Gregory C. Leitlin, RN, MSHAI Accepted 07082024

Plan of Correction

Facility: Knollwood Pointe SCALF

Facility ID# P4916

Survey Exit Date: 3/26/2024

Administrator:

A406 Deficiency Number: 420-5-20.4 (9) Personnel

Based on observation, record review and interview, the facility failed to have licensed staff complete required training.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency.**
   A. Starting May 20, 2024 all staff will be trained on the DETA series by reviewing the necessary videos and completing the test at the end of the training. This Training will be complete of all staff members by June 15, 2024.
   B. Integra pharmacy will provide Pharmacological Management Training by June 15, 2024 to all licensed staff.
   C. Pharmacy will provide Pharmacology Drug Books for each medication cart by May 21, 2024. Nursing Director will in-service all licensed staff on Pharmacology Drug Books by June 15, 2024.

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. Administrator and/or designee will audit all staff records for DETA training by June 15, 2024.
   B. All new staff will receive DETA training before having resident contact as on-going.

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. DETA training will be completed upon hire, prior to working on the floor through the orientation process for all new staff beginning 5/20/24.
   B. Ongoing training will be scheduled by the ALD to ensure compliance for all staff.
   C. The facility has partnered with the contracted pharmacy to provide ongoing training to all licensed staff.
   D. May 16, 2024 DETA Videos were placed in Training room. May 20, 2024 staff will begin reviewing the training videos and take the necessary tests afterwards.

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 Regional Director of Operations will review training by July 30, 2024
   B. Administrator and/or designee will verify training on current and all new staff.
   C. Monitoring documents will be kept in the ALD's office.

A604 Deficiency Number: 420-5-20.06 (3) (a) (b) (c) (d) (e) Care of Residents

Based on observation, record review and interview, the facility Registered Nurse (RN) failed to complete a comprehensive assessment as required.

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 required assessments.

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 resident records for compliance with required assessments by June 15, 2024.
   B. Any assessments found through the audit that need to be addressed will be completed by 6/30/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**
   A. The facility RN was in-serviced by the corporate regional nurse on state required assessments for SCALF residents on 5/20/24.
   B. The Reginal Clinical Director reviewed the SCALF assessment 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 and assessments coming due for SCALF residents.
   B. Weekly 1:1 meeting with the ALD and RCD or designees will be held to review SCALF assessments and other clinical information regarding residents that may be at risk.

C. Monitoring documents will be kept in the ALD's office.

A611 Deficiency Number: 420-5-20.06 (4) (a) (b) Care of Residents

Based on observation, record review and interview, the facility Registered Nurse (RN) failed to develop and implement appropriate care plan interventions to provide for a resident's safety.

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 SCALF resident referenced in the deficiency and still residing in the facility to ensure compliance with required assessments.

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 SCALF resident records to ensure that an elopement risk assessment has been completed as required by June 15, 2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**
   A. In-services were completed for all staff for elopement behaviors and redirection and also incident reporting on 5/20/24
   B. ALD will ensure that SCALF care plans are completed by state regulatory guidelines that address change of condition.
   C. ALD was in serviced by RCD on change of condition assessment requirements for SCALF residents.
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 change of condition assessments for SCALF residents.
   B. Weekly 1:1 meeting with the ALD and RCD or designees will be held to review SCALF assessments and other clinical information regarding SCALF residents that may be at risk.
   C. The RCD will audit all SCALF resident charts to ensure that elopement risk assessments have been completed.
   D. Monitoring documents will be kept in the ALD's office.