Harmony Village At CareOne Jackson
License #15A115
07/15/2022

A 313

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

   Resident #2 was transferred to the hospital for care and services at the time of the incident.

   Care staff for Resident #2 were inserviced and trained on wheelchair safety to prevent injury during transportation of a resident.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

   Residents residing in the center who are transported by care staff via wheelchair have the potential to be affected.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

   The Administrator or Designee will inservice the care staff on wheelchair safety to prevent injury during transportation of a resident.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

   The Administrator or Designee will monitor and audit ensuring the provision of staff orientation and staff education including wheelchair safety to prevent injury during transportation of a resident. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

Completion Date: 8.19.2022

Harmony Village At CareOne Jackson
License #15A115
07/15/2022

A 357

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

   Resident #2 was transferred to the hospital for care and services at the time of the incident.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

   Residents residing in the center have the potential to be affected.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

   The Administrator or Designee will inservice the licensed staff on providing appropriate care measures and updating the GSP for resident's changing physical, cognitive and psychosocial status to ensure safe transport in a wheelchair.

   Resident General Service Plans were reviewed and revised as needed to ensure residents are receiving the level of care and services to address their physical and psychosocial status.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

   The Administrator or Designee will review the Incident Management system daily and those resident's GSP's to ensure they are reviewed and revised to reflect the resident's changing physical, cognitive and psychosocial status. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

Completion Date: 8.22.2022

Harmony Village At CareOne Jackson
License #15A115
07/15/2022

A 749

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
   Resident #2 was transferred to the hospital for care and services at the time of the incident.

   Resident #2 no longer resides at the center.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

   Residents residing in the center have the potential to be affected.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

   The Administrator or Designee will inservice the licensed staff on reviewing, revising and updating the GSP as needed based on the resident's response to the care provided and any changes in the resident's physical, cognitive or psychosocial status.

   Resident General Service Plans were reviewed to ensure residents are receiving the level of care and services to address their physical and cognitive status.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

   The Administrator or Designee will review the Incident Management system and those resident's GSP's to ensure they are updated timely and reflect the resident's changing physical, cognitive and psychosocial status. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

   The Administrator or Designee will review the evaluation assessments of residents with change in condition and their GSP's to ensure they are updated, reviewed and revised to reflect the resident's changing physical, cognitive and psychosocial status. The results of the audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

Completion Date: 8.22.2022

Harmony Village At CareOne Jackson
License #15A115
07/15/2022

A 765

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

   Resident #2 no longer resides at the center.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

   Residents residing in the center have the potential to be affected.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

   The Administrator or Designee will inservice the licensed staff on the need for an RN assessment upon a resident's return to the facility for re-admission from the hospital with change in condition.

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the systemic changes.

   The Administrator or Designee will review weekly the Incident Management system and those residents acutely transferred to ensure they are assessed by an RN upon return to the facility for re-admission with change in condition. The results of the weekly audit will be presented to the Quality Assurance Performance Improvement Committee monthly x3 months. The QA Committee will determine the need for further performance improvement.

Completion Date: 8.19.2022