

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:	
Bay At Belmont Health And Rehabilitation Center	
Street Address/City/Zip Code:	
110 Belmont Rd, Madison, WI 53714	
License/Certification/ID Number (X1):	525074
Survey Date (X3):	03/23/2023
Survey Event ID Number:	7T5D11

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
F000	The completion and execution of this plan of correction does not constitute an admission of guilt or wrongdoing on the part of the nursing center. This plan of correction is completed in good faith as the center's commitment of quality outcomes for the residents. In addition, this plan of correction is completed as it is required by law	
F553 (D)	R13 care conference was scheduled and POA was notified and afforded the opportunity to participate in their care planning process.	4-17-2023
	Current residents have the potential to be affected by the facility not affording an opportunity for the residents representatives to participate in their care planning process. These residents' medical records and care plans were reviewed, and residents representatives were invited to participate in their care planning process. An audit of care conferences was completed, invitations to representatives were provided.	
	The social worker and interdisciplinary team were educated on the regulations associated with the Right to Participate in Planning Care. The IDT will discuss scheduled weekly care conferences in morning stand up and ensure the resident representative has been invited.	
	NHA/Designee will audit weekly for 4 weeks to ensure that resident representatives have been invited to the care conference.	
	Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.	
F677	R13 and R4 did not suffer any ill effects from not ensuring residents who are unable to carry out ADL's receive the necessary services for toileting/elimination and personal hygiene. Resident's care plans were reviewed and updated.	4-17-2023
	Current residents have the potential to be affected by not ensuring residents who are unable to carry out ADL's receive the necessary services for toileting/elimination and personal hygiene. Current residents were reviewed, care plans were individualized and updated. All concerns were care planned and corrected. CNA care cards were updated to reflect resident's preferences and interventions to meet their ADL needs.	

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	The CNAs and IDT were provided education on what are ADLs, documentation expectations, what to do when residents refuse ADLs including root cause, notifications of changes in ADLs and toileting, and following the care plan.	
	DON or designee will conduct random audits weekly for 4 weeks by asking residents during caring partner rounds if they are being toileted/hygiene needs met per their preference. For residents that cannot be interviewed, observations will be completed randomly weekly for 4 weeks.	
	Audits will be reviewed at QAPI immediately with any concerns corrected immediately and to determine if audits need to continue.	
F727 (F)	Current residents have the potential to be affected by the facility not ensuring a RN was scheduled for at least 8 consecutive hours a day, 7 days a week.	4-17-2023
	The scheduler, IDT, received education on 8 consecutive hours of RN coverage. The facility has contracted RN coverage.	
	DON/Designee will conduct random weekly audits for 4 weeks to ensure the facility has an RN scheduled for at 8 consecutive hours a day, 7 days a week	
	Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.	
F732 (C)	Current residents have the potential to be affected by the facility not ensuring the facility's posted nurse staffing information was current at the beginning of each shift.	4-17-2023
	The scheduler, IDT, received education on ensuring the facility's posted nurse staffing information was current at the beginning of each shift.	
	NHA/Designee will conduct random weekly audits for 4 weeks to ensure the facility has nurse staffing postings that are current at each shift.	
	Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.	
F755 (E)	R10, R11, R22, R24, R8, and R26 didn't suffer any ill effect from the facility not ensuring the facility provided pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident. R10, R11, R22, R24, R8, and R26 medications are available and are being administered per order. Care plans have been reviewed.	4-17-2023
	Current residents have the potential to be affected by the facility not	

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	<p>ensuring the facility provided pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident.</p> <p>Current residents were reviewed to ensure pharmaceutical services were in place to meet the needs of the residents including accuracy of order transcription. All residents have the potential to be affected by this deficient practice.</p>	
	<p>NHA, DON and Nursing Leadership will met with the facility pharmacy provider to establish the processes for ordering, delivery, review of contingency box and need for added medications, cut off times for ordering and how to correct concerns related to acquiring, receiving, dispensing and administration of all drugs and biologicals to meet the needs of the residents.</p>	
	<p>Licensed nurses have been educated on how and when to order medications, timeliness and medication administration; expectations were posted in the nursing stations.</p> <p>Licensed nurses have been educated on the 7 rights of medication administration and the policy and procedure for handling of medication, medication ordering, medication administration and steps to take when medications are not available including provider notification and documentation.</p> <p>Licensed nurses have been educated on what to do if a resident reports not receiving their medications, including documenting a medication error in risk management.</p>	
	<p>DON/Designee will audit weekly for 4 weeks to ensure the following:</p> <ul style="list-style-type: none"> ● medications are given per order ● medications are available ● when medications are not available, or a resident states they did not receive their medications, that facility procedure is followed. <p>The DON/Designee will conduct M-F clinical review and will review missed medication reports in PCC M-F and ensure follow up is completed.</p>	
	<p>Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.</p>	
F759 (E)	<p>R11, R25, R20, R21, R22, R23, and R24 didn't suffer any ill effects from the facility not ensuring that residents are free of significant medication errors. Care plans have been reviewed and updated. Risk Managements were</p>	4-17-2023

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	<p>completed for medication errors for R11, R25, R20, R21, R22, R23, and R24, Current residents have the potential to be affected by the facility not ensuring that residents are free of significant medication errors.</p> <p>Current residents were reviewed to ensure that they are free from medication error or if an error occurs, that a risk management medication error is documented and updates are completed. All residents have the potential to be affected by this deficient practice.</p>	
	<p>DON and licensed nurses were provided with education on CMS Critical Element Pathway: Medication Administration Observation. Licensed nurses were randomly observed/audited using the CMS Critical Element Pathway: Medication Administration Observation. Licensed nurses were provided with education on:</p> <ul style="list-style-type: none"> • what is a medication error • steps to take when a medication error occurs 	
	<p>The DON/Designee will randomly audit/observe licensed nurses medication administration for the next 4 weeks. The DON/Designee will conduct M-F clinical review and will review missed medication reports in PCC M-F and ensure follow up is completed.</p>	
	<p>Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.</p>	
F842 (D)	<p>R1 no longer resides at the facility.</p>	4-17-2023
	<p>Current residents have the potential to be affected by the facility not maintaining medical records on each resident, that are complete, accurately documented, readily accessible, and systematically organized.</p> <p>Like residents since 3-23-2023 with falls and neurological flow sheets were reviewed to ensure the flowsheet was accessible and systematically organized.</p>	
	<p>IDT to include nursing leadership was provided education on accessibility of resident records and organization. Licensed nurses were provided education on documentation and medical record storage of neurological assessments.</p>	
	<p>DON/Designee will audit weekly for 4 weeks to ensure medical records are accessible and systematically organized.</p>	
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F880 (D)	<p>R10, R17, R18 did not suffer any ill effects from the facility not ensuring that staff perform proper hand hygiene during wound dressing changes.</p>	4-17-2023
	<p>Current residents have the potential to be affected by the facility not performing proper hand hygiene with dressing changes.</p>	
	<p>A root cause analysis (RCA) was conducted and interventions were implemented. The QAA Committee members and Governing Body reviewed the RCA/interventions.</p> <p>IDT and facility staff was educated on hand hygiene with the video: CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands-Combat COVID-19</p> <p>https://youtu.be/xmYMUly7qiE</p> <p>Hand Hygiene training was provided by the Infection Preventionist.</p>	
	<p>The licensed nurses were provided with education on hand hygiene with wound care. Hand Hygiene training was provided by the Infection Preventionist.</p> <p>Ad hoc education will be provided to persons who are not correctly performing hand hygiene with wound care and/or infection prevention/control practices.</p>	
	<p>Infection Preventionist/Designee will audit weekly for 4 weeks to ensure proper hand hygiene is completed with wound cares, and to ensure infection control procedures are followed in each unit.</p> <p>Monitoring will continue until the facility has been infection free for at least four weeks.</p> <p>The facility will review infection prevention tracking and trending.</p> <p>Any unexpected increases in infection will result in communication with the Medical Director, Public Health Department and the state survey agency in order to obtain further assistance to control infection.</p>	
	<p>Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.</p>	
F921 (F)	<p>Current residents, staff and the public have the potential to be affected by the facility not providing a safe, sanitary, and comfortable environment.</p>	4-17-2023
	<p>The facility has corrected the following:</p> <ul style="list-style-type: none"> ● Exterior handrail on steps leading to facility was secured ● Floor outside the kitchen was leveled and is even ● Carpet is separated: technicians were notified of the carpet, quotes 	

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	<p>have been obtained, facility is securing date with vendor.</p> <ul style="list-style-type: none"> ● Sheetrock has been fixed and is no longer exposed in the following areas: below handrails, Willow mural, door corner entering Willow dining room, nurses station near Birch, ● Brown spots on the ceiling of Cedar shower room were cleaned and removed. ● Handrails were cleaned, the space below the handrails that lead to the floor were cleaned. ● Birch shower room door is worn ● Willow refrigerator was replaced ● Air vents were cleaned ● Light fixtures were cleaned ● Smells throughout the facility were removed, carpets were cleaned. 	
	<p>IDT including maintenance were provided with education on the regulation F921: Safe/Functional/Sanitary/Comfortable Environment. IDT was provided with education on TELS, the computer program for maintenance requests, routine inspections and maintenance facility reports. The education included how to use TELS, an icon has been placed on facility computers and directions were placed at the nurses station.</p>	
	<p>NHA/Designee will conduct weekly audits of the facility environment including the exterior to ensure the facility is safe, functional, sanitary, and comfortable for residents, staff and the public.</p>	
	<p>Audits will be reviewed at QAPI to immediately with any concerns corrected immediately and to determine if audits need to continue.</p>	