POC Accepted 2.17.26

Connie Cherry

Plan of Correction

Facility Name: The Renaissance Assisted Living

Facility Identification Number: D3909

Name of Administrator: Laura Fithian

Survey Exit Date : 01/08/26

A-616

1. **Specify the corrective action you will take in response to each Resident or example listed in the deficiency.**

- Licensed Nurses/Health and Wellness Director/ Resident Care Coordinator will oversee all residents that self-medicate and evaluate security of medications monthly and as needed.

2. **Corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited. Address specific timetables and identify responsible facility staff.**

- Health and Wellness Director and Resident Care Coordinator will audit and evaluate all residents that self-administer meds to ensure lock boxes located in units are being utilized. Audit will be completed by 02/13/26.

Laura Fithian Admin

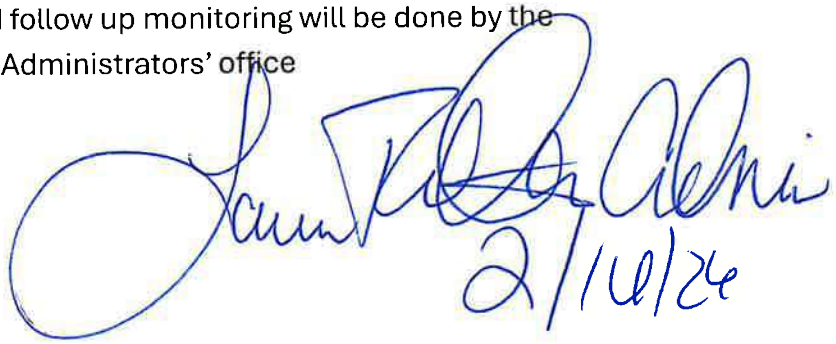
2/11/26

3. **Describe the measures or changes you have put into place or made to ensure the same deficiency will not recur in your facility. Address specific timetables and identify responsible facility staff.**

- Each Resident will be educated by Health and Wellness Director/Resident Care Coordinator monthly while self-med assessment is being performed, and randomly .Medications will be observed at this time for secure placement in a locked box for each specific Resident living inside their unit monthly and randomly. Administrator or Business Office Director upon reviewing/signing of new Residency Agreement will review with new resident/Family/POA the requirements of ADPH for proper and secure storage of medication when doing self-administration with each new admission into community. Documentation will be signed after being reviewed with new resident / Family/ POA and placed in the residents administrative file .

4. **Explain how you will monitor your corrective action(s) to ensure they are fully implemented, identify positions and staff that will accomplish the monitoring, when and how often the monitoring will take place and where documentation of the monitoring will be kept.**

- Health and Wellness Director and Resident Care Coordinator will keep ongoing documentation of dates of monitoring security of medications monthly and randomly. Residents that self-administer medications will be evaluated to ensure lock boxes located in units are being always utilized. This documentation / logbook and follow up monitoring will be done by the Administrator and kept in the Administrators' office



Plan of Correction

Facility Name: The Renaissance Assisted Living

Facility Identification Number: D3909

Name of Administrator: Laura Fithian

Survey Exit Date: 01/08/26

A-621

1. **Specify the corrective action you will take in response to each Resident or example listed in the deficiency.**

- Licensed Nurses in community will oversee residents use of insulin pump, and assist with refilling cartridge/ site change of infusion set per direction of resident and as needed for dexterity issues

2. **Corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited. Address specific timetables and identify responsible facility staff.**

- No other residents identified related to this citation.

Laura Fithian 2/14/26

3. **Describe the measures or changes you have put into place or made to ensure the same deficiency will not recur in your facility. Address specific timetables and identify responsible facility staff.**

- Beginning February 16th,2026 resident and licensed nursing staff will be educated and trained in the use of insulin pump (site changes, infusion set changes, alarms, glucose monitoring and emergency SSI) by nurse educators as directed by residents primary Care Physician and Endocrinologist.

4. **Explain how you will monitor your corrective action(s) to ensure they are fully implemented, identify positions and staff that will accomplish the monitoring, when and how often the monitoring will take place and where documentation of the monitoring will be kept.**

- HWD will monitor Licensed nursing staff and Licensed nursing staff will routinely monitor Resident to oversee site changes, infusion set changes, glucose monitoring, alarms and as needed sliding scale insulin. Monitoring will be documented monthly and more often as needed by HWD and will continue as a ongoing basis as long as resident is present in community. All documentation will be kept in a logbook to be monitored by administrator and kept in the Administrators office.

2/11/26