POC Accepted 1.20.25

Connie Cherry chg

Plan of Correction for Survey December 4, 2024

Facility: Tides at Crimson Village, The

Facility Identification Number: P6307

Name of Administrator: Thelisa Lewis

Survey Exit Date: 12/4/24.

1. A 203 420-5-20-.02 (3) The License.
2. E1#1 Instructed the maintenance department to reinstall the doors to the second floor Specialty Care Assisted Living, to prevent free egress into the Assisted Living Facility. Door installation was done prior to the end of the survey on 12/4/24.
3. E1#1 will assure that no modification changes will be made to the existing facility until there has been an approved license change.

Administrator Signature: Thelisa Lewis, E.D.

Date: 1/18/2025

A 604 420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.

1. E1 #1 spoke with E1#2 to assure all residents admitted to the Specialty Care Assisted Living unit shall have all prescreen testing prior to admission that should include: a clinical history and a mental status examination to include aphasia screening, geriatric depression, PSMS, and a behavior screen. Upon assuring further eligibility requirements the CRNP will perform a comprehensive assessment to serve as the eligible resident's baseline. E1 #1 will recheck all paperwork and screenings for completion and sign off along with CRNP.
2. E1 #1 has in serviced E1 #2 on updating monthly assessments when there has been a significant change to a resident and that has been documented and observed by staff. E1 #2 is to reassess residents when these changes occur and to adjust care plan as needed to reflect the resident's current needs. At the time of the survey R1#1 was not properly reassessed and updated PSMS score was not obtained at that time. Once updates had occurred R1#1 was properly discharged to appropriate setting.
3. E1#2 was instructed by E1 #1 to assure communication occurs with resident families upon any changes in the resident physical or cognitive abilities and to document such changes immediately and to notify E#1 of completion.
4. E1 #1 to implement a resident care plan meeting weekly with E1 #2 to address changes.

Administrator Signature: Helen Lewis, E.D.

Date: 1/18/2005

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

1. E1 # 2 to assure all residents care plans are updated to reflect changes and made available to the care team through the electronic system.
2. CRNP acknowledged that R1#1 care plan was inaccurate and not current with the resident's physical ability to transfer with one person assist. CRNP instructed to update resident's care plan to reflect current abilities.
3. All current resident's records have been reviewed by the Administrator and the CRNP. All records have been updated to reflect current abilities.
4. E1#1 will oversee the completion of care plans and will sign off along with the CRNP upon completion as a second signature within the ALIS system.

Administrator Signature: Thelma Lewis, E.D.

Date: 1/18/2005

A 621 420-5-20-.06 (9) (b) Care of Residents.

1. E1#2 has been instructed when a resident has a major decline the resident's sponsor should be notified and resident should be dismissed to the appropriate setting.
2. E1#2 is to pay close attention to the resident's PSMS score to not exceed the level of care the facility is able to provide.
3. The CRNP will communicate with the resident's sponsor when there is a need for a higher level of care and will notify the Administrator of such changes to provide a 30-day discharge to the appropriate setting.
4. E1#1 has reviewed current resident's charts and have issued 30-day discharges for those that are requiring a higher level of care and who exceeds the scores of the PSMS.
5. PSMS scores have been obtained with E1#1 currently reviewing all documents prior to CRNP input into the ALIS system for other team members to view. R1#1 has an updated PSMS score and has been discharged from the facility.

Administrator Signature: Thelma Lewis, E.D.

Date: 1/18/2005