F558

Resident #24 has returned to her prior level of care.

All residents have potential to be affected by the practice. Current residents will be interviewed to determine their shower preference. This will be completed by 9/30/24.

Shower schedules will be revised to incorporate resident preferences if possible. This will be done by 9/30/24.

The Director of Nursing and/or their designee will monitor resident shower preferences to determine if the current system is working correctly. Any problems/suggestions will be discussed at the QAPI meeting. This will begin with the October 2024 meeting.

F585

All residents can be affected by the practice.

A grievance policy was revised and distributed to all staff/residents. This will be completed by 10/1/24/24.

A grievance box will be made available to residents and/or families to file grievances in an anonymous manner in an area accessible to all residents. This will be completed by 10/1/24.

Grievances will be reviewed at Quality Assurance & Performance Improvement committee meetings, beginning with October 2024 meeting.

Compliance with this plan of correction will be conducted through the Quality Assurance & Performance Improvement committee meetings committee, beginning with the October 2024 meeting.

F623

All residents have the potential to be affected by the practice.

The Resident Transfer Notice will be provided to the resident and/or responsible party upon transfer to the hospital and documented in the residents record. This will be completed by 10/1/2024.

We will provide additional training to nursing staff on the importance and procedures for issuing written transfer/discharge notices in accordance with current regulations. This will be completed by 10/1/24

We will perform weekly audits of transfer and discharge records on all transfers, to ensure all transfers to the hospital have a transfer notice. Results will be reviewed by the Quality Assurance and Performance Improvement Committee, beginning with the October 2024 meeting.

F625

All residents have the potential to be affected by the practice.

The Bed Hold Notice will be provided to the resident and/or responsible party upon transfer to the hospital and documented in the residents record. This will be completed by 10/1/2024.

We will provide additional training to nursing staff on the importance and procedures for issuing written transfer/discharge notices in accordance with current regulations. This will be completed by 10/1/2024.

We will perform weekly audits of transfer and discharge records on all transfers, to ensure all transfers to the hospital have a bed hold notice. Results will be reviewed by the Quality Assurance and Performance Improvement Committee, beginning with the October 2024 meeting.

F678

All residents have the potential to be affected by the practice.

We will update and verify the CPR certification status of all licensed staff members and ensure that those without active certifications are retrained and re-certified. This will be completed by 10/1/2024.

We will review and revise policy and procedures for emergency response, and educate all licensed nursing staff by 10/1/2024.

We will perform monthly audits of all licensed nurse's certification status, to ensure they remain active. Results will be reviewed by the Quality Assurance and Performance Improvement Committee, beginning with the October 2024 meeting.

F684

We will review and address the follow-up care needs for the affected resident with a pacemaker, ensuring that all required appointments are scheduled. This will be completed by 10/1/2024.

We will conduct an audit of all residents with pacemakers to verify if any other residents have missed required follow-up care, ensuring compliance for all affected residents. This will be completed by 10/1/2024.

We will provide targeted training to clinical staff on the importance of tracking and coordinating follow-up care for residents with pacemakers, emphasizing adherence to existing procedures and protocols. This will be completed by 10/1/2024.

We will implement random audits of follow-up care documentation for residents with pacemakers of relevant records, and review the results in the Quality Assurance and Performance Improvement Committee meetings, beginning with October 2024 meetings.

F730

We will complete overdue performance reviews for all nurse aides and ensure that these evaluations are documented and filed in their personnel records. This will be completed by 10/12/2024.

We will conduct an audit of performance review records for all nurse aides over the past year to identify any other instances where evaluations were not completed timely. This will be completed by 10/12/2024.

We will implement monthly audits of performance review records and review the findings during Quality Assurance and Performance Improvement Committee meetings, beginning with October's 2024 meeting.

F812

The refrigerator was cleaned and a temperature recording log was initiated on 8/26/24.

All refrigerators located in kitchenettes used by residents will be inspected for cleanliness and temperature logs, this will be completed by 8/30/24.

We will implement weekly audits of refrigerator cleanliness and temperature logs and review the findings during Quality Assurance and Performance Improvement Committee meetings, beginning with October's 2024.

F835

See plan of correction for F558, 5585, F623, F625, F678, F684, F730, F812, F940, F947, In addition POC below:-

All nursing staff will have a job description that reflects the duties of that position that will be reviewed and signed by each staff member. This will be completed by October 12, 2024.

We will perform audits of newly hired nursing staff and review the findings in the Quality Assurance and Performance Improvement Committee meetings to ensure ongoing compliance, beginning with October's 2024 meeting.

F940

We will complete the required training for all newly hired licensed nursing staff and current licensed nursing staff, ensuring they are up-to-date with CPR, licensed nursing competencies, dementia care, resident rights. This will be completed by 10/12/24.

We will complete the required training for all newly hired CNA staff and current CNAs, ensuring they are up-to-date with CNA competencies, dementia care, resident rights. This will be completed by 10/12/2024.

We will perform a comprehensive audit of training records for all nursing staff to identify any additional individuals who have not received the required training, ensuring that all staff are compliant. This will be completed by 10/12/2024.

We will conduct audits of staff training records and report the results to the Quality Assurance and Performance Improvement Committee for review and further action, beginning with October's 2024 meeting.

F947

We will schedule and complete the required 12 hours of annual in-service education, which will include dementia as well as mandatory yearly trainings for dementia care and resident rights, for the CNA's cited during survey

We will conduct an audit of the training records for all CNAs employed for more than one year to identify any additional individuals who have not met the required inservice education requirements including resident rights/dementia care.

We will perform audits of CNA training records, and review the findings in the Quality Assurance and Performance Improvement Committee meetings to ensure ongoing compliance, beginning with October's 2024 meeting.