

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:	
Ssm Health St Mary's Care Center	
Street Address/City/Zip Code:	
3401 Maple Grove Dr, Madison, WI 53719	
License/Certification/ID Number (X1):	525276
Survey Date (X3):	10/21/2024
Survey Event ID Number:	D2T511

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
F689G	Resident #5 provided first aid treatment provided immediately Physician and family notified immediately Resident sent to ER for further evaluation and treatment Resident assessed; care plan updated Completed hot liquid safety assessment	11/15/2024
	All residents evaluated with hot liquids safety assessment All residents determined to not be safe through hot liquids safety assessment, have been evaluated by therapy, and facility is following recommendations Care plans/kardex and tray tickets reviewed and updated with hot liquid interventions, if resident is not safe to drink hot liquids If alternative interventions are not indicated on care plan/kardex and tray ticket, the resident is safe to consume hot liquids at will	11/15/2024
	Temperature of coffee post brewing recorded, by culinary staff or designee, per policy and procedure Coffee brewed in one central location and cooled to or below identified temperature of 140 degrees, prior to serving Policy and procedure reviewed Staff educated regarding hot liquid temperature procedure	11/15/2024
	Audit coffee and hot beverage temperatures 5 days per week for 4 weeks, weekly for 4 weeks, and monthly for 4 weeks	11/15/2024

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	Report results of audits to QAPI committee for additional recommendations.	
F758D	Resident #1 passed away on 10/26/24.	
	All residents with antipsychotic medications diagnosis audited for appropriateness and updated as appropriate	11/15/2024
	Care plans reviewed and updated as appropriate	
	Residents with antipsychotic medications prescribed have been audited to include diagnosis and appropriateness of diagnosis, medications prescribed, side effects, behaviors displayed, frequency of behaviors, non-pharmacological interventions, effectiveness of interventions, GDR and IDT review	
	Behavior management system reviewed to include diagnosis, medications prescribed, side effects, behaviors displayed, frequency of behaviors, non-pharmacological interventions, effectiveness of interventions, GDR review, and IDT discussion	11/15/2024
	Weekly resident at risk meetings includes review of residents on antipsychotic medications	
	Education on antipsychotics and behavior monitoring to be completed with nursing staff	
	Audit new anti-psychotic orders and correlating diagnosis and behavior monitoring completion for those on anti-psychotic medications 5 days per week for 4 weeks, weekly for 4 weeks, and monthly for 4 weeks	11/15/2024
	Results of of audits will be reportedoi9mj to QAPI committee for additional recommendations	