F550

Resident Rights/Exercise of Rights

Resident affected did not receive any physical/psychological outcomes.

Education will be conducted with staff regarding resident rights and dignity practice. Beyond our scheduled trainings. To be completed by 11/22/24 with 90% completion of all employees

5 On-site Audits will be conducted of staff and their knowledge of resident dignity and use of personal identifiers. (Medical conditions/names/room numbers). See attachment A. These will be conducted weekly for 1 month and then monthly for 3 months. They will be brought to QAPI for review on 10/30/24 and again at the next quarterly QAPI meeting 01/29/25.

F578

Request/Refuse/ Discontinue Treatment

#47 Resident representative was contacted and agreed to provide healthcare and financial POA. Resident # 30 was unable to find his advance directive. SS spoke with and provided a blank copy of the advance directive. This was documented in the EMR.

An Audit of all residents residing in the building will be conducted. Any that are missing an advance directive will be contacted and offered a blank copy as well as assistance in filling it out. This will be completed by November 20, 2024.

All admissions will be offered a copy and assistance filling out the advance directive. If one is not obtained SS will continue to follow up at IDT quarterly meetings with resident and/or representative. Both these steps will be documented in the EMR.

This process will be audited on a monthly basis for one year. Five random residents will be chosen and this process will be audited. (See attachment B.) This information will be tracked at QAPI on a quarterly basis for one year.

F693

Tube Feeding Mgmt/Restore Eating Skills

Stoma assessed for any signs or symptoms of infection, no signs or symptoms.

Hands on Education given to licensed staff on the order for cleaning around the stoma with NS vs. Water.

Tube feeds will be audited on resident #48 and any other tube feed admissions once weekly for a month. Then once monthly for 3 months and reviewed at QAPI until 01/29/2025. (See Attachment C)

F699

Trauma Informed Care

Resident #9, #23 and #47 will all be seen by the Medical Director and assessed for potential PTSD, by November 7th. The POC will be updated as well as the diagnosis lists. Any interventions needed to prevent re-traumatization will be added to the POC and if there are no triggers that will be indicated in the POC as well.

A chart review will be conducted for all residents in the home. Identifying PTSD diagnosis as well as any trauma checklists with findings, documented on them. A provider DO/NP will review these findings and clarify the diagnosis. At this time, a POC will be initiated or updated as needed. This will be completed by November 7, 2024.

A procedure outlining the systemic change in work flow with be reviewed and signed by SS, Nursing, MDS, and the Medical Director. (see Procedure attached) Completed by November 7th, 2024.

A monthly audit of PTSD diagnosis and POC, including interventions or lack thereof for preventing re-traumatization will be conducted on 5 random residents including new admissions (See attachment D). This will be reviewed by SS, DNS and Provider. This data will be reviewed at Quarterly QAPI.

F761

Label/Store Drugs and Biologicals

All outdated medications were removed from "Available for Use" areas. These medications were discarded appropriately in the INMAR system when found.

All medications will be checked on a monthly basis for expiration date. Both medication rooms and treatment rooms on B and C unit.

Nurse managers will document the outcomes of their medication/treatment room checks and report to the DNS the findings. Any expired medications in storage will be discarded in the INMAR system.

Deficiency corrected at time of finding. Will continue monthly checks and reporting to DNS.

F812

Procurement, Store/Prepare/Serve-Sanitary

Trays were immediately covered when found to be deficient.

All residents that are being served in the West dining and their private rooms will receive a covered tray when leaving the serving area in the East dining area.

A systemic change was made to include tray covers for this unit that includes anyone in the West dining room as well as any room trays.

Audits will be completed by the Dietary Manager (See attachment E) on a weekly basis for 8 weeks to ensure that this systemic change has corrected the deficient practice outlined in the deficiency statement.

This was corrected at the time of findings and audits will be discussed at QAPI on 10/30/24 and 1/29/25.

Amanda Dumont, Director of Nursing

Amanda Dumont 10/24/24