P357

All residents had the ability to be impacted by this deficient practice

All residents identified during the survey as having undocumented medication omissions will be reviewed by the Health and Wellness Director.

Medication records were updated to reflect the missed doses, and appropriate follow-up assessments were completed to ensure no adverse effects occurred.

An audit was conducted of MARs to ensure any omissions were identified, and appropriate steps were taken.

All CRMA's, and licensed, staff were re-educated on the policy and proper documentation standards, including:

- Recording medication omissions immediately on the MAR.
- Completing an incident report for each omission.
- Notifying the nurse and resident's provider for assessment and follow-up.

The HWD or their designee will randomly audit 3 mars per unit, weekly for a period of 1 month, then random audits for a period of two months until substantial compliance is achieved.

Results of the audits will be presented to the facility's QA committee for review and recommendation.

Completion Date: November 17,2025

P450

All residents had the ability to be impacted by this deficient practice.

Residents identified have had inventory taken, documented, reconciled, and signed by either the resident or their representative.

An audit of all residents will be conducted to ensure that inventory and reconciliation occurs.

Re-education to CRMA's, PSS's, and Admissions will be conducted regarding inventory, and reconciliation of a resident's personal belongings.

The HWD or their designee will audit each new admissions chart for a period of 1 month, then randomly for a period of two months or until substantial compliance is achieved.

Results of the audits will be presented to the QA Committee for review and recommendation.

Completion Date: November 17, 2025

P494

All residents had the potential to be impacted by this practice.

There were no ill effects to residents by this practice.

Residents identified during survey, and that are still in the community will have Service Plan Reviews conducted. Current residents will be offered a copy of their service plan and documented.

Upcoming service plans will be developed with the resident and or their legal representative to address areas of need or interest as identified by their assessments.

The Health and Wellness Director or their designee will conduct weekly audits of any service plans that have been completed for a period of 1 month, then random audits for a period of two months or until substantial compliance has been achieved.

Results of the audits will be presented to the facility's QA Committee for review and recommendation.

Completion Date: November 17, 2025

P521

Corrective action taken for identified deficiency

All CRMA's and PSS's identified received an annual evaluation.

The Human Resources Director or their designee will audit all CRMA and PSS files to determine who else may not have yet had an annual evaluation. All CRMA's and PSS's evaluations will be completed.

The Health and Wellness Director and HR Director have developed a schedule to ensure staff receive their annual evaluation.

The Health and Wellness Director or their designee will conduct random monthly audits to ensure CRMA's and PSS's due for evaluation are completed in a timely manner.

The results of these audits will be presented to the facility's QAPI Committee for a period of 3 months or until substantial compliance is achieved

Date of Completion November 17,2025

P532

Corrective action taken:

RN Consultant has been identified and implemented on October 15th, 2025.

Documentation of each consultation visit will be completed, including review of medication administration, health assessments, incident reports, and staff training.

Immediate notification to the Administrator if the RN consultant is unable to fulfill scheduled visits.

An audit will be conducted by the Administrator or their designee to ensure the RN Consultation Log is reconciled for timely completion. The frequency of audits will be weekly for a period of one month, then monthly for a period of two months.

The results of the audit will be presented to the facility's QA Committee for review and recommendation.

Completion Date: November 17, 2025

P595

All residents of the facility have the potential to be affected by these practices.

Education will be provided to dining staff regarding the importance of logging temperatures for refrigerators, freezers, and dish machines, the importance of sanitation, labeling, and dating.

The Dining Services Director or their designee will conduct audits to determine compliance with proper infection control practices, temperature monitoring of both refrigerators, freezers, and dish machines. Random daily audits will be conducted

Results of the audits will be submitted to the QAPI committee for review and recommendation

Date of Completion: November 17, 2025