Gregory C. Seitlin, RN, MSHAI Accepted 07082024

**Plan of Correction**

**Facility: Knollwood Pointe ALF**

**Facility ID# D4963**

**Survey Exit Date: 3/26/2024**

**Administrator:**

**A611 Deficiency Number: 420-5-4-.06 (4) (a) (b) Care of Residents**

Based on interviews and record reviews, the facility failed to promptly update a resident's care plan and develop appropriate interventions to address the care needs of the resident.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency.**
   A. The Regional Clinical Director audited the charts of any resident referenced in the deficiency and still residing in the facility to ensure compliance with care plan requirements to include necessary interventions to address the care needs of the resident(s).

2. **Specify how you will identify other residents or concerns, not identified by survey team, who may have problem similar to those listed in each example. Include specific timetables and the title of staff responsible.**
   A. Assisted Living Director will audit all assisted living resident records for compliance with care plan requirements by June 15, 2024.
   B. Any care pans found through the audit that need to be addressed will be completed by 6/30/24.

3. **Describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Include specific timetables and the title of staff who will accomplish the corrective action.**
   A. The facility RN was in-serviced by the corporate regional nurse on state required assessments with corresponding care plans on 5/20/24.
   B. The Reginal Clinical Director reviewed the assessment and care plan policy to ensure that it was in line with state regulations and not requiring any updates.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implanted and that the corrective actions adequately address the identified problems. Include specific timetables and titles of staff who will be conducting the monitoring.**

A. The Assisted Living Director will send in a weekly report to the Regional Clinical Director which includes information on required assessments/care plans and assessments/care plans coming due.
B. Weekly 1:1 meeting with the ALD and RCD or designees will be held to review assessments and care plans in addition to other clinical information regarding residents that may be at risk.
C. Monitoring documents will be kept in the ALD's office.