POC Accepted
October 26, 2022
Debbie Freeman, RN
Debra Freeman

Hilltop at Glenwood ALF

Plan of Correction for Survey ending on April 19, 2022

Submitted by Vanessa Narmore-Butler, Administrator

October 24, 2022

Administrator's Signature Vanessa Butler Date 10-24-22

420-5-4-.03(1)(a)(b)(c)(d) Administration

A301

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- This ALF is the only affected ALF community.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.

420-5-4-.03(e) Administration

A302

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual deficiencies.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six month to ensure that the facility is following their policies and procedures.
- See individual deficiencies for measures put into place or systemic changes made.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.

420-5-4-.03(2)(a) Administration

A303

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- All deficiencies cited under this ID Tag are addressed under each individual ID Tag.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual deficiencies 302, 305, 401,402, 403, 405, 504, 508, 602, 611, 612, 614, 617, 621, 702, 703, 804, 1001, 1002, 1101, and 1203.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The governing authority has identified an internal candidate to become the full-time administrator. This candidate will take her administrator's examination in January, 2023 (the soonest available opportunity).
- The candidate is the current RN & Care Coordinator and is being mentored by both the current administrator and the consultant.
- The administrator will be the direct representative of the governing authority in the management of the assisted living facility and be responsible to the governing authority for the proper performance of her duties.
- See individual deficiencies for other measure to correct deficiencies.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- See individual deficiencies for monitoring.

420-5-4-.03(2)(c) Administration

A305

Corrective action taken in response to each resident or example identified in the statement of deficiencies

- There has not been a change of administrator since the survey.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There has not been a change of administrator since the survey.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- Consultant reviewed this rule with a representative of the governing authority on 9/29/2022.
- The governing authority is responsible to ensure that the SBOH is notified when there is a change in administrators.
- The SBOH was notified on 10/24/2022 of the name of the current administrator.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The Governing Authority will ensure the SBOH is notified of any and all changes of administrators.
- The consultant will monitor no less than monthly to ensure that any change in administrator results in notification to the SBOH.

420-5-4-.04 (1)(2) Personnel

A401

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Employees identified during the survey who were not CPR certified became certified on 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Any staff requiring CPR certification were certified on 4/14/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- RN/Care Coordinator and nursing staff were re-educated on 8-11-2022 by the administrator on this rule.
- RN/Care Coordinator is responsible for compliance and will ensure that all schedules are staffed with at least one CPR certified staff member.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review each weekly schedule for two months, then monthly for two months to ensure that each shift has at least one CPR certified staff member.
- The administrator will review actual staffed CPR certified staff no less than two times per week for two months, then one time per week for two months.
- Any concerns noted may result in additional education of RN/Care Coordinator.
- A record of schedule reviews will be maintained in the office of the administrator.

420-5-4-.04(3) Personnel

A402

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Employees who were identified as not being fully screened prior to hire or prior to resident contact were fully screened no later than 5/15/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any employee in need of additional screening will be screened no later than 10/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure all potential employees are full screened prior to hire and prior to resident contact.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

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

A403

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Concerns noted for identified staff will be corrected no later than 10/31/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any identified concerns will be corrected no later than 10/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure the personnel files of all employees contain all required information.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review monthly the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

420-5-4-.04 (6) Personnel

A405

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Concerns noted for identified staff will be corrected no later than 10/31/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any identified concerns will be corrected no later than 10/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure the personnel files of all employees contain evidence of required initial training.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review monthly the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

420-5-4-.05(3)(d) Records and Reports

A504

Facility failed to provide a safe and decent environment for all residents at all times.

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- See individual responses to tags: 401, 402, 403, 405, 504, 508, 602, 611, 612, 614, 617, 621, 702, 703, 804, 1001, 1002, 1101 and 1203.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual responses to tags: 401, 402, 403, 405, 504, 508, 602, 611, 612, 614, 617, 621, 702, 703, 804, 1001, 1002, 1101 and 1203.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The administrator is responsible to ensure compliance.
- See individual responses to tags: 401, 402, 403, 405, 504, 508, 602, 611, 612, 614, 617, 621, 702, 703, 804, 1001, 1002, 1101 and 1203.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- See individual responses to tags: 401, 402, 403, 405, 504, 508, 602, 611, 612, 614, 617, 621, 702, 703, 804, 1001, 1002, 1101 and 1203.

420-5-4-.05(3)(h) Records and Reports

A508

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- There have been no other outbreaks since 4/19/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There have been no other outbreaks of a contagious disease which needed to be reported to the OIRS.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- RN/Care Coordinator and licensed staff were educated on this rule by the administrator no later than 8/11/2022.
- The administrator is responsible for compliance.
- The administrator, or designee, will communicate with the RN/Care Coordinator no less than daily to ensure that any outbreak of a contagious disease is reported using the Department's OIRS within 24-hours of the outbreak.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The consultant will meet with the administrator and the RN/Care coordinator during monthly visits to ensure all outbreaks were reported timely.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.06(2)(a)(b)(c) Care of Residents

A602

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- RI#1 was weighed on _____.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The physician exams for all other residents were reviewed by the RN/Care Coordinator no later than 4/14/2022 for completeness, accuracy and timeliness.
- Any concerns were corrected no later than 5/15/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- RN/Care Coordinator and licensed staff were educated on this rule by the administrator no later than 8/11/2022.
- The RN/Care Coordinator is responsible to ensure that all resident physical examinations are complete and on file.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of random resident physical examinations no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A611

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The care plan for RI#1 was updated on 5/1/2022.
- RI#3 and RI#5 no longer reside in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All resident care plans were reviewed by the RN/Care Coordinator on 4/14/2022 for accuracy and to address any needed changes.
- The personal appearance of each current resident has been observed since 4/19/2022 to address any personal appearance concerns.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- RN/Care Coordinator and care staff were educated on this rule by the administrator on 8/11/2022.
- Staff offers each resident daily assistance with cleaning and grooming.
- The RN/Care Coordinator is responsible for compliance and will monitor the personal appearance of each resident to ensure every resident is clean and has well-kept appearance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct reviews of resident care plans and resident personal appearance no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.06(4)(c)(d)(e)(f) Care of Residents

A612

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Resident RI#5 no longer resides in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- The activity interests for all other residents will be obtained and reviewed by the RN/Care Coordinator no later than 10/15/2022 to determine how the current activity programming can be enhanced and activities individualized to meet the residents' interests.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- A new full-time activity director began work at the facility on 10/21/2022.
- The activity director will be responsible to ensure resident activities are engaging and appropriate.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct observations of resident activities no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.06(5)(f)(g)(6)(7)(a)-(i) Care of Residents

A614

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Effective 4/14/2022, RI#2 has been allowed the opportunity to demonstrate the correct utilization of the facility's unit dose system at each medication opportunity.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Effective 4/14/2022, all residents have been allowed the opportunity to demonstrate the correct utilization of the facility's unit dose system at each medication opportunity.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The RN/Care Coordinator and other staff were educated on this rule by the administrator on 4/14/2022.
- The RN/Care Coordinator is responsible for ensuring that each resident has the opportunity to demonstrate the correct use of the facility's unit does system at each medication opportunity.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will observe random medication administration passes no less than twice weekly for 2 months for compliance, then weekly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A617

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Noted concern resulted from historical data and cannot be corrected. See below for future corrective action.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There have no other resident discharges where the release of medications was not documented.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The RN/Care Coordinator and other staff were educated on this rule by the administrator on 4/14/2022.
- The RN/Care Coordinator is responsible for ensuring medication belonging to a discharged resident is properly documented.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator/designee will inspect the records of discharged residents for 4 months to ensure compliance.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.06(11)(b) Care of Residents

A621

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- RI#3 no longer resides in the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other residents were assessed for a decline in health or exhibiting inappropriate behaviors for an ALF no later than 5/31/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The RN/Care Coordinator was educated on this rule by the administrator on 4/14/2022.
- The RN/Care Coordinator is responsible for monitoring changes in resident conditions and behaviors and to determine when a resident no longer qualifies to reside in an assisted living facility.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will review with the RN/Care Coordinator the needs of each resident no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.07(2) Food Service

A702

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Dishes were not being properly sanitized.
- Scoops in containers or no scoop at all.
- Containers in refrigerator not labeled.
- Food temps not being checked.
- Food transported without being covered.
- Not wearing an apron.
- Plans are to begin cooking in AL and/or SCALF.

Answer from SCALF POC

- A booster water heater has been ordered and is anticipated to arrive by 10/31/2022. Once installed, the dishwasher will be operable.
- Hairnets and aprons were made available to the staff on 4/19/2022.
- New scoops and scoop holders were in place on 4/19/2022.
- All food items needing to be dated were dated as of 4/19/2022?
- The refrigerator was cleaned on 4/19/2022.
- Are thermometers available to staff?
  - I don't think we discussed this.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other kitchen equipment inspected and is in working condition.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- All staff re-educated on hairnet and clothing protectors are to be worn, refrigerators cleaned, and regulation of temperature of food on 8-11-22.
- The dietary manager is responsible for ensure all aspects of this rule are followed

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of the kitchen no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.73 (3) Food Services

A703

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Menus and meal times were posted on 4/19/2022.
- Residents are currently being served palatable and visually appealing meals.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Menus and meal times have been posted as required since 4/19/2022.
- Food has improved and is palatable and visually appealing.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- Dietary manager re-educated on this rule by the administrator on 8-11-22.
- The dietary manager is responsible to ensure compliance with this rule.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will conduct inspections to ensure meal times and current week's menus are posted and that resident meals are palatable and visually appealing no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.08 (4) Physical Plant

A804

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The entire kitchen was cleaned and repaired as of 7/31/2022 with the exception of the dishwasher.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- A booster water heater has been ordered and is anticipated to arrive by 10/31/2022. Once installed, the dishwasher will be operable.
- Dishware is being taken to the skilled nursing facility for sanitation and which will continue until the booster heater is installed to make the dishwasher functional.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- All staff re-educated by the administrator on maintaining the kitchen area clean and in good repair on 8-11-22.
- The maintenance director and dietary manager are responsible to ensure that all food service facilities are properly maintained.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator/designee will conduct inspections of the kitchen no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-4-.10(1) Sanitation and Housekeeping

A1001

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- All noted areas were cleaned no later than 6/1/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other exterior areas were inspected and, if needed, cleaned no later than 6/1/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was educated on this rule by the by the administrator on 4/14/2022.
- The maintenance director is responsible to ensure facility property is kept neat and clean.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of the facility property no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A1002

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- All areas noted were either cleaned or repaired 6/1/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other areas of the facility were either cleaned or repaired, if needed, no later than 6/1/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The housekeeping supervisor was educated by the administrator on this rule 4/14/2022.
- The housekeeping supervisor is responsible to ensure that the facility provides a functional, sanitary and comfortable interior.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator/designee will conduct inspections of random areas of the facility no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

A1101

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- Fire drills have been conducted in compliance with this rule since May, 2022.
- The fire alarm system was inspected in July, 2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- No other concerns have been identified.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

Maintenance Director re-educated that fire drills will be conducted per regulation

- The maintenance director was re-educated on this rule by the administrator on 8/11/2022.
- The maintenance director is responsible to ensure that fire drills are conducted as required by this rule.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator, or designee, will review fire drills monthly for the next six months.
- Any evidence of non-compliance may result in additional education and continued monitoring.
- A record of these reviews will be maintained in the office of the administrator.

A1203

Corrective action taken in response to each resident or example identified in the statement of deficiencies:

- The pull string on the call system in the bathroom for RI#1 was repaired on 4/12/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- All other call lights were inspected to ensure all lights were operable and had a pull cord on 4/12/2022.

Measures put into place or systemic changes made to ensure the same deficiency will not recur in the facility:

- The maintenance director was educated on this policy by the administrator on 4/14/2022.
- The maintenance director is responsible to ensure that a functional call system is provided to each resident

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective.

- The administrator/designee will conduct inspections of random resident rooms, bathrooms and other areas no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.