Theresa Hawkins chg

Accepted 10/31/2024 10:35 AM

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 204 **Deficiency Number:** 420-5-20-.02 (4) The License

The governing authority operated the facility in conduct and practice deemed detrimental to the welfare of the residents as evidenced by multiple, significantly, past due accounts for goods and services, more than one utility cut-off notice for non-payment and one utility (water) disconnected due to non-payment.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   On 07/22/24, Angela Powell was hired to serve as Administrator of the facility.

   EI#2/CEO is no longer employed by the facility as of 09/05/24.

   The following vendors and/or provider of goods and services has been paid in full and resumed services:
   - Alabama Power- paid in full as of 08/28/24
   - Bagby Elevator- paid in full as of 09/17/24
   - Southeastern Fire Protection Solutions- paid in full 08/2024
   - Gulf Breeze Landscaping- paid in full as of 09/16/24
   - Information on Demand (Background Check provider)- paid in full as of 09/06/24
   - Mobile Area Water & Sewer company- paid in full as of 09/11/24
   - Prewett Pest Control (paid in full as of 09/16/24) Cooks Pest Control has initiated services via contract with facility- effective 06/17/24
   - Spire Gas company- paid in full as of 09/03/24
   - Waste Solution Services- paid in full as of 09/16/24
   - Registered Dietician- paid in full as of 07/30/24
   - Medical Director- paid in full as of 09/16/24
   - Comcast Cable TV Provider- paid in full and auto pay set up

   EI#11 has been paid her full prior owing commission per contract at this time, verified on 10/10/24 by Administrator.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

Please see corrective actions noted under individually cited deficiencies, relative to other residents or concerns, not identified by the survey team, who may have problems similar to residents who were identified by the survey team.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

POLICY AND PROCEDURES
SAGE Management policies and procedures for Specialty Care Assisted Living will be implemented. Facility personnel will be trained on these policies and procedures by SAGE Management personnel by December 2024.

INCIDENT NOTIFICATION PROTOCOL
A new protocol will be implemented by November 2024 to require that SAGE Management personnel be notified immediately (by the RN and/or administrator) upon occurrence of any and all resident incidents 24 hours a day 7 days a week and indications of sprinkler or fire alarm system malfunctions. With this protocol in place, SAGE personnel will be able to initiate an investigation, when necessary, ensure adequate investigation, reporting and ensure appropriate action in response to all reports which require investigation and/or reporting.

INTERNAL SYSTEMS REVIEW/REVISION
On an ongoing basis, beginning on November 2024 all internal systems, protocols and organizational practices will be reviewed and revised as needed by SAGE Management. This includes, but is not limited to housekeeping processes, resident records, office & work areas, employee records, communication systems, job duties and work assignments.

MONTHLY QUALITY ASSURANCE
Under the direction of SAGE Management, the facility will establish and implement a Monthly Quality Assurance Form to track various due dates, including Kitchen Hood, Inspections, Fire Drills by Shift, Fire Alarm and Sprinkler Inspections, Etc. This form will be completed by the Administrator before the last day of each month and submitted electronically to SAGE Director of Compliance for review. If any discrepancies are identified, SAGE Director of Compliance will promptly follow-up with Administrator for resolution, effective November 2024.

EMPLOYEE TRAINING
Facility staff training will be provided or arranged for by SAGE Management on the following subject matter (at a minimum): Alabama Department of Public Health rules for Specialty Care Assisted Living Facilities; new or revised policies

and procedures; infection control and sanitation; maintaining clean and safe environment, housekeeping; activities and resident access to outdoor activities; resident safety; abuse/neglect/exploitation; the chain of command in reporting resident events; administrator job duties; RN job duties to include identifying staff training needs; notification protocols; formulating and implementing interventions and updates to resident care plans; handling, investigating and reporting of resident incidents and outbreaks to ADPH within 24 hours, cardiopulmonary resuscitation and rendering prompt emergency treatment, review of initial training required topics and requirement to complete prior to resident contact; therapeutic diets, unplanned weight loss, significant weight loss, services of Registered Dietician; ; Fire Drills, Fire and Sprinkler Inspections, how to read panel, how to respond, how to set to test mode; Operating "kill switch", location of kill switch, how to activate kill switch, and examples of when would be used; Resident Rights—including caring for resident in a dignified and respectful manner and, Rules of Employee Conduct as outlined in the facility Employee Handbook. This training will be completed by December 31, 2024. Training to cover the above noted subject matter will occur on a biweekly basis until all subject matter has been covered with relevant staff members. Refresher training and training on additional subject matter will be provided on an ongoing and as needed basis as determined by SAGE Management, the Administrator and/or RN.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE ENGAGEMENT AGREEMENT
SAGE Management was engaged by Gordon Oaks Governing Authority to manage the day-to-day activities of the facility, beginning 11/1/24. SAGE Management's duties include, but are not limited to: Development and implementation of policy and procedures, hiring and termination of staff, supervision and training of staff, approval of residents for admission, assessing continuing appropriateness for residency and assessment for those whose symptoms and/or behaviors merit possible interventions or discharge, establish accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable, collecting all revenues and for paying facility expenses, and correct any and all physical plant or safety issues identified to maintain a safe environment within and environs of the facility.

ON SITE SUPERVISION
On 09/24/24, SAGE Management made a preliminary visit on-site to meet the Administrator, General Manager, Maintenance Director, and other staff working on this day. This visit consisted of rounding the facility to assess condition of

building, discuss plan of correction and expectations to bring facility to compliance. In addition, in-depth discussions took place about the financial status and outstanding accounts of the facility. General Manager for Gordon Oaks reports to SAGE personnel during this discussion that all prior outstanding balances were resolved, and utility bills were up to date with payments.

On 10/08/24, a meeting was held with prior governing authority operations personnel for Gordon Oaks and SAGE Management Chief Strategy Officer, Chief Financial Officer, Director of Compliance, and Director of Human Resources. This meeting consisted of determining current systems for accounts receivable, accounts payable, and payroll. Plans to transition the prior set up of these systems to SAGE Management with options and plans to improve these systems were discussed. In addition, dates were set to schedule meetings to introduce staff to SAGE Management personnel and need for in-service training sessions to be set.

On 10/22/24, mandatory staff in-service was held at the facility introducing SAGE Management as the management company of the facility. Implementation of the Notification Protocol was reviewed by SAGE Management with staff, in-servicing topics began, and expectations of various departments reviewed. All monitoring requirements of the plan of correction were reviewed with involved personnel from the management team that were present during the all-staff meeting. SAGE Management Chief Strategy Officer, RN Consultants, Director of Corporate Construction, and Operations/Marketing Consultant all were present representing SAGE Management during this meeting.

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

SCHEDULING

Staffing schedules will be reviewed and approved in advance by SAGE Management personnel, prior to implementation, effective November 2024.

MOCK SURVEYS

SAGE Management will conduct routine Mock Surveys to include, but not be limited to, any or all of the following components: Staffing, Medication Administration, Medication Records, Training Records, Incident Reporting and

Investigations, Resident Records, Sanitation, Fire Safety, Physical Plant, Dietary Procedures, Etc. Reports of Mock Surveys along with recommendations for correction of any deficiencies noted will be addressed with the Administrator and the General Manager of the facility. SAGE Management will follow up and assist the facility to ensure all identified issues are corrected in a timely manner.

PRE-ADMISSION APPROVAL COMMITTEE

A pre-admission approval committee will by established by November 2024 to ensure that only eligible residents are admitted. Unanimous approval is required prior to admission. If even one committee member denies the admission, that the resident will not gain admission to the facility. Committee members include the Administrator (or his or her designee), the facility Registered Nurse, and one representative of SAGE Management. The pre-admission process will include completion of required pre-admission documents. Each committee member will document review of these documents and will document approval or disapproval of the admission. The facility administrator and the RN received training regarding this process and on related forms/documentation by November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 301 **Deficiency Number:** 420-5-20-.03 (1)(a)(b)(c)(d) Administration

The governing authority failed to properly orient and provide oversight of the current administrator, failed to ensure the facility was not without a licensed administrator for greater than forty-five days, failed to financially manage the facility in a manner to prevent interruption of goods or services, failed to provide adequate staffing to meet the care and safety needs of all residents and failed to provide a safe, clean and decent environment for residents. The governing authority's lack of adequate oversight and failure to apply the SBOH rules to the day-to-day operation of the facility resulted in deficient practices which placed all 39 residents of the facility at significant risk for harm.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   On 07/22/24, Angela Powell was hired to serve as Administrator of the facility.

   EI#2/CEO is no longer employed by the facility as of 09/05/24.

   SAGE ENGAGEMENT AGREEMENT
   SAGE Management was engaged by Gordon Oaks Governing Authority to manage the day-to-day activities of the facility, beginning 11/1/24. SAGE Management's duties include, but are not limited to: Development and implementation of policy and procedures, hiring and termination of staff, supervision and training of staff, approval of residents for admission, assessing continuing appropriateness for residency and assessment for those whose symptoms and/or behaviors merit possible interventions or discharge, establish accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable, collecting all revenues and for paying facility expenses, and correct any and all physical plant or safety issues identified to maintain a safe environment within and environs of the facility.

   Please see corrective actions noted under individually cited deficiencies relative to action taken in response to each resident or example listed in the deficiency.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   Please see corrective actions noted under individually cited deficiencies, relative to other residents or concerns, not identified by the survey team, who may have problems similar to residents who were identified by the survey team.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   POLICY AND PROCEDURES
   SAGE Management policies and procedures for Specialty Care Assisted Living will be implemented. Facility personnel will be trained on these policies and procedures by SAGE Management personnel by December 2024.

   INCIDENT NOTIFICATION PROTOCOL
   A new protocol will be implemented by November 2024 to require that SAGE Management personnel be notified immediately (by the RN and/or administrator) upon occurrence of any and all resident incidents 24 hours a day 7 days a week and indications of sprinkler or fire alarm system malfunctions. With this protocol in place, SAGE personnel will be able to initiate an investigation, when necessary, ensure adequate investigation, reporting and ensure appropriate action in response to all reports which require investigation and/or reporting.

   INTERNAL SYSTEMS REVIEW/REVISION
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   EMPLOYEE TRAINING

Facility staff training will be provided or arranged for by SAGE Management on the following subject matter (at a minimum): Alabama Department of Public Health rules for Specialty Care Assisted Living Facilities; new or revised policies and procedures; infection control and sanitation; maintaining clean and safe environment, housekeeping; activities and resident access to outdoor activities; resident safety; abuse/neglect/exploitation; the chain of command in reporting resident events; administrator job duties; RN job duties to include identifying staff training needs; notification protocols; formulating and implementing interventions and updates to resident care plans; handling, investigating and reporting of resident incidents and outbreaks to ADPH within 24 hours, cardiopulmonary resuscitation and rendering prompt emergency treatment, review of initial training required topics and requirement to complete prior to resident contact; therapeutic diets, unplanned weight loss, significant weight loss, services of Registered Dietician; ; Fire Drills, Fire and Sprinkler Inspections, how to read panel, how to respond, how to set to test mode; Operating "kill switch", location of kill switch, how to activate kill switch, and examples of when would be used; Resident Rights—including caring for resident in a dignified and respectful manner and, Rules of Employee Conduct as outlined in the facility Employee Handbook. This training will be completed by December 31, 2024. Training to cover the above noted subject matter will occur on a biweekly basis until all subject matter has been covered with relevant staff members. Refresher training and training on additional subject matter will be provided on an ongoing and as needed basis as determined by SAGE Management, the Administrator and/or RN.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

ON SITE SUPERVISION
On 09/24/24, SAGE Management made a preliminary visit on-site to meet the Administrator, General Manager, Maintenance Director, and other staff working on this day. This visit consisted of rounding the facility to assess condition of building, discuss plan of correction and expectations to bring facility to compliance. In addition, in-depth discussions took place about the financial status and outstanding accounts of the facility. General Manager for Gordon Oaks reports to SAGE personnel during this discussion that all prior outstanding balances were resolved, and utility bills were up to date with payments.

On 10/08/24, a meeting was held with prior governing authority operations personnel for Gordon Oaks and SAGE Management Chief Strategy Officer, Chief Financial Officer, Director of Compliance, and Director of Human Resources. This meeting consisted of determining current systems for accounts receivable, accounts payable, and payroll. Plans to transition the prior set up of these systems to SAGE Management with options and plans to improve these systems

were discussed. In addition, dates were set to schedule meetings to introduce staff to SAGE Management personnel and need for in-service training sessions to be set.

On 10/22/24, mandatory staff in-service was held at the facility introducing SAGE Management as the management company of the facility. Implementation of the Notification Protocol was reviewed by SAGE Management with staff, in-servicing topics began, and expectations of various departments reviewed. All monitoring requirements of the plan of correction were reviewed with involved personnel from the management team that were present during the all-staff meeting. SAGE Management Chief Strategy Officer, RN Consultants, Director of Corporate Construction, and Operations/Marketing Consultant all were present representing SAGE Management during this meeting.

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

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representative of SAGE Management. The pre-admission process will include completion of required pre-admission documents. Each committee member will document review of these documents and will document approval or disapproval of the admission. The facility administrator and the RN received training regarding this process and on related forms/documentation by November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 302 **Deficiency Number:** 420-5-20-.03 (e) Administration

The facility failed to develop and implement written policies and procedures.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   On 07/22/24, Angela Powell was hired to serve as Administrator of the facility.

   EI#9/ Maintenance Director is no longer employed by the facility as of 06/28/24.

   On 08/13/24 Bart Bosarge was hired to serve as Maintenance Director of the facility.

   EI#2/CEO is no longer employed by the facility as of 09/05/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   Please see corrective actions noted under individually cited deficiencies, relative to other residents or concerns, not identified by the survey team, who may have problems similar to residents who were identified by the survey team.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   POLICY AND PROCEDURES
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EMPLOYEE TRAINING

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Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 303 **Deficiency Number:** 420-5-20-.03 (2)(a) Administration

The administrator failed to perform her duties to ensure the care and safety needs of all residents were met.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   On 07/22/24, Angela Powell was hired to serve as Administrator of the facility.

   EI#2/CEO is no longer employed by the facility as of 09/05/24.

   Please see corrective actions noted under individually cited deficiencies, relative to action taken in response to each resident or example listed in the deficiency.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   Please see corrective actions noted under individually cited deficiencies, relative to other residents or concerns, not identified by the survey team, who may have problems similar to residents who were identified by the survey team.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   On 07/22/24, Angela Powell was hired to serve as Administrator of the facility. SAGE Management will supervise the facility Administrator to ensure the facility operates in compliance with the State Board of Health rules for Specialty Care Assisted Living Facilities. The Administrator will receive hands-on training and guidance from SAGE Management personnel. This training will include all training itemized in the plan of correction, at minimum.

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

Facility staff training will be provided or arranged for by SAGE Management on the following subject matter (at a minimum): Alabama Department of Public Health rules for Specialty Care Assisted Living Facilities; new or revised policies and procedures; infection control and sanitation; maintaining clean and safe environment, housekeeping; activities and resident access to outdoor activities; resident safety; abuse/neglect/exploitation; the chain of command in reporting resident events; administrator job duties; RN job duties to include identifying staff training needs; notification protocols; formulating and implementing interventions and updates to resident care plans; handling, investigating and reporting of resident incidents and outbreaks to ADPH within 24 hours, cardiopulmonary resuscitation and rendering prompt emergency treatment, review of initial training required topics and requirement to complete prior to resident contact; therapeutic diets, unplanned weight loss, significant weight loss, services of Registered Dietician; ; Fire Drills, Fire and Sprinkler Inspections, how to read panel, how to respond, how to set to test mode; Operating "kill switch", location of kill switch, how to activate kill switch, and examples of when would be used; Resident Rights—including caring for resident in a dignified and respectful manner and, Rules of Employee Conduct as outlined in the facility Employee Handbook. This training will be completed by December 31, 2024. Training to cover the above noted subject matter will occur on a biweekly basis until all subject matter has been covered with relevant staff members. Refresher training and training on additional subject matter will be provided on an ongoing and as needed basis as determined by SAGE Management, the Administrator and/or RN.

Please see corrective actions noted under individually cited deficiencies, relative to measures put into place or the systemic changes made, or both, to ensure the same deficiency will not recur in the facility.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 305 **Deficiency Number:** 420-5-20-.03 (2)(c) Administration

The facility staff failed to notify the State Board of Health of administrator changes.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   On 07/22/24, Angela Powell was hired to serve as the Administrator of the facility.

   EI#2/CEO is no longer employed by the facility as of 09/05/24.

   ADPH was notified on 08/05/24 of the change in licensed Administrator. Done by Angela Powell. However, it was identified that the email was sent to a representative of ADPH long-term care division. Therefore, a second email was sent by Angela Powell on 08/12/24 to ADPH Assisted Living Unit RN Surveyor and ALF Unit Supervisor.

   Beginning 11/1/24, SAGE Management became the management company of the facility.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   EI#1, owner has been educated by SAGE Management that each time there is a transition in the administrator position, education must be provided to the licensed administrator regarding who the persons are that represent the governing authority and location kept of the articles of incorporation and governing authority bylaws. Done 10/16/24.

   Please see corrective actions noted under individually cited deficiencies, relative to other residents or concerns, not identified by the survey team, who may have problems similar to residents who were identified by the survey team.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Please see corrective actions noted under individually cited deficiencies, relative to measures put into place or the systemic changes made, or both, to ensure the same deficiency will not recur in the facility.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   SAGE ENGAGEMENT AGREEMENT
   SAGE Management was engaged by Gordon Oaks Governing Authority to manage the day-to-day activities of the facility, beginning 11/1/24. SAGE Management's duties include, but are not limited to: Development and implementation of policy and procedures, hiring and termination of staff, supervision and training of staff, approval of residents for admission, assessing continuing appropriateness for residency and assessment for those whose symptoms and/or behaviors merit possible interventions or discharge, establish accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable, collecting all revenues and for paying facility expenses, and correct any and all physical plant or safety issues identified to maintain a safe environment within and environs of the facility.

   ON SITE SUPERVISION
   On 09/24/24, SAGE Management made a preliminary visit on-site to meet the Administrator, General Manager, Maintenance Director, and other staff working on this day. This visit consisted of rounding the facility to assess condition of building, discuss plan of correction and expectations to bring facility to compliance. In addition, in-depth discussions took place about the financial status and outstanding accounts of the facility. General Manager for Gordon Oaks reports to SAGE personnel during this discussion that all prior outstanding balances were resolved, and utility bills were up to date with payments.

   On 10/08/24, a meeting was held with prior governing authority operations personnel for Gordon Oaks and SAGE Management Chief Strategy Officer, Chief Financial Officer, Director of Compliance, and Director of Human Resources. This meeting consisted of determining current systems for accounts receivable, accounts payable, and payroll. Plans to transition the prior set up of these systems to SAGE Management with options and plans to improve these systems were discussed. In addition, dates were set to schedule meetings to introduce

staff to SAGE Management personnel and need for in-service training sessions to be set.

On 10/22/24, mandatory staff in-service was held at the facility introducing SAGE Management as the management company of the facility. Implementation of the Notification Protocol was reviewed by SAGE Management with staff, in-servicing topics began, and expectations of various departments reviewed. All monitoring requirements of the plan of correction were reviewed with involved personnel from the management team that were present during the all-staff meeting. SAGE Management Chief Strategy Officer, RN Consultants, Director of Corporate Construction, and Operations/Marketing Consultant all were present representing SAGE Management during this meeting.

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

SCHEDULING
Staffing schedules will be reviewed and approved in advance by SAGE Management personnel, prior to implementation, effective November 2024.

MOCK SURVEYS
SAGE Management will conduct routine Mock Surveys to include, but not be limited to, any or all of the following components: Staffing, Medication Administration, Medication Records, Training Records, Incident Reporting and Investigations, Resident Records, Sanitation, Fire Safety, Physical Plant, Dietary Procedures, Etc. Reports of Mock Surveys along with recommendations for correction of any deficiencies noted will be addressed with the Administrator and the General Manager of the facility. SAGE Management will follow up and assist the facility to ensure all identified issues are corrected in a timely manner.

PRE-ADMISSION APPROVAL COMMITTEE
A pre-admission approval committee will by established by November 2024 to ensure that only eligible residents are admitted. Unanimous approval is required prior to admission. If even one committee member denies the admission, that the resident will not gain admission to the facility. Committee members include the Administrator (or his or her designee), the facility Registered Nurse, and one representative of SAGE Management. The pre-

admission process will include completion of required pre-admission documents. Each committee member will document review of these documents and will document approval or disapproval of the admission. The facility administrator and the RN received training regarding this process and on related forms/documentation by November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 401 **Deficiency Number**: 420-5-20-.04 (1)(2) Personnel

The facility did not provide adequate staffing to meet the care and safety needs of all residents twenty-four hours a day, seven (7) days a week.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#6/RN immediately began notifying 11-7 LPN staff that they must remain on the SCALF unit at all times during the scheduled shift. If a need arises on the ALF unit that requires attention from the LPN on duty, the resident assistant (RA) must arrive to SCALF unit to take place of LPN until LPN can return to the SCALF unit.

   A review of the staffing table listed in ADPH rules and regulations for SCALF was promptly reviewed by EI#6 on 06/17/24 with options discussed with EI#5 to bring staffing to compliance as quickly as possible. Taking into consideration the safety needs of the residents, additional staff were scheduled beyond the staffing table, effective 06/18/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   EI#2/CEO is no longer employed by the facility, effective 09/05/24.

   The facility background checks company, Information on Demand, was paid in full for the previous outstanding balance on 09/06/24. The background check company has resumed providing this service for the facility.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Staff in-service held by EI#6 and EI#5 on ADPH rules and regulations Personnel, with review of table A with specific attention to the facility shall ensure adequate personnel are employed and on duty to meet the care and safety needs of all residents 24/7 and the staffing table shall at minimum be followed, staff should never leave the SCALF unit, unless they have communicated to other facility

personnel the need of leaving unit and wait until their relief enters the unit before exiting the unit. Done 10/7/24.

In the event that the facility experiences a staffing shortage, the Administrator and the governing authority will take prompt action to secure interim personnel via agency personnel. Ongoing.

A contract has been initiated with a staffing agency, Legacy Healthcare, in the event necessary to implement should a staff shortage arise, effective 08/23/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE ENGAGEMENT AGREEMENT
SAGE Management was engaged by Gordon Oaks Governing Authority to manage the day-to-day activities of the facility, beginning 11/1/24. SAGE Management's duties include, but are not limited to: Development and implementation of policy and procedures, hiring and termination of staff, supervision and training of staff, approval of residents for admission, assessing continuing appropriateness for residency and assessment for those whose symptoms and/or behaviors merit possible interventions or discharge, establish accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable, collecting all revenues and for paying facility expenses, and correct any and all physical plant or safety issues identified to maintain a safe environment within and environs of the facility.

ON SITE SUPERVISION
On 09/24/24, SAGE Management made a preliminary visit on-site to meet the Administrator, General Manager, Maintenance Director, and other staff working on this day. This visit consisted of rounding the facility to assess condition of building, discuss plan of correction and expectations to bring facility to compliance. In addition, in-depth discussions took place about the financial status and outstanding accounts of the facility. General Manager for Gordon Oaks reports to SAGE personnel during this discussion that all prior outstanding balances were resolved, and utility bills were up to date with payments.

On 10/08/24, a meeting was held with prior governing authority operations personnel for Gordon Oaks and SAGE Management Chief Strategy Officer, Chief Financial Officer, Director of Compliance, and Director of Human Resources. This meeting consisted of determining current systems for accounts receivable, accounts payable, and payroll. Plans to transition the prior set up of these systems to SAGE Management with options and plans to improve these systems

were discussed. In addition, dates were set to schedule meetings to introduce staff to SAGE Management personnel and need for in-service training sessions to be set.

On 10/22/24, mandatory staff in-service was held at the facility introducing SAGE Management as the management company of the facility. Implementation of the Notification Protocol was reviewed by SAGE Management with staff, in-servicing topics began, and expectations of various departments reviewed. All monitoring requirements of the plan of correction were reviewed with involved personnel from the management team that were present during the all-staff meeting. SAGE Management Chief Strategy Officer, RN Consultants, Director of Corporate Construction, and Operations/Marketing Consultant all were present representing SAGE Management during this meeting.

Beginning November 2024, SAGE Management will begin on-site supervision and evaluation of the facility nursing and management teams. Appropriate action will be taken by SAGE Management to address and/or perform all employee training needs, discipline or discharge poorly performing staff members and hire additional staff as deemed necessary. SAGE Management's on-site supervision will be ongoing. SAGE Management will conduct on-site visits two days per week for the first four weeks, starting in November, of the one-year term of the probational period outlined in the Engagement Agreement and for not less than two visits per week for the following four weeks and then not less than one visit per week for the following four weeks, then monthly thereafter for the additional duration of the probational period.

SCHEDULING
Staffing schedules will be reviewed and approved in advance by SAGE Management personnel, prior to implementation, effective November 2024.

MOCK SURVEYS
SAGE Management will conduct routine Mock Surveys to include, but not be limited to, any or all of the following components: Staffing, Medication Administration, Medication Records, Training Records, Incident Reporting and Investigations, Resident Records, Sanitation, Fire Safety, Physical Plant, Dietary Procedures, Etc. Reports of Mock Surveys along with recommendations for correction of any deficiencies noted will be addressed with the Administrator and the General Manager of the facility. SAGE Management will follow up and assist the facility to ensure all identified issues are corrected in a timely manner.

PRE-ADMISSION APPROVAL COMMITTEE
A pre-admission approval committee will by established by November 2024 to ensure that only eligible residents are admitted. Unanimous approval is required prior to admission. If even one committee member denies the admission, that the resident will not gain admission to the facility. Committee members include the Administrator (or his or her designee), the facility

Registered Nurse, and one representative of SAGE Management. The pre-admission process will include completion of required pre-admission documents. Each committee member will document review of these documents and will document approval or disapproval of the admission. The facility administrator and the RN received training regarding this process and on related forms/documentation by November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 405 **Deficiency Number:** 420-5-20-.04 (6)(7)(8) Personnel

The facility failed to have a medical director. In addition, the facility RN failed to identify staff training needs and ensure all staff were currently certified in Cardiopulmonary Resuscitation.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Dr. Timothy Iliff has been resumed in the prior position as the facility Medical Director, effective 09/16/24. The signed contract is on file in the administrator's office at the facility.

   The past due balance owed to EI#7, former Medical Director has been paid in full, by 09/16/24.

   On 06/17/24 an immediate plan of action was provided to surveyor by EI#5 and EI#6. This plan of action included identifying each staff member that was not CPR certified.

   EI#6 scheduled CPR training 06/17/24 at 5pm and 06/21/24 at 11:30am.

   Beginning 06/17/24 all staff scheduled to work were CPR certified.

   EI#5 is no longer employed by the facility as of 07/08/24.

   EI#11 was promptly required to complete all initial training required topics outlined in ADPH rules and regulations. This was completed on 10/28/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   Dr. Timothy Iliff has been resumed in the prior position as the facility Medical Director, effective 09/16/24. The signed contract is on file in the administrator's office at the facility.

   SAGE Management has established accounting procedures and controls and systems for the development, preparation, and safekeeping of records and

books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable. transition accounting practices in the month of November 2024 and SAGE taking full responsibility in December 2024.

On 06/17/24 an immediate plan of action was provided to surveyor by EI#5 and EI#6. This plan of action included identifying each staff member that was not CPR certified.

EI#6 scheduled CPR training 06/17/24 at 5pm and 06/21/24 at 11:30am.

Beginning 06/17/24 all staff scheduled to work were CPR certified.

CPR classes were scheduled on 09/17/24, 09/19/24, and 09/21/24. As of 09/21/24, 100% of all employees have been CPR certified with the exception of 1 PRN nurse who has been removed from the staff schedule until CPR certification is complete.

100% of all current employee's files were reviewed by EI#10 to identify any other employees who did not complete the initial training required topics. Any omitted training courses will be promptly scheduled with those employees. In addition, 100% of all current employees will be required to complete 100% of all initial training required topics again with the use of SAGE Management training material via CE Solutions. This training began the week of 10/21/24. All staff will be required to complete all initial training by 12/31/24.

SAGE Management engaged CE Solutions on 10/15/24 for the facility initial training platform that all new hires and current employees will use for all required training topics, with the exception of DETA Care Series and DETA Brain Series. Regardless of staff who completed prior initial training topics, 100% of all staff will complete all required training topics with review of SAGE Management training material via CE Solutions. HR Director will communicate, support, and follow-up with facility current staff to have these trainings completed by 12/31/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

SAGE Management personnel will be responsible for collecting all revenues and for paying facility expenses. SAGE Management will promptly pay all facility expenses and other costs associated with the management and operation of the facility. Invoices and payments will be on file and recorded on the books of the facility timely. This will begin on 11/01/24 and will be monitored on a monthly basis by SAGE Corporate Controller and SAGE Chief Strategy Officer.

RN and HR Director with specific training provided by SAGE Management personnel that all new hires must be CPR certified within 90 days of hire and shall include a certification from an approved provider. Training included ensuring at least one individual who is CPR certified is scheduled on each shift at all times and RN responsibility to identify and address any staff training needs. Done 10/21/24.

RN, HR Director, and Administrator will be trained by SAGE Management personnel that all newly hired employees must complete all initial training topics prior to resident contact. This includes that those employees who do not complete the required training shall not be placed on the schedule or unit until otherwise completed. Done 10/21/24.

Education provided to Administrator by SAGE Management personnel of state file sticker system that will be implemented by the facility. This system includes a review and sign off by the Administrator of each employee file, ensuring all documents are complete and on file prior to new employees having contact with residents. Done 10/16/24. Same education will be provided to HR Director by SAGE Management personnel by 10/23/24.

SAGE Management engaged CE Solutions on 10/15/24 for the facility initial training platform that all new hires and current employees will use for all required training topics, with the exception of DETA Care Series and DETA Brain Series. Regardless of staff who completed prior initial training topics, 100% of all staff will complete all required training topics with review of SAGE Management training material via CE Solutions. HR Director will communicate, support, and follow-up with facility current staff to have these trainings completed by 12/31/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will schedule meetings with the owner to discuss the financial performance of the facility as deemed necessary. Reports will be provided to the owner monthly, quarterly, and annually. SAGE Management will keep the owner informed as to the financial status, condition, and operation of the facility and as to any state or local reporting requirements in connection with the licenses and permits necessary for SAGE Management to manage the facility as determined necessary. Ongoing, Effective November 2024.

SAGE Management personnel will review 100% of all current employee files to ensure that all current staff are CPR certified and have completed all initial training topics required by ADPH rules and regulations. This will be completed by 12/31/24.

SAGE Management personnel will conduct audits on each visit of all newly hired employees to ensure that CPR certification is on file and/or the employee is scheduled to attend a CPR certification course prior to the 90th day of employment. In addition, the review will include ensuring that all initial training is complete prior to resident contact and the state file sticker system is being followed for monitoring. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

After all current employees and new hires complete the required trainings, after the first 12 months, current staff will have annual training topics (same topics as initial training requirements with exception of DETA Care Series and DETA Brain Series) via CE Solutions that will be assigned monthly. The facility will receive automated reports monthly from CE Solutions to monitor the completion of these monthly training courses.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 406 **Deficiency Number:** 420-5-20-.04 (9) Personnel

Staff were not cardiopulmonary resuscitation (CPR) certified and were not trained in special needs of residents.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   On 06/17/24, an immediate plan of action was provided to surveyor by EI#5 and EI#6. This plan of action included identifying each staff member that was not CPR certified.

   EI#6 scheduled CPR training 06/17/24 at 5pm and 06/21/24 at 11:30am.

   Beginning 06/17/24 all staff scheduled to work will be CPR certified.

   EI#5 is no longer employed by the facility as of 07/08/24.

   EI#11 was promptly required to complete all initial training required topics outlined in ADPH rules and regulations. This was completed on 10/28/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   On 06/17/24 an immediate plan of action was provided to surveyor by EI#5 and EI#6. This plan of action included identifying each staff member that was not CPR certified.

   EI#6 scheduled CPR training 06/17/24 at 5pm and 06/21/24 at 11:30am.

   Beginning 06/17/24 all staff scheduled to work were CPR certified.

   100% of all current employee's files were reviewed by EI#10 to identify any other employees who did not complete the initial training required topics. Any omitted training courses will be promptly scheduled with those employees. In addition, 100% of all current employees will be required to complete 100% of all initial training required topics again with the use of SAGE Management

training material via CE Solutions. This training began the week of 10/21/24. All staff will be required to complete all initial training by 12/31/24.

SAGE Management engaged CE Solutions on 10/15/24 for the facility initial training platform that all new hires and current employees will use for all required training topics, with the exception of DETA Care Series and DETA Brain Series. Regardless of staff who completed prior initial training topics, 100% of all staff will complete all required training topics with review of SAGE Management training material via CE Solutions. HR Director will communicate, support, and follow-up with facility current staff to have these trainings completed by 12/31/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   RN and HR Director with specific training provided by SAGE Management personnel that all new hires must be CPR certified within 90 days of hire and shall include a certification from an approved provider. Training included ensuring at least one individual who is CPR certified is scheduled on each shift at all times and RN responsibility to identify and address any staff training needs. Done 10/21/24.

   RN, HR Director, and Administrator will be trained by SAGE Management personnel that all newly hired employees must complete all initial training topics prior to resident contact. This includes that those employees who do not complete the required training shall not be placed on the schedule or unit until otherwise completed. Done 10/21/24.

   Education provided to Administrator by SAGE Management personnel of state file sticker system that will be implemented by the facility. This system includes a review and sign off by the Administrator of each employee file, ensuring all documents are complete and on file prior to new employees having contact with residents. Done 10/16/24. Same education will be provided to HR Director by SAGE Management personnel by 10/23/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   SAGE Management personnel will review 100% of all current employee files to ensure that all current staff are CPR certified and have completed all initial training topics required by ADPH rules and regulations. This will be completed by 12/31/24.

SAGE Management personnel will conduct audits on each visit of all newly hired employees to ensure that CPR certification is on file and/or the employee is scheduled to attend a CPR certification course prior to the 90th day of employment. In addition, the review will include ensuring that all initial training is complete prior to resident contact and the state file sticker system is being followed for monitoring. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 502 Deficiency **Number:** 420-5-20-.05 (2) Records and Reports

The facility failed to maintain original articles of incorporation and a copy of the bylaws of the governing authority.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#1, owner provided EI#11 with a copy of the articles of incorporation and governing authority bylaws. This is currently on file in the administrator's office, effective 09/05/24.

   A representative of the governing authority has provided education to the current administrator regarding governing authority persons, where articles of incorporation and governing authority bylaws are located in the administrative office, done 10/16/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   N/A

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   The General Manager, who is a representative of the Governing Authority, has been educated by SAGE Management that each time there is a transition in the administrator position, education must be provided to the licensed administrator regarding who the persons are that represent the governing authority and location kept of the articles of incorporation and governing authority bylaws. Done 10/16/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will locate articles of incorporation and governing authority bylaws, verifying location kept remains in effect. This will be completed on the initial visit to the community week of November 4th. Visits will include random monitoring of the location of articles of incorporation and governing authority bylaws.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 504 **Deficiency Number:** 420-5-20-.05 (3)(d) Records and Reports

The facility failed to post a copy of the Residents Rights and the most recent inspection report. The facility also failed to ensure residents were provided a safe and decent environment and the right to be outdoors at regular and frequent intervals.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5 promptly posted resident rights in conspicuous resident common area of the unit. Done 06/10/24.

   EI#5 posted the previous inspection report in common area of the unit. Done week of 06/17/24.

   Activity Coordinator was hired by facility on 06/12/24. However, the current Activity Coordinator is not sufficiently fulfilling job duties in this role to facility expectations, therefore the facility is actively recruiting a new Activity Coordinator as of 10/15/24. As of 10/18/24, the facility has named a new Activity Coordinator.

   The receptionist is the designee for activities when Activities Coordinator is not scheduled to work. This was reviewed in September 2024 by the Administrator with receptionist staff member. This was documented on 10/22/24.

   Random review of activity calendar was conducted by current administrator in August 2024. Beginning in September 2024, the Administrator began reviewing activity calendar weekly, with monitoring and following up with any concerns.

   Courtyard overgrown grounds clean-up was initiated on 08/12/24 and completed by Gulf Breeze Landscaping on 09/27/24. This included flower beds being neat and well-groomed by Gulf Breeze Landscaping, done by 08/13/24. All of the facilities outside grounds have been manicured at this time and sidewalks are clear of overgrown grass and weed foliage.

   A new Maintenance Director was hired by the facility on 08/13/24.

Insecticide was distributed by Maintenance Director on 09/19/24. This has resolved the insect mounds in the courtyard, lawn, and garden areas outside the building, and within the atrium.

The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

The door leading from the dining room into the courtyard has been repaired and currently is closing fully and latching and now has a safety release bar on the door. This was repaired by Coast Safe & Lock on 10/01/24.

Dining room at front of the building, sink leak was repaired by former Maintenance Director, EI#9 in June 2024. The cabinetry integrity will be repaired by December 2024 by the Maintenance Director. No further signs of gnats have been observed since repair.

The ceiling tiles in dining room were replaced by EI#8 in June 2024, after the survey.

The cabinetry will be repaired by the end of October 2024 by the Maintenance Director.

The second dining room, across the hall at the back of the building, air conditioner unit is functioning properly. The air conditioner unit was replaced prior to the current Maintenance Director being hired. The exact information regarding who replaced unit is currently unknown. The current temperature reading in this dining room is 72 degrees Fahrenheit. Verified by administrator on 10/09/24.

Please see corrective actions noted under individually cited deficiencies 204, 405, 701, 901, 1001, 1101, 1201, 1203.

2. Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.

Activity Coordinator in-serviced on 10/22/24 by current administrator and SAGE Management on importance of following activity calendar for each scheduled activity and allowing residents access to outdoors for activities at regular intervals, as weather permits and safe to do so. This included a review that adequate supplies must be maintained for planned activities.

Activity supplies inventoried by the current Activity Coordinator to ensure that scheduled activities have sufficient supplies as of 10/22/24. The Activity Coordinator has a designated company credit card available at all times to

purchase any needed supplies for scheduled activities and permission has been granted by the Administrator to make purchases for activities, as necessary.

The courtyard area was determined safe and reopened for activities by the Maintenance Director on 09/27/24.

All other doors on SCALF unit have been inspected by the Maintenance Director on the week of 09/23/24 to ensure they are completely functional.

All other air conditioner units are being inspected, week of 10/06/24 by Air Plus. Thermostat readings are currently being monitored daily by the Maintenance Director and Administrator to verify proper temperatures are maintained between 71-81 degrees Fahrenheit. Other measures will be implemented as necessary to maintain proper temperatures of these areas of facility.

Insecticide was distributed by Maintenance Director on 09/19/24. This has resolved the insect mounds in the courtyard, lawn, and garden areas outside the building, and within the atrium.

SAGE Management has established accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable. transition accounting practices in the month of November 2024 and SAGE taking full responsibility in December 2024.

Please see corrective actions noted under individually cited deficiencies 204, 405, 701, 901, 1001, 1101, 1201, 1203.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

Education provided to administrator by SAGE Management on state requirement that resident rights are to be kept and remain posted in a conspicuous resident common area of the unit. This education also includes that each resident shall be fully informed, prior to or at the time of admission, of these rights, each resident file shall contain a copy of a written acknowledgement that these rights have been fully explained by facility staff to the resident, or sponsor, if appropriate. Both the resident or sponsor and administrator or designee shall sign and date this review. Done 10/16/24.

The administrator will round the unit monthly for duration of probational license to visually identify that resident rights remain posted. Effective November 2024.

The Administrator will make unannounced random rounds during scheduled activities 4 times per month (at a minimum) to ensure that the activity calendar is being followed, that residents have outdoor activities scheduled regularly as weather permits, residents are engaged, and staff participate in leading scheduled activities. Starting November 2024.

The Activity Coordinator will provide the Administrator each month prior to the upcoming month's scheduled activity calendar for review and approval. Effective November 2024.

Mandatory all staff in-service initiated on 10/22/24 by SAGE Management for review of location of activities calendar posting, scheduled activities must be offered to all residents of facility per activity schedule, importance of following activity calendar for each scheduled activity and allowing residents access to outdoors for activities at regular intervals, as weather permits and safe to do so, and if supplies needed to complete activity are not available to immediately notify activity coordinator and/or administrator. The Administrator will follow up with staff needing make-up training and promptly review training items with those individuals, ongoing.

Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance

Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

SAGE Management personnel will be responsible for collecting all revenues and for paying facility expenses. SAGE Management will promptly pay all facility expenses and other costs associated with the management and operation of the facility. Invoices and payments will be on file and recorded on the books of the facility timely. This will begin on 11/01/24 and will be monitored on a monthly basis by SAGE Corporate Controller and SAGE Chief Strategy Officer.

Please see corrective actions noted under individually cited deficiencies 204, 405, 701, 901, 1001, 1101, 1201, 1203.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

SAGE Management personnel will round the facility each visit to ensure that resident rights remain posted in a conspicuous resident common area of the unit. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will review the activity calendar monthly to ensure adequate and appropriate activities are being scheduled. During on-site visits, an observation of activities will take place to verify that the activity calendar is being followed by staff for resident activities. This will occur monthly, ongoing, for the duration of the probational license.

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will schedule meetings with the owner to discuss the financial performance of the facility as deemed necessary. Reports will be

provided to the owner monthly, quarterly, and annually. SAGE Management will keep the owner informed as to the financial status, condition, and operation of the facility and as to any state or local reporting requirements in connection with the licenses and permits necessary for SAGE Management to manage the facility as determined necessary. Ongoing, Effective November 2024.

Please see corrective actions noted under individually cited deficiencies 204, 405, 701, 901, 1001, 1101, 1201, 1203.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 508 Deficiency **Number:** 420-5-20-.05 (3)(h) Records and Reports

The facility failed to report to the ADPH a malfunction of the fire alarm system and failed to investigate an incident reported to the ADPH Online Reporting System.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#5/Administrator is no longer employed by the facility as of 07/08/24.

   Angela Powell was hired to serve as Administrator of the facility on 07/22/24.

   A report was filed with ADPH ALF unit online reporting system on approximately on 06/17/24 by EI#5 for the 06/12/24 malfunction of the fire alarm system. An investigation has been documented and is on file at the facility.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   The administrator will review the past months of incident reports, going back to 7/22/24 to determine if an investigative report is on file for each incident. Those reports that do not include an investigation will be one documented and investigative information will be gathered for each incident. This will be completed by 11/01/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Education provided to Administrator, Maintenance Director, and RN by SAGE Management of ADPH rules and regulations regarding incident types, incident reporting, incident report requirements, investigations completed within 72 hours, reporting requirements to ADPH within 24 hours of incident, and keeping all documents created in investigative file at facility on each incident report. This will be done by 11/15/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   A new protocol was implemented on 10/22/24 to require that SAGE Management personnel be notified immediately (by the Administrator, RN, and/or Maintenance Director) upon occurrence of any and all indications of fire or sprinkler system malfunctions and any and all resident incidents 24 hours a day 7 days a week. With this protocol in place, SAGE personnel will be able to initiate and guide a thorough investigation, when necessary, ensure adequate investigation, reporting and ensure appropriate action in response to all reports which require investigation and/or reporting.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 602 Deficiency **Number:** 420-5-20-.06 (4)(c)(d)(e)(f) Care of Residents

The facility failed to offer an appropriate activity program to residents.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Activity Coordinator was hired by facility on 06/12/24. However, the current Activity Coordinator is not sufficiently fulfilling job duties in this role to facility expectations, therefore the facility is actively recruiting a new Activity Coordinator as of 10/15/24.

   The receptionist is the designee for activities when Activities Coordinator is not scheduled to work. This was reviewed in September 2024 by the Administrator with receptionist staff member. This was documented on 10/22/24.

   Random review of activity calendar was conducted by current administrator in August 2024. Beginning in September 2024, the Administrator began reviewing activity calendar weekly, with monitoring and following up with any concerns.

   Courtyard overgrown grounds clean-up was initiated on 08/12/24 and completed by Gulf Breeze Landscaping on 09/27/24. This included flower beds being neat and well-groomed by Gulf Breeze Landscaping, done by 08/13/24. All of the facilities outside grounds have been manicured at this time and sidewalks are clear of overgrown grass and weed foliage.

   A new Maintenance Director was hired by the facility on 08/13/24.

   Insecticide was distributed by Maintenance Director on 09/19/24. This has resolved the insect mounds in the courtyard, lawn, and garden areas outside the building, and within the atrium.

   The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

   The door leading from the dining room into the courtyard has been repaired and currently is closing fully and latching and now has a safety release bar on the door. This was repaired by Coast Safe & Lock on 10/01/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   Activity Coordinator in-serviced on 10/22/24 by current administrator and SAGE Management on importance of following activity calendar for each scheduled activity and allowing residents access to outdoors for activities at regular intervals, as weather permits and safe to do so. This included a review that adequate supplies must be maintained for planned activities.

   Activity supplies inventoried by the current Activity Coordinator to ensure that scheduled activities have sufficient supplies. Ongoing since hire date in June 2024. The Activity Coordinator has a designated company credit card available at all times to purchase any needed supplies for scheduled activities and permission has been granted by the Administrator to make purchases for activities, as necessary.

   The courtyard area was determined safe and reopened for activities by the Maintenance Director on 09/27/24.

   All other doors on SCALF unit have been inspected by the Maintenance Director on the week of 09/23/24 to ensure they are completely functional.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Mandatory all staff in-service initiated on 10/22/24 by SAGE Management for review of location of activities calendar posting, scheduled activities must be offered to all residents of facility per activity schedule, importance of following activity calendar for each scheduled activity and allowing residents access to outdoors for activities at regular intervals, as weather permits and safe to do so, and if supplies needed to complete activity are not available to immediately notify activity coordinator and/or administrator. The Administrator will follow up with staff needing make-up training and promptly review training items with those individuals, ongoing.

   The Administrator will make unannounced random rounds during scheduled activities 4 times per month (at a minimum) to ensure that the activity calendar is being followed, that residents have outdoor activities scheduled regularly as weather permits, residents are engaged, and staff participate in leading scheduled activities. Effective November 2024.

   The Activity Coordinator will provide the Administrator each month prior to the upcoming month's scheduled activity calendar for review and approval. Effective November 2024.

Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will review the activity calendar monthly to ensure adequate and appropriate activities are being scheduled. During on-site visits, an observation of activities will take place to verify that the activity calendar is being followed by staff for resident activities. This will occur monthly, ongoing, for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not

limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 Administrator**:** Angela Powell

A 701 **Deficiency Number:** 420-5-20-.07 (1) Food Service

The facility failed to provide services of a professionally qualified dietitian.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#17, former dietitian received payment for the prior outstanding balance and resumed consulting services at the facility on 07/30/24.

   RI#1, RI#8, RI#9, and RI#10 were consulted by EI#17, current dietitian, for the unplanned weight loss on 07/30/24 and 07/31/24. Recommendations were documented by EI#17. Those recommendations were reviewed by the EI#6/RN, implemented by the facility, and added to each resident's care plan for staff interventions.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   100% of all current residents of the facility monthly weights were reviewed by EI#6 to identify another other resident affected since January 2024 when EI#17 had not been serving the facility for dietitian consulting services. Those identified were addressed by notification to EI#17 in request for a consultation. This was done by EI#6 on 07/29/24 and 07/30/24.

   SAGE Management has established accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable. transition accounting practices in the month of November 2024 and SAGE taking full responsibility in December 2024.
   .

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

RN with specific training provided by SAGE Management personnel that all residents who are on a therapeutic diet or has unplanned weight loss has services available from a Registered Dietitian and the facility agreement with the Registered Dietitian includes that weights will be reviewed monthly, and recommendations will be provided as needed. This education included a review of what constitutes significant weight loss and the process for obtaining weights monthly and promptly addressing significant weight losses. Done on 10/21/24.

SAGE Management personnel will be responsible for collecting all revenues and for paying facility expenses. SAGE Management will promptly pay all facility expenses and other costs associated with the management and operation of the facility. Invoices and payments will be on file and recorded on the books of the facility timely. This will begin on 11/01/24 and will be monitored on a monthly basis by SAGE Corporate Controller and SAGE Chief Strategy Officer.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

Weights will be reviewed monthly by SAGE Management to ensure that all significant weight losses have been addressed and a Registered Dietician has been consulted. Beginning November 2024.

SAGE Management personnel will schedule meetings with the owner to discuss the financial performance of the facility as deemed necessary. Reports will be provided to the owner monthly, quarterly, and annually. SAGE Management will keep the owner informed as to the financial status, condition, and operation of the facility and as to any state or local reporting requirements in connection with the licenses and permits necessary for SAGE Management to manage the facility as determined necessary. Ongoing, Effective November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 805 **Deficiency Number:** 420-5-20-.08 (5) Physical Facilities

The facility failed to provide a safe space for outside activities.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#9/ Maintenance Director is no longer employed by the facility as of 06/28/24.

   A new Maintenance Director was hired by the facility on 08/13/24.

   Electrical Romex wire with unsecured wire nuts and taped with electrical tape is no longer exposed and is now corrected. Done by Maintenance Director on 08/30/24.

   The facility grounds clean-up was initiated on 08/12/24 and completed by Gulf Breeze Landscaping on 09/27/24. This included flower beds being neat and well-groomed by Gulf Breeze Landscaping, done by 08/13/24.

   Refuse that was dispersed throughout the garden, lawn area, along sidewalks, driveways, and parking area in the rear of the building was removed and the grounds are currently unobstructed from those prior refuse items in addition to the removal of the metal bowls identified during ADPH survey. Done by Maintenance Director on 09/27/24.

   Broken shutter pieces and broken exhaust vent valves were removed from the facility grounds on 08/03/24 by the Maintenance Director.

   The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

   Insecticide was distributed by Maintenance Director on 09/19/24. This has resolved the insect mounds in the courtyard, lawn, and garden areas outside the building, and within the atrium.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

The courtyard area was determined safe and reopened for activities by the Maintenance Director on 09/27/24.

The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the

interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 901 Deficiency **Number:** 420-5-20-.09 (1)(2) Laundry

The facility failed to ensure the dryer lint traps were clean.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Lint traps identified during survey as being not clean and piled up with lint were cleaned by Maintenance Director on 08/26/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   N/A

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   All designated laundry staff were in-serviced by administrator on 08/26/24 for review that lint traps shall be maintained and cleaned after each use to prevent fire hazards. This was completed on 08/30/24.

   The Maintenance Director will monitor lint traps for cleanliness daily on scheduled workdays x 2 weeks, then three times weekly x 2 weeks, then weekly x 4 weeks, then monthly for the duration of the probational licensed. Any identified issues will be promptly reported to the administrator. Effective November 2024.

   Education will be provided to all staff in the event that dryers are needed for use by other facility personnel that lint traps shall be maintained and cleaned after each use to prevent fire hazards. This will be completed by SAGE Management by 11/30/24.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1001 Deficiency **Number:** 420-5-20-.10 (1) Sanitation and Housekeeping

The facility failed to ensure the premises was clean and neat, free of pests and other conditions that could create a health or safety hazard. In addition, hot water temperatures exceeded the allowable temperature of 110 degrees Fahrenheit.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   A new Maintenance Director was hired by the facility on 08/13/24.

   The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

   Cooks Pest Control suspension of services due to non-payment has been resolved. Cooks Pest Control has resumed services, effective 06/17/24, with the most recent visit held 09/26/24. Currently the past due balance has been paid in full as of 09/16/24.

   The raccoon was removed by EI#9 from premises on 06/04/24 per EI#10, prior to survey. No current evidence of racoons on premises per current Maintenance Director as of 10/08/24.

   The laundry room ceiling tiles were replaced that were prior stained or missing. Insulation was restored to the attic space of this area. Done by Maintenance Director in September 2024. With the exception of one tile remains pending with a leak stain to be replaced. This will be replaced by 10/31/24 by the Maintenance Director.

   Lint build up on the floor in the laundry area was disposed of and areas behind dryers with lint were cleaned, as well as lint traps of dryers being cleaned. Done in September 2024 by Maintenance Director and designated laundry staff member.

   Beauty shop ceiling tiles were replaced that were prior stained or missing. Insulation was restored to the attic space of this area. Done by Maintenance Director on 09/12/24.

   EI#2/CEO is no longer employed by the company, effective 09/05/24.

Recreation room (Cozy Corner) refuse was disposed of that was noted on floor. Done by Activity Coordinator on 08/27/24.

Recreation room (Cozy Corner) Ceiling tiles will be replaced that were prior stained. Insulation will be restored to the attic space of this area. This will be done by 10/31/24 by the Maintenance Director.

The temperature in the Recreation room (Cozy Corner) air conditioner unit was repaired on 10/22/24 by Air Plus. The current temperature reading is 75 degrees as of 10/28/24.

The toilet room in the laundry area was repaired and is now operable and functioning properly. Done by Maintenance Director on 09/11/24.

The identified room numbers listed in the state of deficiencies, current hot water temperature readings read no more than 110 degrees. This was corrected by adjustment of the hot water valve done by Maintenance Director on 08/06/24. As of 09/28/24, hot water temperatures accessible to resident's remain in compliance with ADPH regulation. The identified room with no water in sink faucets now has running water available. This was corrected prior to current Administrator and current Maintenance Director hire by facility. Therefore, there is no documentation available at facility to determine person who corrected the issue and date done

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   100% of all resident rooms were assessed for hot water temperature readings. Any identified concerns were addressed promptly. This was done by the Maintenance Director on 08/30/24.

   The Maintenance Director began rounding the facility weekly in August 2024. A list was created with prioritizing needed repairs throughout the facility, ongoing.

   SAGE Management has established accounting procedures and controls and systems for the development, preparation, and safekeeping of records and books of accounting relating the business and financial affairs of the facility, including payroll, accounts receivable and accounts payable. transition accounting practices in the month of November 2024 and SAGE taking full responsibility in December 2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your**

facility.

Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

SAGE Management personnel will be responsible for collecting all revenues and for paying facility expenses. SAGE Management will promptly pay all facility expenses and other costs associated with the management and operation of the facility. Invoices and payments will be on file and recorded on the books of the facility timely. This will begin on 11/01/24 and will be monitored on a monthly basis by SAGE Corporate Controller and SAGE Chief Strategy Officer.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the

safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will schedule meetings with the owner to discuss the financial performance of the facility as deemed necessary. Reports will be provided to the owner monthly, quarterly, and annually. SAGE Management will keep the owner informed as to the financial status, condition, and operation of the facility and as to any state or local reporting requirements in connection with the licenses and permits necessary for SAGE Management to manage the facility as determined necessary. Ongoing, Effective November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1002 **Deficiency Number:** 420-5-20-.10 (2) Sanitation and Housekeeping

The facility failed to provide a decent and comfortable environment by storing mattresses, furniture, and other items belonging to prior residents in resident rooms.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#9 is no longer employed by the facility as of 06/28/24.

   A new Maintenance Director was hired by the facility on 08/13/24.

   All items have been removed that were listed in the statement of deficiencies of the listed affected vacant rooms with storage items. This was done by the Administrator, Maintenance Director, and Activities Director approximately on 08/23/24. All rooms were followed up with a cleaning from the housekeeper week of 8/26/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   100% of all vacant rooms were assessed for potential storage items. Any items identified were removed from those areas. This was done by the Administrator, Maintenance Director, and Activities Director approximately on 08/25/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Education provided to Admissions Coordinator and Administrator by SAGE Management that SAGE financial agreement includes language that residents and/or families discharging from the facility shall be reminded at the time of written notice that "In the event the resident does not remain in this Community the entire month, a prorated daily refund will be given, when the resident's personal property is removed from the unit, provided a thirty (30) day written notice has been given to the facility." Will be done by 11/30/24.

The Administrator and/or designee will meet with 100% of all current residents, or sponsors, if appropriate, of the facility and will review a new financial agreement provided by SAGE Management. The above language will be reviewed with each resident and/or sponsor. This will be initiated by December 2024 and will be completed by February 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1101 Deficiency **Number:** 420-5-20-.11 Fire and Safety

The facility failed to conduct fire drills monthly and quarterly on each shift, failed to ensure the fire alarm system and sprinkler system were inspected semi-annually for compliance with respective codes and failed to ensure the fire alarm system was operating as per NFPA (National Fire Protection Association) standard 72. In addition, the facility staff did not know how to utilize the fire alarm monitoring system.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   EI#9 is no longer employed by the facility as of 06/28/24.

   A new Maintenance Director was hired by the facility on 08/13/24.

   Education was provided by Administrator to Maintenance Director week of 09/02/24 which included discussion of the fire alarm process and requirements for successful fire drills staff response.

   A routine fire drill was conducted by audible alarm on 09/05/24 on first shift by the facility Administrator and Maintenance Director, with staff participation that were scheduled to work on this shift on the same day. A fire drill attendance log is on file at the facility. A Maintenance binder has been established as of 10/14/24 for the filing and recording of required fire drills as of 10/11/24.

   The sprinkler alarm inspection was completed on 06/14/24 by Southeastern Fire Protection Solutions. The Mobile Fire Department was on site during the inspection and cleared the facility from fire watch at that time. All issues identified on the inspection report have been corrected at this time.

   The fire alarm inspection was completed on 05/06/24 by Coastal Fire. However, the facility did not have a copy of this report on file during the time of the survey. Currently, a copy of this report is on file at the facility. All issues identified on the inspection report have been corrected at this time.

   Southeastern Fire Protection Solutions was paid in full for the previous outstanding balance in August 2024. The company has resumed providing inspection services for the facility, effective August 2024.

EI#14 counselled by administrator on importance of immediately notifying Maintenance Director and Administrator shall the fire alarm system has an audible sound occur or if the fire panel system reads anything other than "normal". Done 10/30/24.

On 06/12/24, EI#5 initiated fire watch until fire alarm system could be tested, as the panel was observed to be on battery backup mode and not receiving AC power from the power supply, which resulted in alarm status. EI#9 notified Southeastern Fire Protection Systems of the alarm status.

On 06/12/24, a technician with Coastal Fire Solutions inspected the fire alarm panel and trouble signal. Per technician, the system was fully functional in battery backup mode. Plans were discussed to repair or replace the fire alarm panel.

On 06/12/24, EI#5 provided the ADPH surveyor with a plan of action to monitor the system and to ensure spare batteries were available onsite until the panel was repaired or replaced.

On 06/13/24 @ 8:15am, EI#5 contacted the Fire Marshal to end the fire watch as the fire alarm system was fully operational.

On 06/18/24, EI#23, inspector from Fire Marshal office arrived at the facility to perform an inspection. The fire alarm system panel remained operational at that time. Deficiencies listed below have been corrected:

- Gaps under the fire doors: Door brush sweeps ordered on 10/23/24 and installation began week of 10/28/24 with planned completion by 11/1/24.
- Missing ceiling tiles: The ceiling tiles in the dining room will be replaced that were prior missing. This will be done by 10/31/24 by the Maintenance Director. The laundry room ceiling tiles were replaced that were prior stained or missing. With the exception of one tile remains pending with a leak stain to be replaced. This will be replaced by 10/31/24 by the Maintenance Director. Beauty shop ceiling tiles were replaced that were prior stained or missing. Insulation was restored to the attic space of this area. Done by Maintenance Director on 09/12/24. Recreation room (Cozy Corner) Ceiling tiles will be replaced that were prior stained. Insulation will be restored to the attic space of this area. This will be done by 10/31/24 by the Maintenance Director.
- Painted over sprinkler heads: Southeastern Fire Protection Solutions, Inc. replaced these sprinkler heads on 08/17/24.
- Doors that did not release with activation of the fire alarm system: Repaired by Maintenance Director and former Maintenance Assistant, done by 07/30/24.

- Blocked exit way: Corrected by facility personnel but who corrected is unknown. The Administrator verified that no exit ways are blocked currently as of 09/10/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   N/A

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   A new Fire Drill Report form will be implemented by SAGE Management. Education will be provided to Maintenance Director and Administrator by SAGE Management personnel. This review will include required items on fire drill report form, fire drill process, and expectations for staff response to a fire drill. Education will also include ADPH regulation that fire drills must be conducted once per month at varying times and days and quarterly on each shift, all drills shall be initiated by the fire alarm system, may be announced in advance to the residents, and shall involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or the exterior of the facility. In addition, simulated fire drills between 9pm-6am will be reviewed and written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept on file for at least three years. Done 10/21/24.

   Education provided by SAGE Management personnel to Maintenance Director and Administrator on ADPH requirement of semi-annual inspections of facilities sprinkler and fire alarm system. Importance of Administrator touching base with inspector prior to departure to inquire if any deficiencies were identified and plan of action and timeline to correct any anticipated deficiencies. Maintenance Director to be provided education that all inspection reports shall be copied and provided to Administrator for review promptly once reports are received. These reports will be provided to SAGE Management personnel for review at the time of completion. Done 10/22/24.

   All staff in-services will be held by SAGE Management. This in-service will include a review of the SAGE Fire Drill policy and procedure, notification protocol of reporting any problems with fire alarm or sprinkler systems or potential indications of malfunction of both systems, reporting indications of malfunction of either system to ADPH within 24 hours, requirement for systems to be inspected semi-annually, SAGE Policy: Fire Alarm/Sprinkler System Outages, and Fire Watch requirements. This will be completed on 10/22/24

In-service initiated by Maintenance Director on 10/29/24 with key personnel who require knowledge of how to place fire alarm panel system in test mode. This included review with Administrator, EI#11, and Maintenance Director. Step-by-step instructions were provided. Typed instructions were documented and are kept on file in the Administrator's office.

A new Monthly Quality Assurance Report form will be implemented by SAGE Management. This form will be completed by the Administrator before the last day of each month and submitted electronically to SAGE Director of Compliance for review. This form will require the Administrator to document the dates of each shift's fire drill monthly, the last date of fire alarm panel and sprinkler inspections with upcoming due dates for these inspections. If any discrepancies are identified, SAGE Director of Compliance will promptly follow-up with Administrator for resolution. Education provided to Administrator on 10/16/24 by SAGE Director of Compliance.

Fire drill reports will be reviewed monthly by the administrator. The administrator will participate in scheduled fire drills on scheduled workdays and follow-up with any concerns identified by providing education to staff in conjunction with the Maintenance Director. Effective November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will review monthly fire drill reports, semi-annual sprinkler, and semi-annual fire alarm inspection reports, beginning November 2024.

During the months of October 2024, November 2024, and December 2024, fire drills will be conducted while SAGE Management personnel are on-site for

observation, guidance, and additional training as needed for the fire drill process. Then fire drills will be observed by SAGE Management personnel quarterly x 2.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1201 Deficiency **Number:** 420-5-20-.12 (1) Physical Environment

The facility was not maintained in a safe operating condition.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Lawn care suspension of services due to non-payment has been resolved. Gulf Breeze Landscaping has resumed services, effective 08/12/24. Currently the past due balance has been paid in full as of 09/16/24.

   Courtyard overgrown grounds clean-up was initiated on 08/12/24 and completed by Gulf Breeze Landscaping on 09/27/24. This included flower beds being neat and well-groomed by Gulf Breeze Landscaping, done by 08/13/24. All facilities outside grounds have been manicured at this time and sidewalks are clear of overgrown grass and weed foliage.

   Electrical Romex wire with unsecured wire nuts and taped with electrical tape is no longer exposed and is now corrected. Done by Maintenance Director on 08/30/24.

   Window screen replacement materials were ordered in September 2024 by the Maintenance Director. However, the order was cancelled due to issues with availability of materials. Materials reordered on 10/23/24 by another company. The Maintenance Director will replace 100% of all windows identified without screens during the ADPH survey. This will be done by the Maintenance Director by January 2025.

   Foliage overgrowth was cut by Gulf Breeze Landscaping on the 18 external air conditioning heat exchanger units. Done between dates of 08/12/24 and 09/27/24.

   First story exhaust diverter vents will be ordered by Maintenance Director and replaced by January 2025. Currently, the Maintenance Director has attempted to locate the required 4-inch diverter vents but has had issues with finding this specific size. The Maintenance Director will continue to follow up with the purchase of materials so these can be replaced by the planned deadline. Ongoing.

The swimming pool was cleaned, and the area was reopened by Genesis Pools, done by 09/01/24.

Cooks Pest Control suspension of services due to non-payment has been resolved. Cooks Pest Control has resumed services, effective 06/17/24, with the most recent visit held 09/26/24. Currently the past due balance has been paid in full as of 06/17/24.

EI#9 is no longer employed by the facility as of 06/28/24.

A new Maintenance Director was hired by the facility on 08/13/24.

Refuse that was dispersed throughout the garden, lawn area, along sidewalks, driveways, and parking area in the rear of the building was removed and the grounds are currently unobstructed from those prior refuse items in addition to the removal of the metal bowls identified during ADPH survey. Done by Maintenance Director on 09/27/24.

The chain saw was removed from the premises of the facility by the Maintenance Director on 08/08/24.

The door leading from the dining room into the courtyard has been repaired and currently is closing fully and latching and now has a safety release bar on the door. This was repaired by Coast Safe & Lock on 10/01/24.

Mold-like substance is no longer present on the window frames and sills of the glass atrium near the pool area. These were cleaned by the Maintenance Director on 10/07/24. All other exterior window frames and sills of windows and exterior doors will be cleaned by the Maintenance Director by January 2025.

Insecticide was distributed by Maintenance Director on 09/19/24. This has resolved the insect mounds in the courtyard, lawn, and garden areas outside the building, and within the atrium.

Broken shutter pieces and broken exhaust vent valves were removed from the facility grounds on 08/03/24 by the Maintenance Director.

Divot depression in lawn garden area was corrected by Gulf Breeze Landscaping on 09/26/24.

The lobby restroom hole in the wall was repaired by the Maintenance Director on 09/04/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   N/A

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. SAGE Management on 10/21/24.

   Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not

limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1203 **Deficiency Number:** 420-5-20-.12 (5) Physical Environment

The facility failed to ensure the building was free from leaks in the ceiling and that operable windows were equipped with screens.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   The leak in the ceiling in the back hallway on the first floor has been repaired. A new ceiling tile was replaced and other nearby ceiling tiles with prior noted leak stains were replaced. There is no longer a mop bucket at this area. Corrected by former Maintenance Assistant approximately on 07/17/24.

   The drain trap leak was repaired approximately on 07/24/24 by EI#9 and currently no leak is present. The degraded wood, water stained wood, and discolored wood under the upstairs dining room sink will be replaced by the Maintenance Director no later than January 2025.

   Window screen replacement materials were ordered in September 2024 by the Maintenance Director. However, the order was cancelled due to issues with availability of materials. Materials reordered on 10/23/24 by another company. The Maintenance Director will replace 100% of all windows identified without screens during ADPH survey. This will be done by the Maintenance Director by January 2025.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   The Maintenance Director rounded the facility on 08/24/24 to identify any other signs of ceiling leaks or other windows missing screens. All other concerns identified will be corrected by January 2025.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent

opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1205 Deficiency **Number:** 420-5-20-.12 (7) Physical Environment

The facility failed to have panic hardware in working order on a fire exit door and fire compartment doors did not seal.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Gaps around door seals and joints on all fire doors will be corrected by the Maintenance Director. Door brush sweeps ordered on 10/23/24 and installation began the week of 10/28/24 with planned completion by 11/1/24.

   The exit door adjacent to the back hallway elevator has panic hardware installed by Maintenance Director on 08/27/24.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   100% of all fire doors were inspected for gaps around door seals and joints and presence of panic hardware. Done by Maintenance Director on 08/27/24. The door seal gaps identified will be corrected by the Maintenance Director. Door brush sweeps ordered on 10/23/24 and installation began the week of 10/28/24 with planned completion by 11/1/24.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   Education provided to Maintenance Director that all doors must maintain proper function with opening/closing and latching properly to prevent opportunity from pests/rodents/insects from entering the building. In addition, fire doors must function properly with latching during fire drill or actual fire and fire doors must be free from gaps in order to contain smoke and fire. Review included ensuring all air conditioner units remain functioning and maintain temperature requirements for the facility and hot water temperatures that are accessible to residents shall in no case exceed 110 degrees Fahrenheit, per regulations and maintaining a safe premise with maintaining grounds of facility. This included education regarding responsibility for routine inspection

of all doors, air conditioner units, and facility grounds, including swimming pool, screens/shutters on windows, toilets functional, leak issues, safety hazards, and promptly reporting any issue identified to administrator. Done by SAGE Management on 10/21/24.

Maintenance Director will perform weekly rounds assessing for any physical plant concerns, such as but not limited to door functions, pests/rodents/insect problems, air conditioner settings in facility and potential malfunction of any air conditioner units, random hot water temperature checks (100% of all rooms will be checked monthly), grounds ensuring grass cutting and flower beds are maintained, pool remains clear and functional, ceiling issues, toilet functionality, proper function with fire doors, and proper storage of items in appropriate locations. Any issues identified will be reported to the administrator and promptly addressed. Weekly rounds began in August 2024 by the Maintenance Director; however, no documentation was placed on file to reflect these rounds. Documented weekly rounds will begin November 2024.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

PLAN OF CORRECTION

Facility Name: Gordon Oaks **Facility ID #:** P4907

Survey Exit Date: 07/22/2024 **Administrator:** Angela Powell

A 1206 **Deficiency Number:** 420-5-20-.12 (8) Physical Environment

The facility failed to ensure all exit door locks released automatically upon activation of the fire alarm system, failed to ensure staff were able to utilize the fire alarm monitoring system and failed to ensure staff knew how to access the emergency release "kill switch."

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   Fire exit door adjacent to Room 248 was repaired and now releases upon activation of the fire alarm system and the" kill switch". This was repaired by former Maintenance Director/EI#9 and then approved by the Mobile County Fire Department on 06/17/24. Most recently the doors were assessed by Mobile County Fire Department in July 2024 a second time and continues to pass approval of the Fire Department, currently.

   Fire doors on hall with rooms 220's, 230's, 250's, and 260's was repaired and now releases upon activation of the fire alarm system and the "kill switch". This was repaired by the former Maintenance Director in the week of 06/18/24, following the issue being identified during survey.

2. **Specify how you will identify other residents, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   On 06/18/24, EI#23, inspector from Fire Marshal office arrived at the facility to perform an inspection. The fire alarm system panel remained operational at that time. Deficiencies listed below have been corrected:
   - Gaps under the fire doors: Door brush sweeps ordered on 10/23/24 and installation began week of 10/28/24 with planned completion by 11/1/24.
   - Missing ceiling tiles: The ceiling tiles in the dining room will be replaced that were prior missing. This will be done by 10/31/24 by the Maintenance Director. The laundry room ceiling tiles were replaced that were prior stained or missing. With the exception of one tile remains pending with a leak stain to be replaced. This will be replaced by 10/31/24 by the Maintenance Director. Beauty shop ceiling tiles were replaced that were prior stained or missing.

Insulation was restored to the attic space of this area. Done by Maintenance Director on 09/12/24. Recreation room (Cozy Corner) Ceiling tiles will be replaced that were prior stained. Insulation will be restored to the attic space of this area. This will be done by 10/31/24 by the Maintenance Director.

- Painted over sprinkler heads: Southeastern Fire Protection Solutions, Inc. replaced these sprinkler heads on 08/17/24.
- Doors that did not release with activation of the fire alarm system: Repaired by Maintenance Director and former Maintenance Assistant, done by 07/30/24.
- Blocked exit way: Corrected by facility personnel who corrected is unknown. The Administrator verified that no exit ways are blocked currently as of 09/10/24.

3. Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.

Education provided by SAGE Management personnel to Maintenance Director and Administrator on ADPH requirement of semi-annual inspections of facilities sprinkler and fire alarm system. Importance of Administrator touching base with inspector prior to departure to inquire if any deficiencies were identified and plan of action and timeline to correct any anticipated deficiencies. Maintenance Director to be provided education that all inspection reports shall be copied and provided to Administrator for review promptly once reports are received. These reports will be provided to SAGE Management personnel for review at the time of completion. Done 10/22/24.

All staff in-services will be held by SAGE Management. This in-service will include a review of the SAGE Fire Drill policy and procedure, notification protocol of reporting any problems with fire alarm or sprinkler systems or potential indications of malfunction of both systems, reporting indications of malfunction of either system to ADPH within 24 hours, requirement for systems to be inspected semi-annually, SAGE Policy: Fire Alarm/Sprinkler System Outages, and Fire Watch requirements. This was completed by 10/22/24.

In-service initiated by the Maintenance Director on 10/29/24 with key personnel who require knowledge of how to place fire alarm panel system in test mode. This included review with Administrator, EI#11, and Maintenance Director. Step-by-step instructions were provided. Typed instructions were documented and are kept on file in the Administrator's office.

A new Monthly Quality Assurance Report form will be implemented by SAGE Management. This form will be completed by the Administrator before the last day of each month and submitted electronically to SAGE Director of Compliance for review. This form will require the Administrator to document the dates of

each shift's fire drill monthly, the last date of fire alarm panel and sprinkler inspections with upcoming due dates for these inspections. If any discrepancies are identified, SAGE Director of Compliance will promptly follow-up with Administrator for resolution. Education provided to Administrator on 10/16/24 by SAGE Director of Compliance.

4. **Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

Fire drill reports will be reviewed monthly by the administrator. The administrator will participate in scheduled fire drills on scheduled workdays and follow-up with any concerns identified by providing education to staff in conjunction with the Maintenance Director. Effective November 2024.

SAGE Management personnel will check 100% of all doors of the facility and facility temperatures will be checked throughout the facility, and as necessary air conditioner units will be inspected. A facility round will be conducted of the interior areas of the facility and the exterior facility grounds for monitoring for ensuring proper conditions are maintained per ADPH regulations and for the safety and welfare of the residents of the facility. This will include but not limited to random room checks for hot water temperatures, lint traps will be assessed and cleanliness in laundry areas, observance for any safety hazards/ concerns/ refuse, cleanliness of facility and exterior grounds, pests or insect issues, ceiling concerns, proper storage of items, and any other physical plant issues. This will occur weekly x 8 weeks, bi-weekly x 3 months, then monthly thereafter for the duration of the probational license. Beginning November 2024.

SAGE Management personnel will review monthly fire drill reports, semi-annual sprinkler, and semi-annual fire alarm inspection reports, beginning November 2024.

During the months of October 2024, November 2024, and December 2024, fire drills will be conducted while SAGE Management personnel are on-site for observation, guidance, and additional training as needed for the fire drill process. Then fire drills will be observed by SAGE Management personnel quarterly x 2.

NOTE: All Plan of Correction documentation will be in a binder, organized, and filed by the Administrator. The binder will be stored in the Administrator's office.

Should any corrective action be determined to be ineffective, the Administrator and Governing Authority shall make immediate revisions and submit an amended Plan of Correction to the Alabama State Board of Health.

Prepared by N.Kelley, Director of Compliance
SAGE Management, Inc.

nkelley@sagemanagement.com
251-656-7660

_____
Administrator

_____
Date