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

Plan of Correction

Facility Name: Royal Haven at Regency Pointe Facility ID#: P2801

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

1. **Deficiency Number: 420-5-20-.06(5)(h) 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 staff failed to record the injection site of insulin and failed to record the application site of a transdermal patch on the Medication Administration Record (MAR).

   Effective October 25, 2022 the administration sites for insulin and the application site for transdermal patches was added to the Medication Administration Record.

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.**

   Staff nurses will assure administration sites of injections and application of transdermal patches are recorded on the MAR.

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.**

   MAR audits will be performed by DHW, Care Coordinator or nurse designee to assure administration sites of injections and application of transdermal patches are recorded on the MAR.

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.**

MAR audits will be completed monthly for six months and randomly thereafter.

Julia Weidenbach, ALA 11-4-2022

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Royal Haven at Regency Pointe Facility ID#: P2801

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

1. **Deficiency Number: 420-5-20-.04 (9) 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 11-4-2022

Julia Weidenbach, ALA Date:

Plan of Correction

Facility Name: Royal Haven at Regency Pointe Facility ID#: P2801

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

1. **Deficiency Number: 420-5-20-.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 SCALF 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: