

## **F656 Comprehensive Care Plans**

*How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:*

Resident 1 and 2 no longer reside in the facility.

*How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:*

All residents in the facility should have a comprehensive plan of care and therefore all residents are potentially affected. A review of all current residents was performed by Director of Nursing (DON) and IDT on 11/21/2024 to ensure a “comprehensive” plan of care is in place. Affected residents were reviewed, and their care plans were updated.

*What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:*

In-services with Licensed Nurse (LNs) were initiated on 11/15/2024 by the Director of Nurses (DON) regarding the facility policy on Comprehensive care Plans, initiating individualized care plans that are comprehensive includes patient specific criteria including diagnosis, disease processes, problem areas, and conditions. Non-compliance and behavioral issues are part of the comprehensive plan of care.

The clinical team will review all residents during daily IPOC (Individual Plan of Care) meetings and ensure documentation of all pertinent areas required within the care plan. Refusing care or exhibiting behaviors that affect care will be incorporated into the comprehensive care plan as well. Any findings will be immediately corrected and care plan updated. Any LN identified as not updating a resident’s care plan will be reeducated.

*How the facility plans to monitor its performance to make sure the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system:*

IDT will audit all residents during daily IPOC (see attached audit tool). Medical records will audit residents’ Electronic Medication Administration Record (Emar) daily (Monday through Friday) x 1 month and weekly x 2 months to ensure that residents that refuse treatments or care have a care plan in place for refusal and or the behavior that is the underlying problem. Findings will be reported to the DON for follow-up as needed. In addition, IPOC will cover comprehensive plan of care. The DON or designee will monitor for compliance. Any findings or trends will be reported at the monthly Quality Assurance Meeting for the next 3 months or until the Committee feels that substantial compliance has been achieved in comprehensive, patient-centered care planning.

*Date of Completion:* 12/3/24

## **F686 Tx/Services to Prevent/Heal Pressure Ulcers**

*How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:*

Resident 1 and 2 no longer reside in the facility.

*How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:*

All residents that require wound treatment have the potential to be affected. A review of all residents for the past 30 days was performed by Director of Nursing (DON) on 11/15/2024 to ensure that any residents with treatment orders had treatments documented in the electronic medical record. No residents were found to be affected.

*What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:*

In-services with current Licensed Nurse (LNs) staff were initiated on 11/15/2024 by The DON regarding the facility policy on Charting and Documentation, administering treatments as ordered and documenting those treatments in the residents EHR. Medical records will audit residents Electronic Medication Administration Records (Emar) daily (Monday through Friday) x 1 month and weekly x 2 months to ensure that residents' treatments are documented as ordered. The DON or designee will monitor for compliance. Any nurse identified as not documenting treatments will be re-educated.

*How the facility plans to monitor its performance to make sure the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system:*

Any findings or trends will be reported at the monthly Quality Assurance Meeting for the next 3 months or until the Committee feels that substantial compliance has been achieved.

*Date of Completion:* 12/3/24