accepted November 29, 2021

Connie Cherry

Magnolia Gardens

Facility ID: D2803

Plan of Correction

Survey Exit Date: 11/9/2021

Administrator: Tonya Criswell

Tonya Criswell

11/29/2021

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Facility ID: D2803
Administrator: Tonya Criswell
Survey Exit Date: 11/9/2021

1**. A504 420-5-4-.05 (3) (d) The facility failed to adhere to Standards and Recommendations of CDC.**

2. All staff will wear masks at all times in the building and assisting residents as required by the CDC and our corporate policy and procedures manual.

3. The Administrator conducted a staff in-service, Tuesday, November 16 at 2:00 p.m. to review policy and procedures and CDC guidelines.

4. The Administrator/Designee will monitor staff compliance with wearing masks by observations by the administrator and administrative designee.

5. The Administrator/Designee will ensure that all employees have been trained/retrained on the wearing of masks at all times. All training documents will be placed in the POC binder in the Administrator’s office.

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1. **A611 420-5-4-.06 (4) (a) (b) Care of Residents: The facility failed to update a resident's care plan when a fall occurred.**

2. Care plans have been updated for resident #1.

3. All resident care plans will be reviewed by the Administrator and/or Administrative designee by November 30 for effectiveness and needed changes based on medication changes or needs of the resident.

4. Resident care plans will be reviewed monthly to ensure that all care plans have been updated with all new diagnoses. When monthly resident assessments are completed each month, the Administrator/Designee will check all care plans against all new diagnoses to ensure that all care plans are in place. The Administrator/Designee will then initial the care plan as documentation

5. The Administrator or Designee will audit resident charts quarterly beginning January 2022 and ending June 2022 to ensure care plans are being updated. Documentation of the audits will be placed in the POC binder in the Administrator's office.

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1. **A613 420-5-4-0.6 (5) (a) (b) (c) (d) (e) Care of Residents The facility failed to provide licensed personnel to administer medications to residents who were unable to protect themselves from a medication error.**

2. Under the direction of the Regional Director of Nursing, Resident R2 will be provided training to help in recognizing their mediations using the dose pack system and utilization of a calendar to aid the resident in identifying medications to be taken at the appropriate times.

3. Home Health Speech Therapy has been set up for R2 to work on cognitive issues and the after effects of Covid 19.

4. Both residents R2 and R3 were issued 30-day notices that will be rescinded if the residents are able to use the training tools to identify their medications appropriately. After conversations with the sponsor and a 30-day notice issued, R3's sponsor chose to move R3 to a higher level of care. R3 was discharged from the facility on 11/18/2021.

5. Documentation of the resident training and the 30-day notice will be placed in the resident's chart and the POC binder in the Administrator's office.

A nurse will administer the medications until the resident has been discharged or is able to protect self from a medication error. After using a calendar with R2, and working with the resident at each med pass, she is able to identify her name and medication at the correct time.

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1. A617 420-5-4-.06 (8) Care of Residents: Disposal of Medications The facility failed to document properly medications of a resident who transferred to another facility.

2. All medications leaving the facility will be recorded on the Medication Disposition Record of Discharged or Transferred residents to include the amount of each medication being sent out of the building with the resident.

3. The Administrator conducted a staff in-service meeting on Tuesday, November 16, 2021 at 2:00 p.m. to review the procedure for completing the Medication Disposition Record of Discharged or Transferred Residents.

4. The Administrator/Designee will ensure that an example Medication Disposition Record of Discharged or Transferred Residents form is displayed in the med room on the bulletin board for future reference.

5. Documentation of the staff in-service training and the sample Medication Disposition Record of Discharged or Transferred Residents form will be placed in the POC binder in the Administrator’s office.

The Administrator or Designee will monitor all medication diposition records from December 2021 to February 2022 to ensure accurate counts of the medicine are provided.

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1. A702 420-5-4-.07 (2) Food Service Food Handling Procedures (a) Dish and Utensils Washing, Disinfection, and Storage. The facility failed to monitor and document sanitization of dishes as required.

2. Sanitization of dishes will be conducted by heat and using a waterproof digital dishwasher thermometer to measure and document the dishwasher water temperature of at least 171 degrees Fahrenheit.

3. The Dietary Lead will ensure that all kitchen staff understands the temperature monitoring procedure and that the temperature is being recorded after each dishwashing cycle.

4. The Administrator/Designee will audit the logs monthly to ensure that concentrations are being monitored and recorded. The audit will be added to the monthly facility checklist.

5. Beginning 11/26/2021 and ending 12/17/2021, the Administrator or Designee will audit the logs weekly to ensure concentrations are being monitored and recorded. Beginning January 2022 and ending December 2022, the Administrator/Designee will audit the logs monthly to ensure that the temperatures are monitored and recorded daily. Documentation of the audits will be placed in the POC binder in the Administrator’s office.

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1. A1101 420-5-4-.11(1) Fire Safety The facility failed to perform and document fire drills and the effectiveness of the fire drill plan as required, and failed to properly evacuate residents during a fire drill.

2. All fire drills will be conducted and the date and time will be documented with noting AM or PM. Fire drills will be conducted quarterly on each shift.

3. The Administrator/Designee will ensure that fire drills are conducted quarterly on each shift and documented with AM or PM noted and the shift and that residents are evacuated properly during the fire drill.

4. The Administrator/Designee will ensure that all fire drills are conducted and documented for date, time, and effectiveness of the drills, and that residents are evacuated properly during the fire drill.

5. Documentation of all drills will be will be placed in the fire drill binder and the POC binder in the Administrator's office.