

## PLAN OF CORRECTION

Name - Provider/Supplier:	
Country Villa Assisted Living Pulaski	
Street Address/City/Zip Code:	
380 Crest Dr, Pulaski, WI 54162	
License/Certification/ID Number (X1):	0016105
Survey Date (X3):	05/28/2020
Survey Event ID Number:	38PN11

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
N158	<p><b>All allegations of abuse and neglect including misappropriation of property will warrant and investigation by the Administrator of the building.</b></p> <p><b>The following actions will take place:</b></p> <ul style="list-style-type: none"> <li>• The Administrator of the building will document the allegation</li> <li>• Steps will be taken to ensure the resident's safety</li> <li>• The legal representative will be notified within 72 hours of the allegation.</li> <li>• An investigation will be completed. The investigation will include documentation and written statements taken from staff or any parties involved.</li> <li>• Upon conclusion of the investigation: Should the investigation conclude that abuse and neglect or misappropriation of property has occurred the Administrator will file a report (form F-62447) with the state. The report will be completed within 7 calendar days from the day in which the abuse and neglect or misappropriation of property had been made known.</li> </ul> <p>If the allegation of abuse and neglect or misappropriation of property has occurred with a non-caregiver or another resident, reporting will be followed under the elder abuse reporting requirements.</p>	6/8/2020
	<p>6/8/2020 Writer TIVO-RN did speak with resident regarding incident in which her money was missing. In the interview the resident stated: She came home from the hospital after having a stroke She stated that she was home "for a week or so and decided to look in my desk where I had placed the money in an envelope" The resident stated that the money was put there before went to the hospital and that she had anywhere from \$200- \$400 dollars locked behind desk in her room and was gone. She stated the desk was still locked and she had no idea who took it. She stated that she reported the incident to the Administrator and Director of Nursing at the time that she discovered the money was missing. The resident stated that they apologized and "that was it" the resident stated that she really did not expect for anything to be done and that she unsure who took it and how much was gone. She did state that her daughter reported the incident to the owner of the building who reimbursed her money.</p> <p>6/8/2020 Writer spoke with the owner of the building who stated that he was contacted by the family and the resident was reimbursed for the sum of</p>	

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N425	<p><b>Personal cares services shall be designed and provided to allow a resident to increase or maintain independence</b></p> <ul style="list-style-type: none"> <li>The following changes were made:</li> <li>The care plan was reviewed with the resident a copy of the care plan was given to her. Changes were made according to the resident's personal needs and goals.</li> <li>Changes were made to:</li> <li><b>Showering</b>  <b>6/11/2020</b> *** showers on Monday and Thursday evenings with open options regarding showering times. She requires one assistance with washing her body. She prefers staff who are familiar with her and her cares. She prefers one person only. At times *** will refuse to shower. Should *** refuse her shower staff will offer alternatives and document refusals along with an explanation as to why <b>changes made to careplan</b></li> <li><b>PROM 6/10/2020</b> Dr. *** ordered for resident to have ROM performed to arms and legs by staff twice daily x 6 weeks for 10-15 minutes each session. *** prefers to have the ROM done at 1030a and 230p. There are days in which she tires easily and may refuse or request staff to come back. Staff will work with *** to meet these needs. If *** is unable to complete the task staff will document refusal and why. Any changes in condition will be reported to the nurse. Goal: ROM exercises will provide increased flexibility and ROM <b>changes made to careplan</b></li> <li><b>Developing trusting relationships with new staff</b>  *** prefers to have time to get to know new staff before they complete full cares with her. She is willing to assist with training new staff for her cares but would like to be asked prior to having new staff care for her. She does not like multiple new staff in her room at a time. Staff are to inform her that they are training prior to cares so that ** has the option to decline. Should *** decline new staff doing her cares she will be given options for other staff to complete her cares. Goal: *** will be given time to develop trusting relationships with new staff <b>changes made to careplan 6/11/20 and again on 6/22/20 after per residents request</b>  <b>6/22/2020 revisions:</b> ** prefers to have time to get to know new staff before they complete showers with her. She is willing to assist with training new staff for her cares but would like to be asked prior to having new staff shower her. Should ** decline new staff doing her cares she will be given options for other staff to complete her cares. She requests that staff should knock before entering and ask for permission to come in</li> </ul>	6/10/2020

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N439	<p><b>COVID 19 Plan did not address ceasing communal dining and activities as a measure to reduce the spread of the disease as recommended by the CDC and DHS</b></p> <p><b>4/27/2020</b></p> <p><b>Changes revisions made to the Covid 19 Plan:</b></p> <p>Covid -19 Plan addition and revision:</p> <p>All communal dining and activities will cease.</p> <p>Resident's will be served meals in their rooms.</p> <p>Meals will be served in covered dishes.</p> <p>Should someone test positive or is symptomatic:</p> <p>Meals will be served in covered disposable dishes.</p> <p>Disposable utensils will be used.</p> <p>Disposable dishes and utensils will be discarded in a covered garbage can in the room.</p> <p>Staff are to document the amount of meal eaten.</p>	4/27/2020
	<p><b>The facility's COVID 19 Emergency Plan stated they should have supplies of facemask, gowns, gloves and eye protection and it would be accessed from the National Strategic Stockpile and Smith Pharmacy and by contacting other Country Villa Assisted Living locations. Interviews with caregivers and staff confirmed shortages of PPE critical for preventing the spread of COVID 19 throughout the outbreak</b></p> <p>Supplies throughout the outbreak were available to staff. PAPPERS were made available by Prevea Health, N95 face masks, face shields and gowns were replenished and available to all</p>	6/23/2020

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<p>staff upon entering the building and upon request. TV-RN looked at supplies daily to see if supplies needed to be replenished. Supplies were ordered and restocked immediately when supplies were getting low. Supplies were ordered from Smith Pharmacy, replenished by other Country Villa Assisted Living facilities and provided by the owners.</p> <p><b>PPE Inventory List:</b></p> <table> <tr> <td>Surgical masks-</td> <td>935</td> </tr> <tr> <td>N95</td> <td>86</td> </tr> <tr> <td>White gowns reusable</td> <td>10</td> </tr> <tr> <td>Med- white gowns</td> <td>400</td> </tr> <tr> <td>Large gowns</td> <td>4</td> </tr> <tr> <td>XX large gowns</td> <td>2</td> </tr> <tr> <td>Small gloves</td> <td>18 boxes</td> </tr> <tr> <td>Medium gloves</td> <td>9 boxes</td> </tr> <tr> <td>Large gloves</td> <td>13 boxes</td> </tr> <tr> <td>X large gloves</td> <td>20 boxes</td> </tr> <tr> <td>Shoe covers</td> <td>24</td> </tr> <tr> <td>Face Shield</td> <td>20</td> </tr> <tr> <td>Hand Sanitizer</td> <td>8 gallon jugs</td> </tr> <tr> <td>Bleach Wipes</td> <td>12 containers</td> </tr> <tr> <td>Cloth Masks</td> <td>150</td> </tr> <tr> <td>Clorox disinfecting spray</td> <td>12 spray bottles</td> </tr> </table> <p>Inventory will be monitored and replaced weekly by the Administrator</p>	Surgical masks-	935	N95	86	White gowns reusable	10	Med- white gowns	400	Large gowns	4	XX large gowns	2	Small gloves	18 boxes	Medium gloves	9 boxes	Large gloves	13 boxes	X large gloves	20 boxes	Shoe covers	24	Face Shield	20	Hand Sanitizer	8 gallon jugs	Bleach Wipes	12 containers	Cloth Masks	150	Clorox disinfecting spray	12 spray bottles	
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<p>The facilities COVID 19 Emergency Plan stated that there were strategies for collaborating with local and regional groups to address staffing shortages and sick leave policies that allow ill staff to stay home.</p> <p></p> <p>Best Practice Staffing</p>	5/15/2020																																



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<p>Country Villa Assisted Living Pulaski</p> <p>Effective: 5/15/2020</p> <p>Statement:</p> <p>Country Villa Assisted Living will provide adequate staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals), and to facilitate a safe evacuation of the building in the event of an emergency.</p> <p>Best Practice:</p> <p>Country Villa Assisted Living 35 resident capacity will provide staffing. This staffing will include:</p> <ul style="list-style-type: none"> <li>RN or LPN Monday thru Friday and on call during non-working hours</li> <li>Administrator Monday thru Friday and on call during non-working hours</li> <li>2 Certified Trained Medication Passers am and pm shifts</li> <li>4 Care givers am and pm shifts</li> <li>1 Certified Trained Medpasser during night shift</li> <li>2 Caregivers during the night shift</li> <li>A Cook for all meals</li> <li>Housekeeper</li> <li>Activity Person</li> </ul> <p>Staffing will increase as the needs of the residents increase. Additional staff will be added on response to any crisis situation. SEE Agency staffing list.</p> <table border="0"> <tr> <td>Country Villa Assisted Living Freedom</td> <td>920-422-4620</td> </tr> <tr> <td>PRN staffing</td> <td>1-888-830-8811</td> </tr> <tr> <td>Compassionate Care</td> <td>920-216-8414</td> </tr> <tr> <td>STAT Temporary Services</td> <td>414-964-7828</td> </tr> <tr> <td>Total Med Staffing</td> <td>1-866-288-8001</td> </tr> <tr> <td>Flex Staff</td> <td>920- 731-8082</td> </tr> </table>	Country Villa Assisted Living Freedom	920-422-4620	PRN staffing	1-888-830-8811	Compassionate Care	920-216-8414	STAT Temporary Services	414-964-7828	Total Med Staffing	1-866-288-8001	Flex Staff	920- 731-8082	
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N479	<p>The licensee shall ensure all resident records are adequately safeguarded against destruction, loss or unauthorized access or use.</p> <ul style="list-style-type: none"> <li>A best practice policy was developed and posted for staff to review regarding documentation. An inservice will be held to discuss this policy and documentation guidelines. A roster will be signed by staff to acknowledge that staff was informed and understand documentation recommendations.</li> <li>Inservice held on 6/15/2020</li> </ul>	5/28/2020
	<p style="text-align: center;"></p> <p>Best Practice Documentation:</p> <p>Effective 5/28/20</p> <p>Statement:</p> <p>Documentation will be completed in a objective manner prior to the end of each shift. Documentation indicates cares given, follow up cares and any coordination of cares to include family updates.</p> <p>Best Practice:</p> <p>Country Villa Assisted Living staff will be trained on documentation in ECP. Documentation will include: Objective documentation only Objective information or analysis is fact-based, measurable and observable</p>	

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care   family  wellbeing	<p><b>Cares given in daily tasks according to careplan</b> <b>Medication Administration to include follow- up</b></p> <p>Fall and Incident reports to include investigation Vital Signs and Weights as scheduled Dressing changes Coordination of cares with agencies, physicians and</p> <p>Changes in condition and follow up Any other documentation pertinent to the resident's</p> <p>Any documentation that is completed post service date will be entered as a late entry with the date of service.</p> <p>No documentation will be deleted or revised by any staff member other than the staff who has completed the documentation. All changes must be approved per the Administrator</p>	
	<p>Investigation reports have been added to all fall/incident reports for the nurse/Administrator to complete. The initial incident report completed by staff will not be altered by Nurse or Administrator. Their conclusions and follow up will be included in the investigation report.</p> <p>Investigation: <input type="text"/> Time: <input type="text"/> Date of <input type="text"/></p> <p><input type="text"/> 5 <input type="text"/></p> <p><input type="text"/> 30 <input type="text"/> AM <input type="text"/></p> <p><b>Determination of Cause and Prevention of Similar Incidents</b> Based on investigational findings, describe the probable cause of the incident:</p> <p><input type="text"/></p>	



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<b>What prevention measures were initiated to prevent future incident(s):</b> (Resident specific interventions to be added to the care plan)		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<b>Summary of findings:</b> (Summarize the probable cause of this incident and the prevention measures added to the care plan put in place to reduce the risk of recurrence.)		
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
(will be posted in Recent Notes) <span style="float: right;">Create observation note with summary of findings</span>		
Additional Information	Yes s	No s
<b>Was a Nursing Evaluation or Assessment completed after the incident?</b> (If no, describe why not)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was Short Term Observation started at the time of the incident?</b> (If no, describe why not)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was the Physician contacted to report the incident?</b> (If no, describe why not)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Were new physician orders received in result of this incident?</b> (If yes, summarize orders received)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Is abuse or neglect ruled out in this incident?</b> (If no, follow Alleged Abuse and Neglect Policy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was this incident avoidable?</b> (If yes, explain what could have been done to avoid this incident)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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N165	<p><b>When a resident has an accident resulting in a serious injury requiring hospital admission or emergency room treatment of a resident the following actions will be taken:</b></p> <ul style="list-style-type: none"> <li>• The legal representative will be notified immediately</li> <li>• The physician will be notified</li> <li>• The incident will be reported to the state (self- report). It will include               <ol style="list-style-type: none"> <li>1. The date that the incident occurred along with a description of the incident and action taken</li> <li>2. Ambulation status at the time of the fall</li> <li>3. Had risk for falls been assessed (fall risk assessment)</li> <li>4. History of falls</li> <li>5. Interventions use to reduce falls from occurring</li> <li>6. Were there environmental factors that contribute to the fall</li> <li>7. What injuries were sustained</li> <li>8. How and when was the resident assessed for injuries and actions taken as a response to the incident</li> <li>9. Was treatment received? If so what</li> <li>10. Changes implemented by the facility to prevent further falls. (include all changes made to care plan for cares and new fall assessment)</li> </ol> </li> </ul> <p><b>This self-report will be completed within 72 hours of the fall and sent to the state.</b></p>	6/8/20
	<p>*****Self – Report- completed 6/8/2020</p> <p><b>According to documentation on 5/1/2020 CRSC-RN notified family that **** had an unwitnessed fall. ( Resident was transported by EMS at approximately 4:55 pm due to an un-witnessed fall that ended with resident having pain in R hip and guarding noted by RN from WEAVER that assessed the resident. Per notes from the hospital it appears that she has fractured her hip. Resident's family was updated. No incident report filled out due to not having access to ECP) *** had a hip fracture which resulted in surgical repair.</b></p>	
	<p><b>1. Ambulation status at the time of the fall</b></p> <p>Mobility &amp; Walking - Walker            *** utilizes a walker with all ambulation. *** sometimes forgets and may need verbal</p>	

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	<i>reminders from staff.</i>	
	<b>2. Had risk for falls been assessed (fall risk assessment)</b> Pre fall completed 1/10/2020 <b>3. History of falls</b> No history of falls noted	
	<b>4. Interventions used to reduce falls from occurring</b> *** has Minere's disease which causes dizziness due to an issue with her ears. Staff will be vigilant with monitoring her steadiness with ambulation, etc.	
	<b>5. Were there environmental factors that contributed to the fall?</b> Nothing noted. Incident report not completed	
	<b>6. What injuries were sustained</b> Fractured Rt. hip requiring surgical repair	
	<b>7. How and when was the resident assessed for injuries and actions taken as a response to the incident.</b> According to observation entry on 5/1/2020, *** had an unwitnessed fall. She was assessed by volunteer WEAVER nurses who observed *** having pain in her right hip along with guarding. She was transferred via 911 to the hospital and family was made aware	
	<b>8. Was treatment received?</b> *** had a fracture to the right hip which required surgical repair	
	<b>9. Changes implemented by the facility to prevent further falls.</b> *** was discharged to a SNF for rehabilitation. Changes to care plan will occur at the time of return to Country Villa Assisted Living.	
	<b>Further corrections made:</b> <ul style="list-style-type: none"> <li>Fall risk evaluation will be completed in ECP charting system</li> <li>Incident/fall investigations will be completed in ECP</li> </ul>	
	<b>Monitoring incidents and reporting will be completed by Administator of the building within 72 hours</b>	6/25/2020
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N431	<p><b>Changes made to COVID 19 screening;</b></p> <ul style="list-style-type: none"> <li>COVID 19 screening was added to all residents the checks were done all three shifts daily. 6/6/2020 Revisions were made to the screening process as changes in symptoms were added to the COVID 19 process as reported per CDC 6/11/2020</li> <li>6/11/2020 revision</li> </ul> <p>Covid -19 screening revised Symptoms of COVID 19... Cough-Fever-Shortness of breath Staff will take resident's temperature and O2 and report any respiratory illness each shift. Any symptoms will be reported to the nurse. Any resident who has a fever, chills, sore throat, runny nose, cough, muscle pain, Headache, and loss of taste and smell. If the resident is positive for any symptoms they will be put on isolation the nurse will be notified. The nurse will notify family and MD regarding changes in condition</p>	6/25/2020
	<p><b>Weights were reviewed on all residents and the MD was contacted if a weight loss occurred. All residents were placed on weekly weights. Reviews will be completed by the nurse monthly or as alerted by staff.</b></p> <ul style="list-style-type: none"> <li>Weekly Weight Check ***has had a significant weight loss. Staff will take his weight weekly. any weight gain of loss ow #3 or greater will be reported to the nurse. MD made aware</li> <li>document amount of meal eaten *** has had a significant weight loss. Staff will document the amount of food eaten at each meal. any decrease in appetite will be reported to the nurse</li> </ul>	
	<b>Staff meeting held to discuss changes in condition and reporting requirements. Including diabetes and low blood sugars Tuesday 6/13/20</b>	
	<b>The Administer and Nurse will review COVID 19 screening. Weights and vitals will be reviewed weekly by the nurse. Any changes in condition will be reported to the MD.</b>	6/24/2020
	<b>Any changes in condition will be reported to the nurse. The nurse will document the change and action taken. Reporting incidents to the MD will be documented to include the MD response. All changes in condition must have a follow up by the nurse. This will be documented</b>	6/25/2020

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Y3244	<p><b>Resident with a pressure ulcer with a physician order for dressing changes requiring packing of the wound. Pressure ulcer care relies on the ability to assess, is considered a nursing task/procedure and should be completed by a licensed nurse. Assessment includes the following: Observing for signs of improvement or deterioration, and documenting, location, size, color, wound edges, sinus tracts, undermining, tunneling and odor. Pending the result of the assessment, the person providing care should possess the ability to provide intervention. Currently, unlicensed caregivers are providing wound care and there is no evidence to show the training received by the caregivers or how to assess and intervene.</b></p> <p><b>Upon review of discharge papers on 5/26/20 and phone conversation with wound care clinic. The resident is on daily dressing changes. The following changes were made to her care plan:</b></p> <p><b>sacral wound</b>  <i>Sacral wound is to be cleansed with Aloe Vesta foaming cleanser or incontinent wipes. Do not rub on the area to remove Sensicare. Pat clean and reapply Sensicare Barrier ointment liberally (like cake frosting) Reapply BID and PRN any changes in condition will be reported to the nurse. Staff are to document wound care. To include measuring the wound with a description of the wound bed, surrounding skin, color, odor, and drainage. Staff will document what the skin surrounding the wound looks like.</i></p> <p><b>Ischial wound care</b>  <i>Ischial wound care: Resident has a stage 5 pressure ulcer. The dressing changes will be completed by RN only. If the outside of the dressing becomes soiled staff can replace the Mepilex. The wound will be measured size documented, color, wound edges, tunneling odor, condition of peri wound will be documented. The wound will be cleansed with NS a gauze pad will be moistened with Dakins and placed into the wound. DO NOT PACK TIGHT... the wound will be covered with a mepilex dressing</i></p> <p><b>The resident is going to the wound care clinic on 6.19.2020 who will assess her wounds and give a referral to Amedysis for wound care. Lakeland Care was made aware of the situation.</b></p>	6/18/2020
	<b>Wound care will be completed by an RN or LPN daily</b>	6/20/2020
	<b>Amedysis will start service when resident tests negative for COVID 19 date to be determined</b>	