Danielle Conyers, ALA 7-20-2026

POC Accepted 7.21.26
Connie Cherry

The following is the Plan of Correction for Lakeview Estates regarding the Statement of Deficiencies dated 03/05/2026. 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: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

Deficiency Number:

A 302 420-5-20-.03 (2) (e) Administration

A 302

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.
    - Effective immediately a copy of Lakeview Estates policies and procedures have been placed in all managers offices to ensure adherence to policies and procedures in the future.

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 3/3/26 audit completed on policies and procedures, and binder was located in ED /AED office. Reviewed policies and procedures for implementation and no other policies or procedures were found to not being followed.

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 3/9/26 in-service completed with management team on policy and procedure binder and ensure their teams are following all company policies and procedures. Management team will monitor their team members for compliance of policies and procedures ongoing.

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
    - Executive Director and Associate Executive Director will complete monthly review in each manager's office to ensure policy and procedures binders are present for 90 days. All policies are being followed and specific policy are being

addressed under the specific deficiency. All audits will be maintained in the Executive Director office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 401 420-5-20-.04(1) (2) Personnel
A 401

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 3/10/26 facility hired new housekeeping assistant. She has been with the facility for 4 months.
    - On 3/4/26 facility developed a cleaning schedule of days to clean dining rooms, resident rooms, and other common areas. Housekeeping manager and ED will complete monthly audits of residents rooms/common areas weekly to ensure the housekeepers are in compliance with cleaning schedule and tasks.

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.
    - All completed documentation by housekeeping supervisor and the housekeeping assistant in the past 60 days will be reviewed by the Executive Director and the Associate Executive Director.

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.
    - Executive Director and Associate Executive Director will do weekly rounds with housekeeping to ensure cleaning schedule has been completed for all areas.
    - On 6/25/26 an in-service was conducted to educated staff on daily tasks of residents' apartments.

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.
    - Executive Director and Associate Executive Director will verify compliance for the next 90 days and all records will be maintained in the Executive Director office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 501 420-5-20-.05 (1) Records and Reports

A 501

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 3/3/26 facility immediately secured resident charts by putting them behind a locked door to safeguard.

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 3/4/26 an audit was conducted by the Wellness Director so that no other resident charts were found in an unsecure area.

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 3/4/26 an in-service was completed on educating facility, home health, and hospice staff on how to properly store resident charts to ensure adherence to privacy practices.

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.
    - Wellness Director/Designee will conduct monthly audits of residents' charts to ensure compliance. Then monthly audits x 2 months thereafter to ensure ongoing compliance. All records will be kept in the Executive Directors office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 507 420-5-20-.05 (3) (g) Records and Reports

A 507

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 4/1/26 an audit was completed by the Wellness Director of all residents' charts. It was identified that no resident charts had a nursing home preference on the Resident Data Sheet.
    - Facility will consult with corporate office to add nursing home preference to Resident Data Sheet immediately to be in compliance with state regulations.

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 7/8/26 Resident Data Sheet was updated by corporate office to reflect nursing home preference.

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.
    - An in service will be conducted on 7/28/26 with staff on the added line item on the Resident Data Sheet.
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.
    - Effective 7/9/26 facility administration will complete the new Resident Data Sheet with the new addition of the nursing home preference line item. Ongoing compliance will be monitored by the Executive Director and the Associate Executive Director. These audits will be conducted monthly x 2 months. All records will be kept in the Associate Executive Directors office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 508 420-5-20-.05 (3) (h) Records and Reports

A 508

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 3/9/26 an audit was conducted and it was determined that all incidents' reports have been reported in a timely manner since state survey and according to state regulations.
    - On 3/9/26 an audit was completed and all investigations including PSMS documentation have been rectified since state survey.

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 3/9/26 Wellness Director did a review of all incident reports for the past 90 days to ensure compliance.
    - Additionally, on 3/9/26 Wellness Director completed a review of all investigations 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.
    - An in-service was conducted on 3/9/26 for all clinical staff to ensure everyone is knowledgeable of incident and investigation reporting time frame.

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.
    - Wellness Director conducted an in-service on 3/9/26 with clinical management staff on providing additional information to ADPH when requested. Wellness Director will provide monthly oversight for the next 60 days.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 604 420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents

A604

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.
    - An audit was conducted on 3/6/26 by the Wellness Director to identify all instances of inappropriate admissions and undocumented PSMS forms.

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 3/6/26 Wellness Director did a review on all resident admissions for the past 90 days to ensure compliance with appropriateness and documented PSMS forms.

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.
    - An in-service was conducted on 3/6/26 with the clinical management team on the proper way to assess new residents that are moving into the facility.

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

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A 611 420-5-20-.06 (4) (a) (b) Care of Residents

A611

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 3/9/26 Wellness Director created a shaving schedule that includes men and women for daily, weekly, and PRN grooming care.
    - On 3/9/26 the care plans were updated, and care stream tasks were created that have to be signed off on by the RCAs to ensure adherence.
    - On 3/9/26 staff were in-serviced on the new care stream tasks.

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 on all resident care plans to identify any additional instances of individualized or outdated care plans by 3/9/26.
    - Any discrepancies found will be addressed immediately 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 recent update to our charting system, Yardi, has enhanced our abilities to develop a more personalized care plans that are tailored to each resident.
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.
    - Executive Director and Associate Executive Director will perform monthly audits of resident care plan to ensure compliance x 4 weeks, then monthly x 2 months thereafter. All records will be kept in the Executive Directors office.

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A 617 420-5-20-.06 (6) Care of Residents

A617

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 3/11/26 Wellness Director created a medication disposition and medication destruction binder for both nurses' stations.
    - Licensed nurses involved in the disposition process received immediate reeducation 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 3/11/26 Wellness did a review of all medication disposition 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 3/11/26 Wellness Director in-serviced nursing staff that the night nurse will be responsible for all medication destruction and dispositions.

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.
    - Wellness Director/Designee will conduct a weekly x 4 weeks, then monthly x 2 months thereafter audits of medication disposition records to ensure ongoing compliance. All records will be kept in the Executive Directors office.

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A 618 420-5-20-.06 (7) Care of Residents

A618

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 3/3/26 it was identified by the Wellness Director that hospice ordered resident PRN oxygen which was never used.

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 3/4/26 an audit was completed and no other residents have oxygen concentrators or tanks in their apartments.

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 3/4/26 Wellness Director did an education with hospice staff and facility staff on proper oxygen storage in residents' apartments.
    - On 3/3/26 Wellness Director contacted hospice to have oxygen removed from facility.

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.
    - Wellness Director/Designee will conduct monthly checks on any residents who have oxygen concentrators in their apartments to verify proper storage of the oxygen. All records will be kept in the Executive Directors office.

Facility Name: Lakeview Estates Facility ID #: P5903
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A620 420-5-20-.06 (9) (a) Care of Residents

A620

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 3/4/26 immediately upon identification of the deficiency, the Wellness Director completed an audit, and it was determined that there were no new residents placed on hospice at time of admission.

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 3/4/26 Wellness Director did a thorough check to ensure no other current residents were in need of hospice services at time of admission.

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 3/4/26 Wellness Director completed an in-service with clinical management on the appropriate time to admit a resident to hospice services, emphasizing that resident cannot be in need of hospice at time of admission. It is possible that the resident may decline and require hospice within 30 days of admission but not at the time of admission.
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.
    - Wellness Director will ensure residents are appropriate based off of initial assessment and also confirming potential residents are not in need of hospice at time of admission. All records will be kept in the Executive Director's office.

Facility Name: Lakeview Estates Facility ID #: P5903
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A703 420-5-20-.07 (3) Food Service

A703

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 Food & Beverage Director discarded the powered milk

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 3/4/26 The Food & Beverage Director did a thorough check of all emergency food to ensure no other items were expired.

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.
    - Food & Beverage Director will do monthly inventory checks to ensure all supplies are within proper date range.

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.
    - Food & Beverage Director will do monthly checks for 302 days to ensure compliance of emergency food supply reserve. All records will be kept in the Executive Director office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A804 420-5-20-.08 (9) (4) Physical Facilities

A804

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 3/4/26 Immediately upon identification of the deficiency The Food and Beverage Director removed all grease from the deep fryer and cleaned.
    - On 3/4/26 Immediately upon identification of the deficiency The Food and Beverage Director cleaned the toaster oven and debris.
    - On 3/11/26 The Food and Beverage Director replaced the dumbwaiter strap.

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 3/5/26 The Food and Beverage Director did a thorough clean of the entire kitchen to include washing walls, floors, and equipment.

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 3/5/26 Food and Beverage Director in-serviced all kitchen staff on new cleaning checklist to ensure ongoing compliance with kitchen sanitation.

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.
    - Food and Beverage Director, Executive Director, and Associate Executive Director will complete weekly sanitation checks weekly x 4 weeks, then

monthly x 2 months thereafter to ensure ongoing compliance. All records will be kept in Executive Director office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A1002 420-5-20-.10 (2) Sanitation and Housekeeping

A1002

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 3/4/26 immediately upon the identification the deficiency a thorough clean was completed by the Food & Beverage Director to ensure floors were no longer sticky.

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 3/4/26 a thorough cleaning was completed on the downstairs and upstairs dining room floors to address any additional sanitation issues this cleaning also included all transition strips between dining room and kitchen.
    - The residents' rooms that were identified to have odors and areas in need of cleaning were cleaned immediately on 3/5/26. Additionally, a cleaning schedule has been created for all resident rooms so that no more odors are present.
    - Mechanical room has been added to the cleaning schedule to ensure it is kept cleaned of trash and debris.

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.
    - A cleaning schedule will be implemented to include 3rd shift cleaning floors daily and Food & Beverage Director completing a weekly deep clean.
    - An in-service will be conducted on 7/28/26 with 3rd shift staff to educate on daily sanitation of dining room.

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.
    - Food & Beverage Director and Housekeeping Supervisor will do monthly x 2 months checks thereafter. All records will be kept in the Executive Director's office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A1101 420-5-20-.11 (1) Fire and Safety

A1101

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 3/9/26 Executive Director and Associate Executive Director completed an audit on facility fire drill. It was determined that some fire drills were missing in 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.
    - A 2nd audit was completed on 3/16/26 for 2026 fire drills, and all documentation was in compliance with state regulations.

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 3/9/26 Executive Director and Associate Executive Director conducted a training session on timely fire drill procedures with all staff.

- On 3/9/26 Executive Director and Associate Executive Director conducted a training session to educate all staff on fire drill procedures and ensure all residents stay within the safety zone.

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.
    - Facilities Director will do monthly x 2 months checks. All records will be kept in the Executive Director's office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A1203 420-5-20-.12 (5) Physical Environment

A1203

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 3/3/26 immediately upon identification of the deficiency Facilities Director inspected fire extinguishers and dated appropriately.

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 3/3/26 facilities director did a thorough inspection on all fire extinguishers to ensure compliance with state regulations. Only 1 fire extinguisher was found to be out of 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.
    - Facilities Director/Designee will do monthly fire extinguisher checks and document on the attached extinguisher tag.

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.
    - Facilities Director will do checks monthly x 2 months thereafter for 60 days. All records will be kept in the Executive Directors office.

Facility Name: Lakeview Estates Facility ID #: P5903
Survey Exit Date: 3/05/2026 Administrator: Danielle Conyers

A1206 420-5-20-.12 (8) Physical Environment

A1206

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 3/3/26 immediately upon identification of the deficiency the Facilities Director contacted Vector Security to correct the door issue.

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 3/3/26 Facilities Director conducted a thorough check of all exit doors to ensure proper locking.
    - All other exit doors were in 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 3/6/26 Vector Security came out and made repairs to the exit door that was not releasing upon activation of the fire alarm. Currently, all exit doors in the facility are released when fire alarm is activated.

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.
    - Facilities Director will do checks for the next 30 days, then monthly x 2 months thereafter. All records will be kept in the Executive Directors office.