accepted March 11, 2022

Connie Cherry

The Willows

Facility ID: D6202

Administrator: Cecily Sloan

Survey Exit Date: 02/15/2022

Plan Of Correction

Cecily Sloan

Signature

03/08/2022

Date

The Willows
Facility ID: D6202
Administrator: Cecily Sloan
Survey Exit Date: 02/15/2022

1. A504 420-5-4-.05 (3)(d) Records and Reports. The facility failed to provide health care consistent with established community standards for infection control.

2. Employees will follow infection control procedures to include changing gloves and sanitizing hands after each resident being assisted with medications.

3. All employees assisting residents with medications will remove gloves after assisting a resident with medications, sanitize his/her hands with hand sanitizer or soap and water, and apply a new pair of gloves prior to assisting the next resident.

4. All employees have been retrained on the Infection Control Policy and Procedure and applying a new pair of gloves when assisting a resident with medications to prevent the spread of germs. All new employees will be trained upon hire. Documentation of the training will be placed in the employee file.

5. The Administrator will observe medication assistance quarterly beginning in April 2022 and ending December 2022 to ensure that employees are following proper infection control procedures. Documentation of the observations will be placed in the POC binder located in the Administrator's office.

The Willows
Facility ID: D6202
Administrator: Cecily Sloan
Survey Exit Date: 02/15/2022

1. A 614 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents. The facility failed to provide residents the opportunity to protect themselves from a medication error at every opportunity for medication use due to visual impairment.

2. Residents with visual impairment will be given the opportunity to protect themselves from a medication error by assigning a unique identifier to each resident with visual impairments.

3. Any resident with a visual impairment will have a unique identifier placed on his/her medication packet to allow him/her the opportunity to protect himself/herself from a medication error at every opportunity for medication use.

4. All medication assistants will be trained on each resident's unique identifier and giving each resident the opportunity to protect himself/herself from a medication error.

5. The Administrator will observe medication assistance quarterly beginning in April 2022 and ending December 2022 to ensure that residents are given the opportunity to protect himself/herself from a medication error at every opportunity for medication use. Documentation of the observations will be placed in the POC binder located in the Administrator's office.

The Willows
Facility ID: D6202
Administrator: Cecily Sloan
Survey Exit Date: 02/15/2022

1. A 617 420-5-4-.06 (8) Care of Residents (8) Disposal of Medications. The facility failed to complete a medication disposition form for a discharged resident.

2. Upon discharge from the facility, a medication disposition form will be completed for all medications of the resident.

3. A medication disposition form will be completed listing all medications for a resident who is leaving the facility and taking his/her medications from the facility.

4. All medication assistants will be trained on completion of a medication disposition form and when to use the form. Documentation of the training will be placed in the employee file.

5. The Administrator will audit all discharged residents' files quarterly beginning in April 2022 and ending December 2022. Documentation of the audits will be placed in the POC binder located in the Administrator's office.