

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345474</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/30/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS HOMES WEST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6100 W FRIENDLY AVENUE GREENSBORO, NC 27410</b>		
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F 656 SS=D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p>	F 656		2/18/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/20/2020

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.

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F 656	<p>Continued From page 1</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident and family interview, staff interviews and record review, the facility failed to implement a care plan intervention for one of eleven residents reviewed for comprehensive care plan. (Resident #15)</p> <p>Findings included:</p> <p>Resident #15 was admitted to the facility on 12/28/2019 with diagnoses that included a fracture, muscle weakness, acute respiratory failure and dependence on oxygen.</p> <p>An admission Minimum Data Set (MDS) dated 12/30/2019 revealed Resident #15 had mild cognitive impairment. He required assistance of one staff member with hygiene and toileting. Assessment also revealed the resident had bed mobility documented less than three times in the seven day assessment period. Assessment further revealed Resident did not transfer out of bed or utilize a wheelchair. Resident was assessed to be at risk for pressure ulcer injury.</p> <p>Review of the resident's care plan revealed a care plan specific to pressure ulcers revised on 01/15/2020. An intervention listed included: offloading boots to both heels to relieve pressure every shift.</p> <p>An observation of Resident #15 on 1/28/2020 at 4:00 PM revealed the resident's heels were directly on the bed with no offloading boots in place.</p>	F 656	<p>F-656 -- It is the intent of the facility to develop and implement a comprehensive care plan that addresses the care needs of the resident.</p> <p>Criteria 1. Corrective action to be accomplished for those residents found to have been affected by the alleged deficient practice.</p> <p>During the annual certification survey process the survey team identified R#15 to have an order offloading boots when R#15 was in bed and that these were not in place when noted to be in bed of 1-28-2020.</p> <p>Specific deficient practice affected one resident, Resident #15. The Director of Nursing reviewed the medical records of resident #15 to ensure the resident did not have negative outcome related to the reference in this report; specifically worsening of pressure ulcers to the heels. R#15 was admitted 12-28-2019 with a mattress that is a GEO Pressure Redistribution mattress. R#15's care plan for Pressure Ulcers was initiated January 2, 2020. This care plan on 1-2-2020 included the following:</p> <ul style="list-style-type: none"> <li>a) Keep bony prominences from direct contact with one another with pillows, foam wedges, etc.</li> <li>b) Keep clean and dry as possible;</li> <li>c) Keep linens clean, dry and wrinkle</li> </ul>		

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F 656	<p>Continued From page 2</p> <p>The second observation of Resident #15, on 1/30/2020 at 8:38 AM revealed resident lying in bed eating his meal with the heel of his feet on the bed and no pressure relief or offloading heel boots in place.</p> <p>An additional observation of Resident #15 on 1/30/2020 at 12:18 PM revealed resident lying in bed with family at bedside. Offloading heel boots were not in place and resident's heels were directly on the mattress.</p> <p>An Interview was conducted with the Director of Nursing (DON) on 01/30/2020 at 10:35 AM. During this interview the DON stated the offloading boots should be placed on Resident #15 when he is in the bed.</p> <p>Interview was conducted with Resident # 15's family member on 1/30/2020 at 12:18 PM. During the interview the family member stated she had not seen the resident wearing soft boots on his feet. She further stated I have never seen anything on his feet but these socks. The family member then lifted the blanket to reveal Resident #15 wearing yellow non-slip socks with his heels directly on the bed.</p> <p>An interview was conducted with the Nursing Assistant (NA) assigned to Resident #15 on 1/30/2020 at 12:30 PM in the resident's room with family present. During the interview the NA stated that the resident ' s offloading boots were not for day shift. NA stated, "They were on for night shift and I removed them during dressing in the morning. These are not for day shift." During this interview, Resident #15, interjected, "I wore those at first but have not been wearing them in a</p>	F 656	<p>free;</p> <p>d) Provide incontinence care after each incontinent episode and avoid friction on skin;</p> <p>e) Report any signs of skin breakdown;</p> <p>f) Skin prep to heels BID;</p> <p>g) Use absorbent, skin-friendly pad/briefs to maintain personal hygiene and dignity;</p> <p>h) Use moisture barrier product to perineal area. Zinc oxide as ordered;</p> <p>i) Assist with toileting as needed;</p> <p>j) Avoid shearing R#15's skin during positioning, transferring and turning;</p> <p>k) Conduct a systematic skin inspection per facility (a Braden scale completed upon admission and weekly x4)</p> <p>l) Connect foley catheter to straight drain bag when in bed;</p> <p>m) Diet as ordered, mechanical soft with thin liquids;</p> <p>n) Dry dressing to right hip incision line 4x4 gauze and paper tape done daily on 3 -11 shift;</p> <p>o) Ensure foley catheter is not pressing on skin for any length of time;</p> <p>p) Evaluate and report labs as available; and</p> <p>q) Examine feet and nails routinely and provide care.</p> <p>The 1-2-2020 care plan for R#15 for Pressure Ulcers was updated on these dates: 1-11-2020, 1-13-2020, 1-15-2020, 1-27-2020, 2-3-2020, 2-7-2020, 2-11-2020, 2-12-2020 and 2-18-2020. It continues to be updated on a regular basis.</p>		

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F 656	Continued From page 3 while." Family member also spoke up and stated, "I have not seen those during the day when I am here." At the conclusion of this interview Resident #15 remained without offloading boots in bed.  A second interview was conducted with the DON on 01/30/2020 at 12:44 PM. The DON stated the offloading boots should be in place when in bed and she would get a nurse to put them on at that time.	F 656	R#15's admission orders included the following: a) Braden Scale upon admission and weekly x 4 (total of 5 Braden Scale assessments); b) Skin prep to heels bid On 12-30 2019 R#15's received new order for a) Skin prep to heels bid b) Zinc oxide to buttocks after every episode and as needed for redness. When the surveyor spoke with the Director of Nursing on 1-30-2020 at 12:44 p.m. to notify the DON the offloading boots were not in place for R#15, the DON had the wound specialist update R#15's wound assessment. There was no adverse change noted from the prior week's assessment for R#15's heels. A copy of the R#15's pressure ulcer care plan, orders, and care guide and the information on the GEO Redistribution mattress information are attachment A.  The nursing assistant was in-serviced by the Staff Development Coordinator that same day (1-30-2020) and the SDC in-serviced therapy staff on the responsibility to replace offloading boots on R#15's feet when in bed. Each verbalized understanding. Each staff member working 1-31-2020, for all three shifts, were in-serviced on the same, also 1-31-2020. A copy of these in-services are attachment B.  Criteria 2. Corrective action to be accomplished for those residents having		

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F 656	Continued From page 4	F 656	<p>potential to be affected by the same alleged deficient practice.</p> <p>Residents have the potential to be affected by were reviewed and identified through an audit and have been included in the audits of measures in place in accordance with each of the respective care plans.</p> <p>The licensed nurses will be or have been educated by the Director of Nursing, or designee, on the importance and means of applying offloading boots to R#15, and actions to take should a R#15 or the spouse of R#15 remove these boots when in R#15 is in bed. Licensed nurses will be or have been educated by the Director of Nursing, or designee, on the importance and means of applying offloading boots to each resident with those physician's orders.</p> <p>On 1-30-2020 the Director of Nursing conducted a 100% audit of all residents who could potentially be affected and found there were 3 residents with off loading type boots to be applied to the feet. This audit included R#15. The boots were in place for each of those three residents. This is attachment C.</p> <p>Affected residents with off-loading boots was audited daily by the DON, beginning 1-30-2020. Other residents who could be affected, DON ensured the eMAR order of presence of boots would be documented each shift. This order was present for the three residents and continues to be</p>		

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F 656	Continued From page 5	F 656	<p>present. This is attachment D.</p> <p>It should be noted during this audit, R#15 refused boots several times documented in the nursing notes. This is attachment E.</p> <p>R#15's BIMS score is 10 as assessed 12-30-2019. Attachment F.</p> <p>The MDS Coordinator completed a 100% audit of all residents to identify if each resident has a Pressure Ulcer Care plan. It was noted all residents have a pressure ulcer care plan completed 2-18-2020. Attachment G.</p> <p>The facility protocol has each bed with a GEO Pressure Redistribution mattress, unless the physician has ordered differently. Mattress specs are included in Attachment H.</p> <p>Criteria 3. Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</p> <p>Nursing staff will be or have been educated by Director of Nursing, or designee on the importance and means of following the care plan for R#15 and the actions to take should another event be noted by staff.</p> <p>The Director of Nursing, or designee will audit R#15 for 10 days. Any other resident identified in the 100% audit (2 others) were monitored each shift for 1 week (7</p>		

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F 656	Continued From page 6	F 656	<p>days). Attachment C.</p> <p>Newly hired nursing staff will be educated on following the care plans and the care guides.</p> <p>Following these audits (10 days for R#15 and 7 days for 2 others) will be conducted on a every shift, 3 x a week for 1 month. These audits will be conducted by the Director of Nursing or designee for all residents who could be affected; then with no issues identified, this audit will be 1x weekly for 4 weeks. These audits and the necessity continuing these audits will be re-evaluated at the April QAPI meeting.</p> <p>Criteria 4. Facility <input type="checkbox"/>s plan to monitor its performance so solutions are sustained and integrated into the facility <input type="checkbox"/>s quality assurance system.</p> <p>Data obtained from these audits, will be analyzed by the DON and/or designee for patterns, trends and/or the need for further educational opportunities based on analysis. The trends/patterns noted, education and disciplinary action taken reported to the Quality Assurance Performance Improvement (QA/QAPI) Committee at its April 2020 quarterly meeting.</p> <p>The QAPI Committee will evaluate the effectiveness of the plan and adjust the plan, as needed, based on trends identified in the audits. The Administrator</p>		

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F 656	Continued From page 7	F 656			
F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident and family interview, staff interviews and record review, the facility failed to provide physician ordered offloading boots for one of one resident reviewed for pressure ulcers. (Resident #15)</p> <p>Findings included:</p> <p>Resident #15 was admitted to the facility on 12/28/2019 with diagnoses that included a fracture, muscle weakness, acute respiratory failure and dependence on oxygen.</p> <p>An admission Minimum Data Set (MDS) dated 12/30/2019 revealed Resident #15 had mild cognitive impairment. He required assistance of</p>	F 686	<p>is responsible to see that the QAPI recommendations are acted upon in a timely manner.</p> <p>F-686 -- It is the intent of the facility to ensure resident receives care to prevent/treat pressure ulcers consistent with professional standards of practice and to develop and implement appropriate plans of action to correct identified quality deficiencies and to sustain the corrective actions.</p> <p>Criteria 1. Corrective action to be accomplished for those residents found to have been affected by the alleged deficient practice.</p> <p>During the annual certification survey process the survey team identified R#15</p>	2/18/20	



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F 686	<p>Continued From page 8</p> <p>one staff member with hygiene and toileting. Assessment also revealed the resident had bed mobility documented less than three times in the seven day assessment period. Assessment further revealed Resident did not transfer out of bed or utilize a wheelchair. Resident was assessed to be at risk for pressure ulcer injury.</p> <p>Review of Resident #15's chart revealed new diagnosis of pressure ulcer injuries to the right heel and top of left foot dated 01/15/2020. The resident acquired the pressure ulcers at the nursing home.</p> <p>Review of the resident#15's care plan revealed a new diagnosis of pressure ulcer injuries to the right heel and top of left foot dated 01/15/2020. The care plan specific to pressure ulcers was also revised on 01/15/2020. An intervention listed included: offloading boots to both heels every shift</p> <p>Review of Resident #15's physician orders revealed an order written on 1/15/2020 that read: " Offloading boots to bilateral lower extremities."</p> <p>An observation of Resident #15 on 1/28/2020 at 4:00 PM revealed the resident's heels were directly on the bed with no pressure relieving device in place.</p> <p>The second observation of Resident #15, on 1/30/2020 at 8:38 AM revealed resident lying in bed eating his meal with the heel of his feet on the bed and no pressure relief or offloading heel boots in place.</p> <p>An additional observation of Resident #15 on 1/30/2020 at 12:18 PM revealed resident lying in</p>	F 686	<p>to have an order offloading boots when R#15 was in bed and that these were not in place when noted to be in bed of 1-28-2020.</p> <p>Specific deficient practice affected one resident, Resident #15. The Director of Nursing reviewed the medical records of resident #15 to ensure the resident did not have negative outcome related to the reference in this report; specifically worsening of pressure ulcers to the heels. R#15□s was admitted 12-28-2019 with a mattress that is a GEO Pressure Redistribution mattress. R#15□s care included a Braden Scale observation, skin prep to the heels BID and an air mattress overlay with the pump located on the foot board and the function of the pump/air overlay checked each shift. R#15□s plan of care for Pressure Ulcers was initiated on 1-2-2020 and included the following at that time:</p> <ol style="list-style-type: none"> <li>Keep bony prominences from direct contact with one another with pillows, foam wedges, etc.</li> <li>Keep clean and dry as possible;</li> <li>Keep linens clean, dry and wrinkle free;</li> <li>Provide incontinence care after each incontinent episode and avoid friction on skin;</li> <li>Report any signs of skin breakdown;</li> <li>Skin prep to heels bid;</li> <li>Use absorbent, skin-friendly pad/briefs to maintain personal hygiene and dignity;</li> <li>Use moisture barrier product to perineal area. Zinc oxide as ordered;</li> <li>Assist with toileting as needed;</li> </ol>		

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F 686	<p>Continued From page 9</p> <p>bed with family at bedside. Offloading heel boots were not in place and resident's heels were directly on the mattress.</p> <p>An Interview was conducted with the Director of Nursing (DON) on 01/30/2020 at 10:35 AM. During this interview the DON stated the offloading boots should be placed on Resident #15 when he is in the bed.</p> <p>Interview was conducted with Resident # 15's family member on 1/30/2020 at 12:18 PM. During the interview the family member stated she had not seen the resident wearing soft boots on his feet. She further stated I have never seen anything on his feet but these socks. The family member then lifted the blanket to reveal Resident #15 wearing yellow non-slip socks with his heels directly on the bed.</p> <p>An interview was conducted with the Nursing Assistant (NA) assigned to Resident #15 on 1/30/2020 at 12:30 PM in the resident's room with family present. During the interview the NA stated that the resident's offloading boots were not for day shift. NA stated, "They were on for night shift and I removed them during dressing in the morning. These are not for day shift." During this interview, Resident #15, interjected, "I wore those at first but have not been wearing them in a while." A family member also spoke up and stated, "I have not seen those during the day when I am here."</p> <p>A second interview was conducted with the DON on 01/30/2020 at 12:44 PM. The DON stated the offloading boots should be in place when in bed and she would get a nurse to put them on at that time.</p>	F 686	<p>j) Avoid shearing R#15's skin during positioning, transferring and turning;</p> <p>k) Conduct a systematic skin inspection per facility (a Braden scale completed upon admission and weekly x4)</p> <p>l) Connect foley catheter to straight drain bag when in bed;</p> <p>m) Diet as ordered, mechanical soft with thin liquids;</p> <p>n) Dry dressing to right hip incision line 4x4 gauze and paper tape done daily on 3 -11 shift;</p> <p>o) Ensure foley catheter is not pressing on skin for any length of time;</p> <p>p) Evaluate and report labs as available; and</p> <p>q) Examine feet and nails routinely and provide care.</p> <p>The GEO Redistribution mattress was present at admission. The air overlay mattress function is checked each shift each day and Skin Prep to heels 2x per day, every day. These observations were done and attachment A.</p> <p>When the surveyor spoke with the Director of Nursing on 1-30-2020 at 12:44 p.m. to notify the DON the offloading boots were not in place for R#15, the DON had the wound specialist update R#15's wound assessment. There was no adverse change noted from the prior week's assessment for R#15's heels.</p> <p>A copy of the R#15's pressure ulcer care plan, orders, and care guide and the information on the GEO Redistribution mattress information are attachment B.</p>		

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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS HOMES WEST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6100 W FRIENDLY AVENUE GREENSBORO, NC 27410</b>		
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F 686	Continued From page 10	F 686	<p>The nursing assistant was in-serviced by the Staff Development Coordinator that same day (1-30-2020) and the SDC in-serviced therapy staff on the responsibility to replace offloading boots on R#15's feet when in bed. Each verbalized understanding. Each staff member working 1-31-2020, for all three shifts, were in-serviced on the same by 1-31-2020.</p> <p>A copy of these in-services are attachment C.</p> <p>Criteria 2. Corrective action to be accomplished for those residents having potential to be affected by the same alleged deficient practice.</p> <p>Residents have the potential to be affected by were reviewed and identified through an audit and have been included in the audits of measures in place in accordance with each of the respective care plans.</p> <p>The licensed nurses will be or have been educated by the Director of Nursing, or designee, on the importance and means of applying offloading boots to R#15, and actions to take should a R#15 or the spouse of R#15 remove these boots when in R#15 is in bed. Licensed nurses will be or have been educated by the Director of Nursing, or designee, on the importance and means of applying offloading boots to each resident with those physician's orders.</p>		

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F 686	Continued From page 11	F 686	<p>On 1-30-2020 the Director of Nursing conducted a 100% audit of all residents who could potentially be affected and found there were 3 residents with off loading type boots to be applied to the feet. This audit included R#15. The boots were in place for each of those three residents. This is attachment D.</p> <p>It should be noted during this audit, R#15 refused boots several times documented in the nursing notes. This is attachment E.</p> <p>Criteria 3. Measures to be put into place or systemic changes made to ensure that the alleged deficient practice will not occur.</p> <p>Nursing staff will be or have been educated by Director of Nursing, or designee on the importance and means of following the care plan for R#15 and the actions to take should another event be noted by staff.</p> <p>The Director of Nursing, or designee will audits R#15 for 10 days. Any other resident identified in the 100% audit (2 others) were monitored each shift for 1 week (7 days). Attachment D.</p> <p>Following these audits (10 days for R#15 and 7 days for 2 others) will be conducted on a every shift, 3 x a week for 1 month. These audits will be will be conducted by the Director of Nursing or designee for all residents who could be affected; then with</p>		

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F 686	Continued From page 12	F 686	<p>no issues identified, this audit will be 1x weekly for 4 weeks. These audits and the necessity continuing these audits will be re-evaluated at the April QAPI meeting.</p> <p>Criteria 4. Facility <input type="checkbox"/>s plan to monitor its performance so solutions are sustained and integrated into the facility <input type="checkbox"/>s quality assurance system.</p> <p>Data obtained from these audits, will be analyzed by the DON and/or designee for patterns, trends and/or the need for further educational opportunities based on analysis. The trends/patterns noted, education and disciplinary action taken reported to the Quality Assurance Performance Improvement (QA/QAPI) Committee at its April 2020 quarterly meeting.</p> <p>The QAPI Committee will evaluate the effectiveness of the plan and adjust the plan, as needed, based on trends identified in the audits. The Administrator is responsible to see that the QAPI recommendations are acted upon in a timely manner.</p> <p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Friends Homes West of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened</p>		

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F 686	Continued From page 13	F 686	<p>with termination from the Medicare/Medicaid program if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey dates and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action.</p> <p>This report of correction and plan of correction serves as the allegation of substantial compliance.</p>		