

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.

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| Name - Provider/Supplier: | |
| Pine View Care Center | |
| Street Address/City/Zip Code: | |
| 400 County Rd R, Black River Falls, WI 54615 | |
| License/Certification/ID Number (X1): | 525409 |
| Survey Date (X3): | 01/04/2023 |
| Survey Event ID Number: | ZDFI11 |

| ID Prefix Tag (X4) | Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.) | Completion Date (X5) |
|--------------------|--|----------------------|
| F600 | <p>Free from Abuse and Neglect</p> <p>The facility will ensure residents are free from abuse, neglect, mistreatment, exploitation, including injuries of unknown source and misappropriation of property.</p> <p>Involved staff were counseled on one-to-one requirements and staff were immediately reeducated on effective redirection for resident.</p> <p>Involved staff were counseled and all staff were reeducated on what 1:1 expectations are including when assigned and leaving designee must find another staff member to relieve the duty. Staff member is within arm's reach, or at minimum, in line of sight and in close enough proximity to be able to immediately respond to and intervene to any inappropriate behaviors while awake and during sleeping hours must be able to visualize exit of room.</p> <p>Staff were immediately educated on abuse policy and updated sexual expression policy which includes what consenting to sexual activity means versus intimacy.</p> <p>Staff were reeducated on documenting and monitoring behaviors, implementing interventions, and what to do if interventions are not working</p> <p>Sexual consent capacity assessment created and completed for all residents, including R1, R2, and R3</p> <p>R1 care plan was updated to include effective redirection and resident specific activities which include piping, playing cards, sorting activities, folding clothes, etc.</p> <p>R2 care plan updated to include effective redirection and resident specific activities which include rummage sales, holiday crafts, jewelry making, magazine sorting, I spy, etc.</p> <p>R1 to remain in line of sight from 12/01/2022-12/10/2022.</p> | 1/05/2023 |

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| | <p>R1 placed on 1:1 until POA arrived to facility on 12/10/2022.</p> <p>R1 went home with POA on 12/10/2022 and returned on 12/12/2022.</p> <p>R1 resumed 1:1 supervision upon return to facility on 12/12/2022.</p> <p>All residents to include R1, R2, R3 on MCU immediately interviewed after incidents occurred with no negative findings.</p> <p>All staff who primarily work on the MCU were immediately interviewed after the incidents with no negative findings.</p> <p>Weekly skin assessments performed x 3 weeks since 12/01/2022 with no negative findings</p> <p>All residents on MCU to be monitored for any mood and/or behavior changes every shift, added 12/21/2022. DON or designee to check TAR's twice daily x 4 weeks, once daily x 2 weeks and then monthly x 2 months.</p> <p>IDT educated on ad hoc QAPI to be completed when necessary.</p> <p>Added additional staff to MCU for completion of 1:1.</p> <p>NHA or designee will conduct random spot checks of 1:1 schedule to ensure accurate completion with rounding 2 to 4 times daily on MCU x4 weeks and then 10 observations weekly for 3 months to ensure continued compliance with any negative findings reported to facility Quality Assurance Performance Improvement (QAPI) committee.</p> | |
| F609 | <p>Reporting of Alleged Violations</p> <p>The facility will ensure all allegations of abuse, neglect, mistreatment and exploitation, including injuries of unknown source and misappropriation of resident property are reported appropriately.</p> <p>R3 will continue to be monitored for any mood and/or behavior changes every shift.</p> | 01/05/2023 |

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| | <p>All residents and staff on MCU were immediately interviewed at time of incidents with no negative findings.</p> <p>Involved staff were counseled and all staff were retrained on the Abuse policy immediately, to include types of abuse, examples of abuse, scenarios, who to report to, when to report, and immediate notification of administrator.</p> <p>All residents will continue to be monitored for any mood and/or behavior changes every shift. All residents will be interviewed twice weekly for one month and weekly for 3 months by social services or designee. DON will review mood and behavior documentation 5 times per week for 4 months to ensure compliance.</p> <p>All negative findings will be reported to the quality assurance committee.</p> | |
| F610 | <p>Investigate/Prevent/Correct Alleged Violation</p> <p>The facility will ensure all allegations of abuse, neglect, mistreatment and exploitation, including injuries of unknown source and misappropriation of resident property are reported appropriately.</p> <p>R1, R2, and R3 were immediately interviewed with no negative findings.</p> <p>R1, R2, and R3 will continue to be monitored for any mood and/or behavior changes every shift.</p> <p>All residents on MCU were immediately interviewed at time of incidents with no negative findings.</p> <p>All staff were retrained on the Abuse policy immediately, to include types of abuse, examples of abuse, scenarios, who to report to, when to report, and immediate notification of the administrator.</p> <p>All residents will continue to be monitored for any mood and/or behavior changes every shift. All residents will be interviewed twice weekly for one month and weekly for 3 months by social services or designee. DON will review mood and behavior documentation 5 times per week for 4 months to ensure compliance.</p> | 01/05/2023 |

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| | All negative finding will be reported to the quality assurance committee. | |
| F689 | <p>Free Accident Hazards/Supervision/Devices</p> <p>The facility will provide adequate supervision and assistive devices to prevent accidents.</p> <p>R8, R9, R10 were not negatively affected by event with R1.</p> <p>R1's care plan was updated to include effective redirection and resident specific activities which include piping, playing cards, sorting activities, folding clothes, etc.</p> <p>R1 was placed on 1:1 on 12/10/2022.</p> <p>R1 left facility with POA for the weekend, leaving 12/10/2022, returning 12/12/2022.</p> <p>Performance Improvement plan in place 12/12/2022.</p> <p>Involved staff were counseled and all staff were reeducated on what 1:1 expectations are including when assigned and leaving designee must find another staff member to relieve the duty. Staff member is within arm's reach, or at minimum, in line of sight and in close enough proximity to be able to immediately respond to and intervene to any inappropriate behaviors while awake and during sleeping hours must be able to visualize exit of room.</p> <p>NHA or designee will conduct random spot checks of 1:1 schedule to ensure accurate completion with rounding 2 to 4 times daily on MCU x4 weeks and then 10 observations weekly for 3 months to ensure continued compliance with any negative findings reported to facility Quality Assurance Performance Improvement (QAPI) committee.</p> | 1/05/2023 |
| F835 | <p>Administration</p> <p>All residents have the potential to be affected. No negative outcomes.</p> | 1/05/2023 |

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| | <p>The facility will be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable mental and psychosocial well-being of each resident.</p> <p>All staff were retrained on the Abuse policy immediately, to include types of abuse, examples of abuse, scenarios, who to report to, when to report, and immediate notification of the administrator.</p> <p>All residents will continue to be monitored for any mood and/or behavior changes every shift. All residents will be interviewed twice weekly for one month and weekly for 3 months by social services or designee. DON will review medical record for mood and behavior documentation 5 times per week for 4 months to ensure compliance.</p> <p>NHA and ANHA work in close coordination at all times with appropriate delegation. All staff notified on facility roles of Administration to include the NHA and ANHA.</p> <p>NHA and ANHA will interview staff randomly to ensure all staff are aware of the licensed Administrator.</p> <p>All staff immediately educated on the Notification of Administrator policy which includes any allegation of resident abuse, neglect or misappropriation.</p> <p>All negative findings will be reported to the quality assurance committee.</p> | |
| F842 | <p>Resident Records-Identifiable information</p> <p>The facility will maintain medical records on each resident that are complete, accurately documented, readily accessible and systematically organized in accordance with accepted professional standards and practices.</p> <p>R1, R2, R3 to be monitored for any mood and/or behavior changes to ensure to adverse effects each shift for 5 days with no changes noted. All results of monitoring documented in resident medical record.</p> | 1/05/2023 |

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| | <p>All other residents on MCU to be monitored for any mood and/or behavior changes to ensure to adverse effects each shift for 5 days with no changes noted. All results of monitoring documented in resident medical record.</p> <p>All nursing staff RN's and LPNs were immediately educated on documenting in medical record regarding behaviors, interventions, and what to do if and when interventions aren't working. Education included identifying trends, behaviors that may constitute as abuse, sexual comments or touching, aggressive behaviors, behavior that is disruptive to the unit, has the potential to disrupt the unit, has the potential to harm self or others residents or any other problematic behaviors. If staff are unable to manage behaviors, this must immediately be reported to the DON/NHA and the Unmanageable Resident policy to be followed.</p> <p>DON or designee to check 24-hour, CNA documentation and medical record charting twice daily x 4 weeks, once daily x 2 weeks and then monthly x 4 months to ensure compliance with documentation.</p> <p>All negative findings will be reported to the quality assurance committee.</p> | |
| F867 | <p>QAPI/QAA Improvement Activities</p> <p>All residents have the potential to be affected. No negative outcomes occurred</p> <p>The facility's Quality Assurance/Performance Improvement Committee does systematically identify, report, track and take actions aimed at quality assurance and performance improvement. The facility does identify and correct quality of care deficiencies regarding the investigation and reporting of suspected abuse, neglect, and exploitation.</p> <p>The facility QAPI Committee members were immediately educated on state survey direction to have QAPI members meet ad hoc each time a self-report is reported regarding abuse, neglect, or exploitation, the committee must complete an ad hoc QAPI meeting detailing the incident that occurred. The committee will ensure root cause analysis is conducted, actions taken are aimed at correction/performance improvement and after implementing these actions, the committee will measure the success of the actions taken and track performance to ensure that improvements are realized and sustained. There will be one QAPI</p> | 1/05/2023 |

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| | <p>Committee member appointed as oversight for implemented corrective actions to ensure corrective actions are appropriate and maintained. Any negative findings will be reported back to the facility QAPI Committee for immediate resolution.</p> <p>The QAPI committee members will meet at a minimum of monthly (or more frequently if an AD HOC QAPI Committee is required) to identify issues related to quality assessment and assurance and performance improvement as needed, and will direct the development and implementation of appropriate plans of action for identified facility concerns.</p> <p>The NHA or designee will review all minutes to ensure compliance and correct negative findings.</p> | |
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