This page is for facility only do not submit as plan of correction

Responses for Survey Event id:*P09R11*
Facility Number:*013824*

Print

Deficiency ID: R _ 0000

Completion Date: 2/28/2025 12:00:00 AM

Plan of Correction Text:

The filing of this plan of correction does not constitute an admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this Plan of Correction (POC) provides the facility's credible evidence of compliance effective February 28,2025.

We respectfully request desk review and consideration for paper compliance of substantial compliance based on the POC and supporting documents submitted.

Deficiency ID: R _ 0117

Completion Date: 1/31/2025 12:00:00 AM

Plan of Correction Text:

CPR and first aid class held on January 28th 2025, resulting in 22 of 25 employees being certified. Class set for March of 2025 to ensure 100% compliance.

CPR and first aid classes will be scheduled every six months and PRN. The Wellness Director or designee will monitor the CPR/first aid binder monthly for six months and then quarterly for six months to ensure compliance with federal regulations.

Deficiency ID: R _ 0214

Completion Date: 2/7/2025 12:00:00 AM

Plan of Correction Text:

Upon audit 100% of residents were without semiannual functional assessments.

100% of semiannual functional assessment / evaluation forms completed for all residents.

Auditing tool put in place for service plans/functional assessments to be monitored by Wellness Director or designee on a monthly basis for six months followed by quarterly for six months..

Deficiency ID: R _ 0217

Completion Date: 2/28/2025 12:00:00 AM

Plan of Correction Text:

Upon review of all residents charts, two other charts were found without signatures.
Service plan meetings continue with families 100% compliance anticipated by February 7th 2025. Auditing tool in place for signature compliance to be monitored by Wellness Director or designee on a monthly basis for six months followed by quarterly for six months.

Deficiency ID: R _ 0410

Completion Date: 2/7/2025 12:00:00 AM

Plan of Correction Text:

Upon review of all residents charts, two other charts were found without signatures.

Service plan meetings continue with families 100% compliance anticipated by February 7th 2025. Auditing tool in place for signature compliance to be monitored by Wellness Director or designee on a monthly basis for six months followed by quarterly for six months.