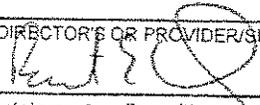


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2014
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, KY 41014	
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F 000	INITIAL COMMENTS A Recertification Survey was initiated on 08/12/14 and concluded on 08/14/14 with deficient practice identified at the highest Scope and Severity of an "E."	F 000	Without admitting or denying the validity of the citations, Providence Pavilion provides the following Plan of Correction. This plan of correction is prepared and executed because it is required by the provisions of the state & federal regulations and not because Providence Pavilion agrees with the allegations and citations listed on this statement of deficiencies. Providence Pavilion maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capability to render adequate care as prescribed by the regulations. This plan of correction shall operate as Providence Pavilion's written credible allegation of compliance.	
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility policy, it was determined the facility failed to ensure the resident environment remained free of accident hazards as was possible for residents. Observation on 08/12/14 revealed the housekeeping closet door on the Providence Hall, which contained two (2) chemicals, a two (2) inch putty scraper and a mop bucket full of a chemical, was propped open with a wooden stick. The findings include: After requesting a policy on chemical storage the facility provided it's Occupational Safety and Health Administration (OSHA) Manual, which contained a policy titled, "Hazard Communication/Material Safety Data Sheets", undated, that revealed cleaning agents, bleaches.	F 323	By submitting this plan of correction, Providence Pavilion does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Providence Pavilion reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. Providence Pavilion asserts it will be in substantial compliance with 42 CFR Part 483 subpart B on September 10, 2014.	

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



TITLE

Executive Director

(X6) DATE

9/8/2014

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 323 Continued From page 1
insecticides, poisons, and dangerous or flammable materials were to be stored in a locked storage area to prevent residents from an accidental injury. Additional review revealed storage areas were to remain locked unless a staff member was present.

Observation on 08/12/14 at 4:10 PM, revealed the housekeeping closet door on the Providence Hall, room #4489, was propped open with a wooden handled stick. Observation of the closet revealed two (2) chemicals were stored in this room: one (1) canister of Emerald #412 Floor Cleaner and one (1) canister of 3M Quat Disinfectant cleaner and a mop bucket containing the floor cleaner, according to interview with the Housekeeping Director. Further observation revealed a two (2) inch putty scraper on top of the housekeeping cart stored in the closet.

Interview, on 08/12/14 at 4:12 PM, with the Housekeeping Director, during the time of observation, revealed the housekeeping closet door should have been closed and locked. The Housekeeping Director stated the closet door should not have been propped open because of the chemicals in the closet. He stated the cognitively impaired residents who wandered the facility could get in the closet which could be potentially harmful to the residents. Further interview revealed he had propped the closet door open to mop up a spill; however, indicated he should not have done this as the chemicals should have been behind a locked door for the residents' protection.

Review of the facility's Census and Condition form, dated 08/12/14, revealed of the facility's twenty-five (25) residents with Dementia and/or

F 323 **F-323 Free of Accidents Hazards/Supervision/Devices** 9/10/14
Providence Pavilion does ensure that the resident environment remains free of accident hazards as is possible; and each resident does receive adequate supervision and assistance devices to prevent accidents.

1. The Housekeeping closet door was immediately closed (after a period of being opened that was less than 30 seconds). The Housekeeping director was in the vicinity of the opened door and at all times the area was under his sense of hearing, thus a staff member was present and was protecting residents from any potential accident.
2. No Residents listed in the 2567 (residents with dementia/ and/or intellectual/cognitive disability & that could move independently) were found to be affected by the deficient practice; no residents were in the hallway at this time.

The facility will prevent similar issues occurring by implementation of the following practices, noted in section 3.

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F 323	<p>Continued From page 2</p> <p>Intellectual or Developmental Disability, twenty (20) of the residents could move independently about the facility. Review of the information provided by the facility revealed the twenty (20) residents included Residents #1, Resident #6 and Unsampld Residents A, B, C, D, F, G, I, J, K, L, M, N, O, P, Q, R, T and U. Review of the information provided by the facility and record review confirmed the Census and Condition information.</p> <p>Review of the Material Safety Data Sheet (MSDS) for the Emerald #412 Floor Cleaner, dated 01/01/08, revealed the product if ingested might be irritating to the mouth, throat and gastrointestinal system, and vomiting and diarrhea were expected with a large dose of the chemical. Additional review of the MSDS revealed to avoid contact with the eyes and to use adequate ventilation when using the product.</p> <p>Review of the MSDS for the 3M Quat Disinfectant Cleaner, dated 02/01/12, revealed the immediate potential health effects included mild eye irritation if contact with the product occurred, such as redness, pain and tearing. Continued review revealed if inhaled symptoms might include coughing, sneezing, nasal discharge, headache and nose and throat pain. Further review of the MSDS revealed in ingested symptoms might include abdominal pain, stomach upset, nausea, vomiting and diarrhea, and medical attention was to be sought if ingested.</p> <p>Interview on 08/12/14 at 4:45 PM, and 08/14/14 at 11:35 AM, with the Director of Nursing (DON) revealed the housekeeping closet door should not have been propped open because it was potentially harmful for residents as chemicals</p>	F 323	<p>3. The Administrator immediately reviewed the procedure of storing chemicals behind a locked door with the Director of Housekeeping. The Administrator also emphasized to the housekeeping director that no sticks are to be used to prop open doors.</p> <p>The Director of Housekeeping immediately:</p> <ul style="list-style-type: none"> a) Disposed of any stick (or device that could be used to prop open the door), b) re-educated housekeeping staff on the policy that all chemicals are to be stored behind a locked door, and c) Re-educated housekeeping staff that no doors are to be propped open. <p>The housekeeping director immediately removed all chemicals (and tools) from the housekeeping closet on the Providence unit.</p>	

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F 323	<p>Continued From page 3</p> <p>were stored there. Continued interview revealed all chemicals should be behind "auto-closing" locked doors, ensuring they lock immediately when closed. The DON stated the housekeeping closet door should not have been propped open at any time, because residents could get in there which could have a negative outcome if they accessed the chemicals stored there. Further interview revealed she was not aware the closet door was propped open when she and the Surveyor had walked past the propped open door. The DON reported she needed to be "more aware" of her surroundings, and "any staff" needed to be on "heightened alert" in regards to the residents residing on the unit who had diagnoses of "mental retardation", as some of them moved independently around the unit.</p> <p>Interview with the Administrator on 08/13/14 at 9:10 AM, and 08/14/14 at 3:15 PM revealed the Housekeeping Director had informed him of the housekeeping closet door having only be open for thirty (30) seconds, and "was that a big deal?" The Administrator revealed the policy for securing chemicals was for the chemicals to be stored behind a locked door. Further interview revealed the housekeeping closet door should not have been propped open due to resident safety; however, he didn't "think" thirty (30) seconds was any concern.</p>	F 323	<p>The housekeeping director immediately began 2-hour audits (during housekeeping hours) of all housekeeping closets to ensure that these doors are closed (Housekeeping door audit). These audits will be continued as stated in section 4.</p> <p>The Director of Human resources' has re-educated all Providence Pavilion Staff on the proper storage of chemicals and that any dangerous chemical, substance, or tool must be stored out of a residents reach. This education will be completed on or before September 10, 2014.</p>	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p>	F 441	<p>4. In order to ensure compliance: The director of housekeeping will conduct audits of housekeeping doors daily for 3 weeks, two times weekly for 3 weeks, one times weekly for 3 weeks, and then one (1) time monthly for 2 months to ensure that doors remain locked per policy. Results of the housekeeping door audit will be submitted to the Providence Pavilion Quality Assurance (Q/A) committee, with the committee determining the need for further monitoring.</p>	

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F 441	Continued From page 4 (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, it was determined the facility failed to ensure an effective Infection Control (IC) program was maintained for two (2) of fifteen (15) sampled residents (Resident #11 and #9) and	F 441	5. Providence Pavilion alleges compliance as of September 10, 2014. F-441 Infection Control Providence Pavilion has an established Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. 1. (a) The staff nurse was immediately re-educated on the proper procedure for delivering eye medications, including the washing of hands and the donning of gloves prior to eye medication delivery. All nurses caring for resident #11 were immediately re-educated prior to their next shifts. (b) Resident #9's toothbrush was immediately removed from the bathroom and the facility replaced it with a new labeled toothbrush. Resident "V" was given a new labeled toothbrush and new labeled denture cup. 2. (a) No other residents were found to be affected by the deficient practice. The facility will prevent similar issues occurring by implementation of the following practices, noted in section 3.	9/10/14
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F 441	<p>Continued From page 5</p> <p>one (1) of twenty-two (22) unsampled residents (Unsampled Resident V) in regards to preventing the development or transmission of disease.</p> <p>Observation during medication pass on 08/12/14 revealed a nurse failed to don gloves prior to instillation of eye drops for Resident #11.</p> <p>Observation revealed unlabeled and uncovered toothbrushes touching each other stored in a plastic cup in Resident #9's and Unsampled Resident V's shared bathroom.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's policy titled, "Infection Control Program" dated September 2009, revealed the policy was to maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Further review revealed staff should be educated regarding the Infection Control Program, including Standard Precautions. <p>Review of the facility's, "Procedure for Instillation of Eye Medications", undated, revealed: nursing staff was to administer ophthalmic solution into and around the eye in a safe and accurate manner; and hands were to be washed and gloves donned for administration.</p> <p>Observation during medication administration on 08/12/14 at 4:35 PM, revealed Registered Nurse (RN) #1 failed to don gloves prior to instilling Resident #11's eye drops, as per the facility's procedure. Interview with RN #1 on 08/12/14 at 4:35 PM, during the eye drop administration, revealed he/she was unaware of what the</p>	F 441	<p>(b) The facility will identify other residents having the potential to be affected by the same deficient practice by having the Director of Nursing (DON) & Rehabilitation Nurse Manager (nurse manager), and/or designee inspect all resident rooms for proper storage of resident items used for oral care on or before September 10, 2014. Any deficiency found during this inspection will be immediately corrected.</p> <p>The facility will prevent similar issues occurring by implementation of the following practices, noted in section 3.</p> <ol style="list-style-type: none"> 3. (a) The DON & Nurse Manager, and/or designee will re-educate Providence Pavilion professional nursing staff on or before September 10, 2014 on the correct procedure to follow when delivering eye medications, including washing hands and the donning of gloves prior to medication delivery. (b) The DON has developed a new policy and procedure (P&P) for the storage of resident's personal items and 		

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F 441 Continued From page 6

facility's policy/procedure stated for instillation of eye medication. Further interview revealed Resident #11 opened both of his/her eyes without assistance, and RN #1 was able to instill eye medication without the tip of the eye medication touching anything.

Interview with RN #2 on 08/14/14 at 10:45 AM, revealed the facility's policy/procedure for instilling eye medication was for hands to be washed prior to administration. RN #2 stated then gloves were to be donned before administration of the eye medication.

Interview with the Director of Nursing (DON) on 08/14/14 at 11:35 AM, revealed the correct procedure for instillation of eye medication would be for the nurse: to wash their hands; don gloves; tilt the resident's head back; instill the drops to his/her eyes; remove their gloves and wash their hands. Further interview revealed if a resident opened his/her own eyes, the DON still expected the nurse to wear gloves for administration of the eye medication. Additionally, the DON stated not using gloves to instill eye medication would be an infection control concern.

2. Additional review of the facility's, "Infection Control Program" policy revealed the facility would maintain an IC Program in accordance with the Centers for Disease Control (CDC). The Policy revealed the CDC might be used to support the IC Program; however, further review of the policy revealed there was no policy and procedure for the storage of resident toothbrushes and toiletry items.

Review of the CDC Guidelines, updated 07/10/13, revealed a person's mouth was home to millions

F 441

toothbrushes. (Resident Personal Item Storage Policy) This P&P ensures that all Resident personal items are stored in accordance with appropriate infection control guidelines.

The DON & Nurse Manager, and/or designee will re-educate all Providence Pavilion Staff on or before September 10, 2014 on the information contained in the Resident Personal Item Storage Policy.

4. (a) The DON/Nurse Manager, and/or designee will audit eye drop administration three times a week for 4 weeks, two times weekly for 2 weeks, and then one (1) time monthly for 2 months. Results of these audits will be submitted to the Providence Pavilion Quality Assurance (Q/A) committee, with the committee determining the need for further monitoring.

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F 441	<p>Continued From page 7</p> <p>of microorganisms (germs), in bacteria, blood, saliva and oral debris. The Guidelines stated because of this contamination a common recommendation was to rinse toothbrushes thoroughly with tap water following brushing; however, even after being rinsed visibly clean, toothbrushes could remain contaminated with potentially pathogenic organisms. The CDC Guidelines recommended tooth brushing in group settings should always be supervised. The Guidelines stated this was in order to ensure toothbrushes were not shared and were handled properly, as the likelihood of toothbrush cross-contamination in those environments was very high due to toothbrushes being stored improperly. In addition, review of the Guidelines revealed a small chance existed that toothbrushes could become contaminated with blood during brushing, and although the risk for disease transmission through toothbrushes was still minimal, it was a potential cause for concern. The Guidelines indicated therefore, officials in charge of tooth brushing programs in group settings should evaluate their programs carefully.</p> <p>Observation, during the initial tour of the facility on 08/12/14 at 11:30 AM, revealed the semi-private room 424, where Resident #9 and Unsampled Resident V resided, in the shared bathroom two (2) toothbrushes, one (1) of which was white and the other one (1) aqua in color, stored uncovered with their bristles touching in a plastic cup, unlabeled and undated. Continued observation of Resident #9's and Unsampled Resident V's semi-private bathroom: on 08/12/14 at 2:30 PM, 3:30 PM, 4:30 PM, 5:15 PM; on 08/13/14 at 8:35 AM, 10:00 AM, 11:00 AM, 1:30 PM, 2:30 PM; and 08/14/14 at 1:45 PM revealed the two (2) toothbrushes remained unchanged in</p>	F 441	<p>(b) The DON/Nurse Manager, and/or designee will audit five resident rooms 3 times a week for 4 weeks, 3 resident rooms two times weekly for 2 weeks, and then 2 resident rooms monthly for 2 months to ensure proper storage of toothbrushes, and other residents personal items (i.e. tooth paste; denture cups, etc are stored in labeled containers in resident bathrooms or in resident bedside tables)</p> <p>Results of these audits will be submitted to the Providence Pavilion Quality Assurance (Q/A) committee, with the committee determining the need for further monitoring.</p> <p>5. Providence Pavilion alleges compliance as of September 10, 2014.</p>		

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F 441	<p>Continued From page 8</p> <p>appearance, stored uncovered with their bristles touching in a plastic cup, unlabeled and undated.</p> <p>Review of Resident #9's medical record revealed the facility re-admitted the resident on 07/18/14, with diagnoses which included Methicillin Sensitive Staphylococcus aureus, MSSA, (a bacterial infection), Vertebral Osteomyelitis, Epidural Abscess, Osteoarthritis and Debility.</p> <p>Review of Unsampled Resident V's medical record revealed the facility admitted the resident on 09/08/12, with diagnoses which included Dementia, history of Urinary Tract Infections (UTIs) and Osteoarthritis.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1 on 08/14/14 at 1:45 PM, the residents' toothbrushes were to be labeled and kept in their toothbrush holders, and were kept with their personal items in a locked drawer in the resident's room.</p> <p>Interview with SRNA # 2 on 08/14/14 at 1:55 PM, revealed the residents' toothbrush and toothpaste were to be labeled with their names, and placed in a toothbrush holder. The toothbrushes were to be rinsed, dried and placed on the resident's side of the bathroom.</p> <p>Interview with SRNA #3 on 08/14/14 at 3:10 PM, revealed if a resident had dentures they were soaked in the effervescent tablets in their denture cup and rinsed. However, SRNA #3 stated if the resident had permanent teeth the toothbrush was stored in a toothbrush holder at the resident's bedside with their name and room number on the toothbrush.</p>	F 441		
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F 441	<p>Continued From page 9</p> <p>Interview with SRNA #4 on 08/14/14 at 2:00 PM, revealed Resident #9 usually kept his/her toothbrush in a cup in the bedside closet. She revealed Resident #9 performed his/her own oral care, but assistance was provided as needed. She stated Resident #9's toothbrush was not labeled, but should have been labeled. Per interview, Unsampled Resident V had no teeth, and wore dentures, and she had noticed the toothbrushes and toothpaste had been in the bathroom for several days; however, was not sure who they belonged to as the toothbrushes and toothpaste were not labeled. SRNA #4 related she should have disposed of the toothbrushes and toothpaste when she first saw them and did not know why she did not dispose of them earlier. SRNA #4 stated she would dispose of the unlabeled toothbrushes and toothpaste in the bathroom and label Resident #9's toothbrush immediately.</p> <p>Interview with the DON on 08/14/14 at 5:05 PM, revealed it was her expectation for all residents' toothbrushes and toiletries to be labeled and kept in the resident's containers. She stated the facility had no written policy or procedure for the storage of residents' personal items and toothbrushes. Per interview, the DON stated it would be her expectation for a nursing staff member to dispose of toothbrushes and toiletries which were not properly labeled to prevent the spread of infection. The DON indicated the nursing reference source which the facility used was a Lippincott manual; however, this was not furnished after being requested by the Surveyor.</p>	F 441		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

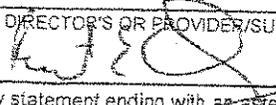
PRINTED: 08/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. BUILDING PP - 4TH FLOOR SKILLED UNIT B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2014
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, KY 41014
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01, 4th Floor</p> <p>Plan Approval: 1992</p> <p>Survey under: 2000 existing</p> <p>Facility type: SNF</p> <p>Type of structure: Five (5) story Type I (Fire Resistive).</p> <p>Smoke Compartment: Four (4) smoke compartments</p> <p>Fire Alarm: Manual initiating devices located at exits. Smoke detectors located in all corridors and resident rooms. Fire Alarm panel updated in 2010.</p> <p>Sprinkler System: Complete automatic (wet) sprinkler system</p> <p>Generator: Type II diesel, installation date unknown by facility.</p> <p>A Standard Life Safety Code Survey was conducted on 08/21/13. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid, Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 9/8/14
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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.