The Goldton at Athens

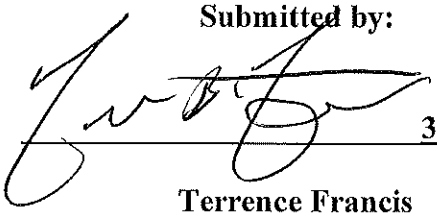
FACILITY ID D4210

PLAN OF CORRECTION

A Response to the

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's Survey Report for
Survey Exit date of November 8, 2023

Submitted by:



3-9-2024

Terrence Francis
Administrator
License # II-1816

Deficiency: A 302 420-5-4-.03 (1) (e) Administration

The Governing Authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies.

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

- The governing authority hired a new administrator on January 8, 2024.
- The governing authority has engaged the services of Dannie Williamson (consultant) to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- A sign was posted outside the room of RI#6 on October 17, 2023.

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 for steps the facility has taken or, will take, to correct all cited deficiencies.
- All other resident rooms containing a video camera have a sign outside indicating that video monitoring is in progress.

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

- See individual deficiencies for measures the facility has taken or, will take, to correct all cited deficiencies.
- The governing authority 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:

- A representative of the governing authority will visit the facility no less than monthly for the next four months to perform general observation of the community operations and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to perform general observation of the community operations and to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 303 420-5-4-.03 (2) (a) Administration

The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for proper performance of his or her duties.

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

- A new, full-time administrator began employment on January 8, 2024.
- The new administrator completed new employee orientation on January 15, 2024, which included the facility's policy on abuse and has signed a revised job description which now includes the need to have knowledge of the SBOH rules and regulations for an assisted living.

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:

- Corrective actions for each individual deficiency noted under Tag A303 are described under each individual tag.

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

- The administrator will be the direct representative of the governing authority in the management of the assisted living and will be responsible to the governing authority for the proper performance of his duties.
- 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.

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 the next four months to perform general observation of the community operations and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to perform general observation of the community operations and to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A501 420-5-4-.05 (1) Records and Reports

The Administrator shall prepare and file all records, or shall oversee the preparation and filling of records.

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

- A new, full-time administrator began employment on January 8, 2024.
- The new administrator completed new employee orientation on January 15, 2024, including the facility's policy on abuse and has signed a revised job description which now includes the need to have knowledge of the SBOH rules and regulations for an assisted living.

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 incidents requiring documentation which were not documented.

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

- The administrator will be the direct representative of the governing authority in the management of the assisted living and will be responsible to the governing authority for the proper performance of his duties.
- 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.

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 the next four months to interview a sample of staff members and residents regarding any concerns and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to interview a sample of staff members and residents regarding any concerns to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 504 420-5-4-.05 (3) (d) Records and Reports

Community standards of care were not followed for medication assistance by failure to observe that the resident took her medications.

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

- 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.

- There have been no other incidents where a resident was not observed taking their medications.

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

- A new Wellness Director was hired on December 18, 2023.
- The new Wellness Director has completed her initial training which included this rule.
- The new Wellness Director's training included a two-week on-site mentor training with the regional wellness director.
- All medication techs were retrained on proper medication assistance by the new Wellness Director and a representative of the facility's pharmacy on January 9, 2024, and again on February 27, 2024.
- All new medication techs are trained for no less than one week by the Wellness Director before being allowed to assist with medications.
- The new Wellness Director is responsible for continued compliance.
- 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.

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 will conduct random observations of medical assistance no less than weekly for two months, then monthly for two months.
- A representative of the governing authority will visit the facility no less than monthly for the next four months to observe a sample of resident medication passes and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to observe a sample of resident medication passes and to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.

- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 508 420.5.4-.05 (3) (h) Records and Reports

Administrator failed to investigate an allegation of abuse, to report the allegation of abuse to the Alabama Department of Public Health Online Incident Reporting System and failed to investigate an allegation of abuse. There was no documented investigation of an allegation of abuse and incident reports were not submitted timely to the state.

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

- A new, full-time administrator began employment on January 8, 2024.
- The new administrator completed new employee orientation on January 15, 2024, including the facility's policy on abuse and has signed a revised job description which now includes the need to have knowledge of the SBOH rules and regulations for an assisted living.

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 reportable incidents which were not investigated, documented or timely submitted to the Alabama Department of Public Health's Online Incident Reporting System.

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

- The administrator will be the direct representative of the governing authority in the management of the assisted living and will be responsible to the governing authority for the proper performance of his duties.
- All staff were trained on the facility's abuse policy and incident reporting by the new administrator no later than February 22, 2024.
- New employees are trained during their initial training.
- 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.

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 the next four months to interview a sample of staff members and residents regarding any concerns and to review a sample of incident reports.
- The consultant will visit the facility no less than monthly for the next twelve months and interview a sample of staff members and residents regarding any concerns and to review a sample of incident reports.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 601 420-5-4-.06 (1) Care of Residents

The facility failed to follow the physician's orders for assistance with a resident's medications.

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

- RI#10 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 new Wellness Director reviewed the MARs of all residents no later than February 29, 2024 to ensure that physician's orders are being followed as prescribed.
- There were no other residents identified who were not receiving medications as prescribed by their physician.
- A representative of the facility's pharmacy conducted a cart audit on February 2, 2024 to ensure accuracy.

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

- A new Wellness Director was hired on December 18, 2023.
- The new Wellness Director has completed her initial training which included this rule.
- The new Wellness Director's training included a two-week on-site mentor training with the regional wellness director.
- All medication techs were retrained on proper medication assistance by the new Wellness Director and a representative of the facility's pharmacy on January 9, 2024, and again on February 27, 2024.
- All new medication techs are trained for no less than one week by the Wellness Director before being allowed to assist with medications.
- The new Wellness Director is responsible for continued compliance.
- 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.

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 will conduct random inspections of MARs and perform observations of medical assistance no less than weekly for two months, then monthly for two months for compliance.
- A representative of the governing authority will visit the facility no less than monthly for the next four months and will conduct random inspections of MARs and observations of medication assistance to ensure continued compliance with the facility's Plan of

Correction.

- The consultant will visit the facility no less than monthly for the next twelve months and will conduct random inspections of MARs and observations of medication assistance to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 604 420-5-4-.06 (3) (a) (b) Care of Residents

Monthly assessments of residents were not completed as required.

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

- RI#2 had a monthly assessment completed on November 24, 2023. She has had a monthly assessment performed each month since November thru the month of February, 2024.
- RI#10 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 residents have had a monthly assessment completed since November, 2023 thru February, 2024.

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

- The new Wellness Director was educated on this rule during her initial employment training.
- The new Wellness Director is responsible for continued compliance.
- 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.

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 will conduct random inspections of resident monthly assessments no less than weekly for two months, then monthly for two months for compliance,
- A representative of the governing authority will visit the facility no less than monthly for the next four months to review a sample of resident monthly assessments and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to review a sample of resident monthly assessments and to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 609 420-5-4-.06 (3) (h) Care of Residents

Facility failed to ensure its abuse policy was followed regarding: five staff members did not report allegations of abuse, former ED did not conduct an investigation, ED did not report an allegation of abuse to ADPH, and ED did not accurately or thoroughly investigate an allegation of abuse.

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

- A new, full-time administrator began employment on January 8, 2024.
- The new administrator completed new employee orientation on January 15, 2024, including the facility's policy on abuse and has signed a revised job description which now includes the need to have knowledge of the SBOH rules and regulations for an assisted living.

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 reports of abuse which were not investigated, documented or timely submitted to the Alabama Department of Public Health's Online Incident Reporting System.

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

- The administrator will be the direct representative of the governing authority in the management of the assisted living and will be responsible to the governing authority for the proper performance of his duties.
- All staff were trained on the facility's abuse policy and incident reporting by the new administrator no later than February 22, 2024.
- New employees are trained during their initial training.
- 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.

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 the next four months and interview a sample of staff members concerning abuse and to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months and interview a sample of staff members concerning abuse to ensure continued compliance with the facility's Plan of Correction.

- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 611 420-5-4-.06 (4) (a) (b) Care of Residents

Care plans were not updated timely with appropriate interventions when a change in a resident's status occurs.

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

- RI#9 and RI#10 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 other resident care plans were reviewed for accuracy by Wellness Director no later than February 29, 2024.

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

- The new Wellness Director was educated on this rule during her initial employment training.
- The new Wellness Director is responsible for continued compliance.
- 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.

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 the next four months to review a sample of resident care plans to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to review a sample of resident care plans ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 614 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents

A resident was not given the opportunity to correctly utilize the unit dose package system at every opportunity for medication use.

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

- 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.

- No other residents have been identified as not having the opportunity to correctly utilize the unit dose package system at every opportunity for medication use.

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

- A new Wellness Director was hired on December 18, 2023.
- The new Wellness Director has completed her initial training which included this rule no later than January 7, 2024.
- The new Wellness Director's training included a two-week on-site mentor training with the regional wellness director.
- All medication techs were retrained on proper medication assistance by the new Wellness Director and a representative of the facility's pharmacy on January 9, 2024, and again on February 27, 2024.
- All new medication techs are trained for no less than one week by the Wellness Director before being allowed to assist with medications.
- The new Wellness Director is responsible for continued compliance.
- 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.

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 will conduct random observations of medication assistance no less than weekly for two months, then monthly for two months for compliance.
- A representative of the governing authority will visit the facility no less than monthly to observe a sample of medication passes for the next four months to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to observe a sample of medication passes to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the

office of the administrator.

- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 621 420-5-4-.06 (11) (b) Care of Residents
Retention.

Facility retained a resident who did not meet the criteria for an ALF resident.

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

- RI#10 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 by the new Wellness Director no later February 29, 2024, for appropriateness.
- Any resident found to no longer meet the criteria for an ALF resident given a notice of discharge.

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

- The new Wellness Director has completed her initial training which included this rule no later than January 7, 2024.
- The Wellness Director 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.
- 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.

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 will review with the Wellness Director the needs of each resident no less than weekly for two months, then monthly for two months for compliance
- A representative of the governing authority will visit the facility no less than monthly for the next four months to review a sample of monthly assessments to ensure continued compliance with the facility's Plan of Correction.
- The consultant will visit the facility no less than monthly for the next twelve months to review a sample of monthly assessments to ensure continued compliance with the facility's Plan of Correction.
- A record of the governing authority's and consultant's visits will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.