Danielle Moore, ALA 4-17-2025 Gregory C. Gaitlin, RN, MSHAI

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The following is the Plan of Correction for The Bungalows at Riverchase Assisted Living regarding the Statement of Deficiencies dated 03/20/2025. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvements to satisfy that objective.

PLAN OF CORRECTION

Facility Name: BUNGALOWS AT RIVERCHASE Facility ID #: D5917
Survey Exit Date: 3/20/2025 Administrator: Danielle Moore

Deficiency Number: A 306 420-5-4-.03 (2) (d) Administration Protection

A 306

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - A qualified Registered Nurse has been assigned to provide oversight and supervision of LPNs and will be completing a site visit to the community on 4/17/2025. This RN is responsible for reviewing clinical care, medication practices, documentation, and ensuring that the LPN is functioning within their scope of practice under appropriate supervision.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.
    - A review of all resident care, medication administration records, incident reports, and clinical documentation completed by the LPN over the past 60 days will be conducted by 5/15/2025. Any identified concerns will be corrected, with follow-up by the RN and updates made where applicable

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - Effectively immediately the community has formally established RN oversight with scheduled monthly onsite visits and remote availability for clinical oversight as needed.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring
    - The Regional Director of operations, Administrator and Resident Care Coordinator will verify RN oversight compliance for the next 90 days. Ongoing compliance will be monitored by the Regional Clinical Support Specialist to

ensure that RN supervision remains uninterrupted. All records will be kept in the executive director's office.

Facility Name: BUNGALOWS AT RIVERCHASE Facility ID #: D5917
Survey Exit Date: 3/20/2025 Administrator: Danielle Moore

A 611 420-5-4-.06 (4) (a) (b) Care of Residents.
A 611

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - The care plans for residents #3, #11 and #13 were reviewed on 4/15/2025 and updated to accurately reflect their status, diagnosis and individual care needs by the Wellness Director.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.
    - The wellness Director/Designee will complete an audit of all resident's care plans to identify any additional instances of non-individualized or outdated care plans by 5/30/2025
    - Any discrepancies found will be addressed with care plans updated to reflect current assessments and physician recommendations.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - The Wellens Director, VP of clinical and Clinical support Specialist to work on standardized care plan template that prompts for individualized information by 7/30/2025

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - Clinical support Specialist and the Executive Director/designee will perform monthly audit of a random sample of resident's care plans to ensure compliance x 4 weeks, then randomly monthly x 2 months thereafter. All records will be kept in the executive director's office.

Facility Name: BUNGALOWS AT RIVERCHASE Facility ID #: D5917
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A 615 420-5-4-.06 (7) (j) Care of Residents.

A 615

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - The wellness Director started in-servicing/education all staff administering medications on the 6 rights of medications starting at 4/11/2025 and will be completed by 4/14/2025
    - All residents Mars have been reviewed to ensure completeness 4/14/2025

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.
    - On 4/14/2025 the Wellness Director complete an audit of all residents' MARS over the past 30 days to identify any additional instances of none-contemporaneous documentation.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - On 4/15/2025 a peer review was established where the outgoing person reviews that all medications have been signed off during the narcotic count to ensure adherence to documentations standards.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The Wellness Director/Designee will conduct a weekly audit of the MARs x 4 weeks with a look back of 30 days to ensure compliance with contemporaneous documentation and then monthly x 2 months thereafter. All records will be kept in the administrator's office.

Facility Name: BUNGALOWS AT RIVERCHASE Facility ID #: D5917
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A 617 420-5-4-.06 (8) Care of Residents. Disposal of Medications.

A 617

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - The Wellness Director completed an audit on 4/14/2025 to identity all instances of undocumented or improperly documented medication disposable.
    - Licensed Nurses involved in the disposable process received immediate re-education on proper documentation procedures.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible
    - On 4/15/2025, the Wellness Director did a review of all medication disposable records from the past 90 days to ensure compliance.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - On 4/14/2025 the Wellness Director In- serviced licensed staff on medication disposal procedures and the documentation requirements

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The Wellness Director/Designee will conduct a weekly x 4 weeks then monthly randomly x 2 months thereafter audits of medication disposal records to ensure ongoing compliance. All records will be kept in the executive director's office.

Facility Name: BUNGALOWS AT RIVERCHASE Facility ID #: D5917
Survey Exit Date: 3/20/2025 Administrator: Danielle Moore

A 702 420-5-4-.07 (2) Food Service- Food Handling Procedures

A 702

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - On 3/27/2025 the kitchen floors were immediately cleaned using appropriate sanitizing agents to remove all dirt, grease, and debris.
    - On 3/27/2027 All improperly labeled or unlabeled food items in the activity room refrigerator were discarded.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible
    - On 3/27/2025 an inspection of all food storage areas was conducted to identify and address any additional sanitation or labeling issues.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - Before 4/25/2025 the Executive Director will conduct a training session for all relevant staff on proper kitchen sanitation practices using the cleaning checklist and food labeling requirements.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The executive Director will perform weekly audits of kitchen cleanliness and food labeling practices for the next 4 weeks then randomly monthly x 2 months thereafter. All records will be kept in the executive director's office.

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Survey Exit Date: 3/20/2025 Administrator: Danielle Moore

A 804 420-5-4-.08 (4) Physical Facilities- Food Service Facilities.
A 804

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - Immediately upon identification of the deficiency, the Facilities Director replenished the soap dispenser and ensured that disposable towels were available at the hand-washing station in the Cafe kitchen. Both items were restored promptly on 3/17/2025

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible
    - Immediately on 3/17/2025 the Facility Director did a thorough check that was conducted across all other hand-washing stations within food preparation and dining areas to ensure that each station was properly stocked with soap and disposable towels.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - The Facilities Director/Designee will do a weekly inventory check to ensure that the necessary supplies are available at all hand washing stations. This includes confirming that soap and disposable towels are in place and functional.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The Executive Director/Designee will complete daily hand-washing station checks for the next 30 days and randomly monthly x 2 months thereafter. All records will be kept in the executive director's office.

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A1001 420-5-4-.10 (1) Sanitation and Housekeeping. Sanitation
A1001

- Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - The resident in Room 136 has moved out. The carpet was professionally cleaned on 4/17/2025 to address odor issues. Additionally, the mattress was discarded to ensure no lingering odors remained. Carpet will be replaced with LPV on 4/18/2025.
    - The resident in Room 117 has moved out. The flooring was replaced on 4/8/2025 to eliminate any odors that were trapped in the old flooring. A final inspection was completed to ensure no residual odors remain in the room.
    - A toileting schedule will be implemented by 4/17/2025 for the resident in Room 129 to help prevent future accidents and associated odors. The resident's care plan will be updated, and staff will be trained to assist the resident according to the new schedule to minimize accidents.
    - A couch in room 129, which contributed to the odor, will be replaced by the resident's family

- Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible
    - A facility-wide inspection of resident rooms and common areas will be conducted by 4/15/2025 to identify any other potential sources of offensive odors.

- Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - The facility Director/Designee to complete a monthly inspection of the flooring, carpets, furniture, and mattresses to ensure that they remain in good condition and do not contribute to odor issues.
- Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The Executive Director will conduct weekly room inspections for the next 60 days and randomly monthly x 2 months thereafter to ensure that odors are

controlled and that rooms are clean. All records will be kept in the executive director's office.

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A1201 420-5-4-.12 (1) Physical Environment-Buildings and Grounds.
A1201

1. Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.
    - On 3/17/2025 upon identification of the deficiency, the eye washing station equipment was immediately replaced to ensure it was functional and met safety standards.

2. Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.
    - On 3/17/2025 the eye washing station was tested to confirm that it was operating as intended. The necessary steps were taken to restore the station to safe, fully operational condition.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.
    - On 4/15/2025a new monthly inspection protocol has been established, requiring the Facility Director staff to check the functionality, including eye washing stations. This protocol will include a visual check, making sure that the supplies are current, with documentation of each checklist in TELs.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.
    - The Executive Director/Senior Facility Director will review the eye washing station inspection logs monthly in TELs monthly x 90 days then randomly monthly x 2 months thereafter. All records will be kept in the executive director's office.