Plan of Correction

POC Accepted
November 9, 2022
Debbie Freeman, RN
Debra Freeman

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420-5-4-.04 (6) Personnel**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   A review of the employee work schedules revealed the facility was not always staffed with at least one individual certified in CPR on the 11p. – 7a. night shift.

   Effective November 1, 2022, the facility will provide training as part of the orientation process.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   All 11p. – 7a. night shift staff completed CPR certification on October 26th and 27th, 2022. EI#2 provided for CPR certification for EI#9, EI#10, EI#11 and EI#12.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Effective November 1, 2022 online CPR training was added to the orientation process of all newly hired employees.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

   All newly hired employees will have documentation of current CPR certification before resident contact.

Julia Weidenbach 11-04-2022

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420-5-4-.07 (3) Food Service**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   The facility failed to post a time schedule for breakfast, lunch and dinner.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   Effective immediately, meals times were posted indicating times for breakfast, lunch and dinner.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Breakfast, lunch and dinner meal times will be posted at all times.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

   Food Service Director will monitor and assure breakfast, lunch and dinner meal times are posted in clear view at all times.

Julia Weidenbach 11-4-2022

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420.5.4-.05 (3)(h) Records and Reports**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   The facility failed to report outbreak of contagious disease to the Department's Online Incident Reporting System (OIRS) within 24 hours of the diagnosis.

   Effective immediately, all contagious disease incidents will be reported to the OIRS within 24 hours of diagnosis.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

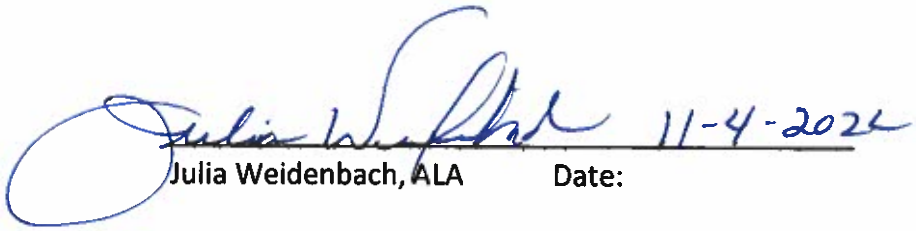
   Executive Director, Administrator or administrator designee will report any outbreak of contagious disease within 24 hours of diagnosis.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Executive Director, Administrator, administrator designee or staff nurse will be made aware of any diagnosis of contagious disease within 24 hours of diagnosis and monitor for further outbreak of three or more diagnosis and report accordingly.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

   Executive Director, Administrator, administrator designee will monitor documentation of any new diagnosis of contagious disease upon initial diagnosis of any contagious disease by keeping a separate record of each contagious disease diagnosis in an inclusive report to assure reporting is kept up to date and accurate.



Julia Weidenbach, ALA Date: 11-4-2024

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420-5-4-.06 (1) Care of Residents**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   Based on record review and interview, the facility failed to follow physician orders for all resident care.

   Effective immediately, all medication and treatment orders will be verified and signed off by two staff members.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   Medication Administration Record will be audited monthly for six months and randomly thereafter to assure orders are placed on the MAR correctly and implemented as ordered.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Two staff members will verify and assure orders are implemented before signing off, along with monthly MAR audits for six months and then randomly.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

Two staff members will verify and assure orders are implemented before signing off, along with monthly MAR audits for six months and then randomly.

Julia Weidenbach, ALA 11-4-22

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420-5-4-.06 (2)(a)(b)(c) Care of Residents**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   The facility failed to obtain required information on the Initial Physical Examination and the Annual Physical Examination completed by the physician.

   As part of a new resident chart audit process, physical examinations will be monitored for completion including vital signs.

   The administrator will audit each annual exam upon submission and verify the completion of the exam.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   Administrator or nurse designee will audit each Initial Physical Examination and/or Annual Exam for completion.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Administrator or nurse designee will consult with physician for an incomplete Physical Examination or Annual Exam. Incomplete examinations will be returned to the physician for completion before nurse or administrator signs off on examination for submission.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

The administrator will audit each Initial Physical Examination and Annual Exam.

Julia Weidenbach, ALA Date: 11-4-2022

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

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

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   The facility failed to develop appropriate written Plans of Care.

   a. Plans of Care were not accurately dated.
   b. Service Plan did not indicate the location of a dialysis shunt or the things to avoid to prevent complications, such as no blood pressures taken in the access arm.
   c. Care Plan was not updated to reflect new diagnoses and Service Plan was not updated to reflect changes in condition.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   Administrator or staff nurse will complete monthly chart audits and review resident's Plan of Care and Service Plans to assure changes in diagnoses and changes in condition are accurately documented and dated.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Monthly chart audits will be completed by Administrator or staff nurse.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

Chart Audit forms will be kept in resident's chart upon review of chart and monitored by DHW for six months and randomly thereafter.

Julia Weidenbach 11-4-2022

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Regal Place at Regency Pointe Facility ID#: D2808

Survey Exit Date: October 27, 2022 Facility Administrator: Julia Weidenbach

1. **Deficiency Number: 420-5-4-.11 (1) Fire and Safety**

2. **Specify the corrective action you will take in response to each resident or example identified in the statement of deficiencies.**

   The surveyor noted the fire drills for the ALF unit were not conducted monthly and quarterly on each shift as required for 2022.

   Effective immediately, fire drills will be conducted and then documented separately for ALF and SCALF. Respectively, fire drill reports will be kept in a separate binder.

3. **Explain the steps your facility will take to identify other residents or concerns not identified by the survey team who may have problems similar to those of the residents or concerns listed in each example. Be sure to include specific timetables and identification of responsible facility staff.**

   Fire drills will be conducted simultaneously monthly and quarterly on each shift as required for ALF and SCALF by DHW and/or Maintenance personnel.

4. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiencies will not recur in your facility.**

   Fire drills will be conducted simultaneously monthly and quarterly on each shift as required for ALF and SCALF by DHW and/or Maintenance personnel.

5. **Explain how you will monitor your proposed corrective actions to ensure that they are actually implemented; that the corrective actions adequately address the identified problems and that the corrective actions are effective and will continue to be effective.**

Fire drill documentation will be audited by DHW monthly for six months and then randomly thereafter to assure compliance.

Julia Weidenbach 11-4-2022

Julia Weidenbach, ALA Date: