Piper Shores Skilled Nursing Facility
Plan of Correction
Provider Number 205187
Survey Date 09/11/2024

F 582 Medicaid/Medicare Coverage/Liability Notice

1. The SNFABN forms for 2 residents were submitted the day after services ended so the deficient practice cannot be retroactively corrected.

2. The deficient practice has the potential to affect residents who are discharged from Medicare, Part A services and remain in the skilled nursing facility.

3. The Social Worker will add SNFABN forms to the ABN tracking system and the utilization review team will monitor projected discharge dates, to ensure forms are completed 48 hours before end of Medicare coverage.

4. Corrective action results will be monitored by the DON in weekly Utilization Review Committee and discrepancies will be reviewed by the Administrator. Results will be reported to the QA Committee for at least 120 days.

F 582 Correction Date: October 26, 2024

F 584 Safe/Clean/Comfortable/Homelike Environment

1. The exhaust fans and the rust stain were cleaned on 09-12-24. The tape on the bottom perimeter of the shower stall was removed on 09-12-24. The wall and floor surface areas were cleaned by the Environmental Services team on 09-12-24 and recalked by a vendor on 09-23-24.

2. The deficient practice has the potential to affect all residents.

3. The exhaust fans in the facility will be inspected weekly by the Facilities Manager and the Environmental Services Director or designees. The shower room, including exhaust fans, will be inspected and cleaned weekly by the environmental services department. The Environmental Services Manager and Facilities Manager or designees will conduct weekly quality assurance rounds in the facility to monitor for safe clean and homelike environment.

4. Corrective action results will be monitored by the Administrator and reported to the QA committee for at least 120 days.

F 584 Correction Date: October 26, 2024

F 640 Encoding/Transmitting Resident Assessments

1. The MDS for resident number 31 was transmitted and accepted on 09-10-24.

2. The deficient practice has the potential to affect all residents.

3. The Clinical Services Manager will complete a monthly tracking form for MDS assessments scheduled for that month. The form will include the MDS type, ARD, expected MDS and Care Plan completion date, date MDS is to be submitted by, actual submission date, accepted date.

4. Discrepancies will be reviewed by the DON and results will be reported to the QA committee monthly for at least 120 days.

F640 Correction Date: October 26, 2024

F 678 Cardiopulmonary Resuscitation/CPR

1. The deficient practice cannot be corrected retroactively.

2. All residents experiencing an acute cardiopulmonary emergency have the potential to be impacted.

3. Facility job descriptions for licensed nurses will be updated to include CPR as a required skill. CPR certification/recertification courses will be provided to the staff without current certification. CPR certifications for nursing staff will be entered into the facility's electronic HR tracking system and the DON will monitor. The automated licensure and certification system will provide notice to the employee, HR and Director of Nursing 90 days prior to expiration of certification.

4. Corrective action results will be monitored and corrected by the DON and the Administrator. Audit results will be reported to the QA committee for at least 120 days.

F678 Correction Date: October 26, 2024

F 759 Free of Medication Error Rates 5 Percent or More

1. The deficient practice cannot be corrected retroactively.

2. The deficient practice has the potential to impact all residents who receive medication.

3. The CNA-M who administered the medication was counseled and a performance improvement plan was initiated. In-service education was provided by the DON and the Staff Development Coordinator on medication administration practices to CNA-Ms and Licensed nurses and in-service will be provided by the pharmacy provider. Medication administration audits will be conducted with CNA-M's and licensed nurses.

4. Corrective action results will be monitored and corrected by the DON and the Administrator. Audit results will be reported to the QA Committee for at least 120 days.

F 759 Correction Date: October 26, 2024

F 761 Label/Storage Drugs and Biologicals

1. The expired medications were removed for destruction on September 9, 2024.

2. The deficient practice has the potential to impact all residents receiving medications.

3. Licensed nursing staff and CNA-M's were in-serviced on medication storage policy including removal of expired medications, temperature monitoring, and securing (locking) medication. The medication room refrigerator was added to our remote temperature monitoring system. Surveillance audits will be conducted weekly and monitored by the DON or designee.

4. Charge nurses will complete medication storage audits and report discrepancies. Discrepancies will be reviewed by the DON or designee. Results will be reported to the QA committee for at least 120 days.

F 761 Correction Date: October 26, 2024

F 812 Food Procurement/ Store/Prepare/Serve-Sanitary

1. The two main air duct vents were cleaned. The over the stove exhaust hood was cleaned by the contracted maintenance vendor on 9-18-24.

2. The deficient practice has the potential to impact all residents.

3. The air duct vents will be inspected weekly by the Dietary Manager. The cooks will be educated on fire safety, the importance of checking the kitchen hoods and vents and scheduled vendor hood maintenance. Scheduled vendor maintenance for the

kitchen hoods will be changed from semi-annually to quarterly. The over-the-stove exhaust fans will be inspected by the Dietary Manager at least monthly.

4. Discrepancies will be reviewed by the Administrator and corrective results will be reported to the QA Committee for at least 120 days.

F 812 Correction Date: October 26, 2024

F 947 Required In-Service Training for Nurses Aides

1. The deficiency cannot be retroactively corrected.

2. The deficiency has the potential to affect all residents.

3. The CNA training records were audited, and CNAs who have not met the mandatory training requirement will complete additional continuing education, up to 12 hours, including dementia training. CNA job descriptions and CNA training policy will be revised to include mandatory training requirements, due annually by calendar year. All CNA training will be entered into the continuing education management system and audited monthly by the DON and the HR Director.

4. Corrective action results will be reviewed by the Administrator and the DON. Results will be reported to QA Committee for at least 120 days.

F 947 Correction Date: October 26, 2024