

## 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):	525418
Survey Date (X3):	03/19/2020
Survey Event ID Number:	71WM11

Preparation and submission of this plan of correction does not constitute an admission or agreement of the truth of the facts alleged or of the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted at this time solely because of requirements under state and federal law.

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
F609	<p><b>Corrective Action taken for those residents alleged to have been affected by the deficient practice are:</b></p> <ul style="list-style-type: none"> <li>DON and NHA who were employed by facility during the time period of this alleged deficient practice no longer work at the facility.</li> <li>Report submitted to State Agency as it pertains to incident involving residents identified as R1 and R2.</li> <li>Resident R3 was interviewed and indicated that she is "no longer bothered by R4;" resident confirms feeling safe at facility.</li> <li>Care Plans of residents identified as R3 and R4 were reviewed and updated as deemed necessary.</li> </ul> <p><b>Actions taken to identify other residents that may have been affected by the deficient practice are:</b></p> <ul style="list-style-type: none"> <li>All residents have potential to be affected by stated deficiency; no similar findings and/or negative affects have been identified by this alleged deficient practice.</li> </ul> <p><b>The measures the facility will take to ensure the problem will be corrected and will not reoccur:</b></p> <ul style="list-style-type: none"> <li>Interdisciplinary Team and Licensed Nurses were educated on the requirements of F609, Reporting of Alleged Violations. Specifically, this education focused on the facility's responsibility to ensure alleged violations involving misappropriation, neglect and/or abuse are immediately reported to the Administrator and respective State Agency as indicated.</li> </ul> <p><b>Quality Assurance plan to monitor facility performance to make sure corrections are achieved:</b></p> <ul style="list-style-type: none"> <li>Administrator or designee will perform random audits, in the form of resident and staff interviews, weekly x 4, bi-weekly x 2, and monthly x 1 to ensure ongoing and sustained compliance with this alleged deficient practice.</li> <li>Any adverse findings will be immediately reported to the NHA, investigated and reported to the State Agency as deemed necessary.</li> </ul>	4/17/2020

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	<ul style="list-style-type: none"> <li>Findings and trends will be reported to QAPI Committee and Corporate Compliance for further review and consideration.</li> </ul>	
F610	<p><b>Corrective Action taken for those residents alleged to have been affected by the deficient practice are:</b></p> <ul style="list-style-type: none"> <li>DON and NHA who were employed by facility during the time period of this alleged deficient practice no longer work at the facility.</li> <li>Report submitted to State Agency as it pertains to incident involving residents identified as R1 and R2.</li> <li>Resident R3 was interviewed and indicated that she is "no longer bothered by R4;" resident confirms feeling safe at facility.</li> <li>Care Plans of residents identified as R3 and R4 were reviewed and updated as deemed necessary.</li> </ul> <p><b>Actions taken to identify other residents that may have been affected by the deficient practice are:</b></p> <ul style="list-style-type: none"> <li>All residents have potential to be affected by stated deficiency; no similar findings and/or negative affects have been identified by this alleged deficient practice.</li> </ul> <p><b>The measures the facility will take to ensure the problem will be corrected and will not reoccur:</b></p> <ul style="list-style-type: none"> <li>Administrator, DON, and ADON educated by Regional Director on the requirements of F610: Investigate/Prevent/Correct Alleged Violation. Specifically, this education focused on the facility's responsibility to ensure that in response to allegations of abuse, neglect, exploitation or mistreatment, that the alleged violations are thoroughly investigated and reviewed to prevent further potential incidents.</li> </ul> <p><b>Quality Assurance plan to monitor facility performance to make sure corrections are achieved:</b></p> <ul style="list-style-type: none"> <li>Administrator or designee will update and maintain Grievance/Reportable Events Log to ensure that facility appropriately responds and investigates allegations of potential misconduct. This log will be utilized for Abuse Prevention Committee Meetings which will be held weekly x4, biweekly x2 and monthly x1 to ensure ongoing and sustained compliance with this alleged deficient practice. Any adverse findings will be immediately addressed and reported to the State Agency as deemed necessary.</li> <li>Findings and trends will be reported to QAPI Committee and Corporate Compliance for further review and consideration.</li> </ul>	4/17/2020