and appropriate. This pertained to 1 of 1 current (Tenant #1) and 2 of 2 discharged (Tenant C1 and Tenant C2) tenants reviewed. Findings follow:	A 160	ED, DHW will ensure going forward the residents will receive the care, treatment, and services are adequate and appropriate by providing training to all staff by 6/14/24 to ensure the nurse is notified with any change in service needs. ED and DHW will continue to provide ongoing training regarding resident services with staff, and new hires as needed. The DHW will review individual service plan and tasks during each comprehensive assessment, and 90-day review to ensure needs match x 6 months. DHW will continue to monitor documentation reports and tasks to ensure they match the individualized service plan x 6 months. All findings will be taken to our QAQI meeting monthly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 2 1. On 3/20/24 and 3/25/24 review of Internal Investigation documents (dated 8/25/23 and 8/29/23) indicated an incident occurred on 8/21/23 at approximately 10:00 p.m. The person making the internal report was the Director of Health and Wellness. The person suspected of maltreatment was Staff A. The report was made to the Executive Director on 8/23/23. Staff C reported to the Director of Health and Wellness that Tenant C1 was crying about how badly she was treated the night prior. Tenant C1 was told she did not belong there if she could not walk to the bathroom. Tenant C1 utilized a wheelchair. When in the bathroom Staff A told her to hurry up. Tenant C1 asked the staff to reposition the transfer disc while she was transferring back to bed but Staff A would not do it. Tenant C1 held onto the sheets to keep from falling off the bed. Staff A yelled at her to get into bed. Tenant C1 felt scared. The Director of Health and Wellness went to Tenant C1's apartment and Tenant C1 told her the same story. The report also indicated a video clip dated 8/20/23 at 2:59 a.m. was sent by Tenant #1's family which showed Staff A telling Tenant #1 to "just go to bed & do not call." The report indicated Staff A was suspended pending the investigation. The investigation included the following staff statements: a. Staff C's written statement dated 8/22/23 indicated Tenant C1 reported that a staff member yelled at her last night. She was asked what happened and if she knew who yelled at her. Tenant C1 reported when she paged to use the bathroom staff responded and told her to get up and walk. Tenant C1 told the staff she could not walk and needed the staff's help. The staff told Tenant C1 if she could not walk she should not be there. Tenant C1 was crying and said the staff almost dropped her twice when she transferred	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 3	A 160		

her to the toilet and when she initially got her up from her bed. She said the staff did not know how to use the transfer machine appropriately. Tenant C1 said "I must have not been doing what the staff wanted me to do because she kept yelling at me to do things that I cannot do." Tenant C1 said she did not know what she did wrong and Staff C assured her she did not do anything wrong. She said it was after 10:00 p.m. and she was going to bed and she identified the staff as Staff A. Tenant C1 said she yelled at her when she paged for help.

b. Staff D's written statement dated 8/23/23 indicated Staff A had told her and another co-worker that she had been very disrespectful to tenants. Staff A indicated she would not complete cares and that she did not get paid to "wipe anyone butts or to clean them." Staff A told her that she had been mean to Tenant #1 and told her that did not have the right to urinate in her bed, she needed to get up and go to the bathroom and had her finger in Tenant #1's face. Staff A said she did not care if Tenant #1 had a camera in her apartment and she would speak to her how she wanted because Tenant #1 had no right to urinate in her bed. Staff A also said she would not be helping Tenant C1 or cleaning her up because she did not get paid to do so. Staff D indicated Tenant C2 had told her on multiple occasions that Staff A refused to help overnight when he was incontinent and would tell him he had to wait until the next shift arrived and then he attempted to do it himself. Staff A had told multiple tenants to stop calling for help and yelled at them when they called.

c. Staff E's written statement dated 8/23/23 indicated Staff A would complain about having to help a tenant who was incontinent at night. She also told Staff E that she "scolded/yelled" at a tenant, pointed her finger in her face and told her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 4	A 160		

she had no right to urinate in her bed. The tenant was Tenant #1.

d. The Director of Health and Wellness interview with Tenant C2 was dated 8/29/23. Tenant C2 said one time he needed cleaned up and assistance with toileting and he asked one of the staff on night shift. It was closer to morning and she told him he could wait until the next shift arrived and then she left. He did not provide her name but provided a description of the staff (per interview with leadership staff it was Staff A).

The video clip provided was dated 8/20/23 at 2:59 a.m. When observed on 3/25/24 it showed an apartment living room area and a view into a bedroom with a light on. The staff on the video was identified as Staff A by the Executive Director and Director of Health and Wellness. The tenant was not in view of the camera; however, a second voice was heard on the video and it was identified by the Executive Director and Director of Health and Wellness as Tenant #1. Staff A was heard telling Tenant #1 to just go to bed and do not call. Then a second voice, identified as Tenant #1, asked why she upset with her and she wanted to know an answer. Staff A was seen leaving the apartment.

Further record review revealed a Counseling Documentation Form for Staff A indicating it was reported Staff A was "verbally abusive" to Tenant #1 and Tenant C2. Staff A was suspended on 8/25/23 pending internal investigation. A letter dated 10/3/23 indicated Staff A's employment was terminated. It was based on several factors including "several counts of verbal abuse/bullying towards elderly residents." It indicated Staff A violated the Dependent Adult Abuse Policy and she was terminated due the violation of the Program's policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 5 2. When interviewed on 3/25/24 at 12:58 p.m. Staff C said at about 6:30 a.m. or 6:40 a.m. Tenant C1 had paged for assistance and was "bawling." Tenant C1 reported the night before she had called for assistance and staff responded and Tenant C1 told her she needed to go to the bathroom. She said staff would not help her with toileting. She said it was a staff on third shift, Staff A. Staff C said when she arrived Tenant C1 was soiled and her bedding was soiled. Tenant C1 was crying and she had anxiety. Tenant C1 was not comfortable with the staff coming to her apartment. Staff C reported it to the Executive Director and she was asked to write a written statement. Staff C said she believed Tenant C1's statement and felt it was truthful. She said Tenant C1 required assistance from the bed to the wheelchair to take her to the bathroom. Once on the toilet she would page when she was done. She needed assistance to stand up and a transfer disc was used. She said Staff A and another third shift staff were not helpful. She felt Staff A did not have a lot of compassion, did not have a lot of interest in the job and did not want to do personal cares. When interviewed on 3/25/24 at 12:19 p.m. Staff D said a few times Tenant C1 cried to her and other staff that Staff A was mean and refused to help her. Staff D said Tenant C1 reported when she was transferring out of bed, she was seated the edge on the bed and Staff A hit her with the wheelchair. There was no injury. Tenant C1 had a problem with Staff B too. Staff D said it was so bad at night that Tenant C1 wanted Staff D to put her to bed at 8:00 p.m. or 9:00 p.m. on second shift instead of third shift staff. She said Staff A and Staff B refused to help Tenant C2 at night. He would not always call for assistance and then had	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 6	A 160		

falls. She reported it a few times to the Executive Director and she requested a written statement.

When interviewed on 3/25/24 at 2:18 p.m. the Director of Health and Wellness revealed the following:

- Staff C told her that Tenant C1 reported being yelled at and told she did not belong there by staff. She also did not feel safe with how the staff positioned the transfer disc. Tenant C1 said the staff was Staff A. The Director of Health and Wellness made the Executive Director aware of it. She was afraid of transfers with her because she asked Staff A to reposition her and she did not. When she sat on the bed she was not far enough back on the bed. She said Tenant C1 was very sad, shaken and cried almost the whole time she visited with her. Tenant C1's story matched what she was told by Staff C and also what C1's family had reported. She believed what Tenant C1 had reported and said she was alert and oriented. Tenant C1 needed help to transfer to the toilet, back to the chair and back to bed.
- She had also interviewed Tenant C2 and he told her that he called for assistance to bathroom and to get cleaned up and was told by staff (Staff A) that he would need to wait until day shift arrived. He was in a soiled bed and protective undergarment full of urine. He would wait an hour or two. She believed what Tenant C2 reported and he was alert and oriented. She said Tenant C2 needed assistance to get out of bed, help cleaned up and changed and back to bed. He pushed his pendant when needed assistance with toileting.
- Tenant #1's family provided a video to the Director of Health and Wellness and the Executive Director. It showed Staff A telling Tenant #1 to go to bed and to not push her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 7	A 160		

pendant. She said Tenant #1 was yelled at and told to go to sleep. Tenant #1 asked what she was doing wrong and she said you could tell she was scared. She said Tenant #1 would take herself to bathroom and would push her pendant and did not always know why she had pushed it. She said Tenant #1 was alert but not oriented.
- The Executive Director and Director of Health and Wellness spoke with Staff A on the phone and she denied the allegations. She was suspended and then later terminated. She did not return to work.

When interviewed on 3/25/24 at 4:17 p.m. the Executive Director said she was made aware of the allegation between Tenant C1 and Staff A by the Director of Health and Wellness. She was told Staff A was being mean and there were verbal comments. An internal investigation was started that included staff interviews and tenant interviews. Tenant C2 spoke with the Director of Health and Wellness and reported he was incontinent and was told he could wait for first shift staff to arrive. She said Tenant C2 was supposed to call for assistance, he had many falls because he did not call and staff was to encourage him to call to prevent falls. Staff helped clean him up a lot of time. He gave a description of the staff, and it was Staff A. Staff A answered the pendant and then told him he could wait. She said Tenant #1's family sent her a video from a camera in her apartment. In the video Staff A told Tenant #1 not to push her pendant or call again. Tenant #1 was yelling asking what did she do. Family felt the staff was upset with her and Tenant #1 wanted to know why. She said Tenant C1 was a pretty reliable historian. She used a transfer disc for transfers including to get up from her bed. Staff A was off work, then was suspended and later terminated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 8	A 160		

An attempt was made to interview Staff A regarding the allegations; however, was not successful.

When interviewed on 3/25/24 at 3:50 p.m. Tenant #1 said she thought so, when asked if she was treated well by staff, but also referenced her cognitive deficit in response to the question asked. Her interview occurred on 3/25/24 and the video clip provided was from August 2023.

Tenant C1 was discharged on 2/17/24 and could not be interviewed at the time of the investigation.

Tenant C2 was discharged on 12/4/23 and could not be interviewed at the time of the investigation.

3. Review of Tenant #1's file on 3/20/24 and 3/25/24 revealed the service plan reflected the use of incontinence products to be disposed of every shift. Tenant #1 had a history of falls. The service plan indicated Tenant #1 was able to use her pendant.

Review of Tenant C1's file on 3/20/24 and 3/25/24 revealed a service plan indicating she was occasionally incontinent of bladder and needed assistance into the bathroom due to mobility. The service plan also indicated Tenant C1 had a history of falls, was chairfast, not ambulatory and staff propelled her in a wheelchair. She required the assistance of one person for transfers using a pivot device. The service plan indicated Tenant C1 was able to use her pendant.

Review of Tenant C2s file on 3/20/24 and 3/25/24 revealed a service plan indicating he needed assistance to use the toilet and to maintain bladder continence. Tenant C2 would call staff for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0277	A. BUILDING: _____ B. WING _____	C 03/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HILLS AT CEDAR RAPIDS	2903 F AVENUE NW CEDAR RAPIDS, IA 52405

(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) COMPLETE DATE
A 160	Continued From page 9	A 160		

assistance when he needed to use the toilet. The service plan also indicated Tenant C2 had a history of falls, he was chairfast and he propelled himself in the wheelchair to and from activities. The service plan indicated Tenant C2 was able to use his pendant.

4. In summary, Tenant #1, Tenant C1 and Tenant C2 did not receive care, treatment and services that were adequate and appropriate. Per staff interviews, staff written statements, tenant interviews, and video footage, Staff A refused to help Tenant #1, Tenant C1, Tenant C2 with cares as indicated on their service plan including toileting, transfers and pendant response to requests for assistance. Staff A told Tenant C2 to wait for toileting assistance from first shift when he had called for assistance due to incontinence. Staff A did not provide appropriate assistance with transfers for Tenant C1 when she requested Staff A reposition the transfer disc; Staff A did not reposition it and Tenant C1 had to grab her sheets to keep from falling. Additionally, Tenant C1 reported she was yelled at and treated poorly by Staff A and told she did belong there as she could not walk. On video Staff A was observed telling Tenant #1 to go to sleep and not to push her pendant. Staff A reported to co-workers that she was disrespectful to tenants, did not provide personal cares, did not get paid to provide toileting assistance and had "scolded/yelled" at Tenant #1 and told her she had no right to urinate in her bed and put her finger in her face.