

PLAN OF CORRECTION

The individual signing the first page of the CMS-2567, *Statement of Deficiencies (SOD)*, is indicating their approval of the plan of correction being submitted on this form.

Name - Provider/Supplier:	
Evansville Manor Nursing and Rehab, LLC	
Street Address/City/Zip Code:	
470 Garfield Ave, Evansville, WI 53536	
License/Certification/ID Number (X1):	2259
Survey Date (X3):	7/30/19
Survey Event ID Number:	341511

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
	<p>The following represents the plan of correction for the alleged deficiencies cited during a Complaint, State Licensure survey that was conducted on July 30, 2019. The completion and execution of this plan of correction does not constitute an admission of guilt or wrong doing on the part of the nursing center, its owners, operators, employees or agents or an agreement with any of the facts set forth in the Statement of Deficiencies. The plan of correction is completed in good faith and in keeping with the center's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as required by law.</p>	
F554	<p>Immediate Corrective Action Residents identified as: R8 and R9</p> <p>An immediate sweep of resident rooms was conducted to ensure there were no additional medications at bedside unless the self-administer medications policy/procedure had been implemented.</p> <p>R8= Immediately completed self-administration assessment, obtained physician order for self-administration and ordered the inhalers from facility pharmacy as these were inhalers the family had brought in. Care plan was updated to reflect this change.</p> <p>R9= Immediately completed self-administration assessment, confirmed a physician order was in the record and updated the care plan to reflect this.</p> <p>Other Residents with Potential to be Affected All residents have the potential to be affected by this alleged deficient practice; no other residents were identified as being negatively impacted.</p>	8/23/19

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	<p>Systemic Changes to Ensure Compliance</p> <p>All staff was educated on the requirements of F554; specifically the nursing staff on the importance of completing the self-administration assessment if applicable before any resident self-administers medication, this includes leaving medications at bedside for residents to take at a later time.</p> <p>An information sheet was created and distributed to all residents/families regarding the importance of bringing all outside medication to the nurse, including but not limited to over the counter medications to be checked in. This information sheet is also being included in the admission packet for new residents/families.</p> <p>On-going monitoring of items in resident rooms by all staff to make sure items are secured in resident locked cabinet if applicable or in the medication cart</p> <p>System Maintenance</p> <p>The DON or designee will monitor all new admissions for self-administration assessment completion if appropriate.</p> <p>An environmental rounding tool was implemented, it includes checking the resident's rooms for any medications that should be secured. DON or designee will conduct this audit at random weekly x 4, then bi-weekly x 2, and then monthly x 1. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	
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F580	<p>Immediate Corrective Action Resident Identified as: R5</p> <p>Immediately completed an audit of all falls within the last 30 days and ensured all physicians and POA's if applicable were notified and documented.</p> <p>Other Residents with Potential to be Affected While all residents have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance Clinical staff was re-educated on F580; specifically regarding notification of changes of residents to their physician as well as their POA if applicable.</p> <p>System Maintenance The Interdisciplinary team will review all notifications of changes for residents required each day in morning clinical meeting. If deficiencies are identified those nurses will be educated and disciplined accordingly.</p>	8/23/19
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F689	<p>Immediate Corrective Action Resident identified as: R6 Residents commode was immediately placed at bedside as indicated in the care plan. Residents transfer status was immediately care planned which flows to the CNA Kardex.</p> <p>Other Residents with Potential to be Affected While all residents have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance Staff was educated on interventions and importance of following those interventions which can be found on the CNA Kardex. They were also educated on communication, specifically letting someone know if an intervention is not successful or if they are aware of any additional interventions to implement. They were also educated regarding checking the CNA Kardex before providing care to a resident to ensure they are following their plan of care and again to notify if items are missing from the Kardex.</p> <p>Baseline care plan assessment is built in our EHR (Point Click Care) system that will flow into the care plan and CNA Kardex indicating all resident ADL's. This assessment will be completed upon admission</p> <p>System Maintenance The DON or designee will conduct random audits of all fall interventions put in place for the past week. These audits will be conducted each week x 4 weeks, and then bi-weekly x 2 months. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review and consideration of additional corrective measures. The Interdisciplinary team will review and ensure all baseline care plan information for new admissions flows to the care plan and CNA Kardex following the admission in clinical morning meeting.</p>	8/23/19
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F755	<p>Immediate Corrective Action Residents identified: R8 and R11</p> <p>R8 = Immediately ordered the inhalers from facility pharmacy as these were inhalers the family had brought in. Care plan was updated to reflect this change.</p> <p>R11= Immediately confirmed the correct insulin and administered appropriately.</p> <p>Other Residents with Potential to be Affected</p> <p>While all resident have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance</p> <p>Immediately contacted the pharmacy and arranged a QA meeting to discuss labeling of medications. Pharmacy will begin immediately labeling all insulin pens individually.</p> <p>Provide education to nurses regarding the pharmacy labeling change as well as education on following proper med pass guidelines.</p> <p>An information sheet was created and distributed to all residents/families regarding the importance of bringing all outside medication to the nurse, including but not limited to over the counter medications to be checked in. This information sheet is also being included in the admission packet for new residents/families</p> <p>System Maintenance</p> <p>The DON or designee will conduct med pass audits on each nurse. These audits will be conducted randomly over the next 3 months. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	8/23/19
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F758	<p>Immediate Corrective Action Resident identified:R4</p> <p>Immediately non-pharmalogical interventions were put into resident care plan. New appropriate diagnosis was put in place for medication.</p> <p>Other Residents with Potential to be Affected All residents have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance An audit was conducted on all Psychotropic Meds to ensure they have appropriate diagnosis as well as non-pharmalogical interventions in place.</p> <p>Prescribing nurse practitioner was given the facility Psychotropic Medication policy which includes appropriate diagnosis as well as further education on when it is appropriate to prescribe these medications.</p> <p>Facility external marketer met and distributed the Psychotropic medication policy to all the discharge planners and hospital social workers so that we can be proactive in acquiring appropriate diagnosis before the resident arrives at the facility.</p> <p>System Maintenance DON or Social Worker will conduct an audit of Psychotropic medications to ensure we have appropriate diagnosis as well as non-pharmalogical interventions in place. This audit will be conducted weekly x 4, then bi-weekly x 2, and then monthly x 1. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	8/23/19
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F759	<p>Immediate Corrective Action Residents identified: R11</p> <p>The correct insulin was administered for this resident. Procedure for medication error was implemented after discovery.</p> <p>Other Residents with Potential to be Affected All residents have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance Individual nurse was educated on error and issued a re-education memo.</p> <p>Facility Medication Error policy/procedure was amended to include that an immediate Med Pass audit/observation on nurse involved will be conducted by DON or designee.</p> <p>All nurses were educated on medication error policy/procedure.</p> <p>Immediately contacted the pharmacy and arranged a QA meeting to discuss labeling of medications. Pharmacy will begin immediately labeling all insulin pens individually.</p> <p>Provide education to nurses regarding the pharmacy labeling change as well as education on following proper med pass guidelines.</p> <p>System Maintenance The DON or designee will conduct med pass audits on each nurse. These audits will be conducted randomly over the next 3 months. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	8/23/19
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F760	<p>Immediate Corrective Action Resident identified: R10</p> <p>Procedure for medication error was implemented after discovery.</p> <p>Other Residents with Potential to be Affected All residents have the potential to be affected by this alleged deficient practice, no other negative outcomes were identified.</p> <p>Systemic Changes to Ensure Compliance Individual nurse was educated on error and issued a re-education memo.</p> <p>All nurses were educated on medication error policy/procedure.</p> <p>Provide education to nurses regarding following proper med pass guidelines, including timeliness of Insulin Administration.</p> <p>Diabetic educator is scheduled for an In-Service for all staff.</p> <p>System Maintenance The DON or designee will conduct med pass audits on each nurse. These audits will be conducted randomly over the next 3 months. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	8/23/19
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