chg 06.10.2024

June 10, 2024

Plan of Correction
for
Facility Name: Assisted Living at Danberry at Inverness
Facility Identification Number: D5914
Name of Administrator: Jaclyn Gardner
Survey Exit Date: 04/18/2024

Deficiency 1

Cited Deficiency: A 508

1. The corrective action(s) that the community will take in response to deficiency A 508 includes but is not limited to a cleaning of both convection ovens and the basket fryer. The open grill rack was also cleaned. This was accomplished by an outside agency on 04/22/2024.

2. The community took corrective action to identify other concerns related to deficiency A 508 not identified by the surveyor on 5/28/2024 by the Director of Dining Services. by performing an internal audit of the dining and cooking areas. There will be an ongoing process with the Director of Dining Services and/or his or her designee monthly. This action will also be done by the Director of Dining Services and/or designee on an as needed basis and as part of the community's quality assurance processes for determining regulatory compliance of processes.

3. As a result of the cited deficiency A 508, The community will monitor the progress of the procedures during its monthly quality assurance audits conducted by staff member as assigned by the Director of Dining Services, and/or his or herself to ensure that the corrective actions have been fully implemented and are adequately addressing the cited deficiency and it is an effective process. This monitoring will take place by staff assigned by the Director of Dietary by reviewing sanitation logs.

4. Monitoring will be maintained in notebook in the Director of Healthcare Services Office.

Deficiency 2

Cited deficiency: A 604

1. The corrective action(s) that the community will take in response to deficiency A 604 included but is not limited to staff education on

requirements of timely and accurate completion of Monthly Summaries which was completed on 05/08/2024.

2. As a result of the cited deficiency A 604, the facility conducted a medical record review of RI #s 2, 4, 5, 6, 8, and 10. A late entry of monthly summaries was made of summaries not previously accomplished. A verbal coaching session with the current facility Manager of Healthcare by the Director of Healthcare Services took place concerning the importance of completion of all required summaries and assessments.

3. The community will take corrective action to identify other concerns related to deficiency A 604 not identified by the surveyor by performing an internal audit of records to ensure that all Monthly Summaries are completed and timely. This will be completed by June 10, 2024, by the Healthcare Manager. Ongoing, monthly summaries will be completed monthly as required per the regulation.

4. The community will monitor the progress of the procedures during its monthly quality assurance audits conducted by staff member as assigned by the Healthcare Manager, his or herself to ensure that the corrective actions have been fully implemented and are adequately addressing the cited deficiency and it is an effective process. This documentation will be reviewed monthly by the Manager of Healthcare and/or his or her designee, for the months of June, July, and August. Then a quarterly review will be accomplished for two quarters and as a needed basis as part of the community's quality assurance processes for determining regulatory compliance of processes. The Manager of Healthcare will also provide additional oversight to the monthly quality assurance process when chart reviews and breakdowns are completed on an ongoing basis.

5. Monitoring will be maintained in notebook in the Director of Healthcare Services Office.

Submitted By:

Jaclyn Gardner – Executive Director – Danberry at Inverness

Jaclyn Gardner
Executive Director

5/31/24
Date