STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	000000	A. BUILDING 00 B. WING	01/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
STONEVALLEY CARE	123 MAIN ST ANYWHERE, US 00000

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE
F 000 Bldg. 00	This visit was for the Investigation of Complaints. Survey date: January 9, 2018 Facility number: 000000 Provider number: 000000 AIM number: 000000000	F 0000	**F 689 Free of accidents hazards/supervision/devices** **The facility requests paper compliance for this citation.** *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	Quality review completed on 1/12/18.			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure fall prevention interventions were in place related a Dycem (anti-skid) mat not in place as per the residents plan of care for 1 of 3 residents reviewed for recent falls. (Resident L) Finding includes: On 1/9/18 at 2:35 p.m., Resident L was sitting in a Broda chair in her room. No staff were present in the room. CNA 1 entered the room and assisted the resident to a standing position. No Dycem was in place on the seat of the Broda chair. The CNA confirmed no Dycem was in place.	F 0689	**F 689 Free of accidents hazards/supervision/devices** **The facility requests paper compliance for this citation.** *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set*	02/08/2018

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	CNA 1 then assisted the resident back into the chair and exited the room. The CNA checked the Kardex system in the hallway. The Kardex indicated the Dycem was to be in place on the Broda chair. The clinical record for Resident L was reviewed on 1/9/18 at 2:35 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, and depressive disorder. A Fall Initial Occurrence Note, completed on 12/12/17, indicated the resident had an unwitnessed fall in her room. The resident slipped out of the Broda chair and onto her buttock. The resident stated "I just slipped." No injuries observed. Actions taken were to apply Dycem to the wheel chair when up. During an interview on 1/9/18 at 2:45 p.m., LPN 2 indicated she was assigned to care for Resident L. The Dycem pad intervention was not in place on the electronic care plans. She had not been aware the Dycem was to be in place on the Broda chair. During an interview on 1/9/18 at 2:53 p.m., the facility Administrator indicated the the Dycem should have been in place on the Broda chair.		*forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* 1) **Immediate actions taken for those residents identified:** Resident L care plan reviewed and dyscem was replaced on chair and all fall interventions were reviewed and ensured they were in place. **2) How the facility identified other residents:** Plans of Care & Kardex for all residents at high risk for falls will be reviewed. Fall Prevention will be reviewed to ensure that the measures are appropriate and are in place.	

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	The Federal tag relates to Complaint IN00249672.		**3) Measures put into place/ System changes:** .Nursing staff will be in-serviced regarding Fall Prevention Measures and the Kardex System. **4) How the corrective actions will be monitored:** Random weekly checks on all shifts will be conducted per the DON/ADON or DON's designee on 3 residents who are determined high risk for falls per week to ensure that the appropriate measures are in place per the Care Plan & Kardex The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.	

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			5) Date of compliance: **February 8, 2018**	