

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155162		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/18/2024	
NAME OF PROVIDER OR SUPPLIER  AUTUMN RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP COD 600 WASHINGTON AVE WABASH, IN 46992			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 12, 13, 14, 17, and 18, 2024</p> <p>Facility number: 000081 Provider number: 155162 AIM number: 100289570</p> <p>Census Bed Type: SNF/NF: 33 Total: 33</p> <p>Census Payor Type: Medicare: 1 Medicaid: 23 Private: 5 Other: 4 Total: 33</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 24, 2024.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulation. This provider respectfully requests that the 2567 POC be considered the letter of credible allegation. The facility respectfully requests a desk review in lieu of a revisit.</p>		
F 0582 SS=D Bldg. 00	<p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Doug Lynch

HFA

07/08/2024

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 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 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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	<p>facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p>						

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	<p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on interview and record review, the facility failed to provide notification of Medicare non-coverage for 2 of 3 residents reviewed for beneficiary protection notifications. (Resident 24 and 138)</p> <p>Findings include:</p> <p>On 6/12/24 at 10:45 a.m., the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review Forms were reviewed, and indicated the following:</p> <p>1. Resident 24 had been admitted to the facility on 4/1/24 under the Medicare Part A Skilled Services. The last covered day of Part A services was 5/24/24. The resident remained in the facility. The clinical record lacked Skilled Nursing Facility Advance Beneficiary Notice of Non- Coverage (SNF ABN).</p> <p>2. Resident 138 had been admitted to the facility on 12/7/23 under the Medicare Part A Skilled Services. The last covered day of Part A Services was 1/16/24. The resident remained in the facility. The clinical record lacked Skilled Nursing Facility Advanced Beneficiary Notice of Non- Coverage (SNF ABN).</p> <p>During an interview, on 6/17/24 at 11:20 a.m., the Administrator indicated she would check to see if there was any documentation stating the form was mailed to the resident representatives for Resident 24 and Resident 138.</p> <p>During an interview, on 6/17/24 at 11:36 a.m., the</p>			F 0582	<p>What corrective actions will be accomplished for those residents found to be affected by the deficient practice: Residents affected by this deficient practice were with appropriate NOMNCs. Inservice was provided to those responsible for the NOMNCs. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents receiving MCR services have the potential to be affected. An audit of all residents who have received MCR benefits has been completed to ensure proper notification of non coverage and applicable SNF ABN forms were completed and provided.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: SS staff will be reeducated on the CMS guideline for non coverage for MCR/Determination on continued stay (ABN) including appropriate and timely documentation. All residents being cut from MCR services in the facility weekly MCR meeting and status of notification of non coverage will be discussed at that time. How the corrective action (s) will</p>		07/08/2024

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F 0677 SS=D Bldg. 00	<p>Administrator indicated she was unable to find any documentation showing the SNF ABN form was completed and mailed to their representatives.</p> <p>During an interview, on 6/18/24 at 10:12 a.m., the Social Services Director indicated she received a notice from therapy when resident's skilled services were to end. She tried to notify the resident representative on the same day. She filled out the NOMNC confirmation of notice by phone document and discussed the benefit options with them and how they could file an appeal. She was unaware she needed to fill out the SNFABN form. She mailed the forms to the representative and had them mail back the SNFABN form with their decision. She was unable to provide documentation showing discussion of the SNFABN form nor provide tracking information showing she mailed the forms.</p> <p>During an interview, on 6/17/24 at 2:09 p.m., the Administrator indicated the facility did not have a specific policy regarding the Beneficiary Protection Notification and agreed the SNF ABN form was not completed.</p> <p>3.1-4(f)(2) 3.1-4(f)(3)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review, the facility failed to provide grooming and dressing assistance (Resident 1) and failed to perform timely showers (Resident 26) for 2 of 3</p>			F 0677	<p>be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: SS will provide a NOMNC letter audit weekly x 4 and monthly x 3. QAPI audit tool will be reviewed in QAPI meeting for 6 months. If 100% threshold is not achieved, an action plan will be developed.</p> <p>What corrective actions will be accomplished for those residents found to be affected by this deficient practice: Resident 1 was</p>		07/08/2024

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	<p>residents reviewed for activities of daily living (ADLs).</p> <p>Findings include:</p> <p>1. During an observation, on 6/12/24 at 10:47 a.m., Resident 1 propelled herself in a wheelchair to the activity/dining area. She had brown facial hair the length of the diameter of a triple A battery to her upper lip.</p> <p>During an observation, on 6/12/24 at 3:46 p.m., the resident was seated in front of the nurse's station. The ADON talked to the resident briefly. The resident had a hole in her blue pants the size of a half dollar, in the left lower section of her abdomen, showing a white undergarment.</p> <p>During an observation, on 6/13/24 at 10:07 a.m., the resident sat in a wheelchair in the activity/dining area at a table eating a snack. She wore the same blue pants with a hole as mentioned above. The facial hair to her upper lip remained.</p> <p>During an observation, on 6/14/24 at 10:21 a.m., the resident asked the staff to help her back to her room from the nurse's station. The facial hair to her upper lip remained. Her shirt was pulled up on the left side and pants were down sitting low on her waist on the left side which left an area of her skin on her side exposed approximately the size of a half lengthwise standard sheet of notebook paper. LPN 4 assisted the resident back to her room.</p> <p>During an observation, on 6/14/24 at 10:33 a.m., the ADON asked the resident to go sit at the activity/dining room table, and she would get her a snack. The resident's shirt and pants were</p>				<p>shaved free of facial hair and clothing changed. Resident #26 was showered and hair shampooed.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All residents have the potential to be affected. Residents who are dependent for care have received appropriate ADL care including grooming, shower care, and appropriate clothing.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur: Nursing staff will be provided education on providing ADL care, grooming, and showers. Charge nurses will observe residents for proper ADL care during med administration. Department managers and supervisors will observe care compliance during customer care rounds and correct any non compliance at the time it is observed.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: I be reviewed by the QAPI committee To ensure compliance, the DNS/Designee is responsible for the completion of the ADL QAPI tool weekly times 4 weeks, monthly x 6 and then</p>		

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	<p>positioned as described above and continued to expose her skin on her abdomen and side.</p> <p>During an observation, on 6/14/24 at 11:48 a.m., the resident propelled herself in a wheelchair down the hall. Her shirt and pants remain positioned as described above.</p> <p>During an observation, on 6/17/24 at 11:17 a.m., the resident propelled herself in a wheelchair in the hall. She had small bits of brown particles smeared on her shirt. The facial hair to her upper lip remained.</p> <p>During an observation, on 6/18/24 at 10:25 a.m., the resident sat in a wheelchair at a table in the dining/activity area. The facial hair to her upper lip remained.</p> <p>The resident's clinical record was reviewed on 6/17/24 at 9:51 a.m. Her diagnoses included unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety disorder, bipolar disorder, current episode hypomanic, major depressive disorder, anemia, and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) assessment on 5/21/24 indicated the resident was moderately cognitively impaired. No behaviors were indicated. She required supervision or touching assistance with upper body dressing. She required partial/moderate assistance with lower body dressing, toileting hygiene, personal hygiene, transfers to bed, chair, and toilet, and moving from sitting to standing position.</p> <p>A current care plan for potential for tiredness, weakness, and abnormal labs due to anemia (10/1/21) included an intervention to assist with</p>				<p>quarterly. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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	<p>care as needed (10/1/21). The care plan was reviewed/revised on 6/4/24.</p> <p>A current care plan for ADLs functional status (6/18/21) indicated the resident required assistance with ADLs. The interventions included assist with dressing/grooming/hygiene as needed. Encourage the resident to do as much for self as possible (6/18/21). The care plan was reviewed/revised on 6/4/24.</p> <p>A current care plan (6/18/21) indicated the resident required assistance and/or monitoring with AM/PM care, nutrition, hydration, and elimination. The interventions included AM cares including bathing, dressing, hair combing and oral care (6/18/21) and PM Cares including bathing, dressing, hair combing and oral care. The care plan was reviewed/revised on 6/4/24.</p> <p>The progress notes and point of care documentation from 5/19/24 to 6/17/24 lacked resident refusals of grooming or dressing.</p> <p>During an interview, on 6/17/24 at 1:54 p.m., CNA 5 indicated when a resident refused showers, AM care, or PM care it is recorded under the POC (point of care) charting.</p> <p>During an interview, on 6/17/24 at 2:14 p.m., CNA 7 indicated if the resident refused AM or PM care she told the nurse.</p> <p>During an interview, on 6/17/24 at 2:18 p.m., CNA 7 indicated she put out clean clothes, underwear, washcloths and a towel for Resident 1 for PM care. The resident washed herself.</p> <p>During an interview, on 6/18/24 at 10:47 a.m., CNA 8 indicated Resident 1 was independent. CNA 8</p>						

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	<p>had very recently started working day shift and was uncertain how the resident was about removing facial hair. She was typically pretty good with showers. If the resident refused showers, AM care, or PM care it would be put on the electronic record. The nurse would also be informed of the refusal.</p> <p>During an interview, on 6/18/24 at 12:30 p.m., the DON indicated Resident 1 did a lot for herself and sometimes refused help. The DON would expect the staff to offer to change the resident's clothing if there were holes in them. She would expect the staff to offer to shave a resident as needed. She was unable to find refusals of dressing, changing clothes, or shaving in the resident's clinical record. The resident did not have refusals of facial hair removal or refusal to change clothing care planned.</p> <p>During an interview, on 6/18/24 at 12:38 p.m., the DON indicated she would expect the staff to offer to adjust a resident's clothing as needed.</p> <p>During an interview, on 6/18/24 at 12:50 p.m., CNA 8 indicated when a resident's clothes were not adjusted to cover their body, she would offer to adjust them.</p> <p>During an interview, on 6/18/23 at 3:32 p.m., Resident 1 indicated she did not need any help to get dressed or groomed. She did it herself.</p> <p>A current facility document, review date 4/2012, provided by the Administrator on 6/18/24 at 2:30 p.m., titled "A.M. Care," indicated the procedure steps for A.M. care included " ...Shave the resident, is [sic] needed ...Assist resident with dressing ...."</p>						



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	<p>2. During an observation, on 6/12/24 at 3:57 p.m., CNA 7 assisted Resident 26 out of her room in a wheelchair. The resident indicated loudly she did not have her "eyes" repeatedly as her wheelchair was being pushed. CNA 7 continued to push the resident's wheelchair down the hall. The Dementia Care Director stopped CNA 7 and indicated the resident needed her glasses. The resident's hair was greasy and lank.</p> <p>During an observation, on 6/13/24 at 10:02 a.m., the resident sat in a wheelchair at a table in the dining/activity area with her glasses on listening to recorded bagpipe music. Her hair was greasy.</p> <p>During an observation, on 6/17/24 at 11:15 a.m., the resident sat in a wheelchair at a table in the dining/activity area. Her hair was greasy.</p> <p>The resident's clinical record was reviewed on 6/14/24 at 1:45 p.m. Her diagnoses included dementia without behavioral disturbance, psychotic disturbance, mood, disturbance, and anxiety, depression, other fatigue, and muscle weakness.</p> <p>An annual MDS assessment on 4/24/24 indicated the resident was severely cognitively impaired. No behaviors were indicated. She required substantial/maximal assistance with showering/bathing and personal hygiene.</p> <p>A current care plan for ADLs functional status (7/9/22) indicated the resident required assistance with ADLs. The interventions included the following: Assist with bathing as needed per resident preference. Offer showers two times a per week, partial bath in between (7/9/22). The care plan was reviewed/revised on 4/25/24.</p>						

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	<p>The clinical record lacked a care plan for refusal of showers.</p> <p>The Point of Care notes indicated showers were given 5/16/24, 5/20/24, 5/27/24, 6/3/24, 6/6/24, 6/10/24, and 6/13/24. The notes indicated partial bed baths were given between 5/20/24 and 5/27/24 and between 5/27/24 and 6/3/24. No showers or full bed baths were given during the aforementioned time frames. The Point of Care notes lacked refusals of showers during the time frame from 5/20/24 through 6/3/24.</p> <p>The progress notes lacked refusal of showers between 5/20/24 and 6/3/24.</p> <p>During an interview, on 6/13/24 at 12:28 p.m., Resident 26's representative indicated the resident's hair often looked greasy and had never looked that way before in her life. She questioned if the resident was getting her showers and hair washed two times a week as scheduled.</p> <p>During an interview, on 6/17/24 at 1:54 p.m., CNA 5 indicated the residents could get as many showers a week as they wanted. They should get at least two a week. Their hair was washed with the showers. If the resident refused the shower, then it was documented in the electronic medical record.</p> <p>During an interview, on 6/17/24 at 2:14 p.m., CNA 7 indicated if the resident refused a shower, then it was documented on the shower sheet and in the computer. The residents had their hair washed with showers.</p> <p>During an interview, on 6/18/24 at 10:44 a.m., CNA 8 indicated the showers were marked on a paper and would mark on it if the resident refused. The</p>						

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F 0811 SS=D Bldg. 00	<p>refusal would also be documented in the electronic medical record. She washed the residents' hair each time showered.</p> <p>During an interview, on 6/18/24 at 12:24 p.m., the DON indicated the refusal of a shower should show up as a full bed bath as this would be what would be given if refused. She had not known the resident to usually have a problem with showers. She reviewed the resident's clinical record and was unable to locate refusal of shower or a full bed bath was given from 5/20/24 to 5/27/24 and 5/27/24 to 6/3/24. She asked the ADON to get her the resident's facility shower sheets between 5/23/24 and 6/3/24.</p> <p>During an interview, on 6/18/24 at 12:33 p.m., the DON indicated the facility had shower sheets that were to be filled out with showers. She reviewed the resident's shower sheets between 5/23/24 and 6/10/24. There were no shower sheets for the times between 5/20/24 and 5/27/24 and 5/27/24 and 6/3/24. She indicated there was one shower given in a week span during the above-mentioned time periods.</p> <p>A current facility document, reviewed on 4/2012, provided by the Administrator on 6/18/24 at 2:30 p.m., titled "Shower," indicated the following: "...Help resident shampoo and rinse hair ...."</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(3)(D) 3.1-38(a)(3)(B) 3.1-38(b)(2) 3.1-38(b)(3)</p> <p>483.60(h)(1)-(3) Feeding Asst/Training/Supervision/Resident §483.60(h) Paid feeding assistants-</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/15/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155162		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/18/2024	
NAME OF PROVIDER OR SUPPLIER  AUTUMN RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP COD 600 WASHINGTON AVE WABASH, IN 46992			
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	<p>§483.60(h)(1) State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if-</p> <p>(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and</p> <p>(ii) The use of feeding assistants is consistent with State law.</p> <p>§483.60(h)(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (ii) In an emergency, a feeding assistant must call a supervisory nurse for help.</p> <p>§483.60(h)(3) Resident selection criteria. (i) A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems. (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. (iii) The facility must base resident selection on the interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.</p> <p>Based on observation, interview, and record review, the facility failed to ensure qualified staff assisted residents with eating for 1 of 3 mealtime observations.</p> <p>Finding includes:</p> <p>During an interview, on 6/12/24 at 9:42 p.m., the</p>			F 0811	How will corrective action be accomplished for those residents found to have been affected by the deficient practice: Resident was not harmed by this practice. HR has been educated on tracking of licenses/certifications on 6/27/24. Activity aide was given education		07/08/2024

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	<p>Administrator indicated the facility did not have paid feeding assistants.</p> <p>During an observation on 6/14/24 at 12:21 p.m., Activity Assistant 10 sat down beside Resident 16 and assisted her with eating by filling the spoon with bites of food and placing it into the resident's mouth.</p> <p>During an interview, on 6/14/24 at 2:18 p.m., the DON indicated only licensed and certified personnel were permitted to assist residents with eating. The activity assistants had been certified recently as CNAs. She would locate Activity Assistant 10's certification.</p> <p>During an interview, on 6/14/24 at 2:23 p.m., the DON indicated Activity Assistant 10 had passed her skills test, but not her written test, for the CNA certification.</p> <p>Review of a CNA Skills Test document, provided by the DON on 6/14/24 at 2:23 p.m., indicated Activity Assistant 10 had passed her skills test on 1/9/24.</p> <p>During an interview, on 6/18/24 at 10:32 a.m., the DON indicated she was uncertain of how long Activity Assistant 10 was able to assist the residents with eating after taking her class without passing the certification. The DON was not generally on the secured unit during mealtimes and was uncertain how often Activity Assistant 10 actually assisted the residents with eating.</p> <p>During an interview, on 6/18/24 at 12:50 p.m., CNA 8 indicated the nurses and CNAs assisted the residents with eating. The Dementia Care Director was not permitted to assist the residents with eating. Activity Assistant 10 assisted the</p>				<p>on scope of practice.</p> <p>How will the facility identify other residents having the potential to be affected by this same deficient practice: All residents requiring feeding have the potential to be affected, however no others were affected.</p> <p>What measures will be put into place for systemic changes made to ensure that the deficient practice will not recur: HR was educated on the timelines for CNAs and how long they have to work in each step before certification. The aide was also educated on her scope of practice. Each new staff will review their scope of practice with ED/Designee. DNS to monitor new staff to ensure staff are aware of their scope of practice.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Monthly audits performed by HR will be completed monthly and presented to QAPI x 6 months. Any audit under 100% will result in an action plan. Audit will be performed to ensure only qualified personnel are feeding weekly x 4, monthly x 5.</p>		

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	residents with eating because she was certified.  A current facility policy, dated 10/2023, provided by the Administrator on 6/18/24 at 4:08 p.m., titled "Nurse Aide In-Training Program Policies and Procedures," indicated the following: "...after an individual has received a certificate of completion for passing a Nurse Aide Training Program, they have twenty-four months from the date disclosed on the Certificate of Completion to pass their state exam. In the meantime, they may be employed as a Nurse Aide for up to 120 days. After 120 days, if the individual has not completed and passed the State exam, they must be transferred into a non-certificate required role ...."  3.1-53(c)(6)						