RUSSELL PARK REHABILITATION & LIVING CENTER
COMPLAINT INVESTIGATION(S)
PLAN OF CORRECTION
September 2, 2024

Please note the filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The facility is filing this plan of correction in accordance with applicable law.

F558 - 483.10(e)(3) Reasonable Accommodations Needs/Preferences
Finding #'s 1-2

- Resident #2's call bell was repositioned within reach.
- Resident #1's call bell was repositioned within reach.
- Other residents have the potential to be affected by this alleged deficient practice in regards to call bells not being placed within the resident's reach. There were no other allegations or findings of this nature observed.
- Staff education is being provided regarding reasonable accommodation of resident needs specific to call bell placement within resident reach. The Director of Nursing Services, or designee(s), will conduct routine and random audits weekly x 4 weeks, and then monthly x 3 months to ensure appropriate call bell placement. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.
- **Date of Completion: September 18, 2024**

F690 - 483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI
Findings # 1-2

- Resident #1 was admitted to the hospital on 7/29/24, prior to the Microbiology result dated 8/1/24 being provided to the facility. It should also be noted, the statement "ID (Infectious Disease) consult is recommended," is guidance and not an order. Per the Central Maine Medical Center Microbiologist, this phrase "is an offer to provide guidance to a physician, if a physician felt they needed assistance in the identification of an appropriate antibiotic treatment course, as indicated." Resident #1 did not readmit to the nursing facility until 8/7/24, and was seen by Infectious Disease while an inpatient in the hospital setting.
- Resident #3 also had a Microbiology result dated 5/4/24 which contained the statement, "ID (Infectious Disease) consult is recommended," Resident #3's physician (and nurse practitioner) both reviewed the lab results and deferred making an Infectious Disease referral. Resident #3's physician had several conversations with ID, and documented a conversation with ID "if they have no s/s of urosepsis, you should not be checking their urine in the first place....Res #3's ID said, "Res #3 has had, and will have, infections/urosepsis and just culture it because of multi-resistant contaminants. An ID referral was not clinically indicated. Resident #3 has had an extensive history of ID involvement in his/her care over the course of a year, or more of time.
- Other residents have the potential to be affected by this alleged deficient practice however, there were no other allegations or findings of this nature observed.

#1 9/16/24

- Nursing staff will be educated on reviewing lab results and to encourage providers to do the same, making notation(s) in the clinical record, if indicated. The Director of Nursing Services, or designee(s), will conduct routine and random audits weekly x 4 weeks, and then monthly x 3 months to ensure additional follow up to laboratory results is completed, as indicated. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.
- **Date of Completion: September 18, 2024**

F758 - 483.45(c)(3)(e)(1)-(5) Free From Unnec Psychotropic Meds/PRN Use
Finding #1

- Resident #2 was admitted on 5/2/24 with active psychoactive medication order(s). The goals of care, diet, medications and treatment plan were discussed with "family and resident's POA," (Prior to discharge from the hospital to the skilled nursing facility.) After admission to SNF, as medication orders were being changed, the nursing staff, as well as the physician have documented notification of the resident's responsible party. The Director of Nursing will attempt to obtain a signed consent form from the resident's responsible party for psychotropic medications.
- Other residents have the potential to be affected by this alleged deficient practice. There were no other allegations or findings of this nature observed.
- Staff Education is being provided regarding obtaining consent for the use of psychoactive/psychotropic medications. The Director of Nursing Services, and/or designee(s), will conduct audits weekly x 4 weeks, and then monthly x 3 months to ensure medical records contain consent for the use of psychoactive/psychotropic medications. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.
- **Date of Completion: September 18, 2024**

F842 - 483.20(f)(5), 483.70(i)(1)-(5) Resident Records – Identifiable Information
Finding #'s 1-2

- The order for Resident #3 to turn patient every 2 hours and to wear waffle heel protectors at all times while in bed has been changed by the primary care provider (physician) and as such, there is no longer a need for turn and reposition tracking sheets.
- Resident #2's psychotropic/psychoactive medication(s) contain appropriate diagnoses.
- Other residents have the potential to be affected by these alleged deficient practices. There were no other allegations or findings of this nature observed.
- Staff Education is being provided to ensure if turn and reposition tracking sheets are in use, they are being completed as intended; and will receive education to ensure diagnoses are included with psychoactive/psychotropic medication orders.
- The Director of Nursing Services, and/or designee(s), will conduct routine and random audits weekly x 4 weeks, and then monthly x 3 months. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.
- **Date of Completion: September 18, 2024**

F880 - 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control

Findings #1-3

- Resident's #1-3 have been placed on Enhanced Barrier Precautions (EBP), unless EBP is discontinued by the facility Medical Director.
- Other residents have the potential to be affected by the alleged deficient practice however, no other instances were identified.
- Staff Education is being provided regarding Multidrug-Resistant Organisms and EBP. The Director of Nursing Services, and/or designee(s), will conduct audits weekly x 4 weeks, and then monthly x 3 months to ensure EBP has been implemented where indicated. The results of the audits will be reported to the facility's Quality Assurance Committee for 3 months, as indicated.

Date of Completion: September 18, 2024