POC Accepted 11.14.24

Plan of Correction

Connie Cherry chg

PLAN OF CORRECTION

Facility Name: Pioneer Senior Living at Upland Park

Facility ID D4551

Administrator: Katy Economou

Survey Date: 9-17-24

Jamie Lancaster, 11-1853
11/4/24

Plan of Correction

Cited Deficiency Number: A405

420-5-4-.04 (6) Personnel

Violation 1 : Missing employee training records (prior to 8/2024)

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
    a. ***Employee files will be audited by 10/31/24***
    b. **Corporate support team will audit during quality assurance review**
- **Measures and changes put in place deficiency will not recur:**
    a. **Monthly employee file audit by HRC with monthly log**
- **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
    a. **Monthly auditing by the Executive Director**
    b. **Logs will be maintained in Executive Director office**
    c. **The corporate support team will audit upon Quality assurance reviews.**

Cited Deficiency Number: A 405
Employee files monthly

Date	Name/Signature

Plan of Correction

Cited Deficiency Number: A602

420-5-4-.06 (2) (a) (b) (c)

Violation 2: Care of Residents: Medical examination record. Annual medical exam not completed on RI #4, Current medical exam not in chart EI #5

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
  - **Residents' physician eval current as of 2024**
  - ***Audit all existing charts by 9-16-24 for current physician med exam***
  - **Corporate support team will audit during quality assurance review**
- **Measures and changes put in place deficiency will not recur:**
  - **Resident tracker will be implemented to audit by 10/1/24**
  - **Tracker will be maintained by community and reviewed by corporate support team during quality assurance reviews**
  - **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
- **Charts to be audited weekly for two months and then monthly thereafter by the Director of Resident Services or Designee.**
  - **Monthly auditing by the Executive Director via the resident tracker will be performed for monitoring.**
  - **Logs will be maintained in Executive Director office.**
  - **Corporate support team will audit upon Quality assurance reviews.**

Plan of Correction

Cited Deficiency Number: A602

Monthly Audits

Date	Name/Signature

Plan of Correction

Cited Deficiency Number: A 604
420-5-4-.06 (3) (a) (b)
Violation 3: Care of Residents. Health Supervision. Monthly assessments not completed for 8 months on RI #2. Self administration assessments not completed monthly on EI #5

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
  - ***All Self administration and Monthly Clinical Summaries are now scheduled in EHR to be completed monthly***
  - ***Director of Resident Services or Care Coordinator will review dashboard daily to ensure Clinical Monthly Summaries are completed as scheduled in EHR.***
  - ***Director of Resident Services or Care Coordinator will Audit weights monthly using the Resident Tracker***
- **Measures and changes put in place deficiency will not recur:**
  - ***Director of Resident Services or Care Coordinator will review dashboard daily to ensure Clinical Monthly Summaries are completed as scheduled in EHR.***
  - ***Director of Resident Services or Care Coordinator will Audit weights monthly using the Resident Tracker***
- **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
  - ***Director of Resident Services or Care Coordinator will review dashboard daily to ensure Clinical Monthly Summaries are completed as scheduled in EHR.***
  - ***Director of Resident Services or Care Coordinator will Audit self administrations monthly using the Resident Tracker, will be maintained in the Directors office.***
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Plan of Correction

Cited Deficiency Number: A604
Monthly audits of summary and weight

Date	Name/Signature

Cited Deficiency Number: A 611
420-5-4-.06 (2) (4) (a) (b)

Plan of Correction

Violation # 4: Care of Residents. Care plans not updated to include interventions for diagnosis

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
  - ***Care plans to be updated monthly and interventions added for all current diagnosis***
  - ***All charts to be audited to ensure current care plan is updated by 10-18-24***
  - ***All residents sent to a higher level of care, having a change in condition or given a new diagnosis will be reported to the Director of Resident Services and the Executive Director for review of change of condition.***
- **Measures and changes put in place deficiency will not recur:**
  - **Upon completion of a new care plan the Director of Resident Services or Care Coordinator will review for accuracy**
  - **Upon quality assurance reviews the Corporate support team will review care plans for accuracy**
- **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
  - **Log of care plan reviews in comparison to the biannual assessment will be kept in Director's office.**
  - **The corporate support team will audit Quality assurance reviews.**

Plan of Correction

Care plan review

Date	Name/Signature

Cited Deficiency Number: A 901

420-5-4-.09 (1) (2)

Violation # 5: Laundry room vents occluded

Plan of Correction

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
  - ***Laundry vents cleaned immediately***
- **Measures and changes put in place deficiency will not recur:**
  - **Maintenance department to check laundry vents daily**
  - **Executive Director to review laundry vents weekly**
  - **Corporate support team will review lint traps during quality assurance review**
- **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
  - **Maintenance department to maintain logs weekly and submit to Executive Director weekly**
  - **Executive Director to review logs weekly during maintenance department meeting and maintain in office**
  - **Corporate support team will review lint traps during quality assurance review**

Cited Deficiency Number: A 901
Laundry vents

Plan of Correction

Date	Name/Signature

Cited Deficiency Number: A 901
ED review

Plan of Correction

Date	Name/Signature

Cited Deficiency Number: A1101

420-5-20-.11 (1)

Violation # 6- Fire and Safety Fire drills not held monthly in April and May of 2023

Plan of Correction

- ***Corrective Action taken for each resident/example identified in the SOD/frequency of action.***
    a. ***ED will train management staff on fire drill regulation by 10/1/24***

- **Measures and changes put in place deficiency will not recur:**
    a. **ED will monitor compliance monthly and document on the quality assurance audits**

- **Monitoring of corrective actions and staff accountable/frequency and location of logs:**
    a. **Corporate support team to review and monitor fire drill compliance upon quality assurance reviews and document in quality assurance review three times a year for 1 year then annually.**

Cited Deficiency Number:
Fire drills

Plan of Correction

Date	Name/Signature

Plan of Correction

Date	Name/Signature