

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000640</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BALLARD RESPIRATORY AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD DES PLAINES, IL 60016</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.670a) 300.670c)1)2)3) 300.670d)e) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.670 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Section 300.670 Disaster Preparedness</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</li> <li>3) Evaluate the effectiveness of disaster plans and procedures.</li> </ol> <p>Section 300.670 Disaster Preparedness</p> <p>d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.</p> <p>e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to implement an effective smoking</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>monitoring program to ensure a resident's smoking materials were returned to the facility's staff after smoking. R3, who had a history of not complying with the facility's smoking policy was not supervised and allowed to have smoking materials. The facility failed to provide training for all staff members to implement correct emergency procedures during a fire.</p> <p>As a result, on 2/19/2015, R3 set a mattress on fire on a unit with residents who were receiving oxygen therapy. Staff members present on the unit at the time, failed to implement disaster procedures for removing a resident (R1) from a room with fire and smoke and properly contain the fire until the fire department arrived to the facility.</p> <p>This failure affected 25 of 25 residents (R1, R3, R6 through R28) in a sample of 28 living on a unit in which a fire occurred on 2/19/2015.</p> <p>Findings include:</p> <p>1.) The facility's preliminary incident report date 2/19/15 read at 8:10am, there was a smoke smell noted on unit 2 east. It was determined there was a fire in room 217. R3 was not in the room at the time of the fire. R3's roommate (R1) was in bed during the fire. R1 was evacuated by the fire department. Twenty-five residents (R1, R3, R6 through R28) were evacuated from the area of the fire to other rooms in the facility. 23 out of these 25 residents required assistance in evacuating the area. R1 was sent to the hospital after the fire and returned to the facility the same day without any injuries. On 2/19/15 at 2:45pm, R1 stated I woke up to water coming down on me. That is all I remember from the fire. I don't</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>really talk to my roommate. R1 is not able to walk according to the Minimum Data Set (MDS) assessment dated 1/9/15.</p> <p>On 2/19/2015, while in the facility, the surveyor observed area in which the fire occurred on 2 East. R1, R3, R6 through R28 are 25 residents according to the facility's roster that resided on 2 East unit at the time of the fire. R6, R10, R12, R14, R20 and R22 are dialysis residents on 2 East. The facility's in house dialysis area is across the hall from room in which the fire occurred. R6, R10, R14, R17, R24, R25 and R27 are mechanical ventilator dependent residents. R18, R23 and R26 have tracheostomy collars with high humidity oxygen. R9, R15 and R20 are on oxygen via nasal cannula.</p> <p>On 2/19/15 at 3pm, R3 was sitting in his wheelchair with staff 1:1 supervision. The surveyor asked R3 if he knew how the fire started in his bed that morning. R3 stated in a loud voice "I have no idea how the fire started. I'm sick of everyone asking me.</p> <p>On 2/20/15 at 10am, Z1 (Fire Investigator) stated R3 had 2 lighters in his possession at the time of the fire on 2/19/15. The fire at the facility on 2/19/15 was intentionally started. The fire originated in R3's mattress.</p> <p>On 2/24/15 at 1:15pm, E4 (CNA) stated R3 came barreling out of his room on 2/19/15 about 10 minutes before the fire and stated that he hated this f---- place, he hated the f---- people.</p> <p>2/20/2015 at 1:30pm, E9 (Certified Nursing Assistant/CNA) stated, A few months ago, I saw R3 with a lighter and cigarettes. E9 stated that she told the nurse but could not remember the</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>nurse's name. E9 stated R3 is mean and aggressive. He was always agitated. He would say that he hated this place and hated the people. E9 stated R3 ran over her foot with his motorizes wheelchair a few months ago. E9 stated R3 was always aggressive.</p> <p>On 2/24/15 at 1:50pm, E3 (CNA) stated she heard R3 and E4 exchange words before the fire. E3 stated E4 told R3, "You can't be whipping the food cart around." R3 said Well, I don't care. then shoved the cart in the room. E3 stated R3 went to the dining room. Ten minutes later, the fire alarm went off.</p> <p>On 2/24/15 at 1:55pm, E10 (Social Worker) stated R3 has a history of non-compliance with not returning smoking materials. E10 stated that she would periodically check R3's backpack for smoking materials. E10 stated that there was not a schedule on how often she would check R3's backpack. E10 stated that the facility does not have a policy for room checks. E10 stated she did not check R3's clothing for smoking materials. E10 stated she did not check (R3's) backpack that week for lighters or cigarettes. I've had conversations with R3 but they are not documented. E10 stated R3 would become agitated very often because R3 did not like the rules about smoking.</p> <p>R3 was admitted to the facility on 4/23/02. R3's clinical progress notes with the dates that follows, documented R3's noncompliance with the facility's smoking policy. R3 was either found with unauthorized smoking materials or smoking in a non-designated smoking area on 7/5/13, 9/17/13, 12/18/13, 6/26/14, 7/5/13, 9/9/14, 9/11/14, 9/17/14, 10/8/14, 10/21/14 and 12/15/14.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R3's care plan problem onset dated 12/18/13 reads "Place smoking materials at nurses' station for storage." The facility did not have a plan to ensure R3 did not have smoking materials in his possession. R3's care plan problem onset dated 6/26/14 reads "R3 is told to smoke with a person to oversee, given times to smoke outside with supervision. Instructed also to keep smoking materials at the nursing station. Target date 9/2014. R3's care plan reviewed on 9/9/14 reads "R3 is reminded of the policy on smoking due to his refusal to abide by the policy." R3's care plan reviewed date 12/15/14 reads "R3 keeps his own cigarettes." The facility did not have a plan in place to address R3's non-compliance to the smoking policy. The facility did not have a plan to monitor R3 possession of smoking materials.</p> <p>R3's smoking schedule dated 9/15/14 reads "R3 cannot go smoke or be given his cigarettes from the cabinet until one of representatives arrives at the nurses' station to supervise him. When R3 returns, he must give his cigarettes and lighter to a representative at the nurse's station who will then place all items back in his basket (in the first cabinet)." The facility did not have a plan for checking R3 to ensure that he did return all smoking materials to a representative at the nurse's station. On 2/27/15 at 10:45am, E11 (MDS nurse) stated that (R3)'s friends would bring him smoking materials.</p> <p>On 3/5/15 at 9:30am, E1 (administrator) stated the facility does not have a smoking program. E1 stated that currently, the facility does not have any smokers.</p> <p>On 3/5/15 at 9:35am, E2 (director of nursing) stated E10 was in charge of the smoking program for (R3).</p> <p>On 3/5/15 at 10am, E10 (social service) stated</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>that "It really was not a smoking program for R3. It was a schedule or plan for the times that R3 could go out and smoke with supervision.</p> <p>The facility policy governing smoking- the subject "Smoke Free Campus" with an effective date of 12/01/13 reads from the addendum, All smoking materials including tobacco and lighter/matches will be retained at the nursing station. A resident wishing to smoke will do so only in the designated area. If supervision is required, a staff or family member must be present and stay with resident during the activity.</p> <p>2.) On 2/19/15 at 1:30pm, E3 (Certified Nursing Assistant/CNA) stated "The alarm went off this morning. Someone yelled that there was a fire down the hall. I went to room 217 to check the room. I saw black smoke so I went to the nursing station. I called the administrator and told him that there is a fire and a resident (R1) is trapped in the room. The fire department arrived and helped evacuate all the residents. Before the fire department arrived, E12 (plant operation) moved the burning bed into the hallway."</p> <p>On 2/19/15 at 2:20pm, E5 (Central Supply clerk) stated "Smoke was coming from room 217. R1 was still in the room. E12 (plant operations staff) pulled the burning bed from the room into the hallway. No one knows how R1 got out of the room."</p> <p>On 2/26/15 at 1pm, E3 stated that the reason she did not rescue R1 from the room with the fire is that she thought telling the administrator that there is a fire and a resident is trapped in the room was more important.</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>According to facility in-service records for fire drills, the last time E3's attended a fire drill in-service was 11/26/14. Surveyor asked E3 what were the fire drills like at the facility. E3 stated that during a fire drill, an alarm would go off, everyone would shut doors and go the nursing station and sign a sheet that they participated in a fire drill.</p> <p>On 2/19/15 at 2:10pm, E4 (CNA) stated, The fire alarm went off at the nursing station. I started shutting doors and went to room 217 and the room was completely filled with black smoke. I saw there was a fire in room 217. The sprinkler was on in the room. I could not step in the room because I couldn't breathe with all the smoke. I went back to the nursing station. R3 was out of the room. I told everyone at the nursing station, We have got to get R1 out of the room. I don't know who got R1 out of the room with the fire. I went down to the first floor to direct the fire department to go to the second floor.</p> <p>On 2/26/15 at 3pm, E4 stated "I didn't get R1 out of the room because there was too much smoke." According to facility's fire drill records, the last fire drill (E4) attended was on 6/21/14.</p> <p>Z1 (District Fire Chief, Fire Investigator) stated on 2/20/15 at 10:15am The facility did everything except evacuate R1. Z1 stated an employee broke the window in R1's room. Z1 stated that he did not understand why (R1) was not removed from his room with the fire. Z1 stated that when the fire fighters arrived on the unit where the fire was, the burning bed was in the hallway. Z1 stated 5 fire extinguishers were used by employees to put out the fire in the burning mattress. Z1 stated that the fire fighters began to</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>coordinate the evacuation of the 25 residents on the unit with the fire. Z1 stated that the fire fighters did not know that R1 was in bed in room where the fire occurred. Z1 stated when the fire fighters entered the room, R1 was soaked from the sprinklers. Z1 stated the fire fighters were concerned about hypothermia regarding R1 because the temperature was about 20 degrees and R1's window had been broken. Z1 stated the issue about how the staff handled not evacuating (R1) has to do with training.</p> <p>On 2/26/15 at 1:10pm, E17 (CNA) stated that she has been working at the facility for about one month. E17 stated that she has not received any fire in-services or training. (E17 stated that she worked the day of the fire (2/19/15) but was not on the floor where the fire occurred.</p> <p>On 2/26/15 at 1:30pm, E16 (Respiratory Therapist) stated that he was on the floor where the fire occurred. E16 stated that he went up to the room but did not go inside because there was too much smoke. E16 stated that he went back to the nursing station and then the fire department came to the floor.</p> <p>According to the facility's fire drill records, the last fire drill E16 attended was on 1/22/15. On 2/26/15 at 1:45pm, surveyor asked E16 what he would do if he discovered a fire in a resident's room. E16 stated "Try to pull resident out, call for help, close doors and move away from the fire."</p> <p>On 2/26/15 at 1:45pm, E15 (Housekeeper) stated she worked on the unit the day of the fire. E15 stated she closed doors and stayed at the nursing station. E15 stated she did not try to remove R1 from his room with the fire because she could not breathe. According to the facility's fire drill</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>records, the last fire drill E15 attended was on 5/2/14.</p> <p>On 2/26/15 at 2pm, E6 (Nurse) stated when the fire alarm went off on 2/19/15, the staff thought it was a drill, so they closed doors. E6 stated she heard screaming and E6 saw smoke coming for room 217. E6 stated the door was closed the in room (with the fire). E6 stated she used a fire extinguisher and aimed the fire extinguisher in the bottom of the door at the smoke that was coming out from the bottom of the door. E6 stated she did not open the door to try to rescue (R1) because she was afraid of an explosion. Surveyor asked E6 what do you do if a fire alarm goes off? E6 stated try to extinguish fire. E6 did not state rescue resident.</p> <p>On 2/26/15 at 2:15pm, E13 (Housekeeper) stated if a fire alarm goes off, she "pushes fire button, gets the spray bottle and calls her supervisor." E13's response did not mention RACE (rescue, alarm, contain and extinguish).</p> <p>On 2/27/15 at 9:30am, E1 (Administrator) stated that fire drills are conducted monthly. E1 stated fire drills are conducted for all employees. (E1) stated the fire drills do not instruct employees on how to remove a resident from a room that is on fire</p> <p>The facility's witness statement for E12 (Maintenance) reads "I saw fire under the bed on the frame of the bed on the spring. The sprinklers were going off but could not put out the fire because it was under the mattress. So I grabbed the mattress and pulled it and grabbed the extinguisher to try to extinguish the fire. Then</p>	S9999		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>I heard the resident (R1) saying it's hard to breathe. I tried to get the other patient. I touched the bed while trying to get to there other patient and got an electric shock. The fire department came a few minutes later. Someone got the patient (R1) out of the room and I don't know who."</p> <p>The local fire department's incident report dated 2/19/15 at 8:09am reads " Upon arrival found no evacuation or smoke showing. Upon arrival second floor landing found staff stating fire in 2 east. Second floor hallway charged with light white smoke. Smoke tastes like chemical possibly from fire extinguishers used for fire extinguishment. Approximately 6 fire extinguishers found on floor. Staff state bed in hallway was from fire room and had been involved in fire. No fire found at this time. Continued down hallway towards room of origin. Smoke still white. Sound of flowing water heard. Found sprinkler head off in room of origin, room 217. Fire extinguished prior to arrival in room. Windows had been broken by staff prior to arrival. Found a resident still in bed in room of origin. Removed person from room with assistance. Person (R1) is wet from sprinkler and cold. Notified command to send ambulance to second floor elevator where person will be."</p> <p>The facility's Life Safety Fire Safety Plan reads the objective is to establish a fire safety program that will maintain a fire safe environment for residents, staff and visitors. The Fire Safety Plan reads "Educate staff in all departments in fire prevention, fire safety, managing residents and visitors in the event of a fire, and the use of fire extinguishers."</p> <p>The facility's evacuation procedure reads "Place</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000640</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BALLARD RESPIRATORY AND REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD DES PLAINES, IL 60016</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>bedridden residents in wheelchairs if possible; if not possible, arrange beds so they can be pushed out through the doorway of the resident room." The facility failed to place R1 in a wheelchair and failed to arrange R1's bed so it could have been pushed through the doorway of his room. The facility left (R1) in his bed during the fire.</p> <p>The Fire Safety Procedures reads all fires " 1) RACE (rescue, alarm, contain, extinguish 2) Protect all residents, visitors and employees, pull the fire alarm, close door in the fire area, use extinguisher. 3) In the unique case that a staff member who discovers the fire must immediately go to the aid of an endangered person, that staff member must articulate the code phrase, which will be "Code Red."</p> <p>(A)</p>	S9999		

## IMPOSED PLAN OF CORRECTION

### Attachment B Imposed Plan of Correction

**NAME OF FACILITY:** Ballard Respiratory and Rehab

**DATE AND TYPE OF SURVEY:** March 17, 2015

**Incident Investigation of 2/19/2015-IL75084**

#### **Section 300.610 Resident Care Policies**

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

#### **Section 300.670 Disaster Preparedness**

a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.

#### **Section 300.670 Disaster Preparedness**

c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:

- 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
- 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and
- 3) Evaluate the effectiveness of disaster plans and procedures.

**Section 300.670 Disaster Preparedness**

- d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.
- e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.

**Section 300.1210 General Requirements for Nursing and Personal Care**

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

**Section 300.1210 General Requirements for Nursing and Personal Care**

- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
  
- 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

**Section 300.3240 Abuse and Neglect**

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.*

**Attachment B**  
**Imposed Plan of Correction**

THIS WILL BE ACCOMPLISHED BY:

I. A committee consisting of, at a minimum, the Medical Director, Administrator and Director of Nursing (DON) will review and revise the policies and procedures regarding abuse and neglect. This review will ensure that the facility's policies and procedures address, at a minimum, the following:

- A. Recognition of situations that could be interpreted as abusive or neglectful.
- B. Appropriate reporting procedures for staff.
- C. Appropriate and thorough investigations of alleged abuse or neglect.
- D. The facility's responsibilities to prevent further potential abuse or neglect while investigation is in progress.
- E. The facility taking appropriate corrective action when an alleged violation is verified.

II. The facility will conduct mandatory in-services for all staff within 30 days that addresses, at a minimum, the following:

- A. Any new or revised policies and procedures, including actions needed to follow them that are developed as a result of this plan of correction.
- B. All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
- C. All staff will be in-serviced on fire policy, smoking policy, RACE & PASS policy and procedures.
- D. Fire drills will be held at least quarterly for each shift of facility personnel.
- E. Documentation of these in-services will include the names of those attending, topics covered, location, day, and time. This documentation will be maintained in the administrator's office.

III. The following action will be taken to prevent re-occurrence:

- A. The above in-service education will be reviewed with all staff on a regular basis.
- B. Supervisory staff will ensure that the State Regulations regarding abuse/neglect allegations (reporting and follow-up) are followed.

**Attachment B**  
**Imposed Plan of Correction**



- IV. The Administrator and Director of Nursing will monitor items I through III to ensure compliance with this Imposed Plan of Correction.

**COMPLETION DATE:** Ten days from receipt of the Imposed Plan of Correction.

AA-4/22/2015