Accepted 8/12/2025

Plan of Correction

Oak Circle Assisted Living, LLC

Facility Identification Number: D5804

Administrator: Andrea St. John

Survey Exit Date: 6/12/25

Deficiency 1

1) **420-5-4-.05 (3) (g) Records and Reports**- Facility failed to ensure residents' admission record included their veteran status.
2) We have now updated our Resident Admission packet and added a spot for the residents' veteran status. We also updated all current residents' and added their veteran status to their charts.
3) Starting 6/13/25, it is saved on the computer in New Residents Admission so it will be in all future resident's paperwork.
4) The administrator will see that the veteran status is now in all future residents' paperwork.
5) This will be monitored by the administrator and the owner prior to every new admission.

Deficiency 2

1) **420-5-4-.06 (2) (a) (b) (c)- Care or Residents**- Facility failed to ensure a significant diagnosis of blindness was included in the initial medical exam.
2) Residents primary physician did his POC before moving in. He failed to add blindness to the diagnosis list. I have spoken to our medical director and our nurse practitioner and they will make sure to see any new residents within the first two weeks they move in. If they find something different from the initial POC then they will update and redo a new POC for us.
3) Effective 6/13/25, any new residents that moves into the facility will be seen by the MD or NP within the first two weeks for an initial assessment. All existing residents diagnosis were compared to their POC and corrected if needed.

4) The administrator will make sure this gets set up for any new resident that moves in.
5) This will be monitored by the administrator and owner.

Deficiency 3

1) **420-5-4-.06 (4) (a) (b) Care of Residents**- Facility failed to ensure a resident's care plan included measures to address blindness.
2) The administrator has updated the residents' care plan on 6/13/25 to include blindness. The administrator has added interventions to the care plan regarding residents' blindness.
3) The administrator will make sure the care plans have measures fit to all residents needs.
4) Administrator will oversee that the care plan stays up to date.
5) Administrator has gone over the care plan with all resident assistants that will be caring for resident and their needs.

Deficiency 4

1) **420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents**- A resident was not given the opportunity to utilize the unit dose package system and protect themselves from medication errors at every opportunity for medication use.
2) We have gotten nurses to come in and train this resident on recognizing the dose packs based on textures. Staff have been trained on residents' medication and shown how to get resident to identify medications as well.
3) Starting 6/13/25 resident assistants and nurses started helping train resident to remember certain textures for his medication. Each texture represents a different med pass. It took this resident three days to learn this, but this resident now knows which texture goes to which medications. All residents are given the opportunity to utilize the unit dose package system and protect themselves from a medication error.

4) The administrator and resident assistants will oversee making sure all textures are on his cards at all times. The administrator will also make sure all staff is trained on this while resident resides in the facility.
5) This will be monitored by the administrator and all resident assistants that give medications.

Deficiency 5

1) **420-5-4-.07 (3) Food Service**- Facility failed to ensure they had a three day emergency supply of non-perishable food.
2) Starting 6/27/25 the facility now has a three-day emergency supply of non-perishables. It will be stored in the pantry and labeled now that we have reorganized and made room. The administrator has also updated the list of what the three-day supply contains.
3) Staff has been shown where the food supply is located and will now have this available if needed.
4) The administrator will oversee that this food supply stays up to date in the future.
5) This will be monitored by the administrator, owner and all staff members.

Deficiency 6

1) **420-5-4-.10 (2) Sanitation and Housekeeping**- Facilities premises were not kept neat and clean.
2) Starting 6/20/25 we have added into our resident contract that anything the families bring into the facility for the residents rooms must be moved out and taken off the premises at the time of discharge. The mattress and sink were removed the day the surveyor pointed this out.
3) The administrator has also talked with our maintenance guy and told him that anytime he sees items left by the families, or anything sitting outside the dumpster to remove it immediately. Administrator has spoken with staff and told them if they see anything around the dumpster to report it as soon as possible.

4) The administrator will oversee this and make sure all family members know in the future that they are not allowed to leave anything at our dumpsters along with maintenance.
5) This will be monitored by all staff at the facility.