

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Linden Court		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 West Philip Avenue North Platte, NE 69101	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>50105</p> <p>Licensure Reference Number: 175 NAC 12-006.09(D)</p> <p>Based on record review, and interview, the facility failed to accurately code comprehensive assessments for 2 of 4 sampled residents (Resident #7 and Resident #14) and failed to accurately complete care area assessment summaries for 2 of 4 sampled residents (Resident #5 and Resident #14). The facility census was 105.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident #7's Quarterly Minimum Data Set (MDS - a federally mandated assessment used to develop resident care plans) dated 04/23/2025 revealed an anticoagulant medication (medication used to prevent blood clots) and antidepressant medication (medication used to treat symptoms of depression) was used during the last 7 days.</p> <p>Record review of Resident #7's MAR (medication administration record) showed no anticoagulant or antidepressant medication in use during the MDS observation period.</p> <p>An interview on 05/01/2025 at 1:45 PM with MDS Coordinator RN-A and MDS Coordinator LPN-B revealed that medications anticoagulant and antidepressant should not have been on the MDS because Resident #7 is no longer taking the medications and has not been taking the medications since the look back period.</p> <p>49382</p> <p>B.</p> <p>A record review of a facility document titled Admission Record revealed the facility admitted Resident #14 on 04/08/2025 with diagnoses that included Dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and Type 2 Diabetes (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) with an Assessment Reference Dated (ARD) of 04/09/2025 revealed the resident was coded to have received an Anticonvulsant medication during the look back period for obtaining MDS data (the ARD plus 13 days).</p> <p>A record review of Resident #14 Physician orders revealed no physician order present for resident to receive an anticonvulsant medication from 03/27/2025 through 04/09/2025.</p> <p>A record review of Resident #14 Electronic Medication Administration Record from 03/27/2025 through 04/09/2025 (the MDS look back period) revealed no documentation reflecting Resident #14 received a anticonvulsant medication.</p> <p>In an interview completed on 05/01/2025 at 1:15 PM with MDS-B, MDS-B confirmed that the MDS was coded incorrectly and that Resident #14 was not prescribed and did not receive a anticonvulsant medication during the look back period for the MDS.</p> <p>C.</p> <p>A record review of a facility document titled Admission Record revealed the facility admitted Resident #5 on 03/31/2025 with diagnoses that included Pulmonary Fibrosis (a thickening of the tissue around and between the air sacks in the lungs causing difficulties breathing) and Congestive Heart Failure (when the heart can not pump enough blood to meet the body's needs).</p> <p>The Comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) with an Assessment Reference Dated (ARD) of 04/06/2025 revealed the resident had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 8 indicating the resident was moderately cognitively impaired. The resident was also coded as occasionally incontinent of bladder and staff provided supervision or touching assistance with toilet use and set up or clean up assistance with toileting hygiene.</p> <p>A record review of the Care Area Assessment(CAA) (which is a systematic process used to analyze data collected through the MDS to identify resident needs and guide care planning for triggered care areas (CAA) for the comprehensive MDS revealed Resident #5's cognitive impairment and incontinence to triggered CAA areas. Review of the Cognitive Loss/Dementia CAA revealed documentation that this area was a potential problem. Further documentation revealed in the area that cognitive loss or dementia will be addressed in the care plan with an answer of no. In the area indicated to describe the impact of this problem on the resident and the rational for the care plan decision area was left blank and no documentation present explaining the rational for the care plan decision to not address the residents' cognitive impairment on the care plan. Review of the Urinary Incontinence CAA revealed documentation that this was an actual problem for the residents. Further documentation revealed in the area will Urinary Incontinence be addressed in the care plan with an answer of no. In the area indicated to describe the impact of this problem on the resident and the rational for the care plan decision area was left blank and no documentation present explaining the rational for the care plan decision to not address the resident's urinary incontinence.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview completed on 05/01/2025 at 1:15 PM with MDS-A, MDS-A confirmed that the CAA's for Resident #5 addressing the cognitive impairment and urinary incontinence were not completed correctly. The MDS-A confirmed that both areas should have been marked yes to be addressed on the resident's care plan and the rational for the decision area should have been completed for each area and was not.</p> <p>D.</p> <p>A record review of a facility document titled Admission Record revealed the facility admitted Resident #14 on 04/08/2025 with diagnoses that included Dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and Type 2 Diabetes (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).</p> <p>The Comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) with an Assessment Reference Dated (ARD) of 04/09/2025 revealed the resident was coded to always be incontinent of bladder and the resident to be independent with toileting hygiene and toilet use.</p> <p>A record review of the CAA for the comprehensive MDS revealed Resident #14's Urinary Incontinence CAA documentation that this was an actual problem for the residents. Further documentation revealed in the area will Urinary Incontinence be addressed in the care plan with an answer of yes. In the area indicated to describe the impact of this problem on the resident and the rational for the care plan decision area was left blank and no documentation present explaining the rational for the care plan decision.</p> <p>In an interview completed on 05/01/2025 at 1:15 PM with MDS-A, MDS-A confirmed that the CAA for Resident #14 addressing the urinary incontinence was not completed correctly. The MDS-A confirmed that the rational for the decision area should have been completed and was not.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>50105</p> <p>Licensure Reference Number: 175 NAC 12-006.09(F)</p> <p>Based on record review and interview, the facility failed to update resident care plans to reflect resident care needs for 1 resident (Resident #7). The facility census was 105.</p> <p>Findings are:</p> <p>A record review of Resident #7's Care Plan (CP - an individual plan for caring for each resident that can be updated daily, and as needed between quarterly care plan assessments) last updated on 04/30/2025 revealed Resident #7 is taking an anticoagulant medication (medication used to prevent blood clots) and psychoactive medications; an antianxiety (medication used to treat symptoms of anxiety) and an antidepressant (medication used to treat symptoms of depression).</p> <p>Record review of Resident #7's MAR (medication administration record) showed no anticoagulant or antidepressant medication in use during the MDS observation period.</p> <p>Record review of Resident #7's last Quarterly Minimum Data Set (MDS - a federally mandated assessment used to develop resident care plans) was dated 04/23/2025.</p> <p>A record review of a Comprehensive Care Plan Policy dated 11/28/2016 revealed that the comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive, quarterly MDS (MDS- a Federally mandated tool for implementing standardized assessment and facilitating care management in nursing homes) assessment, and as needed.</p> <p>An interview on 05/01/2025 at 1:45 PM with MDS Coordinator RN-A and MDS Coordinator LPN-B revealed that medications anticoagulant and antidepressant should not have been on the CP because Resident #7 is no longer taking the medications and has not been taking the medications since the look back period.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</p> <p>Licensure Reference Number 175 NAC 12.006.09(I)</p> <p>Based on observations, interviews and record reviews, the facility failed to provide a safe environment when residents have been identified at risk for elopement. This affected 10 (Residents 1, 4, 5, 7, 8, 9, 10, 11, 12, and 13) of 12 sampled residents. The facility census was 105.</p> <p>The facility Administrator (ADM) was notified on 04/30/2025 at 6:00 PM of an Immediate Jeopardy (IJ) which began on 04/20/2025. The IJ was removed on 04/30/2025, as confirmed by surveyor onsite verification.</p> <p>Findings are:</p> <p>A record review of a policy titled Elopement Prevention and Management dated 3/2024 revealed:</p> <p>Key elements:</p> <ul style="list-style-type: none"> -Every building must have a current Elopement Risk Manual, located at the nurse's station. It includes the Missing Resident Identification Form for those at risk for elopement. -Every facility should be doing elopement drills quarterly and as needed. -Elopement Prevention Audit per the QAPI Audit schedule <p>Resident Risk Assessment:</p> <ul style="list-style-type: none"> -All residents will be evaluated prior to admission for concerns related to elopement risk and resident safety. Appropriate placement of the resident is of utmost importance. Ongoing review will occur with all residents to ensure proper placement and a safe environment. <p>Pre-Admission/Admission and ongoing review:</p> <ul style="list-style-type: none"> -Social Services or Nursing will complete the Elopement Risk Review as a component of admission paperwork utilizing the Elopement/Wandering Review in PCC. All residents at risk are care planned for elopement risk by Social Services or Nursing and approaches are implemented and maintained. Elopement risk should be care planned separately on the care plan. -The Elopement Risk Manual includes resident identified at risk for elopement. The Administrator is ultimately responsible for ensuring this manual is current and accessible. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Discontinuation of residents from the Elopement Risk Manual (If the IDT feels the resident no longer poses a risk for elopement, the determination would be documented on an in the resident's medical record and the corresponding resident's Missing Resident Identification information would be removed from the Elopement Risk Manual as well as discontinuing the elopement risk problem from the care plan.)</p> <p>-If a resident is identified at risk an admission photograph is taken and the Missing Resident Identification Form is completed, including resident photo, and placed in the Elopement Risk Manual at the nurses' station for easy access during an emergency. The Missing Resident Identification form will be reviewed during weekly risk meetings, with every care plan conference and prn (as needed) to ensure all information is current and accurate.</p> <p>Education/Preparedness:</p> <p>-New team members are oriented to elopement prevention policies. The facility will also conduct in-services for all team members regarding elopement prevention and management procedures annually and as needed.</p> <p>An observation on 04/30/2025 at 8:00 AM revealed at the front door, the doors opening on their own by sensor, then a second door also opening by sensor. A front desk was observed at the opening of the front entrance and a greeter.</p> <p>An interview on 04/30/2025 at 8:05 AM with Guest Relations (GR)-J revealed they are at the desk from 8:00 AM until 4:00 PM and then someone relieves them and works until 7:00 PM. When asked about the front doors, who is staffing or watching, GR-J stated they just started working at the facility and were not entirely sure who or how it is maintained.</p> <p>An observation on 04/30/2025 at 8:30 AM revealed an area for residents identified as high risk for elopement located in a secure unit, accessible through keypad entry. On the west section of the building, the unit was titled [NAME] Street and included 12 residents.</p> <p>An observation on 04/30/2025 at 8:40 AM revealed an area for residents identified as high risk for elopement located in a secure unit, accessible through keypad entry. On the west section of the building, the unit was titled Pine Street and included 15 residents.</p> <p>An observation on 04/30/2025 at 8:45 AM revealed an area for residents identified as high risk for elopement located in a unit, accessible through an open door. On the west section of the building, the unit was titled [NAME] Street and included 8 residents.</p> <p>An observation on 04/30/2025 at 9:00 AM revealed an open area in the East side of the building where residents reside in areas of the facility easily accessible to all residents, families, and staff. These areas are called: Birch Street, containing 11 Residents, Ash Street, containing 21 Residents, Chestnut Street, containing 20 Residents, and Dogwood Street, containing 18 Residents.</p> <p>A record review of an undated list titled, Resident at Risk for Elopement revealed 28 Residents on the list from various areas of the building and 1 resident no longer residing in the building.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A record review of an Elopement Risk Manual on [NAME] Street revealed 9 residents identified on the Resident at Risk for Elopement List and 7 Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual. Of those 7 Missing Resident Identification Forms in the Elopement Risk Manual, several were identified as missing from the binder. Resident 9 resides on [NAME] Street and is identified on the Resident at Risk for Elopement; however, no form is found in the manual. Resident 10 resides on [NAME] Street and is identified on the Resident at Risk for Elopement; however, no form is found in the manual. Resident 11 resides on [NAME] Street and is identified on the Resident at Risk for Elopement; however, no form is found in the manual.</p> <p>A record review of Resident 9's Elopement/Wandering Review assessment dated [DATE] revealed a score of 26 with a category of High Risk.</p> <p>A record review of Resident 10's Elopement/Wandering Review assessment dated [DATE] revealed a score of 25 with a category of High Risk.</p> <p>A record review of Resident 11's Elopement/Wandering Review assessment dated [DATE] revealed a score of 41 with a category of High Risk.</p> <p>A record review of an Elopement Risk Manual on Pine Street revealed 8 residents identified on the Resident at Risk for Elopement List and 6 Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual. Of those 6 Missing Resident Identification Forms in the Elopement Risk Manual, several were identified as missing from the binder. Resident 7 resides on Pine Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual. Resident 12 resides on Pine Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual.</p> <p>A record review of Resident 7's Elopement/Wandering Review assessment dated [DATE] revealed a score of 11 with a category of High Risk.</p> <p>A record review of Resident 12's Elopement/Wandering Review assessment dated [DATE] revealed a score of 15 with a category of High Risk.</p> <p>A record review of an Elopement Risk Manual on [NAME] Street revealed 5 residents identified on the Resident at Risk for Elopement List and 3 Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual. Of those 3 Missing Resident Identification Forms in the Elopement Risk Manual, several were identified as missing from the binder. Resident 8 resides on [NAME] Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual. Resident 13 resides on [NAME] Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual. Resident 4 resides on [NAME] Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual.</p> <p>A record review of Resident 8's Elopement/Wandering Review assessment dated [DATE] revealed a score of 25 with a category of High Risk.</p> <p>A record review of Resident 13's Elopement/Wandering Review assessment dated [DATE] revealed a score of 15 with a category of High Risk.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 4's Elopement/Wandering Review assessment dated [DATE] revealed a score of 10 with a category of High Risk.</p> <p>A record review of an Elopement Risk Manual on Birch Street revealed 2 Missing Resident Identification Forms for those identified on the Resident at Risk for Elopement List and 2 Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual.</p> <p>A record review of an Elopement Risk Manual on Ash Street revealed 2 residents identified on the Resident at Risk for Elopement List and 2 Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual.</p> <p>A record review of an Elopement Risk Manual on Chestnut Street revealed no residents identified on the Resident at Risk for Elopement List and no Missing Resident Identification Forms for those identified as an elopement risk were in the Elopement Risk Manual.</p> <p>A record review of an Elopement Risk Manual on Dogwood Street revealed 1 resident identified on the Resident at Risk for Elopement List and no Missing Resident Identification Forms for those identified as an elopement risk were found in the Elopement Risk Manual. Resident 5 resides on Dogwood Street and is identified on the Resident at Risk for Elopement, however no form is found in the manual.</p> <p>A record review of Resident 5's Elopement/Wandering Review assessment dated [DATE] revealed a score of 15 with a category of High Risk.</p> <p>An interview on 04/30/2025 at 2:00 PM with Nursing Assistant (NA)-C and NA-D on Chestnut and Ash Street revealed they were unaware of who was an elopement risk and where to locate the Elopement Risk Manual.</p> <p>An interview on 04/30/2025 at 2:10 PM with Registered Nurse (RN)-E on Chestnut and Ash Street revealed they were aware of who was at risk for elopement and elaborated on the process of why they were at risk and how to keep them safe. RN-E further revealed they completed an elopement risk assessment for Resident 5 who was located on Dogwood Street several weeks ago.</p> <p>An interview on 04/30/2025 at 2:15 PM with Licensed Practical Nurse (LPN)-G on Dogwood Street revealed LPN-G knew who was at risk for elopement and where the Elopement Risk Manual was located. When looking through the manual, no one was identified for being at risk for elopement. When interviewed, LPN-G revealed an assessment was due that day for Resident 5 and the resident was not at risk because they used oxygen services.</p> <p>A record review of Resident 5's elopement assessment completed by LPN-G on 04/03/2025 revealed that the resident scored a 15, which was a category of High Risk. The resident was also identified on the Resident at Risk for Elopement list previously provided.</p> <p>An interview on 04/30/2025 at 2:35 PM with Medication Aide (MA)-F on [NAME] Street revealed all residents except 1 resident; due to an inability to walk or self-propel in their wheelchair were at risk for elopement. When interviewed, MA-F revealed they were not responsible for updating the Elopement Risk Manual, this would be completed by the Social Services Department.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview on 04/30/2025 at 3:25 PM with Social Services (SS)-H and SS-I revealed they were responsible for updating the list of Resident at Risk for Elopement and all Elopement Risk Manuals within the facility. When asked about the process of determining who was at risk for elopement, SS-H revealed this was determined at the risk meeting (IDT-Inter-Disciplinary Team-a working meeting between team leaders to identify those at risk for medical complications or matters) amongst all facility department leader staff.</p> <p>An interview on 04/30/2025 at 3:30 PM with the Director of Nursing (DON) revealed there was no wander guard system to prevent residents that wander from exiting the front door. During the interview, the DON stated that the front doors were unlocked around 5:00 AM to 6:00 AM when the Maintenance Directors arrive every morning, and locked by the Charge Nurse after the last pharmacy drop off occurred around 10:00 PM every evening. The DON also revealed the front desk schedule was for it to be staffed from 8:00 AM until 7:00 PM Monday through Friday and 9:00 AM through 4:00 PM on Saturday and Sunday, leaving the front doors unstaffed and unlocked for several hours daily.</p> <p>An interview on 04/30/2025 at 4:15 PM with facility staff member Guest Relations (GR)-K revealed their workstation was at the front desk, but that they were not at the front desk throughout their entire shift. GR-K also revealed not knowing who was at risk for elopement and not knowing how to locate or identify this information if needed. GR-K was asked about education on elopement, to which they revealed not receiving, but still needing to complete online.</p> <p>A record review of education provided on March 27, 2025 revealed instruction on wandering, types of wandering, elopement, and the elopement process including identified risks. Of the 192 staff listed, 45 facility staff attended the education event, leaving the remaining staff to receive and review the education at another time through an offsite education platform available online. GR-K was identified as not attending this education event.</p> <p>A record review of the facility's most recent elopement drill revealed it was conducted on 04/15/2025 at 4:15 PM due to a potential elopement of Resident 10 while attempting to pry a window open. The drill signature sheet revealed 6 staff members being educated at the event.</p> <p>A record review of facility Incidents dated 01/30/2025 through 04/30/2025 revealed one elopement incident concerning Resident 1 on 04/20/2025 at 11:00 AM when GR-K was working the front desk that day.</p> <p>An interview on 04/30/2025 at 4:15 PM with GR-K on the elopement of Resident 1 revealed GR-K seeing Resident 1 leave through the front doors and not being alarmed because the resident stopped right out front. The interview further revealed GR-K left the front desk area to assist another resident and family, however upon returning, Resident 1 was no longer in view. GR-K stated after looking for Resident 1, the resident could be seen being assisted back to the facility by way of an off-duty facility staff member.</p> <p>An interview on 04/30/2025 at 4:30 PM with the DON revealed education was not provided to facility staff after the incident of the elopement that occurred on 04/20/2025 with Resident 1.</p> <p>The facility implemented the following plan on 4/30/2025 to remove the immediacy:</p> <p>Immediate plan of correction [NAME] Court 04/30/2025:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Linden Court		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 West Philip Avenue North Platte, NE 69101	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-All elopement binders have been updated as of 04/30/2025 with current resident that are identified as being at risk for elopement.</p> <p>-Care plans for those identified as being at risk have been updated as of 04/30/2025.</p> <p>-Front desk team member educated on elopement standard 04/30/2025</p> <p>-Front door will be locked when staff is not present at front desk to monitor.</p> <p>-Elopement standard education will be provided to all staff currently working as well as all staff prior to start of shift beginning 04/30/2025 to be completed with all staff by 05/02/2025.</p> <p>-Elopement binders will be reviewed weekly by IDT and updated as needed.</p> <p>-Process will be reviewed in QAPI.</p> <p>At the time of the survey, the violation was determined to be at the immediate jeopardy level K. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the E level.</p>		