MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

F 645: PASARR Screening for MD & ID

The Nursing Facility failed to ensure that 1 or 2 residents reviewed with a specialized mental health diagnosis, whose stay went beyond the expected 30 days, had been referred to the appropriate state-designated authority for Pre-Admission Screening & Resident Review Level II (PASRR) evaluation and determination (Resident #26)

- A new PASRR was sent to the mental health authority for resident #26 on 1/13/25.
- A PASRR audit was completed and all residents are in substantial compliance.
- A spreadsheet for update submission time management has been developed for tracking purposes.
- At each resident's CPS meeting, Social Services will review PASRR's and send and update if needed, for residents remaining in the facility after 30 days.
- The Social Services supervisor, or designee, will complete random record audits.
- The results of the audits will be shared with the QAPI Committee for 3 months (February, March, April). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 2/7/25

Janelle Tompkins, 1/24/25
Administrator

MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

F 677: ADL Care Provided for Dependent Residents

The Nursing Facility failed to provide Activities of Daily Living (ADL) care in the area of oral hygiene for 2 or 2 residents reviewed for dental care (Resident #40 and #10) and failed to follow the Self-care deficit care plan in the area of oral hygiene for 1 or 2 reviewed. (Resident #10)

- Residents #40 and #10 oral care has been addressed.
- Education on oral hygiene was performed at CNA and RN Licensing meetings on 1/16/25.
- Education regarding documentation on oral hygiene has been performed on 1/16/25.
- DNS or Designee will randomly audit resident ADL documentation to ensure oral care is appropriately documented.
- The results of the audits will be shared with the QAPI Committee for 3 months (February, March, April). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 2/7/25

Janelle Tompkins, 1/24/25
Administrator

MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

F 690: Bowel/Bladder Incontinence, Catheter, UTI

The Nursing Facility failed to obtain a physician's order with a supporting diagnosis for the use of an indwelling foley catheter and failed to ensure the physician order for the foley catheter included the size of the catheter and the size of the catheter balloon for 1 or 3 residents reviewed with urinary catheters (Resident #110).

- Resident #110's care plan has been updated.
- An audit was completed on all residents with catheters for supporting diagnosis and physician orders.
- Education on care planning, following physician orders, and diagnosis for catheter utilization was provided at RN licensing meeting on 1/16/25.
- DNS or Designee will randomly audit diagnoses, care plans, and physician orders for residents with foley catheters for accuracy.
- The results of the audits will be shared with the QAPI Committee for 3 months (February, March, April). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 2/7/25

Janelle Tompkins, 1/24/25
Administrator

MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

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

The Nursing Facility failed to ensure the kitchen was maintained in a clean and sanitary manner for 2 or 2 kitchen tours. (1/6/25 and 1/7/25)

- The hood frame above the grill was painted with fire retardant paint on 1/11/25.
- The walk-in freezer was serviced for ice build-up on 1/7/25.
- The dishwasher hood exhaust vent was cleaned and dusted on 1/7/25.
- The prewash sink's rinse aid dispenser was ordered on 1/7/25 and filled on 1/10/25.
- A Warewash service work order has been requested for the prewash sink and rinse line.
- Education was provided to the Food and Nutrition staff on monitoring the walk-in freezer for ice buildup and proper storage within the unit, proper cleanliness in the dish room, product replenishment in the dish room, and work order compliance 1/22-24/25.
- Food and Nutrition staff will complete and document a daily inspection of the walk-in freezer and the dish room.
- Results of the daily inspections will be provided to the Dietary Manager.
- Results of the daily inspections and any corrective actions taken will be reviewed at QAPI for a period of 3 months (February, March, April). After 3 months, the QAPI committee will determine if auditing should continue and at what frequency/duration.

Completion Date: 2/7/25

Janelle Tompkins 1/24/25
Administrator

MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

F 880: Infection Prevention & Control

The Nursing Facility failed to maintain and implement an infection control program to help prevent the development and transmission of disease and infection.

- Resident #22's precaution sign was corrected.
- DNS or Designee performed an audit to verify all residents on precautions has the correct precautions sign outside of the resident's room.
- Education on infections which require precautions was performed at CNA and RN Licensing meetings on 1/16/25.
- Education on the proper cleaning process for shared glucometers and shared medical devices was performed at CNA and RN Licensing meetings on 1/16/25.
- Education on the management and cleaning of C. Difficile infection will be provided to all staff by 1/25/25.
- The infection preventionist will attend additional infection prevention and control training through the CDC to work directly with the staff develop coordinator and the DNS to develop in-service education programs pertinent to infection control and sanitation issues.
- DNS or Designee will randomly audit resident infections to ensure appropriate documentation and precautions.
- DNS or Designee will randomly audit to ensure proper cleaning or shared medical devices.
- The results of the audits will be shared with the QAPI Committee for 3 months (February, March, April). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 2/7/25

Janelle Tompkins, 1/24/25
Administrator

MaineGeneral Rehab and Long Term Care – Glenridge

PLAN OF CORRECTION

F 881: Antibiotic Stewardship Program

The Nursing Facility failed to implement its Antibiotic Stewardship Program (ASP) that includes antibiotic use protocols and a system to effectively monitor antibiotic use. This has the potential to affect all residents receiving an antibiotic.

- The infection preventionist will utilize a spreadsheet that tracks resident infections within the facility. The spreadsheet will include: the completion of cultures, the results of the culture and the infecting organism, the antibiotic prescribed to treat the infection, if the organism is an MDRO, and if the resident is on precautions.
- The infection preventionist will follow up with the provider for any antibiotic order that does not treat the cultured infection identified.
- The infection preventionist will share the spreadsheet monthly with the Medical Director for input on infection monitoring, potential outbreak investigations, and antibiotic usage, and tracking/trending of infections.
- The infection preventionist will present the infection spreadsheet at the monthly infection prevention meeting and discuss infection trends and/or organisms, infection clusters, and antibiotics used.
- DNS or Designee will randomly audit resident infections and the resident infection spreadsheet to ensure appropriate documentation and follow-up on ensuring that proper antibiotic use has occurred.
- The results of the audits will be shared with the QAPI Committee for 3 months (February, March, April). After 3 months, the QAPI Committee will determine the continuation and frequency of audits.

Completion Date: 2/7/25

Janelle Tompkins, 1/24/25
Administrator