Theresa Hawkins 12/06/2024

chg

FACILITY NAME: HARTLAND SPECIALITY CARE ASSISTED LIVING
FACILITY ID: P4920
ADMINISTRATOR: SHANTEL AVERHART
SURVEY EXIT DATE: 10/17/24

PLAN OF CORRECTION

1. **A504 420-5-20-05 (3) (d) Records and Reports**

The facility failed to ensure full length bed rails did not inhibit a resident from exiting their bed creating a physical restraint.

2. **Specify the corrective action(s) that you take in response to each resident of example identified in the SOD.**

    - The administrator, EI#1 immediately assisted the RI#1 in positioning his/her feet back on the bed and the bed rails were removed immediately on 10/17/24.
    - The administrator, EI#1 immediately reported this to the hospice company and the appropriate bed rails were replaced on 10/17/24.

3. **Explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those citied in your SOD.**

    - Administrator reviewed with the hospice provider the regulation requirement for bed rails.
    - Administrator checked each motorized bed to ensure it has rails for mobility but does not restrain the resident from getting into and out of bed. 10/17/24
    - Administrator will check any future motorized beds brought into the facility to ensure it has rails for mobility but does not restrain the resident from getting into and out of bed.

4. **Describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility.**

    - Administrator will perform monthly reviews on each resident to identify if there are any concerns of resident rights or restraints for six months (October 2024 – March 2025).
    - Administrator will perform quarterly reviews on each resident to identify if there are any concerns of resident rights or restraints beginning April 2025.

- Administrator performed an in-service with staff reviewing resident's rights and restraints on October 18, 2024.

5. **Explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems: and are effective.**
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PLAN OF CORRECTION (cont.)

- A monitoring tool is in place for the administrator to sign off on the corrective action to insure that it has been fully implemented and is effective.
- The monitoring tool will be used to record the monthly review for six months from October 2024 through March 2025, and thereafter quarterly beginning April 2025.
- The monitoring tool will be kept in a survey binder in the administrator's office.
- Annual Inservice for all staff on Residents Rights

Shantel Averhart,ALA 11/05/2024