Accepted 7.1.22
Connie Cherry

Plan of Correction

Facility Name: Lakewood Specialty Care of Valley
Facility Identification Number: P0902
Name of Administrator: Gary Freeman
Survey Exit Date: 6/15/2022

1. **A 601 420-5-20-.06(1)(d) Care of Residents**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   Administrator immediately completed one-on-one counseling and retraining with employee (EI#2) as to the acceptable community standard for staff performing medication administration to ensure that changes in a resident's medication orders are properly recorded in that resident's medication administration record. Completed June 17, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor, that are related to those cited in the SOD:**

   Administrator and EI-2 made a review of the physician orders and MARs of each resident and determined that no other incidents of a discontinued medication remaining on a MAR. Prior to beginning their next shift, the Administrator instructed each nurse providing medications to residents to ensure to follow proper medication administration procedures and ensure that the Medication Administration Record matches the medication packages and any discrepancies are reported / corrected immediately. Completed June 17, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   All nursing staff received in-service training from the Administrator as to acceptable community standard for matching physician orders to the MAR. Training completed June [28__], 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor, to ensure all new orders are immediately recorded properly on the current months MAR, and then properly changed by the pharmacy on the next months match-back accordingly. Monitoring of new orders will occur daily for 1 week, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

1. **A 604 420-5-20-.06(3)(a)(b)(e) Care of residents**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   The Administrator (EI#1) amended the assessment form for new residents to include a clinical history. Completed June 15, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor that are related to those cited in the SOD:**

   Care Coordinator or RN will complete a Clinical History for all other current residents that may be affected. Completed June 30__, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   The newly added Clinical History Form will be completed for all future residents. Completed June 15, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor that each new admission will have a completed clinical history. Monitoring will occur daily for a week, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

1. **A 611 420-5-20-06(4)(a)(b) Care of Residents**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

Nurse immediately updated the care plan for RI#1 to reflect the recent significant change and approaches related to that change. Administrator immediately completed one-on-one counseling and retraining with nurse as to the acceptable community standard for updating care plans when a significant change in condition occurs. Completed June 15, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor that are related to those cited in the SOD:**

The Administrator and EI-2 reviewed the care plans for each other resident and determined that no other care plans failed to properly reflected approaches for significant changes. Completed June _17_, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

Staff coming on shift were alerted to the change in condition and approaches in RI#1's updated care plan. Completed June 15__, 2022

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

The Administrator or Designee will monitor that staff follow the community's standard for updating care plans. Monitoring of staff follow the community's standard for updating care plans will occur daily for a week, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

Facility Name: Lakewood Specialty Care of Valley
Facility Identification Number: P0902
Name of Administrator: Gary Freeman
Survey Exit Date: 6/15/2022

1. **A 1203 420-5-20-.12(5) Physical Environment**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

EI#1 immediately had maintenance person visually inspect the fire extinguisher in Laundry Room and determined it was properly charged and serviceable, and document these findings on the attached extinguisher tag. Completed June 15, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor that are related to those cited in the SOD:**

The Administrator inspected the other fire extinguishers in the facility and determined that each had been properly inspected monthly and documentation was present on the attached tag. Completed June 17__, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

Administrator immediately completed one-on-one counseling and retraining with maintenance person as to the acceptable community standard for inspecting each fire extinguisher monthly and documenting the same on the tag attached to each extinguisher. Completed June 16__, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

The Administrator or Designee will monitor that maintenance person is following the community's standard for inspecting each fire extinguisher monthly and documenting the same on the tag attached to each extinguisher. Monitoring of staff follow the community's standard for inspecting each fire extinguisher monthly and documenting the same on the tag attached to each extinguisher will occur monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

Gary Freeman
Administrator

7/1/2022
Date