ST. MARY'S d'YOUVILLE PAVILION

Provider ID# 205053

Facility ID# 0104

Event ID number # HXDW11

PLAN OF CORRECTION

F584 CFR(s) 483.10 (i)(1)-(7) Safe/clean/comfortable/homelike Environment

- Clean Linen Area: 4 Wall mounted fans that were dirty/dusty were cleaned on 3/28/2025
- Two wall mounted air conditioning units were dusted on 03/28/2025. Will be removed from service and replaced with new air conditioners when weather permits
- Soiled Linen Area: Two wall mounted fans that were dirty/dusted were cleaned and dusted on 3/28/2025
- 3rd Floor Units: Room 303 & 315 privacy curtains missing hooks and curtains replaced on 04/14/2025.
- Rooms 303, 315, 319, 320, 321 and 340 chipped/missing paint/black marks. Vendor from Iron Oak Contracting contacted on 4/11/2025 to complete project for chipped/missing paint. Room 303 baseboard heater unit to be repaired by Iron Oak Contracting.
- 4th Floor Unit East and West and 3rd Floor Unit East and West hallway walls/floors scuffed with black marks. St. Mary's EVS to clean floors/walls in rooms/hallways with scuff marks present.
- Room 315 and 435 with commode buckets on the floor were removed from floor on 03/28/2025 by United Manager.
- 4th Floor Unit East and West, hallway walls scuffed with black marks were taken care of by EVS on 4/15/25
- Rooms will be evaluated on an ongoing basis and repaired as needed
- A monthly audit will be conducted to ensure compliance on identified areas.
- Education to nursing staff will be provided on proper placement of commodes and identification and communication of rooms that require preventative maintenance.
- The audit reports will be presented at QAPI oversight committee beginning with June 2025 and ongoing for 6 months.

Compliance Date: May 1, 2025

F655 CFR(s) 483.21(a)(1)-(3) Baseline Care Plan

- Resident # 36 did not have a baseline care plan on anticoagulation within 48 hours of admission. The comprehensive care plan was reviewed and revised to include anticoagulation on 04/10/2025 by the Nurse Manager.
- Education will be provided to the CRN/Interdisciplinary Team about initiating baseline care plans within 48 hours of admission.
- A weekly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F684 CFR(s) 483.25 Quality of Care

- Resident #42 observed with Oxygen via nasal cannula at 3LPM. Medical record indicated patient was to be O2 4L to keep sat's at 93% at rest and 88% with activity.
- Order reviewed by physician on 3/26/2025 including recent oxygen saturations and order revised to read "Apply O2 3-4L to titrate sats at >93% at rest and >88% with activity."
- Resident #36 discharged from facility on 03/29/2025.
- 100% audit of all residents receiving oxygen.
- Education to healthcare team members to ensure resident is receiving the correct O2 therapy as validated with MAR/TAR.
- A weekly audit will be conducted to verify compliance.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F689 CFR(s) 483.25 (d)(1)(2) Free of Accident Hazards/Supervision/Devices

- Resident #105 smoking assessment dated 3/18/2025 with identification of visual impairment deeming patient unsafe to smoke. Care plan in place however observation of patient being able to safely light and extinguish was not included. On 03/26/2025, manager reviewed care plan, observed patient smoking outside and no revisions to care plan were determined to be needed. Patient discharged from facility on 03/28/2025.

- 100% Audit of residents/patients that smoke to ensure smoking assessment is completed and accurate.
- Quarterly audit for residents/patients that smoke to ensure they are able to smoke safely and care is accurate.
- Education to nursing staff on thorough completion of smoking assessment to include observation of lighting and extinguishing cigarette.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F695CFR 483.25(i)Respiratory/Tracheostomy Care and Suctioning

- Residents #40, #66, #42, and #370 unlabeled and undated nebulizer supplies. On 03/26/2025, unused equipment removed from patient rooms. New nebulizer supplies were dated and distributed to those patients received nebulizer treatments by Nurse Manager on 03/26/2025.
- Resident #153, #52, #42 with unlabeled and undated oxygen tubing. On 3/26/2025, new oxygen nasal cannulas were labeled/dated and supplied to identified patients.
- Education began on 03/26/2025 to health care team members on how to properly label, change and store respiratory supplies.
- 100% audit of patients/residents receiving respiratory treatments to ensure sanitary storage of supplies and care planned.
- Weekly audit to monitor respiratory supplies were changed, dated and stored appropriately.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F698CFR(s) 483.25(l) Dialysis

- Resident #105 did not have complete clinical approaches in dialysis care plan to check AVF for thrill and bruit, bleeding etc which Nurse Manager reviewed and updated care plan to include on 03/27/205. Patient discharged from facility on 03/28/2025.
- Resident #32 has catheter site to right upper chest used for dialysis access. Clinical record did not include order for dialysis or to address monitoring of access site. AVF site not

utilized and monitored by staff for signs of bleeding or infection. On 03/27/2025 care plan updated to include catheter care instructions and location of dialysis.

- 100% audit of patients/residents that receive dialysis to ensure care plan is in place
- Education to nursing team on assessment of hemodialysis catheters/fistulas and follow through of recommendations from dialysis center
- Monthly audits of dialysis care plans and approaches are in place.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F699 CFR(s) 483.25(m) Trauma-Informed Care

- Resident #39 clinical record did not include PTSD cause and triggers and intervention to prevent re-traumatization. Care plan reviewed and updated by Social Worker on 04/11/2025 to include triggers and appropriate interventions. Social Worker to complete reassessment of resident for Trauma Informed Care on 04/17/2025.
- Resident #110 clinical record did not include PTSD cause and triggers and intervention to prevent re-traumatization. Trauma Informed Assessment not completed due to residents' cognition. Resident residing on Memory Care Unit. Social Worker had reached out to family with no response. Social Worker to attempt reassessment for Trauma Informed Care of resident on 04/17/2025.
- 100 % audit of residents for completion of Trauma Informed Care Assessments and care planning of triggers.
- Quarterly audit for identified residents for care planning to include triggers and appropriate interventions.
- The audit reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F761CFR(s) 483.45(h) Storage of Drugs and Biologicals

- Surveyor found 2 unlocked and unattended medication carts on 3 West. Informed the nurse of this finding and nurse locked medication carts immediately.
- On 03/25/2025, the Nurse Manager was informed of the incident and education provided immediately to MT and Nurses on duty regarding importance of locking medication carts.

- Education to all nursing staff regarding importance of ensuring medication carts are locked, at all times when unattended.
- Weekly observation of medication carts to ensure they are locked when unattended
- The observation reports will be presented to the QAPI oversight committee monthly beginning June and ongoing for 6 months.

Compliance Date: May 1, 2025

F868 CFR(s) 483.75 QAA Committee

- Review of QAPI attendance sheets lacked evidence that the Medical Director attended the April 2024 meeting. July 2024 attendance sheets lacked evidence that the Administrator, Director of Nursing and the Infection Preventionists attended the meeting.
- The QAPI Committee membership will consist at a minimum of: Director of Nursing Services; Medical Director or designee; Administrator, board member or individual in a leadership role; Infection Preventionist.
- The QAPI Committee will meet no less than quarterly. The first month of each quarter January, April, July, October shall serve as the quarterly meeting. Attendance of all required individuals or their designees will be mandatory at these meetings. Sub - committees may meet at additional times to support the business of the QAPI Meeting. Sub-committee membership may not require the presence of mandated members. Business conducted by sub-committees will be reported to the QAPI Committee.
- Attendance sheets and written minutes of conducted meetings will reflect attendance at the quarterly meetings.
- Corrective actions will be initiated immediately. The next scheduled meeting of the QAPI Committee is April 30, 2025.

Compliance Date: May 1, 2025