Barron Center
State Division of Licensing and Certification Survey
08/18/2021-08/21/2025
Plan of Correction

F0609 Reporting of Alleged Violations

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
Missing items for resident not filed as a state report	All misappropriation of resident property shall be filed as a state report in a timely manner	A state report with follow up investigation and findings will be completed for R30 by the Director of Social Work.	MBD	09/05/2025	
		The social worker who communicated with R30 family and completed the police report is no longer employed by the Barron Center. However, education will be completed by the Staff Development Director in conjunction with the Director of Social Work,with all staff on the need to report to the state survey agency any potential misappropriation of resident property as well as any follow up investigation within 5 working days.	Tara Bucknell Kat Rothe	10/3/2025	
		Grievances and Resident Council Meeting minutes will be reviewed to identify any other instances	Kat Rothe	10/3/2025	
		Grievances and resident council meeting minutes for complaints of possible misappropriation of resident property to be audited weekly x4 weeks, monthly x 3 months and then quarterly x 3 months	Kat Rothe	ongoing	

F0641 Accuracy of Assessments

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
MDS was coded incorrectly for Active Diagnosis of ESBL/MDRO and presence of PASRR Level 2	MDS will be coded correctly for Active Diagnosis of ESBL/MDRO and presence of PASRR Level2	The facility MDS Coordinators will review MDS coding and submit corrected MDS for R6 and R9 as appropriate.	EBoucher MWhite	10/3/2025	
		The facility MDS Coordinators in conjunction with the IP and the Director of Social Work will review all residents with ESBL/MDRO and PASRR to ensure the current MDS is correctly coded.	EBoucher MWhite KWagner KRothe	10/3/2025	
		Education for MDS Coordinators and Social Service to be provided around Active Diagnosis coding for ESBL/MDRO and PASRR	TBucknell MBD	10/3/2025	

		respectively			
		The facility MDS Coordinators will audit MDS forActive Diagnosis coding for ESBL/MDRO and PASRR prior to submission for accuracy, weekly x 4 weeks, monthly x 3 months and then quarterly x3 months	EBoucher MWhite	ongoing	

F0655 Baseline Care Plan

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
BAseline care plan was not completed timely	Baseline Care plans will be completed within 48 hours of admission	The Director of Nursing or designee will review R5 careplan to ensure completeness	CJordan	09/05/2025	
		All new admissions will have a baseline care plan started at or upon admission by the admissions nurse	LCooledge TKoontz	ongoing	
		Education to be provided to Admission Nurses and Unit Managers about baseline careplans and their timely completion	TBucknell CJordan	09/10/2025	
		The Director of Nursing or designee will audit 100% of new admission baseline careplans weekly x 4 weeks, monthly x 3 months and then quarterly x 3	Cjordan	ongoing	

F0656 Develop/ImplementComprehensive Care Plan

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
Comprehensive careplan did not identify EBP ESBL/MDRO Comprehensive careplan did not identify PASRR Level 2	Comprehensive careplans will identity and account for all active problems and strengths as appropriate	The Director of Nursing/designee in conjunction with the Director of Social Work/designee will review R6 and R9 careplan and ensure both are complete for EBP for ESBL/MDRO and PASRR respectively	CJordan KRothe	Done during survey	R6 NCP updated 8/19/2025 R9 NCP updated 9/5/2025
		The Director of Nursing/designee and the Director of Social Work/designee will review all residents with ESBL/MDRO and PASRR to ensure careplans are complete.	CJordan KRothe	09/12/2025	
		Education to be provided to all Nurses re: comprehensive careplan development and updates.	TBucknell CJordan	10/3/2025	
		IP to support tracking of NCP updates/development where ESBL/MDROs and EBP are concerned	KWagner	ongoing	

		NCP to be audited for EBP/ESBL/MDRO and PASRR weekly x 4 weeks, monthly x3 months and quarterly x3	CJordan	ongoing	

F0657 Care Plan Timing and Revision

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
Resident invitations for care plan conferences were not completed and in one case falsified All disciplines were not documented as participating in care plan conferences	Care Plan letters for residents will be completed and sent timely All disciplines will be present and documented for for all care plan conferences	LSW1 was disciplined for falsification of R6 medical record	MBD	08/27/2025	08/27/2025
		Director of Social Services will complete an audit to identify if there are any other instances.	KRothe	10/03/2025	
		The Staff Development Director will provide Corporate Compliance education to LSW1 and all staff	TBucknell MBD	10/03/2025	
		Director of Social Work/designee to audit 100% of careplans scheduled for written invitation letters and for completion of the multidisciplinary conference form weekly x 4 weeks, monthly x 3 months and then quarterly x3	KRothe	10/03/2025	
All disciplines did not sign off on multidisciplinary form	All disciplines will be present and document their presence at team	Care plan meetings will be held for R3,R5, R91 and R99 with all disciplines present	Kat rothe and multidisciplinary team	10/03/2025	

	meetings	Interdisciplinary team members to be educated on necessity to attend and document presence at all resident care conferences	TaraBucknell	10/03/2025	
		Director of Social Work/designees to audit 100% of multidisciplinary care conference forms weekly x4 weeks, monthly x 3 months and then quarterly x 3.	Kat Rothe	10/03/2025	

F0695 Respiratory /Tracheostomy Care and Suctioning

Problem Statement with Causes (relate to)	**Goal (Corrected Problem Statement)**	**Intervention to address Causes and Achieve Goal**	**Responsible Staff**	**Due Date**	**Completion Date & Comments**
O2 Tubing not changed as per policy O2 tubing on floor placed back on resident	O2 tubing will be changed per policy Sanitary conditions will be maintained	The Director of Nursing/designee will ensure that R64 tubing is correctly labeled and changed timely.	CJordan	08/18/2025	08/18/2025
		Director of Nursing in conjunction with the IP will review the Oxygen Use and Storage policy and update as	CJordan	09/03/2025	09/03/2025

		necessary.			
		The Director of Nursing/designee shall review all residents on O2 and verify that tubing is in compliance	CJordan	10/03/2025	
		The Staff Development Director in conjunction with IP will provide education to CNA 3 and CNA 4 around maintaining a sanitary environment and have them demonstrate correct technique.	TBucknell CJordan	10/03/2025	
		The Staff Development Director in conjunction with the IP will provide education to all clinical staff on the O2 tubing policy and any changes	TBucknell KWagner	10/03/2025	
		The Director of Nursing/designee will audit the TAR for 100% of residents on O2 and visualize tubing labeling weekly x4 weeks, monthly x 3 months and then quarterly x3	CJordan	ongoing	
		The Director of Nursing/designee shall conduct observations of proper O2 tubing application	CJordan	ongoing	

		by CNAs weekly x4 weeks, monthly x 3 months and then quarterly x3			

F0761 Label/Store Drugs and Biologicals

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
Undated opened meds and expired meds in med carts	All meds will be dated when opened and expired meds will be disposed of timely	The Director of Nursing/designee shall audit all medication carts/rooms on the observed units (2S, 2N, 3S) and dispose of any undated opened, or expired medications	CJordan	08/20/2025	

		The Director of Nursing/designee shall audit all medication carts/rooms on the remaining unit (Zolov) and dispose of any undated opened, or expired medications	CJordan	08/20/2025	
		The Director of Nursing will review and revise if necessary the facility policies for dating medications and disposal of medication	CJordan	10/03/2025	
		The Staff Development Director will provide education to all clinical staff that are responsible for passing medications at any time on the facility policy.	TBuckne;;	10/03/2025	
		The Director of Nursing/designee shall audit 100% of facility carts weekly x4 weeks, monthly x 3 months and then quarterly x3	CJordan	ongoing	

F0812 Food Procurement, Store/Prepare/Serve-Sanitary

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
Temperatures were not being logged on refrigerators, freezers, tray line.	Temperatures will be logged as appropriate	The Director of Food and Nutrition/designee will place temp logs in all appropriate locations (main kitchen and kitchenettes and day rooms)	AFitzgerald	08/22/2025	08/22/2025

Kitchenettes were not being monitored for outdated supplies Equipment had dust and debris	Kitchenettes will be monitored for outdated supplies Equipment will be maintained in a sanitary way.	for all refrigerators/freezers, dish machines and tray line.			
		The Director of Food and Nutrition will review and revise dish machine temperature log policy as necessary	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition will review and revise refrigerator/freezer temperature log policy as necessary	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition will review and revise the tray line temperature log policy as necessary	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition will educate all Nutrition/Dining staff on the policies and any changes	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition/designee will audit 100% of temp longs weekly x4 weeks, monthly x 3 months and then quarterly x3	AFitzgerald	ongoing	
		The Director of Food and Nutrition/designee will thoroughly clean the meat slicer, large floor mixer and	AFitzgerald	08/22/2025	

		countertop mixer immediately.			
		The Director of Food and Nutrition will review the equipment cleaning schedule with all nutrition staff.	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition/designee will audit the cleaning schedule and visualize the equipment weekly x4 weeks, monthly x 3 months and then quarterly x3	AFitzgerald	ongoing	
		The Director of Food and Nutrition/designee will inspect all kitchenettes for outdated supplies immediately.	AFitzgerald	08/22/2025	
		The Director of Food and Nutrition/designee will educate all nutrition staff on the policy for checking outdated supplies in the kitchenettes	AFitzgerald	10/03/2025	
		The Director of Food and Nutrition/designee will audit 100% of outdated supply check forms and kitchenettes weekly x4 weeks, monthly x 3 months and then quarterly x3	AFitzgerald	ongoing	

F0880 Infection Prevention & Control

Problem Statement with Causes (relate to)	Goal (Corrected Problem Statement)	Intervention to address Causes and Achieve Goal	Responsible Staff	Due Date	Completion Date & Comments
EBP were not being followed	Staff will implement EBP as appropriate	The Director of Nursing in conjunction with the IP will provide education to RN#4,RN#5,RN#6,CNA#3 and CNA#4 on EBP policy	CJordan KWagner TBucknell	10/03/2025	

		The Director of Nursing in conjunction with the IP will provide education to clinical staff	Cjordan KWagner TBucknell	10/03/2025	
		The Director of Nursing/designee shall conduct observations of EBP being employed with residents requiring them weekly x4 weeks, monthly x 3 months and then quarterly x3	CJordan	ongoing	

F0887 Covid-19 Immunization

Problem Statement with Causes (relate to)	**Goal (Corrected Problem Statement)**	**Intervention to address Causes and Achieve Goal**	**Responsible Staff**	**Due Date**	**Completion Date & Comments**
A resident did not have evidence of consent or declination of	All residents will be offered the covid 19 vaccine and documentation will	R80 will be educated on and offered the COVID 19 vaccine.	KWagner	10/03/2025	

covid19	be maintained	TheDirector of Nursing in conjunction with the IP shall review the policy for immunizations and update it accordingly	CJordan KWagner	10/03/2025	
		The Director of Nursing/designee shall reviewAll residents admitted since the last immunization clinic for Covid19 consent/declination. All those without this documentation will be provided with education and offered the vaccine.	CJordan KWagner	10/03/2025	
		The Director of Social Work/designee shall provide Covid 19 vaccine education and consent paperwork upon admission of all new admissions.	KRothe	ongoing	
		The Director of Nursing/designee shall audit 100% of	CJordan	ongoing	

		all new admissions weekly x4 weeks, monthly x 3 months and then quarterly x3			