Accepted 7.14.22

Connie Cherry

**Plan of Correction**

**Facility Name: Lakewood Senior Living of Jasper I, LLC**
**Facility Identification Number: D6408**
**Name of Administrator: Jena Smith**
**Survey Exit Date: 6/29/2022**

1. **A 504 420-5-4-.05(3)(d) Records and Reports**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   Administrator (EI#1) immediately instructed and reminded employees (EI#4, EI#5, EI#6, EI#8)) to continue to follow the standards and recommended guidelines established by the Centers for Disease Control (CDC) for wearing face masks. The Administrator and all present staff complied. Completed June 28, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor, that are related to those cited in the SOD:**

   The Administrator instructed all other employees working later shifts to continue to follow the standards and recommended guidelines from the CDC for wearing face masks while on duty. Disposable face masks continue to be available for staff's use and are easily accessible. Completed June 28, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   All staff received in-service training from the Administrator regarding continuing to adhere to the standards and recommendations as established by the CDC to help prevent the transmission of COVID-19 by wearing face masks. Administrator completed inventory of facility's supply of face masks and determined an adequate supply continues to be available for staff/visitor use. Completed July 8, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor that staff members will continue to follow standards and recommendations established by the CDC for wearing face masks to help prevent transmission of COVID-19. Monitoring of staff wearing face masks while on duty will occur daily for five days, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

1. **A 615 420-5-4-.06 (7) (j) Care of Residents**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   Administrator (EI#1) completed one-on-one counseling and retraining with responsible employee prior to working her next shift as to the acceptable community standard to contemporaneously record medication assistance to residents. Completed June 30, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor, that are related to those cited in the SOD:**

   Prior to beginning their next shift, the Administrator notified care staff members to contemporaneously record medication assistance to ensure they are following community standards. All current resident records of medication assistance were audited by the Administrator to determine if there were any other instances of medication assistance that were not recorded contemporaneously. Completed July 10, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   All staff received in-service training from the Regional Nurse as to the acceptable community standard for medication assistance, which includes contemporaneously recording medication assistance on the resident's record. Completed July 8, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor that staff members continue to follow the community's standard to contemporaneously record medication assistance. Monitoring of staff's contemporaneous recording of medication assistance will occur daily for five days, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

1. **A 702 420-5-4-.07 (2) Food Service**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   Administrator (EI#1) immediately completed one-on-one counseling and training with all present employees (EI#8) as to the need to wear a clean covering, such as an apron, over their clothing before serving food. Staff complied. Completed June 29, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor, that are related to those cited in the SOD:**

   The Administrator posted a notice instructing staff to wear a clean covering, such as an apron, over their clothing before serving food. Completed July 8, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   On June 30, 2022, the Regional Nurse purchased additional aprons, which were placed in the kitchen for staff's use to wear over their clothing before serving food. All staff received in-service training from the Administrator as to wearing a clean covering, such as an apron, over their clothing before serving food. Training completed July 8, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor that staff members will wear a clean covering, such as an apron, over their clothes when serving food. Monitoring of staff wearing proper attire over their clothes when serving food will occur daily for five days, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

Jena Smith
Jena Smith, Administrator

7.12.22
Date

Accepted 7.14.22

Connie Cherry

**Plan of Correction**

**Facility Name: Lakewood Senior Living of Jasper II, LLC**
**Facility Identification Number: D6409**
**Name of Administrator: Jena Smith**
**Survey Exit Date: 6/29/2022**

1. **A 504 420-5-4-.05(3)(d) Records and Reports**

2. **Corrective action taken in response to each resident or example identified in the SOD:**

   The Administrator (EI#1) and employee (EI#7) complied with the standards and recommended guidelines established by the Centers for Disease Control (CDC) for wearing face masks. Completed June 28, 2022.

3. **Corrective action the facility will take to identify other residents or concerns not identified by the surveyor, that are related to those cited in the SOD:**

   The Administrator instructed all other employees working later shifts to continue following the standards and recommended guidelines from the CDC for wearing face masks while on duty. Disposable face masks continue to be available for staff's use and are easily accessible. Completed June 28, 2022.

4. **Measures/changes the facility has put into place or made to ensure the same deficiency will not recur in the facility:**

   All staff received in-service training from the Administrator regarding continuing to adhere to the standards and recommendations as established by the CDC to help prevent the transmission of COVID-19 by wearing face masks. Administrator completed inventory of facility's supply of face masks and determined an adequate supply continues to be available for staff/visitor use. Completed July 8, 2022.

5. **How corrective actions will be monitored to ensure they are implemented, adequately address the identified problems; and are effective:**

   The Administrator or Designee will monitor that staff members will continue to follow standards and recommendations established by the CDC for wearing face masks to help prevent transmission of COVID-19. Monitoring of staff wearing face masks while on duty will occur daily for five days, then once a week for 2 weeks and then monthly for 3 months. Documentation of the monitoring will be kept in the Administrator's office.

Jena Smith

Jena Smith, Administrator

7.12.22

Date