Borderview Rehab and Living Center
Department of Health and Human Services
Centers for Medicare and Medicaid Services
Plan of Correction for April 18th, 2024, Annual Recertification Survey

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 laws.

F 550 SS=E~ Resident Rights/Exercise of Rights CFR (s): 483.10(a)(1) (2)(b)(1)(2)

Corrective Action:

- Members of the nursing management team will conduct call bell surveys routinely and follow up with staff with findings.
- Education will be provided to staff related to importance of answering call bells timely.
- Staff will be educated not to cancel or turn off the call light until staff is in the room to assist resident with their needs.
- Certified Nurse's Aids will be educated on rounding with a purpose.
- DNS or designee will compile results of audits, these audits will be reported to the facility Quality Assurance Committee for 6 months, and address as indicated.

Date of Completion: 5/10/2024

F 565 SS=E~ Resident/Family Group and Response CFR (s): 483.10(f)(5)(i)-(iv)(6)(7)

Corrective action:

- A review of resident council minutes was completed. No outstanding issues noted at this time.
- Social Services educated on how to proceed with concerns presented by residents during resident council meetings.
- After each Resident council meeting, social services will provide Managers a summary of issues related to their departments.
- A complaint/concern tool was created to address concerns.
- Social services or designee will report to the facility Quality Assurance Committee for 6 months, and address as indicated.

Date of Completion: 5/10/2024

F 684 SS=D~ Quality of Care CFR(s):483.25

Corrective action:

- Lab orders were reviewed at time of survey and addressed.
- Nurses will process new orders. Labs orders/diagnostic testing orders will be reviewed by a second nurse to ensure accuracy and that all steps have been taken. These will be reviewed a third time during 24 hour chart checks.
- Education will be provided to staff regarding steps to be taken to ensure orders are followed through.
- DNS or designee will complete audits regularly on completeness of lab/diagnostic orders. Results of audits will be reported to the facility Quality Assurance Committee for 6 months, and address as indicated.

Date of completion: 5/10/2024

F 727 SS=E RN 8 Hrs/7 days/wk, Full Time DON CFR (s): 483.,35(b)(1)-(3)

Corrective action:

- Registered Nurses hired to allow RN coverage per regulation
- Members of the nursing management team will review the schedule prior to posting, to ensure at least 8 hours of consecutive RN coverage daily, to ensure compliance with regulation.
- RN nurse manager will cover for 8 hours, or will work with staffing agencies to ensure appropriate coverage.
- DNS or designee will report to the facility's Quality Assurance Committee for 6 months, and address as indicated.

Date of Completion: 5/10/2024

F 812 SS=D~ Food Procurement, Store/Prepare/Serve-Sanitary CFR (s): 483.60(i)(1)(2)

Corrective action:

- Hair nets and beard nets were added to shelf during meal service to ensure head and beard coverings are always available.
- Staff will be educated on regulation of wearing head and facial hair covering.
- Dietary Supervisor will monitor compliance with wearing hair nets for head and face for any employees who have hair and report to the facility Quality Assurance Committee for 6 months and address as indicated.

Date of Completion: 5/10/2024

F 883 SS=D~ Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)

Corrective action:

- An audit was completed to identify residents that are due for their vaccines.
- A tracking tool was created to ensure compliance with vaccinations.
- Infection Preventionist will review monthly, and schedule resident's that are due for immunizations.
- Infection Preventionist will report findings to the facility Quality Assurance Committee for 6 months and address as indicated.

Date of Completion: 5/10/2024

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