

KELLEY PLACE

FACILITY ID P1601

PLAN OF CORRECTION

A Response to the

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's
Survey Report
On March 3, 2022

Submitted by:

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Jazmyn Frazier
Administrator

Revised 12/9/2022

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A301 420-5-20-.03 (a)(b)(c)(d) Administration

> *The governing authority failed to adequately oversee the administrator to ensure the facility operated in compliance with the SBOH rules for specialty care assisted living facilities (SCALF). The administrator failed to adequately perform his duties as administrator to ensure the facility was managed responsibly.*

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role. See A302, A303, A401, A405, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A804, A1002, and A1203 for corrective actions taken in response to each resident or example identified in the SOD.
- EI# 2 assumed the Administrator role on April 6, 2022. See A302, A303, A401, A405, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A804, A1002, and A1203 for steps taken by the facility to identify other residents or concerns not identified.
- The Administrator was re-trained in the SBOH rules for Specialty Care Assisted Living Facilities by November 30, 2022, by the Consultant. This training will be recorded on an in-service sheet and kept in the POC book in the Executive Director's office. See A302, A303, A401, A405, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A804, A1002, and A1203 for measures put into to make sure the deficiency will not recur.
- The Regional Director of Operations has been reassigned. Vice President of Operations or Designee to monitor Administrator monthly, beginning in November 2022, to ensure compliance with SBOH rules for Specialty Care Assisted Living Facilities. Consultant to monitor monthly for 12 months for compliance with SBOH rules for Specialty Care Assisted Living Facilities, beginning November 2022. All monitoring will be recorded in the POC book in the Executive Director's office. The Vice President of Operations or designee will monitor for proper reassessment and discharge of residents when they no longer meet the criteria for retention. This monitoring will be accomplished by resident observations and reviewing weekly Radar Reports from the Resident Care Coordinator.
- Staffing will be monitored with each visit by the Vice President of Operations or designee by viewing posted schedules, resident observation for acuity, and monitoring of associate assigned duties. Staff will also be observed at each visit by the Vice President of Operations and Vice President of Clinical compliance or their designees to ensure they demonstrate respect to residents and that all are treated with dignity. Random associate files will be audited at each visit by the Vice President of Operations or their designee to ensure Relias, DETA, and CPR training are current and completed before resident contact. Routine med pass observations and cart audits will be conducted by the Vice President of Clinical Compliance or designee to ensure medications are being administered timely, on hand, and

as ordered. Resident assessments, showers, skin assessments, and Care Plans will be audited randomly by the Vice President of Clinical Compliance or designee to ensure they address all areas of concern and have appropriate care actions. The Vice President of Operations or designee will observe furniture, carpets, and random rooms for cleanliness and equipment each visit to ensure all are clean and in good repair. The Vice President of Operations or designee will observe activity programs in each building during visits according to posted activities calendar. Immediate, remedial training, and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in a POC binder in the ED office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A302 420-5-20-.03 (e) Administration

> *The facility failed to implement, and staff failed to follow policies and procedures for abuse of residents, medication storage, health assessments, care plans and admission, retention, and continued stay criteria.*

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role. See A604, A606, A609, A611, A616, and A621 for further corrective actions to respond to each resident or the example identified in the SOD.
- EI#2 assumed the Administrator role on April 6, 2022. See A604, A606, A609, A611, A616, and A621 for further information on how other residents/concerns were identified.
- EI#2 will be trained on implementing Policies by November 30, 2022, by the Consultant. Staff to be trained on following policies and procedures by November 30, 2022. This training will be recorded on an in-service sheet and kept in the POC book in the Executive Director's office. See A604, A606, A609, A611, A616, and A621 for further measures to ensure the deficiency does not recur.
- The Regional Director of Operations has been reassigned. Vice President of Operations or Designee to monitor implementation and following of Atlas policies and procedures. Observations will be done randomly by the Vice President of Operations or designee by observing staff interaction with residents. Staff will be asked to name types of potential abuse and proper reporting and actions to be taken to prevent mistreatment. Current families/responsible parties, staff, and new move-ins are being informed of resident rights. The Vice President of Operations or designee will call families at random each visit to confirm routine updates on care needs and resident rights have been reviewed with them weekly. The Vice President of Clinical Compliance or designee will monitor for proper medication storage, accurate and timely health assessments, skin assessments, and care plans addressing challenges and reflecting the current care needs. The Vice President of Operations or designee will monitor admission, retention, and continued stay criteria with SBOH rules for Specialty Care Assisted Living Facilities. This monitoring will be accomplished by resident observation, staff observation, review of weekly radar reports, and care plan reviews. Consultant to monitor monthly for 12 months for compliance with policy and procedure implementation and following same, beginning November 2022. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A303 420-5-20-.03 (2)(a) Administration

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

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role. See A301, A401, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A1002, and A1203 for corrective actions taken in response to each resident or example identified in the SOD.
- EI#2 assumed the Administrator role on April 6, 2022. See A301, A401, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A1002, and A1203 for further corrective action taken.
- EI#2 will be trained on duties related to the care and safety needs of all Residents by the Consultant on November 18, 2022. This training will be recorded on an in-service sheet and kept in the POC book in the Executive Director's office. See A301, A401, A406, A504, A508, A604, A605, A606, A609, A611, A612, A615, A616, A621, A1002, and A1203 for further measures put into place to ensure deficiency will not recur.
- The Regional Director of Operations was reassigned. Vice President of Operations or designee to monitor the Administrator's performance of duties related to residents' care and safety needs monthly to ensure compliance with SBOH rules for Specialty Care Assisted Living Facilities. Consultant to monitor monthly for 12 months for compliance with SBOH rules for Specialty Care Assisted Living Facilities beginning November 2022. All monitoring will be recorded in the POC book in the Executive Director's office. The Vice President of Operations or designee will monitor for proper reassessment and discharge of residents when they no longer meet the criteria for retention. This monitoring will be accomplished by resident observations and reviewing weekly Radar Reports from the Resident Care Coordinator. Staffing will be monitored with each visit by the Vice President of Operations or designee by viewing posted schedules, resident observation for acuity, and monitoring of associate assigned duties. Staff will also be observed at each visit by the Vice President of Operations and Vice President of Clinical compliance or their designees to ensure they demonstrate respect to residents and that all are treated with dignity. Observations will be done randomly by the Vice President of Operations or designee by observing staff interaction with residents. Staff will be asked to name types of potential abuse and proper reporting and actions to be taken to prevent mistreatment. Current families/responsible parties, staff, and new move-ins are being informed of resident rights. The Vice President of Operations or designee will call families at random each visit to confirm routine updates on care needs and resident rights have been reviewed with them weekly. Random associate files will be

audited at each visit by the Vice President of Operations or their designee to ensure Relias, DETA, and CPR training are current and completed before resident contact. Routine med pass observations and cart audits will be conducted by the Vice President of Clinical Compliance or designee to ensure medications are being administered timely, on hand, and as ordered. Resident assessments, showers, skin assessments, and Care Plans will be audited randomly by the Vice President of Clinical Compliance or designee to ensure they address all areas of concern and have appropriate care actions. The Vice President of Operations or designee will observe furniture, carpets, and random rooms for cleanliness and equipment function each visit to ensure all are clean and in good repair. The Vice President of Operations or designee will observe activity programs in each building during visits according to posted activities calendar. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder kept in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in ED's office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A401 420-5-20-.04 (1) (2) Personnel

> *The facility failed to provide the minimum number of required employees 24 hours a day seven (7) days a week. The facility failed to utilize certified nurse aides (CNAs) during an emergency staffing shortage. The facility failed to ensure employees were CPR (cardiopulmonary resuscitation) certified within 90 days of hire. The facility also failed to properly manage employees to ensure resident care and safety needs were met.*

- R#1 was discharged on 4-18-22
- RI#2 was discharged on 2-28-22
- RI#6 was discharged on 4-1-22
- RI#8 was discharged on 9-30-22
- RI#7 was given a 30-day discharge notice on 9-13-22 RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and no further notes indicate resistance to care or combative behavior and is scheduled for D/C to SNF on 11-8-22.
- RI#15 - Medication adjustment was made for the resident on 3-1-22, and no further documentation that the resident resists care
- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role.
- 44 Care Associates and 8 LPNs have been hired since the survey. Not all remain, but the communities are staffed appropriately. An immediate Plan of Correction was formulated the same day while the surveyor was present to address staffing, and the agency was contacted and scheduled updated to meet staffing needs.
- New Hires complete general orientation, Relias training and DETA brain series prior to resident contact. Nurse staffing was increased to two LPNs during the 7a-7p shift, one in each building, to ensure appropriate supervision and resident needs are met. All staff was trained and certified in basic CPR and first aid. The training was held on March 29, 2022, May 25, 2022, and September 1, 2022. CPR classes will be held quarterly in the future to remain in compliance.
- Beginning 3-29-22 at the daily stand-up meeting held Monday thru Friday in each building. Assigned required daily, weekly, and upcoming tasks for nursing, maintenance, housekeeping, dietary, activities, and care associates are outlined and verified as in progress or completed by the Executive Director on a daily stand-up document.
- Staffing and scheduling needs are discussed by Executive Director and Wellness Director/ Resident Care Coordinator daily to ensure resident needs are met. Ratios will follow Table A per the ADPH regulations for staffing.
- Every associate file was audited on 3-29-22 by the Regional Director of Clinical Compliance to ensure proper training, certifications, and verifications, including CPR

certification.

- See A405, A606, A612, and A613 for more information.
- The lifestyle Coordinator (Activities Coordinator) was hired on 10/27/2022, and the Lifestyle Assistant will be employed by 11/30/2022. Care Associates will be crossed trained in each building to fill in for the Lifestyle Coordinator and Assistant during absence or Activities staff shortages.
- Documented proof of cross-training for all associates will be kept in the POC binder in the ED office. The lifestyle Coordinator will monitor the Activities staff schedule and document on her calendar that each building is implementing appropriately scheduled activities at the appropriately scheduled times. ED will keep the staffing schedule in her office. Daily schedules will note who is responsible for activities in each building. The lifestyle Coordinator will develop an Activity Calendar monthly, post it in each building, and keep the prior month's calendar in the Lifestyle Coordinator's office for one year.
- Multiple new hires were onboarded and trained. The community is staffed appropriately per ADPH staffing guidelines on all shifts. The Wellness Director/Resident Care Coordinator and Executive Director maintain proper staffing ratios. The Executive Director or Wellness Director/Resident Care Coordinator reviews staffing daily.
- General orientation, Relias training, DETA, and Policies and procedures to include resident rights are performed on all new hires before resident contact.
- CPR training will be done quarterly by the CPR instructor. This training is scheduled through the next year.
- Nurse staffing was increased to two LPNs during the 7a-7p shift, one in each building, to ensure proper supervision and monitoring of front-line staff and resident needs are being met.
- New Wellness Director was hired on June 9, 2022, and she is fully trained on all duties, policies, and procedures, ADPH Specialty Care Assisted Living expectations and requirements. Training can be found in the employee file and POC binder kept in the ED office. Routine monthly assessments and change of condition assessments determine the need for increased care and the ability to retain residents. Point Click Care Dashboard, which shows medication changes, behavior changes, care exceptions, assessment due, and care plan updates coming due, is reviewed and acted upon daily by Wellness Director/Resident Care Coordinator. The same Point Click Care dashboard is monitored weekly by ED to ensure compliance. The Vice President of Clinical Compliance or designee will monitor the dashboard to ensure compliance.
- Wellness Director or ED will monitor the staffing schedule for appropriate staffing levels, document on the daily schedule that required staffing levels are met for each shift, and sign off weekly in the POC book that levels were maintained.
- Executive Director or designee will perform a random audit of associate files monthly to ensure CPR certification is current. The random audits started on October 25, 2022, and continue through the end of the probationary period. Inservice training and education, based on needs identified by the RN, are performed as needed and ongoing by various disciplines.
- The Nurses (LPN) will document that Resident Care needs were met per shift-on-Shift report and turn it in to RN, who will keep it in the RN office. The Wellness Director/Resident Care Coordinator will review daily shift reports and follow through on action items. Shift reports will be brought to stand-up meetings and reviewed Monday thru Friday in both buildings. The reports from Friday, Saturday, and Sunday will be reviewed on Monday. Wellness Director and Executive Director will discuss Care needs and staffing needs at stand-up daily (Monday – Friday) beginning in November 2022.

- Wellness Director completes a weekly radar report highlighting falls, medication changes, infections, behaviors, Home Health, Hospice, and residents at risk for discharge. ED will review the radar report weekly and ensure appropriate interventions are in place for all triggered concerns.
- The Vice President of Operations or designee and Vice President of Clinical Compliance or designee will review the report weekly and ensure all areas of concern are appropriately addressed. See A303, A606, and A621 for more information. Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. See A303, A606, and A621 for more information.

Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A405 420-5-20-.04 (6)(7)(8) Personnel

The RN Care Coordinator failed to perform required duties to ensure each resident's care needs were met.

- The community no longer employs EI#3 as of 03/01/2022.
- R#1 was discharged on 4-18-22
- RI#2 was discharged on 2-28-22
- RI#6 was discharged on 4-1-22
- RI#8 was discharged on 9-30-22
- RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and there have been no further notes to indicate resistance to care or combative behavior and obtained placement in SNF 11-8-22.
- See A406 and A609 for further information.
- The Regional Director of compliance completed a chart audit on all current resident's records on 04/04/2022. New Wellness Director was hired on June 9, 2022, and she performed her own chart audits on every resident.
- All assessments were scheduled for activation in the Point Click Care system when due. These scheduled assessments with auto-generate and flag on the community dashboard when they are due within seven days. The Point Click Care Dashboard shows medication changes, behavior changes, care exceptions, assessment due, and care plan updates coming due are reviewed and acted upon daily by Wellness Director/Resident Care Coordinator. The same Point Click Care dashboard is monitored weekly by ED to ensure compliance. The Vice President of Clinical Compliance or designee will monitor the dashboard to ensure compliance.
- The Nurses (LPN) will document that Resident Care needs were met per shift-on-Shift Report and turn it in to Wellness Director/RN, who will keep it in Wellness Director/RN office. The Wellness Director/Resident Care Coordinator will review daily shift reports and follow through on action items. Shift reports will be brought to stand-up meetings and reviewed Monday thru Friday in both buildings. The reports from Friday, Saturday, and Sunday will be reviewed on Monday. Wellness Director and Executive Director will discuss Care needs and staffing needs at stand-up daily (Monday – Friday) beginning in November 2022. Wellness Director completes a weekly radar report highlighting falls, medication changes, infections, behaviors, Home Health, Hospice, and residents at risk for discharge. ED will review the radar report weekly and ensure appropriate interventions are in place for all triggered concerns. The Vice President of Operations or designee and Vice President of Clinical Compliance or designee will review the report weekly and ensure all areas of concern are appropriately addressed.
- Wellness Director/RN will observe staff for training needs through daily rounds, one-on-one conversations, and reports from LPNs. Training documentation will be maintained in the POC binder in the ED office.

- The Executive Director will perform random chart audits on two residents monthly. These chart audits began on 10/25/22 and will be completed monthly through probation. This chart audit verifies that Physician examinations are dated timely and that the complete admission medication list is present and accurate.
- See A406 and A609 for further information.
- The Regional Corporate Director of Compliance trained the Wellness Director/RN on 6-21-22. Consultant re-in serviced Wellness Director/RN on November 18, 2022. The record of this training will be kept in Executive Director's office in the POC book. Task-specific training records are located in the associate file. The Vice President of Clinical Compliance or designee reviews job expectations with each visit, monitors the Point Click Care dashboard, and reports remotely to ensure compliance and care needs are met.
- See A406 and A609 for further information.
- The administrator is to monitor weekly for four weeks and then monthly for 11 months to ensure Resident Care needs are met. This monitoring will be done by family interviews at random, staff observation and interviews, resident interviews, Point Click Care dashboard monitoring, weekly radar report, 3rd party provider reports and updates, and care plan reviews at random. Beginning November 2022, the Vice President of Operations or the designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure resident care needs are met and the POC is followed. The Vice President of Operations or designee will review the Point Click Care dashboard, radar reports, and staffing and perform staff observations while on site to ensure continued compliance and care needs are being met. The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. See A406 and A609 for further information. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A406 420-5-20-.04 (9) Personnel

The facility failed to identify and provide employees with adequate training to meet the needs of the residents with dementia symptoms.

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the roleEI#3 left our employment on 2-2-22.
- EI#4 was last certified for CPR on 4-21-21.
- R#1 was discharged on 4-18-22
- RI#2 was discharged on 2-28-22
- RI#6 was discharged on 4-1-22
- RI#8 was discharged on 9-30-22
- RI#10 was discharged on 5-2-22
- RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and no further notes indicate resistance to care or combative behavior. The resident was placed in SNF 11-8-22.
- A complete audit of employee files for all employees was performed on 03/08/2022 by The Regional Director of Clinical Compliance to determine if required training had been done. All current staff was trained in the following topics on 3/8/2022 by Remedy Behavioral Health and the Regional Director of Clinical Compliance. Wellness Director/RN will observe staff for training needs through Daily rounds, one-on-one conversations, and reports from LPNs.
    - State law and rules on assisted living and specialty care assisted living
    - Identifying and reporting abuse, neglect, and exploitation
    - Basic first aid
    - Advance Directives
    - Protecting resident confidentiality
    - Safety and nutritional needs of the elderly
    - Resident fire and environmental safety
    - Understanding the aging mind
    - Basic brain function
    - Common neuropsychiatric disorders in the elderly
    - Basic evaluation of the dementia resident
    - Cognitive symptoms of dementia
    - Psychiatric symptoms of dementia
    - Behavioral problems associated with dementia
    - End-of-life issues in dementia
    - Dementia other than Alzheimer’s
    - Research in dementia

    - Nutrition and hydration needs of the residents with dementia, including feeding techniques
    - Safety needs of the resident with dementia

- New hire training checklists in each employee file were completed by EI#1 on 3/7/2022. The Regional Director of Clinical Compliance created a spreadsheet on 10-26-22 with training dates for all current employees to ensure that each employee receives Relias training, CPR, and the DETA brain series, along with the required amount of continuing education per year. This sheet shall be updated with any changes or new hires. Two Associate files will be reviewed monthly by the Executive Director starting October 2022 and completed monthly throughout the probationary period.
- All additional on-the-spot training or topics needing review will be recorded on the in-service form and kept in the POC book in Executive Director's Office. Needs for further training will be determined by staff and resident observation, routine monthly topics for review, and feedback from weekly family interviews performed by Wellness Director.
- Beginning November 2022, the Regional Director of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. The Regional Director of Operations or designee will call families randomly while visiting the community to ensure the community remains compliant with POC and communication is flowing along with care needs being met. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A504 420-5-20-.05(3)(d) Records and Reports

> *The facility failed to ensure the rights of every resident were honored and protected including the right to a safe and decent environment free from abuse, neglect, and isolation. In addition, the facility failed to treat every resident with dignity and respect, failed to provide a safe, outdoor recreational area, failed to allow residents to keep and use personal items, failed to allow residents to entertain visitors at reasonable times and failed to post the most current statement of deficiencies in a conspicuous area for all to view*

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role.
- EI#3 left our employment on 2-2-22
- EI#8 left our employment on 7-25-22
- EI#19 left our employment on 2-1-22
- EI#9 attended Abuse Training on 3-7-22, 5-9-22, 7-14-22, 10-11-22, and 10-26-22
- RI#1 was discharged on 4-18-22
- RI#2 was discharged on 2-2-22
- RI#3 was discharged on 2-28-22
- RI#6 was discharged on 4-1-22
- RI#8 was discharged on 9-30-22
- RI#16 was discharged on 2-23-22
- RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and no further notes indicate resistance to care or combative behavior and is scheduled for D/C to SNF on 11-11-22.
- RI#9 - Now participates in activities twice daily and is sleeping in their apartment
- RI#15 - Medication adjustment was made for the resident on 3-1-22, and no further documentation that the resident resists care
- The current survey and plan of correction are posted.
- The ED purchased new outdoor furniture on 9/2/2022 for the resident's outdoor area.
- The courtyard fence was repaired on 9/09/2022, including the gate being secured by maintenance.
- Maintenance made sure that courtyard trash storage, access to the generator, and gas lines were made safe on 9/9/2022.
- ED and Wellness Director will make weekly calls with Sponsors for four weeks, then monthly calls to every resident sponsor to discuss concerns and any dignity/respect issues, beginning 10-26-22 throughout the probation period. On daily rounds, Wellness

Director will ensure that Residents possess personal items such as a hairbrush and a toothbrush to perform ADLs. Personal care items for all residents are maintained in individual resident-specific bins secured in the laundry rooms of both buildings. Associates know where personal items are kept and have access to them. Wellness Director will keep documents of daily rounds and file a copy in the POC book.

- The Executive Director and Director of Maintenance will make weekly rounds for four weeks and then monthly for 11 months to monitor for safety and repair needs. Rounds will be recorded on Round Sheet and kept in the Executive Director's office in the POC book.
- An all-staff in-service on Resident Rights was completed on April 13, 2022, September 23, 2022, and October 14, 2022, by the Regional Director of Clinical Compliance and the ED. Executive Director will re-train/inform current Sponsors on Resident Rights beginning December 1, 2022. All new Resident Sponsors will be notified/trained on Resident Rights as they are admitted. All Sponsor training will include asking them to be observant and report any issues to Executive Director. Sponsor training will be documented and filed in the POC book kept in the Executive Director's office.
- Inservice on Abuse and Neglect was completed on 09/23/2022, October 12, 2022, 10/25/2022, and 10/26/2022 by the Regional Director of Clinical Compliance and the ED.
- Inservice on the personal items, safety, and individual totes secured in laundry rooms in both buildings completed on October 14, 2022, and 10/26/2022by the Vice President of Clinical Compliance and the ED.
- ED in-serviced staff and families on residents' ability to have visitors at any time on April 13, 2022, 10/14/20222, and 10/26/2022.
- Beginning in November 2022, the Executive Director will monitor for Resident Rights compliance weekly for four weeks, then monthly for 11 months. The Vice President of Operations or designee will have weekly calls with the ED beginning October 27, 2022, to discuss progress for the duration of the probation. Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure Resident rights are followed and understood. The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC.
- Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- The Vice President of Operations or designee will randomly call families during site visits to ensure communication is flowing, resident rights are understood, and care needs are met. The Vice President of Operations will review community call logs to families and notes from conversations at each site visit to ensure needs are being met. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A508 420-5-20-.05(3)(h) Records and Reports

The facility failed to complete a thorough investigation for an injury of unknown origin. Employees failed to immediately report multiple incidents of resident abuse to their supervisor or administration. The facility failed to report a resident-on-resident abuse incident to the ADPH online incident reporting website.

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role.
- EI#3 left our employment on 2-2-22
- EI#8 left our employment on 7-25-22
- EI#19 left our employment on 2-1-22
- EI#9 attended Abuse Training on 3-7-22, 5-9-22, 7-14-22, 10-11-22, and 10-26-22
- RI#1 was discharged on 4-18-22
- RI#4 was discharged on 3-9-22
- The Regional Director of Clinical Compliance reviewed incident reports, ensuring they were correctly reported to ADPH on 3-7-22.
- New Wellness Director was hired on June 9, 2022 and trained on all aspects of ADPH regulations.
- Weekly skin check sheets will be documented on residents on shower day by the Care associates who will report any abnormal findings to the Wellness Director beginning10-26-22, and these documents will be completed weekly for six months and then completed monthly with reassessments by RN. Skin assessment sheets have an outline of the body with numeric markers that associates can circle to indicate areas of concern. Associates were instructed that skin assessment sheets are to be turned in to the Wellness Director/Resident Care Coordinator daily as showers are completed. Abnormalities should also be noted on shift-to-shift report sheets daily. The ED and Wellness Director review shift-to-shift reports daily, Monday thru Friday, during stand-up in each building. If abnormalities are identified on skin assessment sheets, WD will conduct her own skin assessments and proceed with the change of condition documentation as warranted. A progress note will be entered into the resident chart if the nurse observes no skin concerns.
- Monthly reassessments will be in Point Click Care with Monthly forms completion. ED and Wellness Director will make weekly calls to every resident sponsor to discuss problems and condition changes beginning 10-26-22 throughout the probation period. During these calls, Sponsors will be informed to report any Skin issues or abnormalities they (The sponsor) identify.
- ED will be re-trained by November 30, 2022, on timely and thorough investigations for all allegations of abuse by the Consultant.

- All associates were trained and in-serviced by the Regional Director of Clinical Compliance on 3/7/22, 7/13/22, 9/23/2022, and 10/26/2022 regarding abuse, neglect, exploitation, and the definition of a reportable event. Additional training on abuse, neglect, misappropriation, proper reporting timeline, and what is considered abuse will be conducted as needed by ED. This training will be recorded on an In-service sheet and filed in the POC book in the Executive Director's office.
- The Executive Director or Designee will confirm random verification of understanding of this policy by asking two staff members weekly for four weeks, then monthly for 11 months, beginning November 21, 2022. Training verification will be documented in Training Book kept in Executive Director's office, and a copy will be placed in the POC book, which is held in Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations or designee will also ask the staff at random to relay abuse policy, how to report, whom to notify, and what are types of abuse. During random calls to families and on-site visits, this policy will also be reviewed so families know what to look for and whom to report concerns. The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A602 420-5-20-.06(2)(a)(b)(c) Care of Residents

The facility failed to ensure initial physician medical exams were completed with all required components.

- RI#3 was discharged on 9-30-22 to their home with their spouse.
- The Regional Director of Clinical Compliance audited all resident's initial medical exams for completeness on 3-7-22.
- The Wellness Director gets the admission paperwork before admission and ensures completeness before admission.
- Wellness Director started on 06/09/2022 and has been trained in all aspects of the Care Coordinator position, on all responsibilities of the RN in the facility, and the State Board of Health's rules governing Specialty Care Assisted Living Facilities. Wellness Director will be re-trained by the Consultant in all aspects of the Care Coordinator position, on all responsibilities of the RN in the facility, and the State Board of Health's rules governing Specialty Care Assisted Living Facilities by November 30, 2022.
- Training will be recorded on an in-service sheet and placed in the POC book in the Executive Director's office. Initial Physical examination shall contain the following at a minimum: all resident diagnoses and baseline weight and vitals, Current medication list, an attestation that resident is free of communicable diseases, and evaluation for TB within the last 12 months.
- Executive Director or designee will pull two charts at random monthly, starting in November 2022 and continuing throughout the probation period, to audit for completion of medical exams as required. Monthly audits will be documented on the QA form and maintained in the POC book kept in the Executive Director's office.
- ED will monitor each admission for a complete physician's exam prior to admission for 12 months, beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Random resident charts will be reviewed during visits by the Regional Director of Operations to monitor for medical examination compliance. The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A604 420-5-20-.06(2)(a)(b)(c)(d)(e) Care of Residents

The RN failed to accurately assess, document, and manage resident behaviors. The RN failed to complete monthly assessments consistently for all residents, which included monthly weights. The RN failed to identify changes in resident health status and develop care plan interventions to address those changes. The RN also failed to evaluate resident care plans for effectiveness and make changes to the care plan as necessary.

- EI##2 resigned on 2-2-22.
- RI#1 was discharged on 4-18-22.
- RI#2 was discharged on 2-28-22
- RI#3 was discharged on 9-30-22.
- RI#4 was discharged on 3-9-22
- The Regional Director of Clinical Compliance completed an audit of all assessments on 03/07/2022.
- The Regional Director of Clinical Compliance completed all comprehensive assessments, PSMSs, and Behavior Screens, which are current from 03/04/2022.
- The Regional Director of Clinical Compliance completed the monthly assessments, which are current from 3/7/2022.
- Care plans have been written for each resident, reviewed monthly, updated as needed, and filed in the resident's electronic health record. Monthly weights will be obtained and entered into Point Click Care by RN. Significant weight changes will be addressed and care-planned monthly. Interventions will be addressed and placed with weight changes to stabilize.
- Monthly assessments are scheduled in Point Click Care and trigger as due seven days before the due date for completion.
- Shift-to-shift daily reports are reviewed in stand-up meetings to detect any adverse events or change of condition that would require care plan updates or change of condition assessments. These reports are reviewed by WD and discussed with ED.
- Wellness Director started on 06/09/2022 and has been trained in all aspects of the Care Coordinator position, on all responsibilities of the RN in the facility, and the State Board of Health's rules governing Specialty Care Assisted Living Facilities. Wellness Director will be re-trained by the Consultant in all aspects of the Care Coordinator position, on all responsibilities of the RN in the facility, and the State Board of Health's rules governing Specialty Care Assisted Living Facilities by November 30, 2022. Training will be recorded on an in-service sheet and filed in the POC book kept in Executive Director's office.

- Executive Director will monitor that RN duties are completed monthly for 12 months, beginning November 2022. This monitoring will be kept in the POC binder maintained in the Executive Director's office. Duties will be monitored by observation, communication with families, random resident chart audits, and monitoring of the Point Click Care dashboard and alerts.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. During site visits Vice President of Operations or designee will review Point Click Care dashboard, review daily stand-up meeting minutes that are held Monday thru Friday in both buildings, and observe staff rendering care along with staff interviews to determine if behaviors are occurring and require reassessment.
- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A605 420-5-20-.06(3)(f) Care of Residents

The facility failed to ensure that residents who required a higher level of care received the assistance to obtain the necessary services.

- EI#8 left our employment on 7-25-22
- EI#9 attended Abuse Training on 3-7-22, 5-9-22, 7-14-22, 10-11-22, and 10-26-22
- RI #1 was discharged to a higher level of care, skilled community, on 4-18-22.
- RI #2 was discharged to a higher level of care, skilled community, on 2-28-22.
- RI #3 was discharged to a higher level of care, an inpatient psychiatric facility, on 9-30-22.
- RI #4 was discharged to another SCALF on 3-9-22.
- The Regional Director of Clinical Compliance performed a complete chart audit of all residents and comprehensive assessments, PSMS, and behavior screens completed on 3/7/2022.
- The Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday – Friday) stand-up meeting, Care Associates and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention. Thirty-day notices will be issued as necessary per SBOH rules. Executive Director conducts Daily Stand-up meetings Monday-Friday, Records information on the Daily Stand-Up sheet, and files in Stand Up book in Executive Director's office. Daily Stand-Up attendees are representative from each discipline, i.e., Management, Nursing, Housekeeping, Maintenance, and Dietary. Shift-to-shift report sheets from the previous day will be reviewed in stand-up by ED and Wellness Director to ensure any adverse incidents or changes of conditions are identified.
- Staff training on how and when to notify the Wellness Director/designee that they observed residents who might require a higher level of care was completed on 10/25/2022 and 10/26/2022 by the Vice President of Clinical Compliance. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office
- Any change in a resident's condition will result in the completion of a comprehensive assessment, PSMS, and behavioral/depression screen.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday-Friday) stand-up meeting, the Care Associate and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention.
- Thirty-day discharge notices will be issued as necessary per SBOH rules.
- The administrator will monitor Residents for the need for a higher level of care through

stand-up meetings with the Wellness Director, review of weekly radar reports, random observation of care rendered by staff, and monitoring of Point Click Care assessments/care plans and alerts generated for 12 months,

- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. The Vice President of Operations or designee will ensure that the ED monitors the resident care needs by monitoring the Point Click Care dashboard, radar reports, and weekly calls with ED.
- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A606 420-5-20-.06(3)(g) Care of Residents

The facility failed to transfer or discharge residents who required a higher level of care to an appropriate setting.

- EI#3 left our employment on 2-2-22
- EI#8 left our employment on 7-25-22
- RI #1 was discharged to a higher level of care, skilled community, on 4-18-22.
- RI #2 was discharged to a higher level of care, a skilled community, on 2-28-22.
- RI #3 was discharged to a higher level of care, an inpatient psychiatric facility, on 9-30-22.
- RI #4 was discharged to another SCALF on 3-9-22.
- The Regional Director of Clinical Compliance performed a complete chart audit of all residents and comprehensive assessments, PSMS, and behavior screens completed on 3/7/2022.
- Any change in a resident's condition will result in the completion of a comprehensive assessment, PSMS, and behavioral/depression screen.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday – Friday) stand-up meeting, Care Associates and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention.
- Thirty-day discharge notices will be issued as necessary per SBOH rules.
- Executive Director conducts Daily Stand-up meetings Monday-Friday, Records information on the Daily Stand-Up sheet, and files in Stand Up book in Executive Director's office. Daily Stand-Up attendees are representative from each discipline, i.e., Management, Nursing, Housekeeping, Maintenance, and Dietary.
- Shift-to-shift report sheets from the previous day will be reviewed in stand-up by ED and Wellness Director to ensure any adverse incidents or changes of conditions are identified
- Staff training on how and when to notify the Wellness Director/designee that they observed residents who might require a higher level of care was completed on 10/25/2022 and 10/26/2022 by the Vice President of Clinical Compliance and Executive Director. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office.
- The administrator will monitor Residents for the need for a higher level of care through stand-up meetings with the Wellness Director, review of weekly radar reports, random observation of care rendered by staff, and monitoring of Point Click Care assessments/care plans and alerts generated for 12 months, beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations or designee will ensure ED is monitoring

resident care needs by Monitoring the Point Click Care dashboard, radar reports, and weekly calls with ED.

- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A609 420-5-20-.06(3)(k) Care of Residents

The facility failed to implement and follow the facility's abuse policy and procedures.

- During the survey, the facility was staffed with a temporary administrator (EI#1). EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role.
- EI#19 was terminated on 2-1-22.
- RI #1 was discharged to a higher level of care, skilled community, on 4-18-22.
- RI #2 was discharged to a higher level of care, skilled community, on 2-28-22.
- RI #3 was discharged to a higher level of care, an inpatient psychiatric facility, on 9-30-22.
- RI #4 was discharged to another SCALF on 3-9-22.
- All resident charts were audited to ensure all behavioral concerns were addressed. The audit was completed on 3/4/2022 by the Regional Director of Clinical Compliance.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday – Friday) stand-up meeting, Care Associates and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention. Thirty-day notices will be issued as necessary per SBOH rules. Executive Director conducts Daily Stand-up meetings Monday-Friday, Records information on the Daily Stand-Up sheet, and filed in Stand Up book in Executive Director's office. Daily Stand-Up attendees are representative from each discipline, i.e., Management, Nursing, Housekeeping, Maintenance, and Dietary.
- Inservice training regarding Alzheimer's Dementia, dealing with challenging behaviors, redirection, and diffusing tense situations was done on 9/23/22 and will be completed quarterly and as needed by the Vice President of Clinical Compliance and ED.
- Residents considered at risk will be discussed by RN and Executive Director/Designee daily at morning stand-up meetings, and monitored weekly on radar reports completed by the RN. This process began on 10-26-22. These discussions will be documented on the QA document kept in the POC binder in the Executive director's office. ED will verify Relias training and DETA series completion before resident contact. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office.
- ED will be re-trained by November 30, 2022, on timely and thorough investigations for all allegations of abuse by the Consultant.
- All associates were trained and in-serviced by the Regional Director of Clinical Compliance on 3/7/22, 7/13/22, 9/23/2022, and 10/26/2022 regarding abuse, neglect, exploitation, and the definition of a reportable event. Additional training on abuse, neglect, misappropriation, proper reporting timeline, and what is considered abuse will be

conducted as needed by ED. This training will be recorded on an In-service sheet and filed in the POC book kept in the Executive Director's office.

- The Executive Director or Designee will confirm random verification of understanding of this policy by asking two staff members weekly for four weeks, then monthly for 11 months, beginning November 21, 2022. Training verification will be documented in Training Book kept in Executive Director's office, and a copy will be placed in the POC book, which is held in Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations or designee will also ask the staff at random to relay abuse policy, how to report, whom to report to, and what are types of abuse. During random calls to families and on-site visits, this policy will also be reviewed so families know what to look for and whom to report concerns.
- Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A611 420-5-20-.06(4)(a)(b) Care of Residents

The RN failed to develop individualized care plans, update care plans with significant changes in the residents' health status and evaluate whether or not care plan interventions were effective.

- EI#3 resigned on 2-22-22.
- RI #1 was discharged to a higher level of care, skilled community, on 4-18-22.
- RI #2 was discharged to a higher level of care, skilled community, on 2-28-22.
- RI #3 was discharged to a higher level of care, an inpatient psychiatric facility, on 9-30-22.
- RI #4 was discharged to another SCALF on 3-9-22.
- The Regional Director of Clinical Compliance performed a complete chart audit of all residents on 3/7/2022. All comprehensive assessments, PSMS, and behavior screens are current and accurate as of 3/7/2022.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday – Friday) stand-up meeting, Care Associates and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention.
- Thirty-day discharge notices will be issued as necessary per SBOH rules.
- The Executive Director conducts Daily Stand-up meetings Monday-Friday; records information on the Daily Stand-Up sheet and is filed in Stand Up book kept in Executive Director's office. Daily Stand-Up attendees are representative from each discipline, i.e., Management, Nursing, Housekeeping, Maintenance, and Dietary. Shift-to-shift report sheets from the previous day will be reviewed in stand-up by ED and Wellness Director to ensure any adverse incidents or changes of conditions are identified.
- Staff training on how and when to notify the Wellness Director/designee that they observed residents who might require a higher level of care was completed on 10/25/2022 and 10/26/2022 by the Vice President of Clinical Compliance. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office.
- Any change in a resident's condition will result in the completion of a comprehensive assessment, PSMS, and behavioral/depression screen.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday-Friday) stand-up meeting, the Care Associate and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention.
- The Executive Director will monitor Residents for the need for a higher level of care through stand-up meetings with the Wellness Director, review of weekly radar reports, random observation of care rendered by staff, and monitoring of Point Click Care assessments/care plans and alerts generated for 12 months, beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC

is followed. Vice President of Operations or designee will ensure ED is monitoring resident care needs by Monitoring Point Click Care dashboard, radar reports, and holding weekly calls with ED.

- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- New Wellness Director started on 06/09/2022 and has been trained in all aspects of the Care Coordinator position, on all responsibilities of the RN in the facility, and the State Board of Health's rules governing Specialty Care Assisted Living Facilities, including the development of care plans on admission, updating care plans after significant changes, and reviewing them no less than monthly for appropriateness and updating, if necessary. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office.
- Monthly random audits will be performed by the Executive Director/ Designee of 2 charts for care plan accuracy and will be documented on the QA form to be filed weekly in the POC binder in the Executive Director's office. This audit will begin in October 2022 and continue for probation.
- ED will monitor the "Dashboard" weekly in Point Click Care for service plans past due and assessments to ensure timely completion. Beginning 10-26-22, WD will monitor the Point Click Care dashboard daily for service plans and assessments due in the next seven days.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A612 420-5-20-.06(4)(c)(d)(e)(f) Care of Residents

The facility failed to provide an appropriate activity program that promoted mental and physical wellness.

- EI#18 left our employ on 3-18-22.
- RI#1 was discharged on 4-18-22.
- RI#2 was discharged on 2-28-22.
- RI#6 was discharged on 4-1-22.
- RI#8 was discharged on 9-30-22.
- RI#16 was discharged on 2-23-22.
- RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and no further notes have indicated resistance to care or combative behavior scheduled to d/c to SNF on 11-11-22.
- RI#9 - Now participates in activities twice daily and is sleeping in their apartment
- RI#15 - Medication adjustment was made for the resident on 3-1-22, and no further documentation that the resident resists care
- All residents have the potential to be affected by this facility's lack of an adequate activity program. Care Plans were reviewed, and interventions were implemented to ensure that activities were appropriate to meet the needs of the residents and were occurring as outlined on the daily activity calendar.
- The lifestyle Coordinator (Activities Coordinator) was hired on 10/27/2022. The lifestyle Assistant will be hired by 11/30/2022. Care Associates will be crossed trained in each building to fill in for the Lifestyle Coordinator and Assistant during absence or Activities staff shortages. Documented proof of cross-training for all associates will be kept in the POC binder in the ED office. The lifestyle Coordinator will monitor the Activities staff schedule and document on her calendar that each building is implementing appropriately scheduled activities at the appropriately scheduled times. ED will keep the staffing schedule in her office. Schedules will notate daily who is responsible for activities in each building. The lifestyle Coordinator will develop an Activity Calendar monthly, post it in each building, and keep the prior month's calendar in the Lifestyle Coordinator's office for one year.
- Executive Director will monitor daily activity programs at the daily (Monday-Friday) stand-up meetings beginning in November 2022 and assure they are happening as scheduled for the probation duration.
- Beginning 10-26-22, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations will observe scheduled activities in both buildings during site visits and review staffing schedules to ensure activities assigned in each building daily.
- The Consultant will visit the facility two days monthly, beginning November 18, 2022,

through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.

- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022
A615 420-5-20-.06(5)(h) Care of Residents

The nurse failed to contemporaneously document medications on the resident's medication administration record.

- RI#3 was discharged on 9-30-12.
- RI#4 was discharged on 3-9-22.
- All nurses were trained on the proper steps of medication administration by the Wellness Director, regional director of clinical Compliance, Vice President of clinical Compliance, and pharmacy representatives from Guardian on 3-3-22.
- The pharmacy will conduct ongoing education, as requested by the community, and continue watching medication passes quarterly through the probationary period.
- On 3/7/2022, scanners were implemented to aid in medication pass compliance. Staff in services were completed on 3-3-22 by the Regional Director of Clinical Compliance with the Point Click Care Emar system and will be ongoing as needed.
- Wellness Director performs random med pass observations and monitors the Point Click Care dashboard to ensure med pass compliance and timeliness.
- Vice President of Clinical Compliance will monitor the Point Click Care dashboard and random for medication pass documentation and timeliness. Concerns will be addressed to Wellness Director and ED for immediate intervention.
- On the spot, staff education will be given for noncompliance, and progressive disciplinary action will be documented. Training records will be recorded on the in-service form and filed in the POC book kept in the Executive Director's office.
- The Wellness Director or designee will perform random monthly cart audits and med pass observations on varying shifts to verify competency and compliance with policy and procedures, beginning October 2022. Outcomes will be discussed with ED/Designee, corrective actions will be given as needed to ensure compliance and any disciplinary measures will be filed in the employee file in the business office.
- The Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period,
- Beginning in November 2022, to ensure the POC is followed. the Vice President of Operations or designee will observe the review of exception reports and medication administration records to ensure proper monitoring and medication administration. The outside Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022
A616 420-5-20-.06(5)(i)(j)(k)(l)(m) Care of Residents

The facility failed to ensure medications kept in the custody of the facility were properly secured and stored at all times.

- No RIs were identified in this deficiency.
- Training was completed for all licensed staff and the Wellness Director on properly storing and securing medications in the facility's custody on 3-3-22 by the Regional Director of Clinical Compliance. Training will be recorded on the in-service form and filed in the POC book kept in the Executive Director's office.
- Monthly random audits by ED or the Designee to ensure compliance began in October 2022 and will continue for the probationary period.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. During on-site visits, the Vice President of Operations or designee will check medication carts to ensure they are locked and secured, check medication room doors to ensure they are locked and secured and review narcotic count books to ensure chain of custody and proper narcotic medication counts are maintained.
- The outside Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A621 420-5-20-.06(9)(b) Care of Residents

The facility retained residents whose care and safety needs exceeded the capabilities of the facility license.

- RI#1 was discharged on 4-18-22.
- RI#2 was discharged on 2-28-22.
- RI#3 was discharged on 9-30-22.
- RI#6 was discharged on 4-1-22.
- RI#7 was given a 30-day discharge notice on 9-13-22. The resident had a medication adjustment on 9-16-22, and no further notes indicate resistance to care or combative behavior and scheduled for placement in SNF on 11-11-22.
- The Regional Director of Clinical Compliance performed a complete chart audit of all residents and comprehensive assessments, PSMS, and behavior screens completed on 3/7/2022.
- Any change in a resident's condition will result in the completion of a comprehensive assessment, PSMS, and behavioral/depression screen.
- Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning 10-26-22, during the daily (Monday – Friday) stand-up meeting, Care Associates and LPN will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention.
- Thirty-day discharge notices will be issued as necessary per SBOH rules.
- Executive Director conducts Daily Stand-up meetings Monday-Friday, Records information on the Daily Stand-Up sheet, and files in Stand Up book in Executive Director's office. Daily Stand-Up attendees are representative from each discipline, i.e., Management, Nursing, Housekeeping, Maintenance, and Dietary.
- Shift-to-shift report sheets from the previous day will be reviewed in stand-up by ED and Wellness Director to ensure any adverse incidents or changes of conditions are identified.
- Staff training on how and when to notify the Wellness Director/designee that they observed residents who might require a higher level of care was completed on 10/25/2022 and 10/26/2022 by the Regional Director of Clinical Compliance and Executive Director. Training will be recorded on an in-service sheet and filed in the POC book kept in the Executive Director's office.
- The Executive Director will monitor Residents for the need for a higher level of care through stand-up meetings with the Wellness Director, review of weekly radar reports, random observation of care rendered by staff, and monitoring of Point Click Care assessments/care plans and alerts generated for 12 months, beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations or designee will ensure ED is monitoring resident

care needs by Monitoring Point Click Care dashboard, radar reports, and weekly calls with ED.

- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Staff training on how and when to notify the Wellness Director/designee that they observed residents who might require a higher level of care was completed on 10/25/2022 and 10/26/2022 by the Vice President of Clinical Compliance.
- Any change in a resident's condition will result in the completion of a comprehensive assessment, PSMS, and behavioral/depression screen. Executive Director will be made aware of the need for a resident requiring a higher level of care by the RN. Beginning10-26-22 during the morning stand-up meeting, Care Associates and LPN staff will communicate to Wellness Director, Executive Director, or designee any changes in condition or increased care needs for immediate intervention. Thirty-day discharge notices will be issued as necessary per SBOH rules. Training will be recorded on the in-service form and filed in the POC book kept in the Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed.
- The outside Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022
A804 420-5-20-.08(4) Physical Facilities

The facility failed to maintain wooden tables and chairs, located in the dining area, in good repair.

- All residents have the potential to be affected.
- The facilities maintenance director replaced or repaired all wooden chairs in the dining room on 9-3-22.
- The facility purchased linen tablecloths for all tables on 9-9-22.
- Wooden chairs are being recovered with vinyl material starting 10/31/2022.
- ED, Maintenance Director, or Designee will do a daily walk-through of the building after stand-up meetings each morning beginning 10-26-22 for four weeks, then monthly for the remainder of the probationary period.
- The ED or designee will observe all dining room furniture monthly for the integrity of the protective finish, that appropriate linen tablecloths are clean and laundered appropriately, and that all furniture is repaired/replaced and cleaned as needed beginning 10-26-22 throughout the probationary period. The administrator's or designee's observations will be documented on the QA document kept in the POC binder in the Executive Director's office.
- All staff will be trained to report any furniture that needs cleaning or repair by November 30, 2022. All staff will be trained to identify and report any carpet that needs cleaning by November 30, 2022. Training will be recorded on the in-service form and filed in the POC book kept in the Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. During rounds of the community, the Vice President of Operations will observe furniture, carpets, and physical plant for any need for repair or cleaning. Immediate interventions will be implemented to rectify the issues identified.
- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022
A805 420-5-20-.08(5) Physical Facilities

The facility failed to maintain the common living room furniture in good repair.

- All common living room furniture was replaced with new couches and chairs on 8-30-22.
- ED, Maintenance Director, or Designee does a daily walk-through of the building after stand-up meetings each morning beginning 10-26-22 for four weeks, weekly for four weeks, then monthly for the remainder of the probationary period.
- The ED or designee will observe all dining room furniture monthly for the integrity of the protective finish, that appropriate linen tablecloths are clean and laundered appropriately, and that all furniture is repaired/replaced and cleaned as needed beginning 10-26-22 throughout the probationary period. The Executive Director or designee's observations will be documented on the QA document kept in the POC binder in the Executive Director's office.
- All staff will be trained to report any furniture that needs cleaning or repair by November 30, 2022. All staff will be trained to identify and report any carpet that needs cleaning by November 30, 2022. Training will be recorded on the in-service form and filed in the POC book kept in the Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. During rounds of the community, the Vice President of Operations will observe furniture, carpets, and physical plant for any need for repair or cleaning. Immediate interventions will be implemented to rectify the issues identified.
- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH
Survey Date: 3/3/2022

A1002 420-5-20-.10(2) Sanitation and Housekeeping

The facility failed to have adequate housekeeping and maintenance services to maintain a safe and sanitary environment for all residents.

- The chair in RI#1's apartment was cleaned on March 10, 2022. The bathroom for RI#1 was cleaned on February 24, 2022.
- The broken toilet paper holder in RI#6's apartment was replaced on March 9, 2022.
- The broken outlet cover with partially exposed wires by RI#8's bed was replaced on March 9, 2022.
- The missing towel bar in RI#14's apartment was replaced on March 9, 2022.
- The Maintenance Director inspected all resident apartments for cleanliness and the presence of strong urine/feces odors, broken toilet paper holders, damaged outlet covers, and missing towel bars on March 15, 2022.
- Any repairs needed were completed by April 1, 2022. Care Associates and LPNs will report any housekeeping/maintenance issues to Housekeeper or Maintenance Director when identified.
- The facility hired a full-time housekeeper on 3-7-22.
- The hours for Maintenance Director were increased from part-time hours to full-time on March 7, 2022.
- The ED created a cleaning schedule on 10-26-22 for thoroughly cleaning rooms and common areas, along with routine weekly cleaning of every apartment.
- The Executive Director or Designee will audit four resident apartments weekly for four weeks, then monthly, throughout the probationary period, beginning 10-26-22. Results will be documented on POC Binder kept in Executive Director's Office.
- The Vice President of Operations or Designee will conduct a monthly walk-through by choosing four resident apartments to inspect for compliance beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed.
- The Consultant will visit the facility monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.

Kelley Place Specialty Care Assisted Living Facility P1601 POC to ADPH

Survey Date: 3/3/2022

A1203 420-5-20-.12(5) Physical Environment

The facility failed to maintain the building and equipment in good repair

- The exit light by the dining room was replaced on March 11, 2022.
- The EXIT light by apartment 108 was replaced on March 11, 2022.
- The handrails were repaired on April 1, 2022. The broken tile was repaired on September 28, 2022.
- The Maintenance Director did all the repairs mentioned above.
- Each EXIT light was checked for proper operation, handrails and floors were also checked, and issues were addressed by April 1, 2022, by the Maintenance Director.
- The Executive director or designee will do walking rounds of both buildings weekly after daily stand-up beginning10-26-22 and throughout the probationary period to verify the function of all emergency exit lighting and doors and any issues noted with handrails, floors, or physical plant. Items of concern will be addressed promptly and notated in the POC binder maintained in the ED office. Results will be recorded on the round sheet and filed in the POC book kept in the Executive Director's office.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly on-site visits through the probationary period to ensure the POC is followed. Vice President of Operations or designee will do walking rounds when in the community and observe the physical plant, flooring, ceilings, fences, and random apartments, corrections will be addressed promptly and documented on visit log.
- The Consultant will visit the facility two days monthly, beginning November 18, 2022, through the probationary period to monitor compliance with the POC. Evidence of this monitoring will be kept in the POC binder maintained in the Executive Director's office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.
- Immediate remedial training and progressive corrective actions will be implemented with continued noncompliance with expectations. Remedial training will be documented and filed in the POC binder in the ED's office. Disciplinary actions will be filed in the associate employee file maintained in the ED office.