

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/07/2017
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791	
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F 282 SS=D	<p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to follow the care plan for proper transfer for 1 of 5 sampled residents (Resident #1).</p> <p>The findings included:</p> <p>Resident #1's annual Minimum Data Set (MDS) dated 02/03/17 indicated Resident #1 had short and long term memory problems, was rarely understood, and was severely impaired in daily decision making. The MDS also indicated Resident #1 had diagnoses including non-Alzheimer's dementia among others. The MDS further indicated Resident #1 required extensive assistance with transfers and had limited range on motion on one side.</p> <p>Review of the care plan initiated on 02/03/17 and updated on 05/17/17 at the quarterly review indicated Resident #1 required a mechanical lift with 2 staff assistance for transfers.</p> <p>Review of the Resident Care Specialist (RCS) Assignment Sheet (indicated what care a resident needed) from 11/04/16 indicated Resident #1 had required total assistance with transfers and the</p>	F 282	<p>Preparation and / or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and / or executed solely because required.</p> <p>F282-D services by Qualified Persons/Per Care Plan</p> <p>(a) What corrective actions will be accomplished for those residents found to have been affected: Information for Resident #1 was taken from a closed medical record review.</p> <p>(b) How will you identify other residents having the potential to be affected and what corrective action will be taken:</p> <p>The Director of Nursing and or Nursing Managers re-educated current nursing staff to include Licensed Nurses, Certified Nursing Assistants and Certified Medication Aides on following the</p>	6/27/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/27/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>use of a mechanical lift with 2 people.</p> <p>During an interview on 06/05/17 at 1:51 PM, Nurse #1 stated Resident #1 required total care and was not able to communicate. Nurse #1 stated she did not think the RCSs always used the lift for Resident #1. Nurse #1 also stated she thought Resident #1 was fearful of the lift. Nurse #1 further stated she had not told Administration Resident #1 was fearful and was not sure whether they were aware of this.</p> <p>During an interview on 06/05/17 at 3:02 PM, RCS #2 stated Resident #1 required total care and the use of a total mechanical lift for transfers. RCS #2 acknowledged that she and RCS #7 had transferred Resident #1 without the mechanical lift from the geri-chair to her hospital bed on the afternoon of 05/22/17. RCS #2 also acknowledged she thought she was the only RCS who transferred Resident #1 without the use of a mechanical lift.</p> <p>During an interview on 06/06/17 at 9:20 AM, the Rehabilitation Manager (RM) stated she was familiar with Resident #1 and knew the resident had contractures and no active movement. The RM also stated Resident #1 had always required the use of a mechanical lift for transfers. The RM further stated "I could not imagine staff attempting to move her without using a lift; she was a rather large lady and unable to assist or move extremities." The RM stated "it would have been unsafe to attempt to transfer her without a lift" because Resident #1 was "dead weight."</p> <p>During an interview on 06/06/17 at 9:58 AM, RCS #3 stated she had worked with Resident #1 on 05/20/17 and 05/21/17. RCS #3 also stated that</p>	F 282	<p>residents care plan with a focus on transfer status and reporting any change in resident status related to the residents transfer needs to the nurse. This re-education was completed by 6/27/17.</p> <p>(c) What measures will be put in place or what systemic changes will be made to ensure this will not recur: Current nursing staff to include Licensed Nurses, Certified Nursing Assistants, and Medication Aides were re-educated by the Director of Nursing, and or Nurse Managers. Education was completed on 6/27/27 regarding the requirements for compliance with F282 with emphasis on mechanical lift transfers. Newly hired staff will be educated by the Staff Development Coordinator/designee on this component as well.</p> <p>(d) How the corrective action will be monitored to ensure the practice will not recur, ie, what quality assurance program will be put into place: The Director of Nursing and Nurse Managers will observe 3 transfers, one on each shift, each week x 12 weeks to validate the resident is being transferred according to the care plan. Any opportunities identified will be corrected immediately. The Director of Nursing will report the results of these audits and observations to the QAPI committee monthly. The committee will make recommendations to change or improve this plan based on the results of these audits and observations Substantial compliance will be sustained through</p>		

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F 282	<p>Continued From page 2</p> <p>she along with RCS #8 on 5/20/17 and RCS #9 on 05/21/17 had transferred Resident #1 without the lift. When asked why the lift was not used, RCS #3 stated it was a "time saver" to move Resident #1 with another RCS instead of using the lift.</p> <p>During an interview on 06/06/17 at 12:54 PM, RCS #4 stated she had assisted RCS #5 to get Resident #1 out of bed and into the geri-chair on 05/22/17 in the morning. RCS #4 stated she knew they were supposed to use a total lift, but she and RCS #5 transferred Resident #1 out of bed and into the geri-chair by each of them getting on an opposite side of the resident, lifting her under the arms while grabbing her pants at the waistline to move her over. RCS #4 also stated they had not used a sling or a sheet under Resident #1 while moving her to the geri-chair. RCS #4 further stated she felt like they could safely move Resident #1, she and RCS #5 had no problems doing it, and it was a "time saver" for them.</p> <p>During an interview on 06/06/17 at 3:03 PM, RCS #5 stated she had assistance from RCS #4 to get Resident #1 out of bed and into the geri-chair on 05/22/17 in the morning. RCS #5 stated they transferred her arm and arm by putting their arms under her shoulders and holding the back of her pants to pull her over into the geri-chair. RCS #5 also stated there was an assignment sheet indicating what assistance a resident needed. RCS #5 further stated she did not know this sheet even existed until March 2017. RCS #5 stated she remembered looking at it and thought it said Resident #1 required a lift and 2 people for transfers. RCS #5 stated she had been trained by another RCS who no longer worked at the</p>	F 282	ongoing monitoring through performance improvement projects.		

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F 282	<p>Continued From page 3</p> <p>facility, to transfer Resident #1 using the "arm and arm" technique which was transferring her manually using 2 people. RCS #5 stated she had never used the mechanical lift to transfer Resident #1 but she could not be moved with just one person and always had a second RCS with her for transfers.</p> <p>During an interview on 06/06/17 at 5:39 PM, RCS #6 stated she did not work the hall where Resident #1 had resided very often, but she had cared for her several times. RCS #6 stated she had been told she could move Resident #1 with 2 people assisting and without the mechanical lift, but could not remember who told her.</p> <p>During an interview on 06/06/17 at 5:49 PM, Nurse #2 stated she had never assisted an RCS to transfer Resident #1. Nurse #2 also stated if the RCS was not using the lift or thought Resident #1 could be transferred easier without the lift, the RCS needed to let a nurse know. Nurse #2 stated that was an easy fix and she was not aware if that request had been made.</p> <p>During an interview on 06/07/17 at 11:05 AM, RCS #7 stated Resident #1 was supposed to be transferred by mechanical lift with 2 persons assisting. RCS #7 stated she could think of only one time she had not used the mechanical lift for Resident #1 and this was on 05/22/17.</p> <p>During an interview on 06/07/17 at 12:05 PM, Minimum Data Set Coordinator (MDSC) stated between therapy and nursing a recommendation was made how best to transfer a resident. The MDSC stated although she had not observed a transfer of Resident #1, an RCS told her they were still using the mechanical lift and 2 person</p>	F 282			

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F 282	Continued From page 4 assist for transfers, but she was unable to recall which RCS she spoke to. The MDSC also stated she showed the RCS the assignment sheet and asked if the information was still the same. The MDSC further stated she expected the RCSs to follow what was put on the care plan as this was reflected on the assignment sheet and updated daily. During a 2nd interview on 06/07/17 at 1:01 PM, the DON acknowledged that prior to 5/30/17 she had not been aware of any RCSs that were not following the care plan or assignment sheet for use of the mechanical lift. The DON stated her expectations were for the RCSs to use the lift and if they felt like the assignment sheet needed to be changed to tell the nurse so it could be re-evaluated and changed if needed. During an interview on 06/07/17 at 2:08 PM, the Administrator acknowledged that prior to 5/30/17 she had not been aware of any RCSs that were not following the care plan or assignment sheet for use of the mechanical lift. The Administrator stated her expectations were for staff to "follow the care plan as a living, breathing tool" and if changes needed to be made that staff would come to her and discuss why the change was needed. The Administrator also stated the facility had identified the use of mechanical lifts as an issue and this had been brought before the Quality Assurance and Assurance Committee and a Performance Improvement Plan was started on 06/01/17, but had yet to be completed at the close of this investigation.	F 282			
F 323 SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		6/27/17	

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F 323	<p>Continued From page 5</p> <p>(d) Accidents. The facility must ensure that -</p> <p>(1) The resident environment remains as free from accident hazards as is possible; and</p> <p>(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>(n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to transfer a resident with a mechanical lift and 2 people assisting for 1 of 5 sampled residents (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 09/09/08 originally, with a readmit date of 05/24/17 after a brief hospitalization. A review of the annual Minimum Data Set (MDS) dated 02/03/17 indicated Resident #1 had short and</p>	F 323	<p>F323 Free of Accident hazards/supervision/devices</p> <p>(a) What corrective action will be accomplished for those residents found to have been affected: Information for Resident #1 was taken from a closed medical record review.</p> <p>(b) How will you identify other residents having the potential to be affected and what corrective action will be taken:</p>		

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F 323	<p>Continued From page 6</p> <p>long term memory problems, was rarely understood, and was severely impaired in daily decision making. The MDS also indicated Resident #1 had diagnoses including non-Alzheimer's dementia among others. The MDS further indicated Resident #1 required extensive assistance with 2 persons assisting for transfers, had limited range on motion on one side, and could not stand and bear weight.</p> <p>Review of the Resident Care Specialist (RCS) Assignment Sheet (indicated what care a resident needed) from 11/04/16 indicated Resident #1 had required total assistance with transfers and the use of a mechanical lift with 2 people.</p> <p>Review of the care plan initiated on 02/03/17 and updated on 05/17/17 at the quarterly review indicated Resident #1 required a mechanical lift with 2 staff assistance for transfers.</p> <p>During an interview on 06/04/17 at 5:43 PM, Resident Care Specialist (RCS #1) stated Resident #1 had been total care and had contractures of the left leg and right arm. RCS #1 also stated it took 2 people to move her. RCS #1 further stated it took 2 people to move her from side to side in bed. RCS #1 stated Resident #1 gave no indication the lift hurt her and that she "did not seem to mind" being in the lift.</p> <p>During an interview on 06/05/17 at 1:51 PM, Nurse #1 stated Resident #1 had been total care and was not able to communicate. Nurse #1 stated she did not think the RCSs always used the lift for Resident #1. Nurse #1 also stated she thought Resident #1 was fearful of the lift. Nurse #1 further stated she had not told the Administrator Resident #1 was fearful and was</p>	F 323	<p>The Director of Nursing and / or Nursing Managers conducted an audit of current residents requiring a mechanical lift for transfer to validate transfer assessments are complete and accurate and the care plan reflects the accurate transfer status. Incident reports for the last 90 days were assessed to ensure those residents requiring a total lift had no injuries. This audit was completed by 6/27/17</p> <p>(c) What measures will be put into place or what systemic changes will be made to ensure this will not recur: Current nursing staff to include Licensed Nurses, Certified Nursing Assistants, and Certified Medication Aides were re-educated by the Director of Nursing, and or Nurse Managers including District Staff Development nurse on identifying the resident lift status as it is care planned, obtaining the appropriate size lift pad, position the lift pad under the resident, attaching the lift pad to the mechanical lift, all aspects of the transfer and safe movement during transfer. Staff will return demonstrate safe transfer techniques using the mechanical lifts according to the facility lift and transfer policy. Education was completed on 6/27/17. Newly hired staff will be educated by the Staff Development Coordinator/designee on this component as well.</p> <p>(d) How the corrective action will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p>		

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F 323	<p>Continued From page 7</p> <p>not sure whether they were aware of this.</p> <p>During an interview on 06/05/17 at 3:02 PM, RCS #2 stated Resident #1 had been total care and required the use of a total lift for transfers. RCS #2 acknowledged that she and RCS #7 had transferred Resident #1 manually from the geri-chair to her hospital bed on 05/22/17. RCS #2 also acknowledged she thought she was the only RCS who transferred Resident #1 without the use of a mechanical lift.</p> <p>During an interview on 06/06/17 at 9:20 AM, the Rehabilitation Manager (RM) stated she was familiar with Resident #1 and knew the resident had contractures and no active movement. The RM also stated Resident #1 had always required the use of a mechanical lift for transfers. The RM further stated "I could not imagine staff attempting to move her without using a lift; she was a rather large lady and unable to assist or move extremities." The RM stated "it would have been unsafe to attempt to transfer her without a lift" because Resident #1 was "dead weight."</p> <p>During an interview on 06/06/17 at 9:58 AM, RCS #3 stated she had worked with Resident #1 on 05/20/17 and 05/21/17. RCS #3 also stated that she along with RCS #8 on 5/20/17 and RCS #9 on 05/21/17 had transferred Resident #1 without the lift. When asked why the lift was not used, RCS #3 stated it was a "time saver" to move Resident #1 with another RCS instead of using the lift.</p> <p>During an interview on 06/06/17 at 12:54 PM, RCS #4 stated she had assisted RCS #5 to get Resident #1 out of bed and into the geri-chair on 05/22/17 in the morning. RCS #4 stated she</p>	F 323	<p>The Director of Nursing and Nurse Managers will observe 3 transfers, one on each shift, each week x 12 weeks to validate the resident is being transferred according to the care plan. Any opportunities identified will be corrected immediately. The Director of Nursing will report the results of these audits and observations to the QAPI committee monthly. The committee will make recommendations to change or improve this plan based on the results of these audits and observations. Substantial compliance will be sustained through ongoing monitoring through performance improvement projects</p>		

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F 323	<p>Continued From page 8</p> <p>knew they were supposed to use a total lift, but she and RCS #5 transferred Resident #1 out of bed and into the geri-chair by each of them getting on a side of the resident, lifting her under the arms while grabbing her pants at the waistline to move her over. The RCS stated her feet were dangling and they did not touch anything while they were transferring her over to the geri-chair. The RCS also stated they had not used a sling or a sheet under Resident #1 while moving her to the geri-chair. RCS #4 further stated she felt like they could safely move Resident #1, she and RCS #5 had no problems doing it, and it was a "time saver" for them.</p> <p>During an interview on 06/06/17 at 3:03 PM, RCS #5 stated she had assistance from RCS #4 to get Resident #1 out of bed and into the geri-chair on 05/22/17 in the morning. RCS #5 stated they transferred her arm and arm by putting their arms under her shoulders and holding the back of her pants to pull her over into the geri-chair. RCS #5 also stated Resident #1 showed no signs or indicators of pain when she had been transferred and seemed to be normal when they transferred her to the geri-chair. RCS #5 also stated there was an assignment sheet indicating what assistance a resident needed. RCS #5 further stated she did not know this sheet even existed until March 2017, even though she had worked at the facility for a few months. RCS #5 stated she remembered looking at it and thought it said Resident #1 required a lift and 2 people for transfers. RCS #5 stated she had been trained by another RCS who no longer worked at the facility, to transfer Resident #1 using the "arm and arm" technique which was transferring her manually using 2 people. RCS #5 stated she had "never" used the mechanical lift to transfer</p>	F 323			

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F 323	<p>Continued From page 9</p> <p>Resident #1. RCS #5 also stated Resident #1 could not be moved with just one person and always had a 2nd RCS with her for transfers.</p> <p>During an interview on 06/06/17 at 5:39 PM, RCS #6 stated she did not work the hall where Resident #1 had resided very often, but she had cared for her several times. RCS #6 stated she had been told she could move Resident #1 with 2 people assisting without a lift, but could not remember who told her. RCS #6 stated there were mechanical lifts available and they always required the use of 2 people.</p> <p>During an interview on 06/06/17 at 5:49 PM, Nurse #2 stated she had never assisted an RCS to transfer Resident #1. Nurse #2 also stated if the RCS was not using the lift or thought Resident #1 could be transferred easier without the lift, the RCS needed to let a nurse know. Nurse #2 stated that was an easy fix and she was not aware if that request had been made.</p> <p>During an interview on 06/07/17 at 9:44 AM, the Director of Nursing (DON) stated during an interview with RCS #1 on 05/30/17, RCS #1 stated she and another RCS had not used the mechanical lift to transfer Resident #1 from the geri-chair to the bed on the afternoon of 05/22/17. The DON stated they began the process of re-educating staff about the proper use and protocol for mechanical lift use on 05/30/17.</p> <p>During an interview on 06/07/17 at 11:05 AM, RCS #7 stated Resident #1 was supposed to be transferred by mechanical lift with 2 persons assisting. RCS #7 stated she could think of only one time she had not used the mechanical lift for Resident #1 and this was with RCS #2 on</p>	F 323			

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NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791		
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F 323	<p>Continued From page 10 05/22/17 in the afternoon.</p> <p>During an interview on 06/07/17 at 12:05 PM, Minimum Data Set Coordinator (MDSC) stated between therapy and nursing a recommendation was made how best to transfer a resident. The MDSC stated although she had not observed a transfer of Resident #1, a RCS told her they were still using the mechanical lift and 2 person assist for transfers, but she was unable to recall which RCS she spoke to. The MDSC also stated she showed the RCS the assignment sheet which indicated the use of a mechanical lift and 2 person assistance and asked if the information was still the same. The MDSC further stated she expected the RCSs to follow what was put on the care plan as this was reflected on the assignment sheet and updated daily.</p> <p>During a 2nd interview on 06/07/17 at 1:01 PM, the DON acknowledged that prior to 5/30/17 she had not been aware of any RCSs that were not following the care plan or assignment sheet for use of the mechanical lift for Resident #1. The DON stated her expectations were for the RCSs to use the lift for Resident #1 and if they felt like use of the lift needed to be changed to tell the nurse so it could be re-evaluated and changed if needed.</p> <p>During an interview on 06/07/17 at 2:08 PM, the Administrator acknowledged that prior to 5/30/17 she had not been aware of any RCSs that were not following the care plan or assignment sheet for use of the mechanical lift. The Administrator stated her expectations were for staff to follow the care plan as a "living, breathing tool" and if changes needed to be made that staff would come to her and discuss why the change was</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 323	Continued From page 11 needed. The Administrator also stated the facility had identified the use of mechanical lifts as an issue and this had been brought before the Quality Assurance and Assurance Committee and a Performance Improvement Plan was started on 06/01/17, but had not been completed at the end of this investigation.	F 323			
F 520 SS=D	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;	F 520		6/27/17	

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F 520	<p>Continued From page 12</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility's Quality Assurance (QA) Committee failed to maintain implemented procedure and monitor those procedures put into place in August of 2016 to correct deficient practice in the area of following the care plan (F282). F282 was recited again on the current survey. The continued failure of the facility during a federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F 282 - Based on record reviews and staff interviews the facility failed to follow the care plan for proper transfer for 1 of 5 sampled residents (Resident #1).</p> <p>During an interview on 06/07/17 at 2:08 PM the Administrator stated the QA Committee met monthly but would also have Ad Hoc QA meetings between monthly meetings if an opportunity for improvement was discovered that required</p>	F 520	<p>Information for Resident #1 was taken from a closed medical record review.</p> <p>Corrective action was accomplished for the alleged deficient practice by the Administrator holding an Ad Hoc QAPI meeting on June 23,2017 to discuss the outcomes of the complaint survey and repeat citations of F282 following the Care Plan.</p> <p>QAPI education was provided for the Administrator by the Divisional Director of Clinical Services on June 23,2017. The education included the QAPI program and the expectations associated with the program. The program enables the identification of opportunities for improvement, prioritization of those opportunities, root cause analysis, performance improvement plans and evaluation of the performance improvement plan through the plan, do, study, act philosophy to ensure sustainability.</p>		

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F 520	Continued From page 13 immediate action. The Administrator verified they identified issues and attempted a root cause analysis to determine what happened, what was done, how it affected everyone, what needed to be done for everyone else, and what type of monitoring and auditing needed to be put in place. The Administrator further stated re-education is often a main focus and there needed to be more monitoring to make sure corrective actions were being followed. The Administrator also noted the care plan was a tool that she expected the staff to follow.	F 520	QAPI committee has reviewed the meeting minutes for the past 3 months to identify trends and ensure actions have been completed as it relates to the previous cited tag of 282. Education was provided on June 23, 2017 for the QAPI committee members regarding the purpose of the QAPI committee meeting and their responsibilities as QAPI members. QAPI will be held weekly x 4 weeks then monthly to discuss F282 following the care plan. The Administrator/Director of Nursing will analyze the data obtained and report patterns/trends to the QAPI monthly x 3 months with ongoing monitoring as the committee deems appropriate for any trends identified.	