POC Accepted
August 18, 2022
Debbie Freeman, RN
Debra Freeman

Plan Of Correction

Oak Circle Assisted Living

Facility ID# D5804

Administrator: Andrea St. John

Survey Exit Date: 8/10/2022

Deficiency 1

1) 420-5-4-.04(4) Personnel- Facility did not have the date of resident contact on the training paperwork for new employees.
2) We have now updated and made a new training checklist that now has a place to put the date of resident contact and well as the date of hire
3) Starting 8/10/2022, when we have a new employee that has been hired the resident contact date will be put down to assure the new employee does not have contact with the residents until all their paperwork needed has been completed.
4) The administrator will oversee making sure the date of resident contact is put on the training documents.
5) This will be monitored by the administrator and the owner on every new employee hired.

Deficiency 2

1) 420-4-1-04 Failure to report positive COVID-19 cases to the OIRS within 24 hours
2) Effective 8/10/2022 we will now report all positive COVID-19 cases inside the facility to the OIRS and Redcap.
3) Administrator immediately emailed Leslie Morgan with ADPH to confirm she had the correct email address because admin had not been getting any emails regarding changes. Now admin is getting emails so she can keep up with any changes in the future regarding COVID-19 cases and reporting positive cases. Administrator went onto the website with the surveyor so that she would know the proper steps to take when reporting COVID-19 cases in the future.

4) Administrator also sat down with the owner and showed her the correct website and steps to take so she could report any cases we may have as well.
5) The owner and administrator will now start looking to make sure cases are reported into the correct place online within the 24 hours of receiving the positive cases.

Deficiency 3

1) 420-5-4-.06(1) Care of Residents – Medication on a residents Plan of Care did not match the medication on the MAR.
2) Upon realizing the Plan of Care was different than the medication was listed on the MAR administrator called the pharmacy and the Nurse Practitioner that wrote the order on the Plan of Care and the order had been written incorrectly. The pharmacy had called the doctor to get a verbal order on the changes to make sure, so the medication did not change to what it was listed as on the Plan of Care. The doctor did not want the changes that were on the Plan of Care to be made and wanted them to keep her on what she was already taking.
3) To ensure this does not happen again the administrator will go over each Plan of Care that gets sent on a resident to check for medication changes on top of the pharmacy doing this as well.
4) These corrections are taking place immediately and will be done on all Plans of Care. The administrator will also call and speak with the pharmacy and go over the new Plan of Care once the pharmacy gets it. The staff in charge of this will be the administrator and the owner.
5) Administrator and owner will check the Plans of Care themselves then have the pharmacy check them and then we will go over it on the phone with the pharmacy to make sure no changes get missed. The people in charge of this will be the administrator and owner at the facility and the pharmacy techs that we speak with. This will be implemented every time a new Plan of Care is received.

Deficiency 4

1) 420-5-4-.06(4)(a)(b) Care of Residents – Resident Care Plans were not current and did not contain interventions to meet the care needs of residents.
2) Starting on 8/10/2022, when a new resident is admitted to the facility, we will do a separate care plan that contains the interventions needed to meet the care needs of that resident.
3) On the QuickMAR online charting system we use the administrator found a place to add all the diagnoses a resident has along with the goals we want to achieve, the interventions with signs and symptoms and the people responsible for making sure these things happen. One of these care plans have now been implemented on all our residents and will be done on any new resident admitted in the future.
4) These corrections have taken place now on all residents in the facility and will be done by the administrator on any new resident. These care plans will be updated when any new diagnosis has been made on a resident. These will be printed and placed inside out resident focused care plan book and we will also train all staff on how to view these care plans through the QuickMAR charting system as well.
5) The administrator has set each care plan that has been completed to expire monthly so that it will alert the administrator to go over care plans and add any changes made during each month so that the staff knows these changes that are being made. The assistant administrator will also check my care plans to make sure they are being done correctly and efficiently on each new resident for the next 3 new admissions.

Deficiency 5

1) 420-5-4-.07(2) Food Service – Food was being labeled with the prepared date instead of the "use by" date.
2) Corrective action is to start writing the "use by" dates on all leftover food that goes into the refrigerator instead of the dates they were prepared on.
3) The cooks will start labeling all leftover foods with a sign saying "use by" with the date it must be used or thrown away.

4) We are training all staff to make sure everyone knows that the food is not supposed to have the date prepared, but it is supposed to have the date it must be used by on any food leftover going in the refrigerator.
5) Starting now the cooks or administrator will check daily to make sure food is being labeled correctly. After two weeks we will check weekly and after those two weeks we will check monthly to ensure that all staff in the kitchen are labeling foods correctly.

Deficiency 6

1) 420-5-4-.05(3)(d) Records and Reports – Facility failed to post the state inspection report and resulting corrective action plan in a prominent location.
2) Upon realizing the state inspection book was not out for the public to see we realized it had been put in the drawer under the television in the common area of the facility. We have installed a wire basket at the front door to keep the state inspection in so people can see it when they walk in the front door.
3) We have told all staff and the cleaning crew that comes in that this book must always be visible for anyone to pick up and look at. We told the staff and cleaning crew that the book must always be in the basket and not to put it anywhere else.
4) We had a short staff training on the state inspection book and explained to them that it must be able to be viewed by anyone that wants to look at it and it must be able to be seen at all times. The modifications we made were installing the wire basket to keep the state inspection in and it ill be located by the front door.
5) The administrator will check every morning Monday- Friday to ensure that the book is staying in the basket visible for everyone to see. The staff has also been notified to check the basket as they come in every morning. All staff will make a habit of checking the basket as they do their shift temp checks when coming inside the facility.

Deficiency 7

1) 420-5-4-.07(1) Food Service- Facility menu did not have the 5 basic food groups available for every meal.
2) Owner pulled the menu created from the dietician and reviewed it and gave a copy to the surveyor. Owner is now putting that menu back into rotation. The owner also sat down with the administrator and added more fruits and vegetables to the current 4-week menu.
3) Administrator is making a copy of each week's menu for each resident to keep in their rooms, so they are able to see what each meal is for the day. Administrator will also assist the cook to make sure the menus are followed. If any substitutions are made, they will be added to the menu.
4) Administrator has spoken to the residents and asked them to go over the monthly menu and let us know if they have any recommendations regarding the 4-week menu. If they have any concerns, they will be addressed with the administrator and owner.
5) Administrator will assist cook to go over the menu and make sure that every meal meets the nutritional guidelines. The administrator will oversee the menus for the next three months and then after that any time a resident requires any dietary changes that need to be made.

Andrea Hopkins 8-18-22