PLAN OF CORRECTION (POC) -- Ledgewood Manor
Provider ID #: 205137
Facility ID #: 0514
Survey Completed: February 26, 2025
Date Statement of Deficiencies (SOFD) Received: March 7, 2025
Date Plan of Correction (POC) Due: March 17, 2025
Completed by Nathaniel Bennett, MLA, General Manager
TO: [redacted]

F578- Advanced Directive Information

Residents #24, 38, 17
Must document advanced directives or provide written information concerning the right to formulate an advanced directive. Must be documented that offer was made or have on file.
Code status from provider notes, not given as an order for chart.

Corrective Action(s)

- Advanced Directive form in admission packet updated to reflect option for information on obtaining advanced directive if resident does not already have one.
- Audit to check all advanced directives are uploaded to residents MISC section of their chart. This will be completed by **Friday, March 28, 2025**.
- Quarterly check-ins will be made for those who do not have one in place thereafter.
- All residents' code status will be cross checked with their POLST and audited to be sure that order is in PCC.

F623- Transfer/Discharge Written Notice

Residents #- 6, 21, 40
Written Notice must include the following:

- Reason for Transfer/discharge
- Time and Date
- Location resident is being transferred or D/C'd to.
- Appeal Rights
- Name and address/information for the LTC ombudsman
- Information for intellectual or mentally ill

Corrective Action(s)
This form is already in place. SEE ATTACHED. As of **Monday, March 17, 2025**, the DON will audit each send out via clinical dashboard to ensure that notice was discussed and documented with family upon transfer and discharge of each resident. Failure to do so will result in disciplinary action from DON.

F625- Notice of Bed Hold Policy

Residents #- 6, 21, 40
Written notice must be provided that states:
The duration of the bed hold
Given to Resident/POA

Corrective Action(s)
This form is already in place. SEE ATTACHED. As of **Monday, March 17, 2025**, the DON will audit each send out via clinical dashboard to ensure that notice was discussed and documented with family upon transfer and discharge of each resident. Failure to do so will result in disciplinary action from DON.

F637- Significant Change MDS's within 14 days of change in status.

Residents # 23, 29, 31
Significant Changes were not done within 14 days of the hospice admission.

Corrective Action(s)
Significant Change in Status Form was created **March 12, 2025** to be used by clinical staff when change occurs. The form is to be given to DON and Res Coordinator. SEE ATTACHED. Going forward, the DON or Res Coordinator will ensure that significant change MDS is initiated and completed within 14 days of change of status. This is now in place as of **Monday, March 17, 2025.**

F655- Baseline Care Plans

Residents # 38, 39, 242, 243, 244
Baseline care plan must be completed within 48 hours of admission. Must provide the residents and/or representative with a copy of the care plan.

Corrective Action(s)
An admission checklist was created **Friday, February 28, 2025** for licensed staff to use for new admissions. Baseline care plan must be completed during admission and signed off by nurse completing. DON will audit this at each admission to ensure completion. It was first used successfully with a new admission **Monday, March 3, 2025**, and will be used going forward.

F656- Comprehensive Care Plans

Resident #21
Failed to update care plan with psychotropic drug use and nutritional concern after medication changes made 10/2024. Triggered from CAA area on annual MDS assessment.

Corrective Action(s)
DON/MDS coordinator will trigger Comprehensive care plan upon completion of ENTRY MDS to ensure initiation. DON will review the care plan at each MDS assessment to ensure that updates to include medication and status changes have been implemented. This has been put in place and used successfully with a new admission **Monday, March 3, 2025.**

F689- Free of accidental hazards/supervision/devices

Whirlpool room closets both found to be unlocked (key in the door) and chemicals stored inside.
The supply room where OTC's are stored was open on day 1 of the survey.

Corrective Action(s)

- The supply room doorknob was changed out for a keypad lock on **Wednesday, February 26, 2025** and a sign was posted on the door reminding staff to always keep the door closed.
- Audits will be conducted by DON or designated staff member per the following schedule starting the week of **Sunday, March 17, 2025**:
    - Twice a week X 30 days.
    - Weekly X 60 days
    - Monthly

F695- Respiratory care/suctioning

Resident # 24
The Nebulizer machine was found in a resident's room on the side table. Tubing on machine was dated 10/27. Resident had PRN order for a neb- per policy, tubing should be changed weekly.

Corrective Action(s)
Starting the week of **Sunday, March 16, 2025**, Weekly Audits will be made by DON/Infection preventionist or designated person x 6 months to ensure compliance with facility policies. Additionally, all residents with nebulizer orders will have a secondary order entered into the TAR to trigger weekly tubing changes.

F755- Pharmacy services

Narcotic count books were audited from each cart. Per policy- count must be done per shift and signed off by 2 licensed/certified individuals. Missing signatures were found on the following dates:
9/28, 11/28, 12/19, 1/21, 1/23, 2/3, 2/15, 2/23, 2/24

Corrective Action(s)
Narcotic book review was completed on **Thursday, March 6, 2025**. A typed copy of the report was placed in each licensed nurse's mailbox for review. Staffing logs reviewed and each identified facility staff member that missed a signature will be written up.

Audits will be conducted by DON or designated staff member per the following schedule starting the week of **Sunday, March 16, 2025**:

- Twice a week X 30 days.
- Weekly X 60 days
- Monthly

F812

1. RE: Countertop

A. What corrective actions will be accomplished?
The damaged countertop beside the prep sink will be repaired/replaced with new Formica or other appropriate material.

B. How will other residents potentially be identified and what corrective actions will be taken?
Going forward staff will immediately report any cosmetic issues with the countertop.

C. How will the facility monitor performance for sustainability?
Staff in the kitchen will monitor the condition of the countertops and report issues to the Dietary Supervisor, who will notify Maintenance to repair.

D. When will the corrective action be completed?
Ron Cooper, a professional contractor, is planning to arrive and assess what needs to be done Tuesday, March 18, 2025. The countertops will be replaced by or before **Friday, April 11, 2025**.

2. RE: Fans

A. What corrective actions will be accomplished?
The two existing floor fans in the dish room will be removed from use and replaced with a 30" wall fan.

B. How will other residents potentially be identified and what corrective actions will be taken?
Once the fans are removed and replaced, this will correct the problem.

C. How will the facility monitor performance for sustainability?

Staff while cleaning fans will report to FSD if there is any paint chips or rust on fans
Staff will be trained in reporting and the fans in service will be cleaned weekly

D. When will the corrective action be completed?
Fans were removed from service Monday, March 10, 2025 and the new fan was installed and completed **Friday, March 14, 2025**.

RE: Dish machine leak

A. What corrective actions will be accomplished?
The leak under the dish machine has been fixed and the broken tiles will be removed.

B. How will other residents potentially be identified and what corrective actions will be taken?
Maintenance has fixed the leak and has started to lift all tile in the dish room

C. How will the facility monitor performance for sustainability?
Maintenance will check the dish machine twice weekly to make sure the leak is still closed. Maintenance will pull all tiles up, sand, wax, and seal the floor.

D. When will the corrective action be completed?
The leak was patched on March 10 and the broken tiles were removed on **Monday, March 11, 2025**.

RE: Dishroom walls and ceiling

A. What corrective actions will be accomplished?
The dish room walls, and ceiling will be patched, sanded and painted to make a cleanable surface.

B. How will other residents potentially be identified and what corrective actions will be taken?
Once the work is complete, regular cleaning will take place.

C. How will the facility monitor performance for sustainability?
Once the work is complete, the walls will be cleaned on a weekly basis and as needed.

D. When will the corrective action be completed?
This work will be complete by or before **Friday, April 11, 2025**.

RE: Air gaps

A. What corrective actions will be accomplished?

The air gaps on the ice machine and prep sink will be brought up to the proper heights to maintain the separation. The work on the prep sink will be completed during the replacement of the countertops as the sink will have to be removed for that work.

B. How will other residents potentially be identified and what corrective actions will be taken?
Maintenance will measure and fix the air gaps to make sure that they are within the federal regulations.

C. How will the facility monitor performance for sustainability?
Once the work is complete, this should fix the problem going forward.

D. When will the corrective action be completed?
This work will be completed by or before **Friday, April 11, 2025**.

RE: Dish machine temps

A. What corrective actions will be accomplished?
The dish machine is in the process of being repaired. In the meantime, paper is being used to serve food to residents. Trays are being washed and properly sanitized at the end of each meal. Once the dish machine is repaired, the staff will be trained in the requirements for the dish machine temps as per the policy of the building.

B. How will other residents potentially be identified and what corrective actions will be taken?
The staff will be trained in the requirements for the dish machine temps as per the policy of the building and reminded of the importance of taking the temperature for the dish machine.

C. How will the facility monitor performance for sustainability?
The FSD will check daily that the temps are being taken. When the FSD is not available, it will be the cook on duty checking the logs. All staff will be reminded of the importance of keeping up-to-date logs.

D. When will the corrective action be completed?
The dish machine will be repaired by or before **Friday, April 4, 2025**. All staff will be trained on the proper observation of temps and documentation by or before **Friday, April 4, 2025**.

RE: Sanitizer training

A. What corrective actions will be accomplished?

The staff will be properly trained and in-serviced on how to fill and check the sanitizer.

B. How will other residents potentially be identified and what corrective actions will be taken?

The dietary staff will be shown how to properly test the sanitizer buckets and in determining the correct measurements.

C. How will the facility monitor performance for sustainability?

The staff will be shown to discard the sanitizer water that hasn't reached the proper requirements and start over. All staff will be reminded of the importance of keeping up-to-date logs

D. When will the corrective action be completed?

The dietary staff will be in-serviced by **Friday, April 4, 2025**.