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Gregory C. Griffin, RN, MSHAI

CARILLON OAKS
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Facility Name: Carillon Oaks Lincoln MC
Administrator: Heather Dawn Ray

Facility ID: P4919
Survey Exit Date: 7/10/2025

Deficiency A1002: Sanitation and Housekeeping

The facility failed to keep the interior clean and orderly

Plan of Correction:

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 the evening of 7/9/2025, EI #1 cleaned all window sills in each resident room and common areas.
    - A deep cleaning checklist was implemented to include weekly inspection and cleaning of all window sills by housekeeper. Implemented 7/25/2025.

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 the evening of 7/9/2025, all facility common areas were assessed by EI#1 for concerns with interior cleanliness. All concerns were immediately addressed.

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.**

    - Housekeeping staff were in serviced on 7/10/2025 by EI#1 on enhanced cleaning procedures, with emphasis on window sills and other easily overlooked areas.
    - On 7/25/25 a checklist has been added to weekly housekeeping rounds to ensure inspection of window sills is documented. Checklists will be reviewed weekly by Maintenance Director and kept in a binder; logs will be discarded after 3 months.

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4. **Explain how you will monitor your proposed corrective actions to ensure 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.**

- Deep Cleaning checklists will be reviewed weekly by Maintenance Director and kept in a binder; logs will be discarded after 3 months. Implemented 7/25/2025
- Beginning 7/25/25, the Maintenance Director and Housekeeper will perform random weekly quality checks of five rooms, with findings documented and submitted to the Administrator weekly for 4 weeks, monthly for 3 months, quarterly going forward. Schedule may be adjusted at the discretion of the administrator. Any discrepancies will be addressed immediately
- Trends in interior cleanliness will be monitored monthly at the Quality Assurance & Performance Improvement (QAPI) meeting. QAPI records are maintained by the Administrator and stored in Administrators office.
- POC will be kept in Administrators office. Administrator will review POC by the 25th of each month. Compliance will be re-verified during quarterly internal audits by SAGE.
- POC will be kept in the Administrators office. The Administrator will review POC by the 25th of each month.

Facility Name: Carillon Oaks Lincoln MC
Administrator: Heather Dawn Ray

Facility ID: P4919
Survey Exit Date: 7/10/2025

Deficiency A1101: Fire and Safety

The facility failed to perform a fire drill for August 2024.

Plan of Correction:

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 previous Maintenance Director was retrained on the fire drill schedule and documentation policy during quarterly review of fire drill logs. Monthly review of fire drill logs initiated by administrator with no further issues identified. Implemented 10/17/2024
    - Current Maintenance director was trained on fire drill schedule and documentation policy upon hire and re-trained by EI#1 on 7/16/2025.

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 7.25/25 EI#1 and Maintenance Director reviewed monthly fire logs for 2024 and 2025 with no further issues noted.
    - On 7/25/25 EI#1 and Maintenance Director reviewed all other last monthly inspections of fire extinguishers and verified the facility was in compliance with completion on a monthly basis.
    - These inspections are added on the monthly qa form and will be reviewed by the administrator and Maintenance Director in the 3rd week of each month. Starting on 7/25.25.

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 fire drill calendar is now maintained on a spreadsheet by the Administrator in the Administrators office. Implemented 10/17/2024

- The Administrator will review fire drill documentation in the 3rd week of each month to verify timely compliance, review issues identified during the drill, and ensure documentation is fully completed. Implemented 7/25/2025

4. **Explain how you will monitor your proposed corrective actions to ensure 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 Administrator will review fire drill documentation in the 3rd week of each month to verify timely compliance, review issues identified during the drill, and ensure documentation is fully completed. Implemented 7/25/2025.
   - A log of monthly fire drills will be reviewed during monthly QAPI meetings and signed off by the Administrator. QAPI records will be maintained by the Administrator and stored in Administrators office beginning 7/25/25.
   - Compliance will be re-verified during quarterly internal audits by SAGE Management beginning August 2025.
   - POC will be kept in the Administrators office. Administrator will review POC by the 25th of each month beginning 7/25/25.

Note: All Plan of Correction documentation will be in a binder, organized, and filed by the Administrator. The binder will be stored in the Administrator's office.

Prepared by:

Heather Dawn Ray 7/26/25

Heather Dawn Ray

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