Plan of corrections, survey Oct 21, 2024 Cove's Edge

F584 SS=B Safe/Clean/comfortable/Homelike Environment CFR(s):483.10(i)(1)-(7)

Corrective Action for resident identified in survey:

1. A report of missing items was filed in our quality reporting software (RLS) for each resident who identified missing items.
2. Missing items were added to missing item form in laundry.
3. Resident was approached for interview about missing items and declined to discuss. Resident #15 has subsequently died.
4. Resident #34 was offered a replacement item.

How to identify other residents having the potential to be affected by the same deficient practice:

Each interview able resident and/or family will be asked if they have any missing items which will be documented, and we will follow updated missing item policy.

Measures put in place to ensure deficient practice will not recur:

1. Possession list completed by nursing staff upon admission.
2. All clothing will be labeled with resident name. Memo's will be sent to families to remind them to bring any new items to nursing's attention for labeling.
3. Reviewed and updated missing item policy.
4. Staff educated on new policy and procedure for missing items.

The facility will monitor corrective actions to ensure deficient practice is being corrected and will not recur:

1. Inquire quarterly at resident Interdisciplinary meetings to any missing items.
2. For 6 months, each time a missing item is identified, an audit will be performed to ensure missing item policy is followed.
3. Data will be reported to our QAPI committee x2.

Full compliance by Nov 30, 2024.

F689 SS=E Free of Accident Hazards/Supervision/Devices CF(s): 483.25(d)(1)(2)

Corrective Action completed:

Clips were replaced on both lifts by 7:26am on 10.21.24

How to identify other residents having the potential to be affected by the same deficient practice:

The lifts are used with any appropriate residents, so the correction above, protected all residents with potential to be affected.

Measures put in place to ensure deficient practice will not recur:

1. A daily audit of the sit to stand Easy Way lifts will be completed by Nursing to ensure safety clips in place.
2. Staff educated to new safety practice/audit

3. If clips are missing, a high priority work order will be submitted, and lift will be removed from use until clips are replaced.

The facility will monitor corrective actions to ensure deficient practice is being corrected and will not recur:

1. A daily audit is being performed x 3 months.
2. Results of audit will be reported to QAPI committee x 2.

Full compliance by Nov 30, 2024.

F761 SS=E Label/store drugs and Biologicals CFR(s):483.45(g)(h)(1)(2)

Corrective Action for deficiency in survey:

1. Immediately had maintenance check refrigerator temperatures to ensure they are within safe parameters.
2. The internal thermometer was replaced. The outside monitor that shows the internal temperatures of the fridge was accurate. Confirmed that fridge has alarms for temperatures outside the parameters.
3. A new temperature log was developed to capture temperatures twice per day using the external monitor. The completion of the log is audited daily since Oct 22, 2024.

How to identify other residents having the potential to be affected by the same deficient practice:

The above plan will prevent any resident impact. This is the only medication fridge.

Measures put in place to ensure deficient practice will not recur:

1. A new temperature log was developed to capture temperatures twice per day using the external monitor.
2. Staff were educated to this process.

The facility will monitor corrective actions to ensure deficient practice is being corrected and will not recur:

1. The completion of the log is audited daily since Oct 22, 2024.
2. Results of audit will be shared at quarterly QAPI meetings x2.

Full compliance by Nov 30, 2024.

F825 SS=D Provide/Obtain Specialized Rehab Services. CFR(s): 483.65(a)(1)(2)

Corrective Action for resident identified in survey:

Resident #43 was evaluated by Occupational therapy on 10.23.24 and by Physical Therapy on 10.24.24 and established a plan of care.

How to identify other residents having the potential to be affected by the same deficient practice:

100% of the charts were audited for therapy orders and initiation of therapy services.

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Measures put in place to ensure deficient practice will not recur:

1. Therapy manager or delegate will check for new evaluation orders daily during work week and will schedule the evaluations within 72 hours.

The facility will monitor corrective actions to ensure deficient practice is being corrected and will not recur:

1. Therapy evaluation orders will be audited weekly x4, monthly x4 to ensure evaluations have been completed within 72 hours of orders written.
2. This will be reported to quarterly QAPI committee x 2.

Full compliance by Nov 30, 2024.

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