Cynthia A. Granger
Accepted on 09.30.2024

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024
Deficiency Number: A302
Specific corrective actions:

Example #1 RI#1 was affected by this deficiency.
Personnel involved were counseled by the governing authority on August 9, 2024, to implement the facility's Conduct of Personnel Policy and treat all residents with dignity and respect per the facility policy and procedure.
The administrator filed a late online incident report and completed an incident investigation on August 12, 2024.

Example #2 RI#1 was affected by this deficiency.
The facility RN updated the resident care plan on August 15, 2024, and educated all facility nurses to observe and verify that RI#1 swallows all medications at every med pass and to report any missed doses to the administrator immediately.
Resident's primary physician was notified on August 9, 2024, of negative drug screen and a follow-up appointment was scheduled for August 12, 2024. Resident refused to leave the facility for the appointment and refused urine collection.
Physician and sponsor were notified.

Identify other occurrences:
All residents were potentially at risk.

- The governing authority interviewed facility nurses and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and/or other residents not receiving their prescribed medication as ordered.
- Resident and family interviews were conducted on or before August 12, 2024, by the governing authority to identify other occurrences of residents not being treated with dignity and respect.
- Facility nurses and personnel interviews were conducted on or before August 12, 2024, by the governing authority to identify other occurrences of policies and procedures not being implemented and/or residents not being treated with dignity and respect.
- No other occurrences were identified.

Systemic measures:

- All facility nurses and the administrator were re-educated by the governing authority on or before August 16, 2024, on properly implementing the facility Medication Administration Policy and Procedure to ensure that all residents receive their prescribed medication as ordered
- The LPN Care Coordinator will immediately notify the administrator, the facility RN, and the governing authority of any medication error.
- The governing authority counseled the administrator to investigate and report medication errors per ADPH Rules and Regulations.
- The governing authority developed a Conduct of Personnel When Transporting Residents Policy and Procedure on August 9, 2024, which was implemented immediately.
- All nurses and personnel were educated on the new Conduct of Personnel When Transporting Residents Policy and were re-educated on the facility's Conduct of Personnel Policy on or before August 16, 2024.
- The local area ombudsman will conduct a Dignity and Respect In-service for the facility on September 24, 2024.
- The administrator will educate all nurses and personnel of new/updated policies by providing read and sign documentation of new/updated policies.
- The administrator will ensure that all personnel receive refresher training of the Hand in Hand Training Series Videos annually.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.

Monitoring:

- The LPN Care Coordinator will monitor by observation of med passes and review of medication documentation that the facility's Medication Administration Policy and Procedure is implemented. A documentation log of

findings and corrective actions will be kept by the LPN Care Coordinator in a binder in the administrator's office.

- The administrator will monitor by observation of med passes and investigation that the facility's Medication Administration Policy and Procedure is implemented and will investigate and report a medication error per ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor the documentation and ensure that all online reports and investigations are completed per ADPH Rules and Regulations.
- The administrator will monitor by observation and investigation that the facility's Conduct of Personnel Policy is implemented and file online incident reports when required per ADPH rules and regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- Read and sign documentation will be kept by the administrator in a monitoring binder in the administrator's office.
- The administrator will keep documentation of refresher training in individual personnel files.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024
Deficiency Number: A303
Specific Corrective Actions:
All residents were potentially at risk.

- The administrator attended Sage Education Symposium on September 10, 2024, for refresher training on performing her duties as administrator to ensure the care and safety needs of all residents.
- The administrator will attend a Rules Review on October 10, 2024, for refresher training on performing her duties as administrator to ensure the care and safety needs of all residents.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training on performing her duties as administrator to ensure the care and safety needs of all residents.

Example #1 RI#1 was affected by this deficiency.

- Personnel involved were counseled by the governing authority on August 15, 2024, to implement the facility's Conduct of Personnel Policy and treat all residents with dignity and respect per the facility policy and procedure.
- The administrator filed a late online incident report and completed an incident investigation on August 12, 2024.
- The facility RN updated the resident care plan on August 15, 2024, and educated all facility nurses to observe and verify that RI#1 swallows all medications at every med pass and to report any missed doses to the administrator immediately.
- Resident's primary physician was notified on August 9, 2024, of negative drug screen and a follow-up appointment was scheduled for August 12, 2024. Resident refused to leave the facility for the appointment and refused urine collection. Physician and sponsor were notified.

Example #2 RI#1 was affected by this deficiency.

- The governing authority counseled resident care partner on August 7, 2024, about Resident Rights, treating all residents with due recognition of personal dignity and respect and properly storage of resident clothing.
- The governing authority monitored that resident care partner properly stored the resident's clothing in his/her closet and dresser on August 7, 2024.

Example #3 RI#1 was affected by this deficiency.

- The governing authority assisted RI#1 to shower and dress in appropriate clothing and appropriate shoes before his/her 3:00pm appointment.
- Personnel involved were counseled by the governing authority on August 9, 2024, about treating all residents with dignity and respect, referencing the facility's Conduct of Personnel Policy and the Residents Rights Policy.
- Personnel involved were educated by the governing authority on the new Conduct of Personnel When Providing Transporting Residents Policy and Procedure on August 9, 2024, to ensure that all residents are treated with dignity and safety during transport.
- The administrator filed a late online incident report and completed an incident investigation on August 12, 2024.

Example #4 RI#1 was affected by this deficiency.

- The governing authority counseled the administrator on August 8, 2024, about implementing the facility's Reporting Medication Errors Policy and Procedure per ADPH Rules and Regulations.

- The administrator filed a late medication error report on August 9, 2024, and completed an investigation on August 12, 2024.
- Resident's primary physician was notified of negative drug screen on August 9, 2024.

Example #5 RI#1 was affected by this deficiency.

- The facility RN updated the resident care plan on August 15, 2024, and educated all facility nurses to observe and verify that RI#1 swallows all medications at every med pass and to report any missed doses to the administrator immediately, in order to ensure that he/she receives prescribed medications as ordered.
- Resident's primary physician was notified of negative drug screen on August 9, 2024, and a follow-up appointment was scheduled for August 12, 2024. Resident refused to leave the facility for the appointment and refused urine collection.

Example #6 RI#3 was affected by this deficiency.

- The facility RN assessed the resident on August 12, 2024, and notified the resident's physician of the recent decline on August 13, 2024.
- Resident was admitted to hospice on August 13, 2024.
- Resident was deemed inappropriate for retention and a 30 day discharge notice was issued on August 31, 2024.

Example #7 All residents were affected by this deficiency.

- The facility RN assessed RI#4 and RI#5 and updated their care plans to include indoor buddy walks in the morning, in the afternoon and as needed.
- A new Bluetooth CD player was ordered on August 16, 2024, and delivered on August 27, 2024, on which to play the facility's music collection.
- The facility subscribed to Canva to improve activity calendar appearance.
- Rocking chairs on the front porch were sanded and painted on September 1, 2024, for residents to enjoy sitting in the sunshine on the porch when weather permits.

Example #8 All residents were potentially at risk.

- Maintenance removed and discarded two abandoned commodes from behind the facility on August 15, 2024
- Maintenance purchased materials and will make needed repairs to the courtyard fence, gate and post no later than October 1, 2024.
- Maintenance purchased pressure washer from Costco on August 16, 2024. Exterior vinyl siding will be pressure washed by maintenance, no later than September 30, 2024.
- Maintenance ordered new screens on September 13, 2024. Damaged screens will be replaced by maintenance when new screens arrive.
- Maintenance will remove the ceiling fans on the porch no later than September 30, 2024.

Identify other occurrences:

All residents were potentially at risk.

- Resident and family interviews were conducted on or before August 12, 2024, by the governing authority to identify other occurrences of residents not being treated with dignity and respect.
- Facility nurses and personnel interviews were conducted on or before August 12, 2024, by the governing authority to identify other occurrences of policies and procedures not being implemented and/or residents not being treated with dignity and respect.
- The governing authority interviewed facility nurses and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and/or other residents not receiving their prescribed medication as ordered.
- All resident apartments were inspected on August 9, 2024, by the administrator and the LPN Care Coordinator to identify other occurrences of improper clothing storage.
- The governing authority conducted resident and sponsor interviews on or before August 12, 2024, to identify other occurrences of improper clothing storage.
- Resident and family interviews were conducted on or before August 12, 2024,by the governing authority to identify other occurrences of residents not being treated with dignity and respect during transport.
- Personnel interviews were conducted on or before August 12, 2024,by the governing authority to identify other occurrences of residents not being treated with dignity and respect during transport.
- The governing authority interviewed facility nurses, and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and other medication errors not being reported and investigated.
- The governing authority interviewed all facility nurses concerning medication refusals, non-compliance and diversions to identify other possible occurrences.
- The governing authority interviewed facility nurses and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and/or other residents not receiving their prescribed medication as ordered.

- The facility RN and the LPN Care Coordinator together assessed each resident for changes in health and physical abilities and report findings to the administrator on or before September 16, 2024.
- The administrator and LPN Care Coordinator will reach out to outside providers, churches, schools and civic groups to provide activities, crafts and entertainment for residents
- The administrator and LPN Care Coordinator will interview residents and resident family members/visitors to learn what hobbies or activities residents may have enjoyed in life and will endeavor to implement those skills in an activity program.
- The LPN Care Coordinator will create an activity calendar no later than the 20th day of the preceding month that includes two daily planned activities, a morning activity and an afternoon activity, snacks/treats will be included to encourage participation in the activities, holiday activities, and birthday parties will be included.
- Outdoor buddy walks will be offered to all residents daily, weather permitting.
- The administrator along with maintenance inspected the premises of the facility to identify other occurrences of rubbish or other conditions that could create a safety hazard
- The administrator along with maintenance inspected the exterior of the facility to identify other occurrences of the exterior not being maintained in a clean and orderly manner.
- No other occurrences were found.

Systemic measures:

- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.
- The local area ombudsman will conduct a Dignity and Respect In-service for the facility on September 24, 2024.
- The governing authority developed a Conduct of Personnel When Transporting Residents Policy and Procedure on August 9, 2024, which was implemented immediately.
- All nurses and personnel were educated on the new Conduct of Personnel When Transporting Residents Policy and were re-educated on the facility's Conduct of Personnel Policy on or before August 16, 2024.
- The administrator will educate all nurses and personnel of new/updated policies by providing read and sign documentation of new/updated policies.
- The administrator will ensure that all personnel receive refresher training of the Hand in Hand Training Series Videos annually.
- All facility nurses and the administrator were re-educated by the governing authority on or before August 16, 2024, on properly implementing the facility Medication Administration Policy and Procedure to ensure that all residents receive their prescribed medication as ordered
- The LPN Care Coordinator will immediately notify the administrator, the facility RN, and the governing authority of any medication error.
- The administrator will investigate and report medication errors and/or diversion per ADPH Rules and Regulations.
- The LPN Care Coordinator was educated by the administrator about performing room sweeps to ensure proper clothing storage is being implemented for all residents. The LPN Care Coordinator will perform periodic room sweeps to ensure proper clothing storage and a safe environment is provided for all residents and will keep a log of findings and corrective actions in a binder in the administrator's office.
- Facility personnel will ensure residents are dressed appropriately when out in the community
- Facility will take appropriate clothing and assist residents to dress appropriately when providing discharge transportation from Whitfield Regional Behavioral Health Unit.\
- The governing authority developed a Medication Diversion Policy on August 9, 2024, which was implemented immediately. All facility nurses and the administrator were educated on the new policy on or before August 16, 2024.
- The administrator will discuss medication issues or questions with the facility RN and the governing authority.

Monitoring:

- The administrator will monitor by observation and investigation that the facility's Conduct of Personnel Policy is implemented and file online incident reports when required per ADPH rules and regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- Read and sign documentation will be kept by the administrator in a monitoring binder in the administrator's office.

- The administrator will keep documentation of refresher training in individual personnel files.
- The LPN Care Coordinator will monitor by observation of med passes and review of medication documentation that the facility's Medication Administration Policy and Procedure is implemented. A documentation log of findings and corrective actions will be kept by the LPN Care Coordinator in a binder in the administrator's office.
- The administrator will monitor by observation of mad passes and investigation that the facility's Medication Administration Policy and Procedure is implemented and will investigate and report a medication error per ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor the documentation and ensure that all online reports and investigations are completed per ADPH Rules and Regulations.
- The administrator will monitor by reviewing the documentation and by observation that the residents are being treated with due recognition of personal dignity, and are being provided with a safe environment per facility Resident Rights Policy and ADPH rules and regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to provide oversight that resident rights are protected.
- The documentation log of the LPN Care Coordinator and the administrator's oversight will be kept in the administrator's office
- The administrator will monitor by observation of residents leaving the facility and/or returning to the facility from the hospital that the resident right of due recognition of personal dignity is being implemented and protected.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to provide oversight that all residents' rights are being protected.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The administrator will monitor by interviews and investigations that the facility's Conduct of Personnel When Transporting Residents Policy is implemented to ensure residents are being treated with dignity and safety during transport.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all residents all residents are treated with due recognition of personal dignity during transport.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The administrator will keep documentation of refresher training in individual personnel files.
- The administrator will monitor by observation and investigation that the facility's Medication Administration Policy and Procedure is implemented and will investigate and immediately report any medication error or possible medication diversion per ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all
- online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The LPN Care Coordinator will monitor by observation of med passes and review of medication documentation that the facility's Medication Administration Policy and Procedure is implemented. A documentation log of findings and corrective actions will be kept by the LPN Care Coordinator in a binder in the administrator's office.
- The administrator will monitor by observation and investigation that facility's Medication Administration Policy and Procedure is implemented and will investigate and report a medication error or possible medication diversion following ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all
- online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The RN will monitor and provide oversight to LPN assessments by reviewing LPN assessments and providing education when needed on properly assessing and documenting resident assessments, every time the RN completes the RN comprehensive assessment and a LPN completes other assessments.
- The administrator will monitor by reviewing resident charts monthly until compliance is reached and then periodically thereafter, that the facility RN completes and/or provides oversight of assessments as required by ADPH regulations to identify changes in health status that are beyond the services that the facility is capable of providing.

- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that ADPH Rules and Regulations are being adhered to in determining if a resident requires a higher level of care.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office
- The administrator will monitor that maintenance report is received by the 5th of each month and that the concerns are addressed in a timely manner.
- The administrator will perform quarterly inspections on the condition of the facility exterior. Any adverse findings will be reported on a written work order to the governing authority. The governing authority will authorize needed repairs and maintenance will perform said repairs.
- Documentation of inspections, work orders, and completed repairs will be kept by the administrator, in a monitoring binder in the administrator's office.
- The monthly activity calendar will be reviewed and approved by the administrator on the 20th of each preceding month, allowing time for revisions, and will be mailed to sponsors with their monthly invoice and posted in the facility on the last day of each month.
- An activity calendar checklist will be developed by the LPN Care Coordinator and kept in a binder in the administrator's office.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that the activity calendar checklist is completed and implemented.
- The administrator will monitor that maintenance report is received by the 5th of each month and will forward inspection reports to the governing authority for approval
- The administrator will perform quarterly inspections on the condition of the facility exterior. Any adverse findings will be reported on a written work order to the governing authority. The governing authority will authorize needed repairs and maintenance will perform said repairs.
- Documentation of inspections, work orders, and completed repairs will be kept by the administrator, in a monitoring binder in the administrator's office.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency Number: A504
Specific Action:
Example #1 RI#1 was affected by this deficiency.
- The governing authority counseled resident care partner on August 7, 2024, about Resident Rights, treating all residents with due recognition of personal dignity and respect and properly storage of resident clothing.
- The governing authority monitored that resident care partner properly stored the resident's clothing in his/her closet and dresser on August 7, 2024.

Example #2 RI#1 was affected by this deficiency.
- The governing authority assisted RI#1 to shower and dress in appropriate clothing and appropriate shoes before his/her 3:00pm appointment.

Example #3 RI#1 was affected by this deficiency.
- Personnel involved were counseled by the governing authority on August 9, 2024, about treating all residents with dignity and respect, referencing the facility's Conduct of Personnel Policy and the Residents Rights Policy.
- Personnel involved were educated by the governing authority on the new Conduct of Personnel When Providing Transporting Residents Policy and Procedure on August 9, 2024, to ensure that all residents are treated with dignity and safety during transport.
- The administrator filed a late online incident report and completed an incident investigation on August 12, 2024.

Identify other occurrences:
All residents were at risk.
- All resident apartments were inspected on August 9, 2024, by the administrator and the LPN Care Coordinator to identify other occurrences of improper clothing storage.
- The governing authority conducted resident and sponsor interviews on or before August 12, 2024, to identify other occurrences.

- Resident and family interviews were conducted on or before August 12, 2024,by the governing authority to identify other occurrences of residents not being treated with dignity and respect during transport.
- Personnel interviews were conducted on or before August 12, 2024,by the governing authority to identify other occurrences of residents not being treated with dignity and respect during transport.
- No other occurrences were identified.

Systemic measures:

- The LPN Care Coordinator was educated by the administrator about performing room sweeps to ensure proper clothing storage is being implemented for all residents. The LPN Care Coordinator will perform periodic room sweeps to ensure proper clothing storage and a safe environment is provided for all residents and will keep a log of findings and corrective actions in a binder in the administrator's office.
- The local area ombudsman will conduct a Dignity and Respect In-service at the facility on September 24, 2024.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.
- Facility personnel will ensure residents are dressed appropriately when out in the community
- Facility will take appropriate clothing and assist residents to dress appropriately when providing discharge transportation from Whitfield Regional Behavioral Health Unit.
- The governing authority developed a Conduct of Personnel When Transporting Residents Policy and Procedure on August 9, 2024, which was implemented immediately.
- All nurses and personnel were educated on the new Conduct of Personnel When Transporting Residents Policy and were re-educated on the facility's Conduct of Personnel Policy on or before August 16, 2024.
- The administrator will ensure that all personnel receive refresher training of the Hand in Hand Training Series Videos annually.
- The governing authority developed a Conduct of Personnel When Transporting Residents Policy and Procedure on August 9, 2024, which was implemented immediately.
- All nurses and personnel were educated on the new Conduct of Personnel When Transporting Residents Policy and were re-educated on the facility's Conduct of Personnel Policy on or before August 16, 2024.

Monitoring:

- The administrator will monitor by reviewing the documentation and by observation that the residents are being treated with due recognition of personal dignity, and are being provided with a safe environment per facility Resident Rights Policy and ADPH rules and regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to provide oversight that resident rights are protected.
- The documentation log of the LPN Care Coordinator and the administrator's oversight will be kept in the administrator's office
- The administrator will monitor by observation of residents leaving the facility and/or returning to the facility from the hospital that the resident right of due recognition of personal dignity is being implemented and protected.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to provide oversight that all residents' rights are being protected.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The administrator will monitor by interviews and investigations that the facility's Conduct of Personnel When Transporting Residents Policy is implemented to ensure residents are being treated with dignity and safety during transport.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all residents all residents are treated with due recognition of personal dignity during transport.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The administrator will keep documentation of refresher training in individual personnel files.

PLAN OF CORRECTION

Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601

Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency number: A508

Specific corrective actions:

Example #1 RI#1 was affected by this deficiency.

- The governing authority counseled the administrator on August 8, 2024, about implementing the facility's Reporting Medication Errors Policy and Procedure per ADPH Rules and Regulations.
- The administrator filed a late medication error report on August 9, 2024, and completed an investigation on August 12, 2024.
- Resident's primary physician was notified of negative drug screen on August 9, 2024.

Identify other occurrences:

All residents were potentially at risk.

- The governing authority interviewed facility nurses, and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and other medication errors not being reported and investigated.
- No other occurrences were identified.

Systemic measures:

- The governing authority developed a Medication Diversion Policy on August 9, 2024, which was implemented immediately. All facility nurses and the administrator were educated on the new policy on or before August 16, 2024.
- The administrator was counseled to discuss medication issues or questions with the facility RN and the governing authority.
- The LPN Care Coordinator will immediately notify the administrator, the facility RN, and the governing authority of any medication error or possible medication diversion.
- The administrator will investigate and report any medication error or possible medication diversion following ADPH rules and regulations.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.

Monitoring:

- The administrator will monitor by observation and investigation that the facility's Medication Administration Policy and Procedure is implemented and will investigate and immediately report any medication error or possible medication diversion per ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.

PLAN OF CORRECTION

Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency number: A601

Specific corrective actions:

Example #1 RI#1 was affected by this deficiency.

- The facility RN updated the resident care plan on August 15, 2024, and educated all facility nurses to observe and verify that RI#1 swallows all medications at every med pass and to report any missed doses to the administrator immediately, in order to ensure that he/she receives prescribed medications as ordered.
- Resident's primary physician was notified of negative drug screen on August 9, 2024, and a follow-up appointment was scheduled for August 12, 2024. Resident refused to leave the facility for the appointment and refused urine

collection.

Identify other occurrences:

All residents were potentially at risk.

- The governing authority interviewed all facility nurses concerning medication refusals, non-compliance and diversions to identify other possible occurrences.
- The governing authority interviewed facility nurses and reviewed the MAR, controlled substance documentation and resident records to identify other occurrences of the facility's Medication Administration Policies and Procedure not being implemented and/or other residents not receiving their prescribed medication as ordered.
- No other occurrences were identified.

Systemic measures:

- All facility nurses and the administrator were re-educated by the governing authority on or before August 16, 2024, on properly implementing the facility Medication Administration Policy and Procedure to ensure that all residents receive prescribed medication as ordered.
- The governing authority established a Medication Diversion Policy on August 9, 2024, which was implemented immediately. All facility nurses and the administrator were educated on the new policy on or before August 16, 2024.
- The LPN Care Coordinator will immediately notify the administrator, the facility RN, and the governing authority of any medication error or possible medication diversion.
- The governing authority counseled the administrator to investigate and immediately report any medication error or possible medication diversion following ADPH Rules and Regulations.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.

Monitoring:

- The LPN Care Coordinator will monitor by observation of med passes and review of medication documentation that the facility's Medication Administration Policy and Procedure is implemented. A documentation log of findings and corrective actions will be kept by the LPN Care Coordinator in a binder in the administrator's office.
- The administrator will monitor by observation and investigation that facility's Medication Administration Policy and Procedure is implemented and will investigate and report a medication error or possible medication diversion following ADPH Rules and Regulations.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that all online reports and investigations are completed per ADPH Rules and Regulations.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.

PLAN OF CORRECTION

Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency number: A606

Specific corrective actions:

- Example #1 RI#3 was affected by this deficiency.
- The facility RN assessed the resident on August 12, 2024, and notified the resident's physician of the recent decline on August 13, 2024.
- Resident was admitted to hospice on August 13, 2024.
- Resident was deemed inappropriate for retention and a 30 day discharge notice was issued on August 31, 2024.
- Example #2 RI#3 was affected by this deficiency.
- The governing authority, administrator, RN and LPN Care Coordinator reviewed ADPH rules and regulations and facility policies to clarify the wound care services the facility is not capable of providing.
- **Identify other occurrences:**
- All residents were potentially at risk.

- The facility RN and the LPN Care Coordinator together assessed each resident for changes in health and physical abilities and report findings to the administrator on or before September 16, 2024.
- The facility RN and LPN Care Coordinator reviewed records and interviewed personnel about skin issues to determine other occurrences.
- No other occurrences were identified.
- **Systemic measures:**
- The administrator, facility RN and LPN Care Coordinator were counseled by the governing authority on or before August 16, 2024, on implementing the Discharge Criteria and Notification for Residents and Sponsors Policy and Procedure to ensure residents who require a level of care, higher that the facility was capable of providing, are transferred or discharged to an appropriate setting.
- The governing authority counseled the administrator and the RN on the responsibility of the RN to provide oversight for LPNs by identifying, documenting and coordinating training needs on the proper assessment of residents and documentation of resident assessments per facility policies and ADPH requirements.
- The governing authority, administrator, RN and LPN Care Coordinator reviewed ADPH rules and regulations and facility policies on Services the Facility are Not Capable of Providing.
- The LPN Care Coordinator was educated to consult the facility RN for clarification on resident wound care needs.
- The RN was educated to notify the administrator of the need for an outside provider to perform wound care that exceeds the facility scope of care or to arrange for discharge until wound care is completed.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.
- **Monitoring:**
- The RN will monitor and provide oversight to LPN assessments by reviewing LPN assessments and providing education when needed on properly assessing and documenting resident assessments, every time the RN completes the RN comprehensive assessment and a LPN completes other assessments.
- The administrator will monitor by reviewing resident charts monthly until compliance is reached and then periodically thereafter, that the facility RN completes and/or provides oversight of assessments as required by ADPH regulations to identify changes in health status that are beyond the services that the facility is capable of providing.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that ADPH Rules and Regulations are being adhered to in determining if a resident requires a higher level of care.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.
- The administrator will monitor that the facility RN identifies and communicates wound care beyond what the facility is capable of providing according to the ADPH rules and regulations, by reviewing resident charts monthly until compliance is reached and then periodically thereafter.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that the facility is not providing skilled care the facility cannot provide per ADPH Rules and Regulations.
  A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency Number: A612
Specific Corrective Actions:
All residents were affected by this deficiency.
- The facility RN assessed RI#4 and RI#5 and updated their care plans to include indoor buddy walks in the morning, in the afternoon and as needed.

- A new Bluetooth CD player was ordered on August 16, 2024, and delivered on August 27, 2024, on which to play the facility's music collection.
- The facility subscribed to Canva to improve activity calendar appearance.
- Rocking chairs on the front porch were sanded and painted on September 1, 2024, for residents to enjoy sitting in the sunshine on the porch when weather permits.

Identify other occurrences:
All residents were affected by this deficiency.
No other occurrences were identified.
Systemic measures:

- The administrator and LPN Care Coordinator will reach out to outside providers, churches, schools and civic groups to provide activities, crafts and entertainment for residents
- The administrator and LPN Care Coordinator will interview residents and resident family members/visitors to learn what hobbies or activities residents may have enjoyed in life and will endeavor to implement those skills in an activity program.
- The LPN Care Coordinator will create an activity calendar no later than the 20th day of the preceding month that includes two daily planned activities, after morning activity and an afternoon activity, snacks/treats will be included to encourage participation in the activities, holiday activities, and birthday parties will be included.
- Outdoor buddy walks will be offered to all residents daily, weather permitting.

Monitoring:

- The monthly activity calendar will be reviewed and approved by the administrator on the 20th of each preceding month, allowing time for revisions, and will be mailed to sponsors with their monthly invoice and posted in the facility on the last day of each month.
- An activity calendar checklist will be developed by the LPN Care Coordinator and kept in a binder in the administrator's office.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that the activity calendar checklist is completed and implemented.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency number: A621
Specific corrective actions:
Example #1 RI#1 was affected by this deficiency.

- RI#1 was issued a 30 day notice on May 31, 2024, June 30, 2024, and July 31, 2024. Facility, ombudsman, DHR and guardian/conservator were working on finding placement for him/her in an appropriate setting.
- RI#1 was transported to Baptist East Hospital on August 27, 2024, by EI#1
- and was admitted with a diagnosis of hyponatremia.
- RI#1 was transferred to the geri-psych unit on September1, 2024, and was discharged from the facility due to being inappropriate for re-admission and/or retention.

Example #2 RI#4 was affected by this deficiency.

- The facility RN assessed RI#4 and updated his/her care plan on August 16, 2024, to include documentation to follow the Refusal of Care Policy for refusal of care and to provide written documentation of all behaviors as they occur.
- Notified hospice physician of behavior reported by hospice aide. Resident received medication orders on August 14, 2024, for Lorazepam 0.5ml to be given every Tuesday and Thursday preceding his/her bath, Macrobid 100mg twice daily times 7 days for urinary tract infection, Lexapro 10mg daily, trazodone 25mg every bedtime to prevent re-occurrence of behavior
- Nurses, personnel and outside providers were educated to monitor for and report any behaviors to the LPN Care Coordinator and/or administrator

Identify other occurrences:
All residents were potentially at risk.

- The facility RN and the LPN Care Coordinator together assessed each resident for unmanageable behaviors and reported findings to the administrator on or before August 31, 2024.

- The RN and the LPN Care Coordinator interviewed personnel and outside providers on or before August 31, 2024, to identify other occurrences. The facility RN and the LPN Care Coordinator together assessed each resident for unmanageable behaviors and reported findings to the administrator on or before August 31, 2024.
- No other occurrences were identified.

Systemic measures:

- The governing authority, administrator, facility RN and LPN Care Coordinator, on or before August 16, 2024, reviewed the ADPH Rules and Regulations regarding Care of Residents and Retention of Residents.
- The LPN Care Coordinator will create a documentation log by August 19, 2024, for personnel to report resident behaviors and/or concerns.
- The administrator will educate Care Partners about the importance of written documentation of at the August 2024.
- The governing authority and the administrator attended Sage Education Symposium on September 10, 2024, for refresher training.
- The administrator and LPN Care Coordinator will attend a Rules Review on October 10, 2024, for refresher training.
- The administrator will attend Fundamental Resident Care and Safety Training on November 12, 2024, for refresher training.

Monitoring:

- The RN will monitor and provide oversight to LPN Behavior Screen assessments by reviewing assessments and providing education when needed on properly assessing and documenting resident assessments, every time the RN completes the RN comprehensive assessment and a LPN completes other assessments.
- The governing authority will meet with the administrator, weekly until October 31, 2024, then monthly until December 31, 2024, and quarterly thereafter, to monitor that ADPH Rules and Regulations are being adhered to in determining if a resident has unmanageable behavior issues identified on the screening.
- A documentation log of findings and corrective actions will be kept by the administrator in a binder in the administrator's office.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living
Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency Number: A1001

Specific Corrective Actions:
All residents were potentially at risk.

- Maintenance removed and discarded two abandoned commodes from behind the facility on August 15, 2024
- Maintenance purchased materials and will make needed repairs to the courtyard fence, gate and post no later than October 1, 2024.

Identifying other occurrences:
All residents were potentially at risk.

- The administrator along with maintenance inspected the premises of the facility to identify other occurrences of rubbish or other conditions that could create a safety hazard
- No other occurrences were found.

Systemic measures:

- Maintenance will inspect the exterior of the facility by the 5th of each month and as needed, and will provide a written account of hazards discovered.
- The administrator who will notify the governing authority to authorize needed repairs.

Monitoring:

- The administrator will monitor that maintenance report is received by the 5th of each month and will forward inspection reports to the governing authority for approval
- The administrator will perform quarterly inspections on the condition of the facility exterior. Any adverse findings will be reported on a written work order to the governing authority. The governing authority will authorize needed repairs and maintenance will perform said repairs.
- Documentation of inspections, work orders, and completed repairs will be kept by the administrator, in a monitoring binder in the administrator's office.

PLAN OF CORRECTION
Facility name: Sonrise Specialty Care Assisted Living

Facility ID#: P4601
Name of Administrator: Nancy Wilkinson
Survey Exit Date: August 15, 2024

Deficiency Number: A1203

Specific Corrective Actions:

All residents were potentially at risk.

- Maintenance purchased pressure washer from Costco on August 16, 2024. Exterior vinyl siding will be pressure washed by maintenance, no later than September 30, 2024.
- Maintenance ordered new screens on September 13, 2024. Damaged screens will be replaced by maintenance when new screens arrive.
- Maintenance will remove the ceiling fans on the porch no later than September 30, 2024.

Identifying other occurrences:

All residents were potentially at risk.

- The administrator along with maintenance inspected the exterior of the facility to identify other occurrences of the exterior not being maintained in a clean and orderly manner.
- No other occurrences were found.

Systemic measures:

- Maintenance will inspect the exterior of the facility by the 5th of each month and as needed, and will provide written documentation of concerns.
- The administrator who will notify the governing authority to authorize needed repairs or work orders.

Monitoring:

- The administrator will monitor that maintenance report is received by the 5th of each month and that the concerns are addressed in a timely manner.
- The administrator will perform quarterly inspections on the condition of the facility exterior. Any adverse findings will be reported on a written work order to the governing authority. The governing authority will authorize needed repairs and maintenance will perform said repairs.
- Documentation of inspections, work orders, and completed repairs will be kept by the administrator, in a monitoring binder in the administrator's office.

Nancy Wilkinson
Administrator

09/26/24
Date