chg Theresa Hanna APPROVEDM 8/20/2024

Wesley Gardens Retirement Center SCALF

Facility ID# P5113 Administrator, Randy Allen

Date of Survey: 08/01/2024

Submitted by: Randy Allen
Randy Allen, Administrator

Date Submitted: August 19, 2024

Specialty Care Assisted Living

- A303 420- 5- 03 (2)(a) Administration The administrator shall be a direct representative of the governing authority in the management of the specialty care assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties. 10. The administrator shall ensure that residents who have health or safety needs beyond the capability of the facility shall be safely transferred or discharged to an appropriate setting. 11. The administrator shall ensure that facility staff members observe each resident for changes in health and physical abilities and obtain appropriate medical attention when needed ***The facility failed to ensure staff were not sleeping during their shifts and failed to discharge a resident whose care needs exceeded the facilities capability.***

  Plan of Correction ("POC) Section 1 of Deficiency

  a. The administrator will work closely with the Director of Resident Services to ensure that adequate personnel are employed and on duty to meet the care needs of all residents 24 hours a day, 7 days a week. The nurse in charge of the shift will ensure that all staff members are awake and aware of their surroundings when on duty.
  b. The nurse in charge on each shift will make rounds every hour to ensure each staff member is in their designated assignment area promoting accountability and responsibility.
  c. Previously there were complaints from a family member about staff members falling asleep on the late-night shifts. The Director of Resident Health Services discussed the issue with the Administrator and a plan was developed to ensure compliance with facility policy. First, training would be provided to ensure all associates understood their job duties and the facility's policy regarding sleeping on the job. This training was provided during the March 2024 staff meeting, during which each employee received a copy of their position title and duties. Additionally, associates were informed that the facility has a zero-tolerance policy for sleeping while on duty. (See Exhibit P-1) To ensure compliance with policy, the Administrator made unannounced rounds in April, May, and June 2024 during which no violations of policy were observed. Unannounced rounds will continue each month through the end of the year. If no violations are observed, unannounced rounds will be made at least quarterly thereafter. A staff meeting has been scheduled for August 29, 2024 to provide additional training for Charge Nurses and staff members regarding their responsibilities under facility policy

  Plan of Correction ("POC") Section 2 of Deficiency

  a. RI#1 was admitted on hospice on May 17, 2023.The needs of R#1 begin to slowly change, Hospice was consulted for additional support in caring for the resident.

  b. The Unit Coordinator or designee will review the medical plan of care record for new admissions and the annual updated plan of care for existing residents to include a review of the diagnoses, ADL status, and any comments or special instructions regarding the care of the resident. The Unit coordinator or designee will develop a service plan to reflect the interventions needed to treat and/or resolve the problems identified. The service plan will be reviewed at least monthly to determine if the current plan of care is effective or if new interventions need to be implemented.

  c. The DNS will in-service the RN Unit Coordinators on "Care Plans – The Process", a power point presentation provided by Lyn Laster, RN, BSN – presented at the AALA Spring Conference in 2018. In-service to be completed by 8/23/2024.

  d. The DNS will review the charts of each new admission within seven days of their admission date to ensure that the service care plan addresses each problem identified on the medical plan of care and that the interventions of at risk residents are appropriate to provide for the care of the resident. The DNS will review all residents in compiling the status of each resident. There will be a weekly meeting with the

Administrator to discuss the status of each resident that has had a change in level care beginning 8/30/2024 Any resident that has a chronic medical condition that renders them unable to direct their own care will be discharged to a higher level of care within 30 days

- A606 420-5-20-.08 (3) g) Care of Residents (g) Services Beyond Capability of Specialty Care Assisted Living Facility. Whenever a resident requires hospitalization, medical, nursing, or other care beyond the capabilities of the specialty care assisted living facility, arrangements shall be made to discharge the resident to an appropriate setting or to transfer the resident promptly to a hospital of other health care facility able to provide the appropriate level of care..... ***The facility failed to make arrangements for discharge of a resident to an appropriate setting when the resident required a higher level of care then SCALF could provide.***

    a. The RN Unit Coordinator will review the chart of each current resident to identify any significant change in health status during the last 60 days and update the service care plans as appropriate. Chart review to be completed by 8/30/2024

    b. The DNS will in-service the RN Unit Coordinator on "Care Plans – The Process", a power-point presentation provided by Lyn Laster, RN BSN- presented at the AALA Spring Conference in 2018. In-service to be completed by 8/23/2024

    e. The DNS will review the charts of each resident on a weekly basis to ensure the comprehensive assessment has been performed for any significant change in health status by 8/30/2024

    f. There will be a weekly meeting with the Administrator to discuss the status of each resident that has had a change in level care beginning 8/30/2024 Any resident that has a chronic medical condition in which they are unable to direct their own care will be discharged to a higher level of care within 30 days.

- A-621 420-5-20-.06 (9)(b) Care of Residents Retention….. …..***The facility failed to relocate of a resident whose PSMS Score exceeded the score allowed for continued stay in a SCALF.***

    a. Resident RI#1 being in her last days, passed away Friday, August 9, 2024

    b. The unit coordinator completes the PSMS form for each resident upon admission and re-evaluates yearly unless there are notable changes in their health status. If there is a significant change in health status, the PSMS form will be updated, as appropriate. (See Exhibit P-1a)

    c. A completed audit of all SCALF residents' PSMS scores will be reevaluated by August 30, 2024. If there are any significant changes, the Administrator will be notified, and the admission and retention criteria according to ADPH will be reviewed. The DNS will also speak with the family to discuss a change in the care plan or the need to transfer to a higher level of care..

    d. All nursing staff have input on each resident's health status by filling in the 24-hour nursing reports log, which is reviewed daily by all licensed staff. The care attendants have the same form where a report is compiled for each shift. (See Exhibit P-1b) At the end of each week the 24-hour reports will be collected and reviewed by the DNS to see if any resident care needs warrant a review of their PSMS score and resident service plan.

- A-702 420-5-20- 07 (2) Food Service (5) All leftover foods shall be labeled and dated with a "use by date." So that it may be consumed or discarded by that date, which is no more than three days from the date it was prepared….. ***The facility failed to properly label and date food items stored in the cooler also the facility failed to prevent the potential for cross contamination of foods stored in the ice cream freezer.***

    a. The surveyor observed a partially used onion, a bowl of mandarin oranges and a bag of muffins in the cooler with no label and use by date. In addition, an associate had put a personal bottle of water in the cooler with the ice cream. EI#7 immediately disposed of all the unlabeled items along with the personal water bottle.

    b. E#7 and his staff conducted a thorough inspection of the cooler to assure no other items were present without proper labels.

    c. All current dietary staff were in-serviced on the proper storage and labeling of items in the cooler and to provide education about why a personal water bottle should never be placed into the cooler.

    d. The Dietary Manager shall conduct quality rounds on a weekly basis to assure foods are being stored properly with labels. Any discrepancies of non-compliance will immediately be addressed and reported to the Administrator.

- A-702 420-5-20- 07 (3) (f) Food Service. The amount of food shall be sufficient to serve three meals per day to all residents for 3 days. Non-perishable food and potable water shall be maintained in the facility in sufficient quantity to serve three meals per day to all residents for 3 days. ….. ***The facility failed to ensure a three-day emergency supply of non-perishable food was on hand.***

    a. The surveyor observed the emergency supply of food was not sufficiently stocked with breakfast items to cover resident meals in an emergency situation for 3 days.

    b. The menus were redesigned to include a specific plan for breakfast, lunch and dinner. (See Exhibit P-2) The Dietary Manager completed a comprehensive assessment of emergency supplies to confirm items needed for purchase.

    c. A new Inventory Sheet (see Exhibit P-3) was designed to help monitor proper stock along with expiration dates for the emergency supply. An order was placed for the needed items wirh an arrival date of Monday, August 19, 2024 (See Exhibit P-4)

    d. The Dietary manager is to check this supply on a monthly basis, confirming expiration dates and rotating product out and replacing as needed. A report will be provided to the Administrator monthly to confirm compliance.

- A-804 420-5-20-.08 (4)(k)(i) Food Service Facilities (d) Clean Rooms, floors, walls and ceilings in the food service area shall be clean and free of an accumulation of rubbish, dust, grease, dirt etc., (i) Clean Equipment, Equipment in the food service area shall be clean and free of dust, grease, dirt etc……. ***The facility failed to ensure a heavy accumulation of dust were not observed with the potential to contaminate food or clean dishes Also the facility failed to ensure kitchen equipment was maintained to be free of dust, grease and dirt. .***

    a. Upon tour of the kitchen facility, the surveyor and EI#7 observed dust on the vent above the clean dish area and on front of the exhaust hood above the stoves. The ovens observed were also in need of cleaning.

    b. EI#7 engaged his team in extensive cleaning to address the areas identified during the survey. During this process, which was completed on Wednesday, August 14, 2024, all dust was removed from the vent above the clean dish area and the front of the exhaust hood above the stoves. Additionally, the ovens were cleaned and a weekly schedule for cleaning has been implemented.

    c. The Administrator will make weekly rounds to confirm compliance.

Exhibits

P-1 Staff Meeting March 2024

P-1a Resident Service Plan

P-1b Shift Report

P-2 Emergency Disaster Menu
Day one, two, three

P-3 Disaster Food Inventory and Expiration Dates

P-4 Wood Fruitticher Items Ordered / Delivery Date Monday