

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

PRINTED: 05/21/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/30/2024	
NAME OF PROVIDER OR SUPPLIER SPRINGHURST HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 628 N MERIDIAN RD GREENFIELD, IN 46140			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey and Investigation of Complaints IN00419594, IN00430351, IN00431824, IN00431921 and IN00431841. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00419594 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00430351 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431824 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431921 - Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00431841 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 23, 24, 25, 26, 29, and 30, 2024</p> <p>Facility number: 005954 Provider number: 155767 AIM number: 201068810</p> <p>Census Bed Type: SNF/NF: 27 SNF: 32 Residential: 53 Total: 112</p> <p>Census Payor Type: Medicare: 23 Medicaid: 22</p>			F 0000	<p>Plan of Correction for Springhurst Health Campus</p> <p>F000 INITIAL COMMENTS Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Recertification and State Licensure Survey and Investigation of Complaints: 419594, 430351, 431824, 431921, and 431841 conducted on April 30, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of May 20, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

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

TITLE

(X6) DATE

Keith Wilson

Executive Director

05/16/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0550 SS=D Bldg. 00	<p>Other: 14 Total: 59</p> <p>These deficiencies reflect/reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 2, 2024</p> <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p>						

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	<p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to promote a resident's dignity by telling Resident H to utilize an incontinence brief instead of a bedpan, and a staff member cursed within hearing distance of Resident F. This affected 2 of 3 residents reviewed for dignity.</p> <p>Findings include:</p> <p>1. Resident F's record was reviewed on 4/26/24 at 11:03 a.m. The record indicated Resident F had diagnoses that included, but were not limited to, metabolic encephalopathy, heart disease, atrial fibrillation, type 2 diabetes, violent behavior, speech disturbances, and vascular dementia, severe, with psychotic disturbance.</p> <p>An Admission Minimum Data Set assessment, dated 1/19/24, indicated Resident F was severely cognitively impaired, is sometimes understood, rarely/never understood, had physical behavior symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing, abusing others sexually) occurred 1 to 3 days. Had other behavioral symptoms not directed toward others (physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts,</p>			F 0550	<p>F 550 Resident Rights</p> <p>1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident's H and K were assessed an no concerns noted.</p> <p>2. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected. Resident interviews completed with no concerns noted. DHS or designee will re-educate the Nursing Team on the following campus guidelines: Resident Rights Guidelines</p> <p>3. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: the SSD or designee will complete 5 resident interviews to ensure staff is following resident rights policy. Audit will be conducted weekly</p>		05/20/2024

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	<p>disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) for 1 to 3 days. did not reject care, did not wander, was frequently incontinent of bowel and bladder, and was dependent on staff for toileting, hygiene, showers, and most activities of daily living.</p> <p>A State reportable incident, dated 3/14/24, indicated a brief description of incident: "At approximately 4:30 pm an allegation was reported to the Executive Director that the employee was cursing while providing care to the resident. The employee has been suspended pending an investigation. Type of Injury: No injuries noted. Immediate Action Taken: Allegation reported to Executive Director, employee suspended, investigation, and the resident was assessed for potential injury, no injuries noted, and/or emotional distress noted. the resident's physician and responsible party were notified. Type of preventative measures added: This investigation is ongoing, employee will remain suspended during investigation, [resident] will be monitored for signs and symptoms of emotional distress. Follow Up: 3/20/24: Investigation concluded with no findings that CRCA (Certified Resident Care Assistant) [CRCA's initials] was verbally inappropriate while providing care to resident [resident's initials]. Employee may return to work. Resident [resident's initials] will continue to be followed by Social Services, family/POA has no requests for the facility at time of conclusion of this investigation."</p> <p>On 4/26/24, at 11:40 a.m., CRCA 3 indicated she usually didn't have any difficulty with Resident F's care. He would be agitated or aggressive at times, but would usually just let them take care of him, mainly when he was incontinent, and needed</p>				<p>times for 4 weeks, then every two weeks for 4 weeks, then monthly x 4 months.</p> <p>4. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: For quality assurance, the ED or designee will review any findings and subsequent corrective action at least quarterly for at least two quarters (six months) in the campus quality assurance meetings. Any identified issues will be reviewed in detail by the QAPI committee and new processes put in place to ensure compliance with this regulation.</p> <p>5. Date of completion: 5/20/24</p>		

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	<p>to go to the bathroom. He would refuse care, they would wait a few minutes and re-approach. She said she has not observed or been told that any staff had cursed at Resident F, nor became agitated with him.</p> <p>The investigative notes of the interviews were reviewed, as provided by the Administrator, on 4/26/24 at 1:35 p.m., as follows:</p> <p>A. The payroll coordinator, on 3/14/24, indicated "I was assisting a resident back to their room and observed [CRCA 3] assisting the resident. The resident was sitting in the common area by the nurse's station and the employee was picking up pieces to an activity table. CRCA 3 reported the resident had pushed her causing her to fall onto the activity table to break. CRCA 3 stated 'I was attempting to assist him to his room to change his brief and clothes.' I heard CRCA 3 cursing in front of the resident."</p> <p>B. CRCA/CNA [3], on 3/14/24, indicated: "I had just returned from break and observed the resident, [F], walking unassisted in the common area by the nurse's station. I attempted to redirect the resident to sit down. The resident then pushed me, causing me to fall onto his activity table resulting in the table breaking. At this time the resident had sat back down in his wheelchair, and I walked away to assist another resident. Once I had finished assisting the other resident, I returned to the common area and noticed the resident was attempting to stand and walk unassisted. I re-approached the resident and noticed the resident pooped. At this time, I attempted to redirect the resident to his wheelchair, explain to him that he had pooped and that I needed to change him. I said to the nurse, "This man needs changed and needs his medicine." I do not remember if I had cussed but I</p>						

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	<p>would not cuss at a resident. I was frustrated but that is why I walked away to assist other residents and attempted to re-approach [Resident F]."</p> <p>C. Director of Nursing, on 3/19/24: "I arrived at 1500 (3:00 p.m.). There was no aid at that time, she was on break. 3:45 she returned. [Resident F] was continuing to stand up. [CRCA 3] returned and assisted [Resident F] to his chair. It looked like [Resident F] shoved [CRCA 3] and she fell backwards onto the table and broke it into multiple pieces. Later on, [Resident F] was repeatedly trying to stand up. [CRCA 3] was asking [Resident F] to sit. [Payroll Coordinator] was present and [CRCA 3] was with [Resident F]. I didn't hear anything or see any forceful motions. They all disappeared and then the ED came down to talk to [CRCA 3]."</p> <p>During an interview, with the AP/Payroll Coordinator, on 4/26/24, at 2:31 p.m., she indicated she was taking a resident back to her room, as she was walking by, she saw CRCA 3, and heard her mumbling and grumbling while she was picking stuff off the floor. She asked CRCA 3 what was going on, and she said the resident had pushed her and she had fallen back. CRCA 3 said some curse words in front of the resident but not to the resident, she did not see the interactions, he was sitting on the couch and didn't act bothered at all. The CRCA had broken a table, and she said "f***ing poop", but it wasn't directed toward the resident. Resident F was incontinent at the time, it was about a month before he passed. She said she did not feel it was abusive, it was not directed toward him. He didn't seem to notice anything. He acted like he could care less. No other residents or staff were present. A nurse was at the medication cart and might have heard, but the nurse heard her addressing it. The CRCA was talking in her normal</p>						

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	<p>voice and she has a loud personality. She said she saw it happened and reported it to her business office manager, and her BOM went to the Executive Director or the Director of Nursing about it, and the Executive Director talked to her before she left for the day.</p> <p>On 4/30/24, at 11:39 a.m., the Business Office Manager (BOM) indicated she had heard about it but did not see it, that the AP/Payroll Coordinator had reported it also, after it was reported the employee was suspended for investigation and said they knew to report it right away. 2. The clinical record for Resident H was reviewed on 4/25/2024 at 1:55 p.m. The medical diagnosis included depression.</p> <p>No minimum data set assessment was available for Resident H.</p> <p>A baseline care plan, dated 4/19/2024, indicated to provide assistance to Resident H with toileting as needed.</p> <p>An interview with Resident H on 4/23/2024 at 1:52 p.m., indicated that she is continent of her bladder, but she had an ostomy from a complications from a procedure. Since she had been admitted to the facility, she utilized a bedpan due to not being able to transfer to the toilet. She indicated that there is often spillage, or she overfills the bedpan, resulting in a need to have her linens changed.</p> <p>This caused her to be upset at times due to her history with incontinence and the importance of her to be continent after the complications of her previous history that resulted in her having an ostomy for her bowel.</p>						

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	<p>An interview with CNA 3 on 4/26/2024 at 11:42 a.m., indicated she had cared for Resident H. Resident H was continent of her bladder and utilized a bedpan for toileting needs due to having a recent procedure to her foot and being non weight bearing. The morning on 4/25/2024, Resident H disclosed to her that the night shift nurse had instructed her to use her brief instead of a bedpan.</p> <p>An interview with LPN 4 on 4/26/2024 at 1:45 p.m., indicated that Resident H disclosed to her the night shift nurse had told her to use her brief instead of the bedpan because she was going to have to change her anyway. Resident H appeared upset when she was talking about the interaction to LPN 4. LPN 4 indicated that Resident H was continent of her bladder and utilized a bed pan, but the bed pan was too small for Resident H so she would have spillage and need a linen change with peri-care after toileting.</p> <p>An interview with Resident H on 4/26/2024 at 3:15 p.m., indicated that early on the morning on 4/25/2024 she had requested to use the bedpan. The night shift nurse responded to her request with, "Just go in your brief, I'm going to have to change you anyway." Resident H recalled that she told the nurse she was not going to do that, and they went "back and forth" for a few minutes before the nurse finally put her on the bedpan. The interaction made Resident H upset, frustrated, and disrespected.</p> <p>A policy, entitled "Resident Rights Guidelines", was provided by the Executive Direction on 4/29/2024 at 2:49 p.m. the policy indicated, " ...Our residents have the right to ...Be treated with dignity and respect ...Be treated fairly, courteously and with respect by all staff"</p>						

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F 0677 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00431921.</p> <p>3.1-3(t)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on interview, and record review, the facility failed to provide showers as scheduled for 2 of 4 residents reviewed for activities of daily living. (Residents K and B)</p> <p>Findings include:</p> <p>1. On 4/23/24, at 2:39 p.m., Resident K indicated she doesn't get her showers like she is supposed to, that she doesn't get her showers twice a week; staff will come in at 9 p.m. and she doesn't want one then. She is supposed to get showers on Wednesday and Saturday after 6 p.m.</p> <p>Resident K's record was reviewed, on 4/25/24, at 1:19. The record indicated Resident K was admitted with diagnoses that included, but were not limited to, metabolic encephalopathy, severe sepsis with septic shock, acute respiratory failure with hypoxia, acute kidney failure, chronic obstructive pulmonary disease, osteoarthritis, low heart rate, and high blood pressure.</p> <p>An Admission Minimum Data Set assessment, dated 2/20/24, indicated Resident K was cognitively intact, required substantial/maximal assistance for shower or bathing, and it was very</p>			F 0677	<p>F 667 ADL Care Provided for Dependent Residents</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? Resident K and B no longer reside in the facility. shower.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All resident who are dependent or rely on staff to assist with bathing have the potential to be affected by the alleged deficient practice. DHS or designee will in-service nursing staff related to the Guidelines for Bathing Preference.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>		05/20/2024

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	<p>important for her to choose between a tub bath, shower, bed bath or sponge bath. .</p> <p>A care plan, with a start date of 3/01/2024, indicated a problem of "Resident requires staff assistance to complete self-care and mobility functional tasks completely and safely. Goal: Resident will have functional needs met safely by staff...."</p> <p>Shower sheets, for 3/1/24 through 4/17/2024, were provided by the Director of Nursing, on 4/19/24 at 10:00 a.m., and indicated she had a shower on the following days: 3/9/24, 3/20/24, 3/23/24, 3/30/24, 4/6/24, 4/10/24, 4/13/24, 4/17/24. Resident K should have received 9 showers in March. 2. The clinical record for Resident B was reviewed on 4/30/2024 on 11:20 a.m. The medical diagnosis included stroke. Resident B was admitted on 8/17/2023, had a hospital stay from 8/27/2023 to 8/29/2023, and discharged on 10/19/2023.</p> <p>An Admission Minimum Data Set Assessment, dated 8/20/2023, indicated that Resident B was mildly cognitively impaired, did not reject care, and was dependent on staff for bathing.</p> <p>A care plan, dated 8/17/2023, indicated that Resident B would receive showers on Mondays and Thursdays.</p> <p>During a confidential interview on 4/29/2024 at 1:11 p.m., it was indicated in the two months that Resident B was at the facility that he had only received four showers.</p> <p>Shower documentation for Resident B indicated he had a complete bed bath or shower on the following dates: 8/21/2023 - Shower</p>				<p>practice does not recur? DHS or designee will be responsible for auditing 5 random residents to ensure bathing is occurring per their preference. Audits will be conducted weekly x4 weeks, every two weeks x 4 weeks, then monthly x 4 months.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? For quality assurance, the ED or designee will review any findings and subsequent corrective action at least quarterly for at least two quarters (six months) in the campus quality assurance meetings. Any identified issues will be reviewed in detail by the QAPI committee and new processes put in place to ensure compliance with this regulation.</p> <p>5. Date of completion: 5/20/24</p>		

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F 9999 Bldg. 00	<p>9/4/2023 - Complete bed bath 9/15/2023 - Complete bed bath 9/22/2023 - Shower 10/13/2023 - Shower 10/17/2023 - Shower</p> <p>A policy entitled, "Guidelines for Bathing Preferences", was provided by the Nursing Support Services on 4/30/2024 at 1:50 p.m. The policy indicated, " ...Bathing shall occur at least twice a week unless resident preference states otherwise ..."</p> <p>This Federal tag relates to Complaint IN00419594.</p> <p>3.1-38(a)(2)(A) 3.1-38(b)(1)</p> <p>Based on interview and record review the facility failed to follow up on a contingency of employment document that was put in place for 1 of 10 employee records reviewed (LPN 2).</p> <p>Finding include:</p> <p>Review of the employee records, on 4/29/24 at 1:00 p.m., indicated LPN 2's background check was flagged for felony, misdemeanor, and other defenses, on 12/30/23. Comments in the report indicated that in order to get the results of this search, the subject must obtain finger prints and personally submit them to the state. LPN 2 had fingerprints obtained on 1/8/24 and signed a contingent hire document on 1/10/24, pending the results of her fingerprints. There were no fingerprint results on file as of 4/30/24.</p>			F 9999	<p>F9999 Personnel</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice? LPN 2's fingerprints were completed.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All new hire employees have the potential to be affected. The ED or designee will re-educate the AP/Payroll director on the requirements for obtaining fingerprint results as part of the</p>		05/20/2024

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

PRINTED: 05/21/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/30/2024	
NAME OF PROVIDER OR SUPPLIER SPRINGHURST HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 628 N MERIDIAN RD GREENFIELD, IN 46140			
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R 0000 Bldg. 00	<p>Interview, with the Executive Director (ED), on 4/30/24 at 12:10 p.m. indicated that the accounts payable and payroll coordinator was the person responsible to ensure that the fingerprints were followed up on. The ED indicated that the fingerprints were not followed up on because it wasn't "flagged" with a time frame in their system, thus it was missed.</p> <p>The facility policy, provided on 4/30/24, at 10:00 a.m., by the ED states..."an employee may only work in a contingent status for up to 21 calendar days from their hire date. If their background screen is not complete at that time, they "MUST" be removed from the schedule and placed on administrative."</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00419594,</p>			R 0000	<p>new hire background checks.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ED or designee will be responsible for auditing new employee files to ensure the background check, including fingerprints when indicated. An audit of 5 employee files will be conducted monthly x 6 months and until continued compliance is maintained for 2 consecutive quarters (six months). The results of these audits will be reviewed by the QAPI committee overseen by the ED.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? Ongoing monitoring will continue past 6 months if warranted until 100% compliance is met.</p> <p>5. Date of completion: 5/20/24</p> <p>Plan of Correction for Springhurst Health Campus</p> <p>F000 INITIAL COMMENTS Preparation or execution of this</p>		

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	<p>IN00430351, IN00431824, IN00431921 and IN00431841.</p> <p>Complaint IN00431841 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419594 - Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00430351 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431824 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00431921 - Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Survey date: April 30, 2024</p> <p>Facility number: 005954</p> <p>Residential Census: 53</p> <p>Springhurst Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed on May 2, 2024</p>				<p>plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Recertification and State Licensure Survey and Investigation of Complaints: 419594, 430351, 431824, 431921, and 431841 conducted on April 30, 2024.</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of May 20, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		