Accepted October 14, 2022

Connie Cherry

# Magnolia House

# Facility ID: D0508

# Plan of Correction

# Survey Exit Date: 10/06/2022

# Administrator: Philip Cleveland

Philip Cleveland

**Magnolia House**
**Facility ID: D0508**
**Administrator: Philip Cleveland**
**Survey Exit Date: 10/06/2022**

1. **A405-5-.04 Personnel. The facility failed to document training for diabetes mellitus and hospice.**

2. All employees will be trained in the areas of caring for residents with diabetes and residents receiving hospice services.

3. The Administrator or Designee will ensure that all current employees have received training in caring for residents with diabetes and residents receiving hospice services and that all new employees receive training upon hire.

4. The Administrator or Designee will audit all employee charts by 12/01/2022 to ensure that all employees have had training in caring for residents with diabetes and residents receiving hospice services. The results of the audit will be documented in the POC binder.

5. The Administrator or Designee will audit employee charts quarterly beginning 01/2023 and ending 06/2023 to ensure that all training is complete and documented. Documentation of the audits will be placed in the POC binder in the Administrator's office.

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1. **A621-420-5-4-.06 (11) (b) Care of Residents. The facility retained a resident requiring wound care by home health services longer than 90 days.**

2. All residents requiring skilled nursing for wound care will be issued a 30- day discharge notice that may be rescinded if the wound is completely healed within the 90-days allowed in accordance with assisted living rules and regulations.

3. The Administrator or Designee will ensure that a resident receiving wound care by a home health provider is closely monitored during this time by communicating weekly with the home health agency providing skilled services to the resident. If the wound is not healed by day 60, a second 30-day discharge notice will be issued. The Administrator will communicate with the resident's sponsor to start a transition plan in case the wound is not healed prior to day 90. If the wound is healed prior to day 90 the discharge notices will be rescinded. If the wound is not healed, the resident will be discharged.

4. The Administrator or Designee will get weekly updates on the resident's progress in the healing of the wound by the home health provider. Documentation of the progress updates will be placed in the resident's chart and a copy in the POC binder in the Administrator's office.

5. The Regional Director of Nursing will audit the charts quarterly beginning 12/2022 and ending 6/2023 of any resident receiving home health services for wound care. The RDON will ensure that any resident receiving skilled wound care has received a 30-day discharge notice and that progress is being monitored closely and another 30-day discharge notice has been issued if the wound has not healed by day 60 and the resident is discharged by day 90 if the wound has not healed completely by day 90. Documentation of the audits will be placed in the POC binder in the Administrator's office.

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1. **A1203-420-5-4-.12 (5). Physical Environment. The facility failed to repair a hole in the wall in the laundry room due to a water leak and maintain a clean, clutter free laundry room.**

2. The laundry room will be cleaned daily by care staff to ensure a clean, clutter free environment for doing laundry.

3. The Administrator or Designee will create a cleaning checklist by 11/1/2022 to instruct care staff in what needs to be done daily to ensure that the laundry room is kept clean and clutter free. Documentation of the checklist will be placed in the POC binder in the Administrator's office.

4. The Administrator or Designee will monitor the laundry room weekly beginning 11/1/2022 and ending 12/1/2022 to ensure that care staff demonstrate understanding of the checklist to keep the laundry room clean and uncluttered.

5. Documentation of the monitoring will be placed in the POC binder in the Administrator's office.