Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

October 10, 2023

Ms. Patricia Bauerle, Manager
Lakeview Community Care Home
322 St Paul Street
Burlington, VT 05401-4647

Dear Ms. Bauerle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 3, 2023.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0177	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW COMMUNITY CARE HOME	322 ST PAUL STREET BURLINGTON, VT 05401

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R100	Initial Comments: On 7/25/23 the Division of Licensing and Protection conducted an unannounced on-site investigation of 1 facility reported incident and 2 complaints, with additional information provided by the facility on 7/26/23 and 8/3/23. The following regulatory deficiencies were identified during the investigation:	R100		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to administer medication as ordered for 1 applicable resident (Resident #3). Findings include: Resident #3's physician ordered Olanzapine 2.5 mg tab One tab by mouth once daily as needed for Agitation not to exceed 1 tab/24 hours. Between 2/3/21 and 2/1/23 Olanzapine 2.5 mg was administered as needed 15 times for Anxiety, and once for Anxiety and Psychosis.	R128		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for	R145		

LICSW 10/7/23
Senior Manager, Lakeview

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R145	Continued From page 1 each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review there was a failure develop and implement plans of care for 3 out of 3 sampled residents describing the care and services necessary to maintain independence and well-being (Residents #1., #2, and #3). Findings include: 1. Per record review Resident #1's diagnoses leave him/her at risk when wandering in the community. Staff notes document numerous incidents of Resident #1 wandering in the community between 4/5/23 and 6/22/23 including incidents leading to police intervention in surrounding towns and frequent trips to the emergency room. Resident #1's most recent Resident Assessment dated 10/26/22 indicates s/he "wanders daily...wanders outside, leaves and gets lost". On the evening of 7/25/23 the Manager acknowledged Resident #1's Plan of Care does not include goals and interventions related to wandering in the community and risk for elopement. 2. Resident #2 was admitted to the facility on 6/29/23. Per interview with the Manager on the morning of 7/25/23 Resident #2 was "not settling in well" at the home. Staff notes document unsafe behaviors in the community during his/her residence at the home. On 7/3/23 s/he left the	R145		

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R145	Continued From page 2 home by 6:00 AM, returned briefly in the evening, then left and did not return until 1:30 PM the following day. During this time verbally aggressive behaviors resulted in multiple no trespass orders. On 7/5/23 s/he threw soda on someone in the community, was in turn pushed to the ground, and required help getting up. Shortly after this occurred Resident #2 attempted to head butt a police officer serving a no trespass order. S/he was arrested and charged with simple assault on an officer. In response the Manager instructed staff to maintain caution around Resident #2 and "take space in the office or close the med room door" if escalation occurred. A plan was not developed to maintain a safe environment for residents. Resident #2's Plan of Care was not updated to address unsafe behaviors and wandering in the community for extended periods of time. On the evening of 7/25/23 the Manager acknowledged Resident #2's Plan of Care did not address care and services required to meet Resident #2's needs. Per record review the RN notified staff on 7/19/23 that Resident #2 sustained a foot fracture on 7/18/23 and had a foot infection. On the morning of 7/25/23 the Manager reported Resident #2 refused to have his/her foot casted or wear a walking boot. During an interview on the afternoon of 7/25/23 Resident #2 stated s/he continued to walk on the fractured foot and was in pain. Per discharge summary from a doctor's visit on 7/19/23, a shallow ulcer on Resident #2's right foot with cellulitis (infection caused by bacteria entering broken skin) preceded the left foot fracture and was improving following a few days of antibiotics, however antibiotic treatment was interrupted when previously prescribed antibiotics were "lost". Resident #2's Medication	R145		

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R145	Continued From page 3 Administration Record does not include documentation of antibiotics administered prior to 7/19/23 or wound care refusals. The PCP also noted dressing changes were not being performed on Resident #2's infected foot as s/he was wearing the same bandage observed during a previous visit 7 days earlier. A Resident Assessment signed by the RN on 7/5/23 indicated Resident #2 requires medication administration, does not control his/her own medications, and the ulcer was not present on admission. Resident #2's Plan of Care was not updated to include goals and interventions related to wound care, monitoring for signs of worsening infection and foot fracture, management of acute and chronic pain, and when to contact the nurse for help. 3. Per record review Resident #3's Care Plan documents periods of medication refusals followed by rapid psychiatric decompensation noted to resolve once s/he resumes taking medications. Staff notes document frequent and extended periods of engaging in self-talk with limited ability to respond or interact with others; episodes of wandering in the community and elopement; and aggressive and intrusive behaviors towards other residents and staff. Resident #3 was unaccounted for between midnight 12:00 AM and 2:00 PM on 6/14/23 which occurred following a period of decompensation evidenced by unpredictable and aggressive behaviors including "pulling [staff] into a bear hug", cursing and yelling as staff tried to exit the situation, then grabbing the staff's arm and spinning them around to get them out of his/her personal space as noted by the Manager on 5/28/23. On 6/2/23 the RN reported Resident #3's psychiatric provider agreed s/he seemed unwell; and on 6/13/23 the Manager notified the	R145		

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R145	Continued From page 4 psychiatric provider "this morning another resident reported [Resident #3] was trying to get into his/her room ...being verbally aggressive in attempts to get cigarettes...This is a heads up- in the past s/he has gotten to the point where s/he will start being assaultive towards other residents". In response to changes in Resident #3's behavior and presentation the Manager instructed staff to "take some extra space/caution when interacting with [Resident #3]", however a plan was not initiated for the safety of other residents. Resident #3's Plan of Care was not updated to address intrusive and aggressive behaviors towards staff and other residents, wandering, and risk for elopement. On the evening of 7/25/23 the Manager confirmed Resident #3's Plan of Care did not address care and services required to meet Resident #3's needs.	R145		
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to instruct direct care staff regarding specific health care needs and delegation of nursing tasks related to a foot fracture and infection for 1 applicable resident (Resident #2). Findings include:	R146		

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R146	Continued From page 5 Per record review the RN notified staff on 7/19/23 that Resident #2 sustained a foot fracture on 7/18/23 and had a foot infection. On the morning of 7/25/23 the Manager reported Resident #2 refused to have his/her foot casted or wear a walking boot and had taken a wheelchair from the hospital which was being stored in the basement. On the afternoon of 7/25/23 Resident #2 stated s/he continued to walk on the fractured foot and was in pain. Per discharge summary from a follow up PCP visit on 7/19/23, a shallow ulcer on Resident #2's right foot with cellulitis (infection caused by bacteria entering broken skin) preceded the left foot fracture and was improving following a few days of antibiotics, however antibiotic treatment was interrupted when the previously prescribed antibiotics were "lost". The PCP also stated dressing changes were not being performed on Resident #2's infected foot as s/he was still wearing the same bandage observed during a previous visit 7 days earlier. Resident #2's Medication Administration Record does not include documentation of antibiotic administration previous to the order prescribed on 7/19/23 or wound care refusals. A Resident Assessment signed by the RN on 7/5/23 indicates Resident #2 requires medication administration, does not control his/her own medications, and the ulcer was not present on admission. Resident #2's Care Plan signed by the RN does not include goals and interventions related to wound care, and monitoring for the untreated fracture and signs of worsening infection, pain management, and when medical help is needed. On the afternoon of 7/25/23 the RN confirmed s/he had not performed physical assessments of Resident #2 following the fracture on 7/18/23; and had not provided staff instructions for care related to Resident #2's fracture and infection, and when	R146		

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R146	Continued From page 6 to contact the nurse for help. .	R146		
R153 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there was a failure to monitor for stability of weight for all facility residents. Findings include: Documentation of vital signs assessments including monitoring of resident weights were not observed to be recorded in the electronic health record utilized by the home. Residents #1, #2. and #3 are at risk for unstable weight due to frequently missing or refusing the meals served at the home. Residents #1 and #2 wander in the community for long periods of time including when meals are served. Resident #1's Care Plan states "RN will obtain weight at least monthly and more frequently PRN (as needed)". Resident #3 routinely declines meals due to self restricting behaviors, and per observation appeared gaunt and unkempt on the day of the investigation. Resident #3's Plan of Care identifies Imbalanced Nutrition: Less Than Body Requirements as an issue requiring requiring goals and interventions, and states the RN will attempt to weigh Resident #3 weekly. On the afternoon of 7/25/23 the Manager was requested to provide documentation of Resident	R153		

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R153	Continued From page 7 #1, #2 and #3's vital signs including documentation of weight checks. The Manager was unable to provide documentation of weight monitoring, and confirmed resident vital signs assessments are not performed at the home on a routine basis including monitoring of resident weights for stability.	R153		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by:	R171		

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R171	Continued From page 8 Based on record review and staff interview there was a failure to ensure documentation of medication administration as required for medication refusals and administration of PRN (as needed) medications for 3 applicable residents (Residents #1, #2, #3). Findings include: 1. There was a failure to ensure documentation indicating medications were administered as ordered for 3 applicable residents (Residents #1, ##2, and #3 evidenced by missing staff or crossed out staff initials in the boxes corresponding to the following administration dates and times on the July 2023 Medication Administration Record: a. Resident #1's Perphenazine 8 mg and 4 mg tablets on the evening of 7/10/23, and on the morning and evening of 7/11/23 b. Resident #2's Benztropine 1 mg tablet on the evening of 7/24/23. c. For Resident #3: *Benztropine 1 mg tablet on the morning of 7/23/23; and on the evenings of 7/3/23 and 7/23/23 * Breo Ellipta 200- 25 mcg Inhalation Powder on the morning of 7/23/23 * Combivent Respimat 20/100 mcg inhaler on the morning of 7/23/23; at noon on 7/3/23 and 7/9/23, at 4:00 PM on 7/4/23, 7/7/23 and 7/11/23; and on the evening of 7/22/23 * Divalproex 500 mg tablets on the evenings of 7/1/23 and 7/2/23 with a crossed out signature on 7/3/23; and Divalproex 250 mg tablets on the	R171		

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R171	Continued From page 9 evenings of 7/2/23 with a crossed out signature on 7/3/23. * Folic Acid 1 mg tablet on 7/23/23 * Famotidine 20 mg tablet, Olanzapine 10 mg and 2.5 mg tablets, Propranolol ER 80 mg capsule, and Rosuvastatin 10 mg tablets on the evening of 7/2/23 with crossed out signatures on 7/3/23 2. There was a failure to ensure documentation as required for refused or missed medications including the reason the medication was refused or missed, and the actions taken by the home for 3 applicable Residents (Residents #1, #2 and #3). a. Resident #1's Medication Administration Records (MARs) for June 2023 indicates his/her medication was refused or missed daily from 6/1/23 - 6/25/23 and from 7/13/23- 7/25/23. S/he missed one dose on 7/7/23; and there is no documentation of administration of the evening dose on 7/10/23 and both doses on 7/11/23. Refused or missed medications are documented on the front of each MAR page with a circled "R" when the medication was refused, a circled "M" when the medication was missed, and a circled "H" when a s/he was hospitalized. The back of each MAR page also includes a section titled "Medication Exception and Hold Notes" for documenting the date, time, medication and dose, and the reason for refusal or missed administration. This section was not consistently completed to document when medications were not administered, and the reasons medications were refused or missed. There was a failure to document in this section of the MAR 19 out of 30	R171		

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R171	Continued From page 10 days in June 2023, and 12 out of 25 days in July of 2023. b. Resident #2 was admitted to the home on 6/29/23 and has scheduled medication administration times twice daily. Resident #2's MAR for July 2023 documented missed medications 10 times, and medication refusals 3 times during the month of July 2023 as of the day of the investigation on 7/25/23. The "Medication Exception and Hold Notes" section of Resident #2's MAR did not include documentation of missed or refused medications on 7/18/23 and 7/24/23. c. Resident #3's July 2023 MAR indicates s/he refused morning medications 4 times and missed morning medications once; s/he refused evening medications 2 times; and s/he missed or refused administration of Combivent Respimat Inhaler at noon and 4:00 PM 16 times during the month of July 2023. The "Medication Exception and Hold Notes" section of Resident #3's MAR was not consistently completed when medications were not administered. While it is important to note residents have the right to refuse medications, the requirement to document the reason the medications were not given and the actions taken by staff in response to missed or refused meds was not met for 3 out of 3 residents sampled. 3. Per review of PRN administration records there was a failure to document the effect of PRN (as needed) medication administrations for 3 applicable residents (Residents #1, #2 and #3). PRN medications were administered without documentation of the medication's effect as	R171		

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R171	Continued From page 11 follows: a. For Resident #1: *Calcium Carbonate (TUMS) 1000 mg 3 times between 2/19/23 and 4/28/23 *Acetaminophen 650 mg 9 times between 9/21/2 and 1/2/23 *Ibuprofen 400 mg 7 times between 1/12/22 and 5/22/23 *Cough Drop (no defined dose) 8 times between 2/16/23 and 7/21/23 *Bacitracin Zinc 500 units/gram 16 times between 10/1/21 and 7/11/23 *Ben Gay Topical Cream 8 times between 2/15/22 and 3/25/23 *Pepto Bismol 525 mg/ 15 ml on 11/5/22 and 11/6/22 b. For Resident #2 : *Acetaminophen/Codeine 300 mg /30 mg on 7/22/23 *Acetaminophen 650 mg on 7/2/23 and "7/23" (year or day not documented) * Ventolin Inhaler (dose not documented) on 7/8/23 *Senna 17.2 mg on 7/18/23 *Ibuprofen 400 mg on 7/1/23 and 7/18/23 *Lorazepam 0.5 mg on 7/1/23, 7/6/23 and 7/21/23 c. For Resident #3: * Nicotrol Inhaler 10 mg cartridge 6 times between 2/28/2 and 8/30/22. * Olanzapine 2.5 mg 12 times between 2/3/21 and 2/1/23 * Acetaminophen 650 mg 12 times between 3/7/22 and 6/20/23 * Fluticasone Propionate 50 mcg spray 3 times between 1/4/22 and 4/3/23. * Ibuprofen 600 mg tablet 8 times between 8/24/22 and 7/9/23.	R171		

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R171	Continued From page 12 * Combivent Respimat 20/100 mcg Inhaler 8 times between 7/9/22 and 6/8/23. * Pepto Bismol 5 times between 10/15/22 and 4/11/23. * Ventolin 90 mcg/ actuation inhaler 5 times between 9/13/22 and 12/5/22. * Calcium Carbonate (TUMS) 1000 mg 5 times between 11/21/22 and 4/24/23. * Cough Drops on 3/19/23 and 6/19/23. * Acetaminophen 650 mg 12 times between 3/7/22 and 6/20/23. On the evening of 7/25/23 the Manager confirmed PRN administration records for Residents #1, #2, and #3 did not document the medication effectiveness following administration.	R171		

HOWARD CENTER
Help is here.

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2306

October 7th, 2023

Dear Ms. Cota:

Listed below is the plan of correction for each deficiency cited in the complaint investigation at the Lakeview Community Care Home of Howard Center that took place on August 3rd, 2023. Please note that we received and reviewed the revised Statement of Deficiencies that was sent to us on October 4th after our request for an informal desk review of R145 and R146.

R128 - V.5.5.c

What action you will take to correct the deficiency: Criteria for administering PRN medications will be reviewed with staff at staff meeting as well as staff annual medication redelegation. RN will ensure criteria for administering PRNs will be a specific training point during initial medication delegation.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: A crossover checklist signed by staff will include going over any PRNs given during the shift and criteria for administration. During crossover, staff will ensure that they are checking their work and following protocol. RN will audit PRN records once monthly to ensure staff are administering PRNs as ordered. If incorrect criteria are documented, RN will meet with responsible staff member to discuss and retrain if necessary.

How the corrective actions will be monitored so the deficient practice does not recur: RN will audit PRN records once monthly to ensure staff are administering PRNs as ordered. If incorrect criteria are documented, RN will meet with responsible staff member to discuss and retrain if necessary.

R128 accepted on 10/10/23 by P. Cota

The dates corrective action will be completed: 10/15/2023

R145 – V.5.9.c (2)

What action will you take to correct the deficiency: Nursing care plan will be updated to include diagnoses and care related to wandering for Resident #1. Program Manager will create a resident plan of care to serve as an addendum to nursing care plan with additional information for staff about Resident #1's behaviors, routines, and any interventions that fall outside of parameters of nursing care. Resident #2 is no longer a resident at this facility; a resident plan of care addendum was written for Resident #2 prior to the end of [redacted] residency at the program. Program Manager will create a resident plan of care for Resident #3 that addresses intrusive and aggressive behaviors toward staff and residents, including steps for staff to take to promote/create safety for themselves, other residents, and Resident #3 when these behaviors occur. This plan will refer staff to our existing missing resident protocol, should Resident #3 elope from the program (the elopement incident for Resident #3 was singular in nature/has not reoccurred). This plan will generally provide information for staff about Resident #3's behaviors, routines, and any interventions that fall outside of parameters of nursing care/serve as an addendum to Resident #3's nursing care plan.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Nursing care plans will be reviewed at least annually and any time there is a change in client status to ensure they are up to date and include care and services necessary for each resident. Resident plan of care addendums will be reviewed on the same annual schedule and with any changes in resident status.

How the corrective actions will be monitored so the deficient practice does not recur: RN will review nursing care plans at least annually and any time there is a change in client status. RN will maintain a record of dates nursing care plans were reviewed and the next time they need to be reviewed. Program Manager will review resident plan of care addendums at least annually and any time there is a change in client status. RN and Program Manager will continue to collaborate to ensure that all information necessary for appropriate care and support is covered in these complimentary documents.

Dates corrective action will be completed: 10/15/2023

R145 accepted on 10/10/23 by P. Cota

R146 – V.5.9.c (3)

What action you will take to correct the deficiency: Resident #2 discharged from this facility. In the future, resident care plans will be updated any time there is a change in client status to include new goals and interventions related to resident medical needs.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Nursing care plans will be reviewed any time there is a change in client status that requires ongoing to medical care to ensure they are updated to include goals and interventions necessary to resident care.

How the corrective actions will be monitored so the deficient practice does not recur: RN will review nursing care plans at least annually and any time there is a change in client status. RN will maintain a record of dates nursing care plans were reviewed and the next time they need to be reviewed.

Dates corrective action will be completed: 10/15/2023

R146 accepted on 10/10/23 by P. Cota

R153 – V.5.9.c (10)

What action you will take to correct the deficiency: All residents will be weighed every 6 months. We will attempt to weigh clients at least once monthly who are at risk for unstable weight and will document resident weights or refusals to be weighed. Nursing care plans for clients with unstable weight will be updated to include this intervention in their plan.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Staff will be informed of need to attempt to weigh residents at risk of unstable weight once monthly on the first Monday of the month. The office calendar will be updated to remind staff to weigh these residents on the first Monday of each month. All other residents will be weighed every 6 months in October and April on the first Monday of the month. The office calendar will be updated to reflect this.

How the corrective actions will be monitored so the deficient practice does not recur: RN will audit resident weight records once monthly to determine if weights or refusals are being recorded for all residents every 6 months and residents at risk for unstable weight once

monthly. If it is found that these are not being recorded, RN will converse with staff and retrain if necessary.

Dates corrective action will be completed: 10/15/23

R153 accepted on 10/10/23 by P. Cota

R171 – V.5.10.g

1. There was a failure to ensure documentation indicating medications were administered as ordered for 3 applicable residents (Residents #1, #2, and #3 evidenced by missing staff or crossed out staff initials in the boxes corresponding to the following administration dates and times on the July 2023 Medication Administration Records: ...

What action you will take to correct the deficiency: RN and Program Manager will speak with staff at staff meeting regarding importance of filling out all boxes correctly in the MAR. RN will create a crossover form for staff to sign when signing onto/off of medication administration each shift that requires staff to double check their own work as well as their colleague's work at the beginning and end of their shifts to ensure all boxes have been correctly filled out on MARs for that shift.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Staff will be required to initial the crossover form at the beginning and end of their shift to confirm that they checked over the MARs for accuracy that shift.

How the corrective actions will be monitored so the deficient practice does not recur: RN will audit MARs once a month to check for accuracy and completeness and will meet with staff and retrain if needed if inaccuracies are found.

Dates corrective action will be completed: 10/15/2023

2. There was a failure to ensure documentation as required for refused or missed medications including the reason the medication was refused or missed, and the actions taken by the home for 3 applicable Residents (Residents #1, #2 and #3).

What action you will take to correct the deficiency: RN and Program Manager will remind staff of need to document reason for refusal or missed medication and actions taken by the home any time a medication is refused or missed in the future.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: RN will create refusal and missed medication logs for resident MARs so that there is adequate space to document reason and action taken.

How the corrective actions will be monitored so the deficient practice does not recur: RN will audit MARs at least once monthly to ensure staff are documenting reason for missed or refused medications and action taken. Failure to do so will result in a conversation with RN and retraining if necessary.

Dates corrective action will be completed: 10/15/2023

3. Per review of PRN administration records there was a failure to document the effect of PRN (as needed) medication administrations for 3 applicable residents (Residents #1, #2 and #3). PRN medications were administered without documentation of the medication's effect as follows: ...

What action you will take to correct the deficiency: RN and Program Manager will remind staff at staff meeting and RN will remind staff via email of the need to follow up and document on PRN medication effects in the future. RN will create a crossover form for staff to sign when signing onto/off of medication administration each shift that requires staff to double check their own work as well as their colleague's work at the beginning and end of their shifts to ensure PRNs were followed up on.

What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Staff will be required to initial the crossover form at the beginning and end of their shift to confirm that they checked over the MARs for documentation on PRN effectiveness.

How the corrective actions will be monitored so the deficient practice does not recur: RN will audit MARs once a month to check for accuracy and completeness and will meet with staff and retrain if needed if inaccuracies are found.

Dates corrective action will be completed: 10/15/2023

R171 accepted on 10/10/23 by P. Cota

Please reach out if you have any additional questions.

Sincerely,

LICSW

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