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Assisted Living

Facility: St Martin's in the Pines D3701

The following is the Plan of Correction for Diversicare St. Martin's in the Pines regarding the Statement of Deficiencies dated 2/13/2025. The 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 remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.

A403 420-5-4-.04 (4) Personnel.

The facility had incomplete personnel records for employees

All employee files had the potential to be affected.

Employee files for EI#2, EI#3, and EI#4 will be reviewed to determine date of initial resident contact and dates identified will be documented in the employee file by 02/28/2025.

Audit to be completed to identify other employee files that may be missing documentation for initial resident contact date. Areas of deficiencies identified will be corrected by 03/13/2024.

Re-education will be provided to Human Resources Director regarding requirement for identifying and documentation each employee's initial resident contact date in his/her employee file by Administrator no later than 03/13/2025.

Random audits will be conducted weekly by the Administrator or designee through random employee file reviews. The review will include documentation compliance of initial resident contact date. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A405 420-5-4.04 (6) Personnel.

The facility failed to complete required training of personnel.

All employees had the potential to be affected.

Required training for EI#2, EI#3, and EI#4 will be completed and documented in the employee file by 02/28/2025.

Audit to be completed by Human Resources Director or designee to identify other employee files that may be missing documentation for completion of required training. Areas of deficiencies identified will be corrected by 03/13/2024.

Re-education will be provided to Human Resources Director regarding requirement for completion and documentation of employee training by Administrator no later than 03/13/2025.

Random audits will be conducted weekly by the Administrator or designee through random employee file reviews. The review will include completion and documentation compliance of required training. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A604 420-5-4-.06 (3) (a) (b) Care of Residents.

The facility failed to assess one resident's ability to safely self-administer medications with assistance.

All residents had the potential to be affected.

RI#5 was provided with education on how to utilize tactile aids (foam shapes) to safely identify medications. Implementation of foam shapes and education completed before the next med pass to assist the resident with identifying medications safely. Completed on 02/12/2025.

All residents to be evaluated for ability to safely self-administer medications with assistance. Residents that lack the ability to safely self-administer medications with assistance will either be provided with re-education, additional aids as appropriate, or issued a discharge notice.

Re-education will be provided to medication techs regarding requirement for residents to be evaluated for his/her ability to safely self-administer medications with assistance at each opportunity when assisting with medications. Re-education will be provided no later than 03/13/2025 by the Resident Service Director or designee.

Evaluations of resident's ability to safely self-administer medications with assistance will be conducted monthly by the Resident Service Director or designee. The review will include utilizing mock medication cards with difference names to ensure resident is able to properly identify his/her medications. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A611 420-5-4-.06 (4) (a) (b) Care of Residents.

The facility failed to update care plans to reflect current conditions of the residents and did not include care plan interventions.

All residents had the potential to be affected.

The care plans for RI#2, RI#2, RI#3, RI#4, and RI#5 will be updated to include the current individual needs of the resident no later than 02/28/25.

All current residents' care plans will be reviewed to ensure they meet the current individual needs of the resident. Deficiencies identified will be corrected immediately.

Re-education will be provided to the Resident Service Director regarding requirement to ensure all care plans meet the current needs of the resident. Re-education will be provided no later than 03/13/2025 by the Administrator or designee.

The Resident Service Director of designee will conduct monthly random audits to ensure care plans meet the current needs of the residents. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A616 420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents.

The facility failed to maintain Basilar KwickPens in unit dose packaging and failed to secure the medication using at least a single lock.

All residents had the potential to be affected.

KwikPens immediately removed from the unsecure refrigerator on 02/12/25.

All common refrigerators have been checked for unsecured medications on 02/12/25.

All nurses and med techs will be re-educated regarding the requirement to maintain medications in a secured area with a pharmacy label. Re-education will be provided by the Resident Services Director or designee no later than 03/13/25.

The Resident Service Director of designee will conduct weekly random audits to ensure compliance with medication labeling and storage. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A617 420-5-4-.06 (8) Care of Residents. Disposal of Medications.

The facility failed to properly perform medication disposal disposition.

All residents had the potential to be affected.

Medication destruction will be completed and documented for RI#6 by 02/28/25.

All future discharge paperwork will be reviewed by the Resident Service Director or designee prior to submitting to medical records to ensure medication disposal disposition has been documented.

All nurses and med techs will be re-educated regarding the requirement to complete documentation addressing medication disposal disposition. Re-education will be provided by the Resident Services Director or designee no later than 03/13/25.

The Resident Service Director or designee will conduct monthly random audits to ensure compliance with medication disposal documentation. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A802 420-5-4-.08 (2) Physical Facilities. Physical Facilities (Drugs and Medicines)

The facility failed to provide proper storage and labeling of insulin KwikPens.

All residents had the potential to be affected.

KwikPens immediately removed from the unsecure refrigerator on 02/12/25.

All common refrigerators have been checked for unsecured medications on 02/12/25. Deficiencies identified were corrected immediately.

All nurses and med techs will be re-educated regarding the requirement to maintain medications in a secured area with a pharmacy label. Re-education will be provided by the Resident Services Director or designee no later than 03/13/25.

The Resident Service Director of designee will conduct weekly random audits to ensure compliance with medication labeling and storage. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A901 420-5-4-.09 (1) (2) Laundry.

The facility failed to maintain cleanliness and proper operation of laundry dryers.

All laundry rooms and residents had the potential to be affected.

Identified laundry room on the 1st floor will be cleaned, clean and dirty linens separated, and dryer handles replaced by 02/28/25.

All laundry rooms will be assessed for compliance to ensure that they are free from fire hazards and potentials for cross contamination by 02/28/25. Deficiencies identified will be corrected immediately.

All staff will be re-educated regarding the requirement to maintain a clean laundry room that is free from fire hazards and cross contamination. Re-education will be provided by the Resident Services Director or designee no later than 03/13/25.

The Resident Service Director of designee will conduct weekly random audits to ensure compliance. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A1002 420-5-4-.10 (2) Sanitation and Housekeeping.

The facility failed to secure poisonous of external use substances.

All residents had the potential to be affected.

Odo ban was immediately removed from the unsecured cabinet on 02/12/25.

All common area cabinets have been checked for unsecured chemicals. Deficiencies identified were corrected immediately on 02/12/25.

All staff will be re-educated regarding the requirement to ensure chemicals are secured when not in use. Re-education will be provided by the Administrator or designee no later than 03/13/25.

The Administrator or designee will conduct weekly random audits to ensure compliance with medication labeling and storage. Audits will be conducted for six months. Areas of deficiencies identified will be corrected immediately.

Documentation of education and audits will be kept in the Resident Service Director's office.

A1101 420-5-4-.11 (1) Fire and Safety.

The facility failed to perform fire drills for the 2023 year and for the period of June 2024 through to December 2024.

All residents had the potential to be affected.

Fire drill conducted on day shift on January 30, 2025.

Fire drills will be conducted monthly alternating on each shift and documented as required by the ADPH ALF regulations.

All staff will be re-educated regarding the requirement to ensure chemicals are secured when not in use. Re-education will be provided by the Administrator or designee no later than 03/13/25.

The Administrator or designee will conduct random audits to ensure compliance monthly. The audits will be conducted for six months.

Documentation of education and audits will be kept in the Resident Services Director's office.

A1203 420-5-4-.12 (5) Physical Environment

The facility failed to ensure walls were of sound constructions with acceptable surfaces, clean and in good repair.

All residents had the potential to be affected.

Damage to wall in hallway wall adjacent to the glass exit door will be evaluated and repaired by 03/13/25.

The Director of Maintenance will evaluate common are walls to ensure they are of sound construction with acceptable surfaces, clean, and in good repair by 03/13/25. Deficiencies identified will be evaluated further to create an appropriate plan to address and repair.

The maintenance department will be re-educated regarding the requirement to ensure all walls are of sound construction with acceptable surfaces, clean and in good repair. Re-education will be provided by the Administrator or designee no later than 03/13/25.

The Administrator or designee will conduct random audits to ensure compliance monthly. Audits will be conducted for six months.

Documentation of education and audits will be kept in the Resident Services Director's office.

Administrator signature: JBeck ***Date:*** 2/25/25