

MADISON HEIGHTS

FACILITY ID P1602

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 12/10/2022

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A301 420-5-20-.03 (1)(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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

> *The facility failed to develop, update or implement policies and procedures for medication management, 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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. The 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 on 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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. See A303, A405, A606, A612, and A613 for more information.*

- 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 before 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 were 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 the 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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 chart audits on every resident.
- When due, all assessments were scheduled for activation in the Point Click Care system. 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 the 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.
- 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 performing 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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 on 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.
    - 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

- Wellness Director/RN will observe staff for training needs through Daily rounds, one-on-one conversations, and reports from LPNs.
- 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

The facility failed to provide a safe and decent environment for all residents.

- 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 ensured 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 onsite 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 flows, 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

The facility failed to report at least one resident who tested positive for Covid and also failed to report a resident incident with injuries.

- 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 report daily, Monday thru Friday, during stand-up in each building. If abnormalities are identified on skin assessment sheets, WD will conduct her 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 onsite 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A601 420-5-20-.06(1) Care of Residents

The facility failed to follow physician medication orders for management of a resident's medical symptoms.

- RI#5 was discharged on 4-30-22.
- The Regional Director of Clinical Compliance performed a complete med cart audit to ensure all residents had medications as ordered in proper packaging on 3-7-22. Residents will be monitored for medical symptoms, adverse reactions, and signs and symptoms of pain on each med pass and will be monitored through observation during interaction, verbal and nonverbal pain symptoms, alteration to vital signs like increased respirations or pulse, and monthly RN assessments. When Symptoms are noted, proper reporting to the RN for assessment to be done. The Resident's Physician will be notified, and prn medications will be administered to relieve symptoms as ordered. A change of Condition assessment will be done, and the care plan will be updated to reflect the resident's care needs.
- All nurses were trained on the proper steps of medication administration by the Wellness Director, Vice President of Clinical Compliance, Regional Director of Clinical Compliance, and pharmacy representatives from Guardian Pharmacy.
- On 3-3-22, the Wellness Director trained LPNs on observation of medical symptoms again by December 5, 2022. Verbal and nonverbal signs and symptoms of pain will be monitored. Medications will be administered as ordered on MAR at the appropriate time. Scanners are utilized for accuracy with medication passes. The Regional Director of Clinical Compliance and Vice President of Clinical Compliance on Point click Care medication administration documentation trained nurses. Nurses were all trained on the proper protocol of calling the pharmacy if a medication is not available for administration to get an immediate dose delivered from the emergency pharmacy. Nurses are also trained on properly reordering drugs when a 7-10 day supply remains. Training will be recorded on an in-service sheet and placed in the POC book in the Executive Director's office.
- The pharmacy performed a quarterly cart audit on 10-26-22 and will continue to perform quarterly cart audits.
- Random monthly med cart audits will be done by the RN / Designee beginning in October 2022 and continue for the probation period.
- Executive Director will monitor the PCC dashboard weekly for medication administration alerts and pull medication exception reports from PCC routinely to monitor the proper administration of medications and times.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly onsite visits through the probationary period to ensure the POC is followed. The Vice President of Operations or Designee will monitor and ensure the Executive Director is performing monitoring by reviewing the Point Click Care

dashboard and observing medication passes during onsite visits. The Vice President of Operations and Vice President of Clinical Compliance will observe residents during rounds for signs and symptoms of pain or discomfort and ensure prompt resolution and intervention.

- 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A604 420-5-20-.06((3)(a)(b)(c)(d)(e) Care of Residents

The facility failed to provide adequate health supervision to identify and address resident health status changes.

- 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.
- RI#1 was discharged on 3-18-22
- RI#2 was discharged on 3-11-22
- RI#5 was discharged on 4-30-22
- 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 triggered 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 onsite visits through the probationary period to ensure the POC is followed. During site visits, the Vice President of Operations or designee will review the Point Click Care dashboard, review daily stand-up meeting minutes held Monday through Friday in both buildings, and observe staff rendering care along with staff interviews to determine if behaviors that are occurring 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

EI#3, RN, did not accurately assess residents to identify combative behaviors and significant changes in health status.

- EI#3 resigned on 2-22-22
- RI#1 was discharged on 3-18-22
- RI#2 was discharged on 3-11-22
- 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.
- 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 the 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 completing 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

The facility readmitted a resident who had care and safety needs which exceeded the facility's admission criteria.

- RI#6 expired on 12-7-21
- 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 completing 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

EI#3, RN, failed to accurately assess residents to identify combative behaviors and significant changes in health status.

- EI#3 resigned on 2-22-22
- RI#1 was discharged on 3-18-22
- RI#2 was discharged on 3-11-22
- RI#3 was discharged on 1-6-22
- RI#5 was discharged on 4-30-22
- RI#6 expired on 12-7-21
- 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 completing 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 onsite visits through the probationary period to ensure the POC is followed. The Vice President of Operations or designee will ensure that ED monitors 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.
- 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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 to prevent or deter wandering behaviors while also promoting mental and physical wellness.*

- No EIs or Ris were identified in this deficiency.
- 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A613 420-5-20-.06(5)(a((b)(c)(d)(e) Care of Residents

> *The facility failed to ensure resident medications were only administered by a nurse or physician. The facility also failed to ensure resident medications were managed and administered in accordance with the nurse practice act and facility policies and procedures.*

- EI#7 attended Medication administration in-service on 3-2-22 and left our employ on 9-27-22
- RI#3 was discharged on 1-6-22
- RI#7 was discharged on 2-21-22
- RI#10 was discharged on 2-28-22
- 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. Wellness Director observes narcotic count sheets during med cart audits and at random to ensure proper chain of custody and that the narcotic count is correct.
- The Vice President of Clinical Compliance will monitor the Point Click Care dashboard and random for medication pass documentation and timeliness. During onsite visits, the Vice President of Clinical Compliance will perform random medication cart audits, along with Narcotic books audit and verification. 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A615 420-5-20-.06(5)(h) Care of Residents

The facility failed to ensure nurses contemporaneously recorded all medications administered to residents.

- EI#7 attended the Medication administration in-service on 3-2-22 and left our employment on 9-27-22.
- 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.
- The 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 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 properly manage all resident medications under the facility's custody.

- RI#3 was discharged on 1-6-22
- RI#5 was discharged on 4-30-22
- RI#7 was discharged on 2-21-22
- RI#10 was discharged on 2-28-22
- The Regional Director of Clinical Compliance completed the training for all licensed staff and the Wellness Director on properly storing and securing medications in the facility's custody on 3-3-22. 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 onsite visits through the probationary period to ensure the POC is followed. During onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

The administrator retained residents who were ineligible for retention or continued stay.

- 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.
- RI#1 was discharged on 3-18-22
- RI#2 was discharged on 3-11-22
- RI#6 expired on 12-7-21
- RI#7 was discharged on 2-21-22
- 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 completing 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 onsite 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 completing 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A805 420-5-20-.08(5) Physical Facilities

> *The facility failed to ensure the furniture in the common living room was maintained in good repair so that it could be cleaned. The carpet in the hallway by the laundry room was soiled with feces.*

- No RIs were identified in this deficiency. EI#17 terminated employment during the survey.
- 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 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 onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

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

The facility failed to ensure all poisons and chemicals were properly secured or supervised at all times. The facility also failed to provide adequate housekeeping and maintenance services to ensure a safe and sanitary environment.

- No RIs were identified in this deficiency.
- EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role. EI#17 terminated employment during the survey.
- The stain on the hallway carpet was cleaned on 4-29-22 by Premier Carpet.
- The Maintenance Director replaced the panic hardware on the two courtyard doors on October 17, 2022.
- The beauty shop was locked immediately.
- Carpet cleaner purchased on October 14, 2022, for use in cleaning sporadic spills or soiling.
- Professional carpet cleaning was completed on April 22, 2022, April 29, 2022, August 1, 2022, and October 3, 2022, and will be scheduled quarterly.
- The Maintenance Director added automatic door closures with automatic locks to the Beauty Shop on October 14, 2022.
- ED, Maintenance Director, or Designee will do a daily round walk-through of the buildings after stand-up meetings held Monday thru Friday in each building to ensure any issues are addressed.
- 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 on each visit for compliance beginning November 2022.
- Beginning November 2022, the Vice President of Operations or Designee will, at a minimum, conduct monthly onsite 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.

Madison Heights Specialty Care Assisted Living Facility P1602 POC to ADPH

Survey Date: 3/3/2022

A1204 420-5-20-.12 (6) Physical Environment

> *The facility failed to properly maintain doors mounted in smoke barriers to be smoke resistive and close upon activation of the fire alarm.*

- No RIs were identified in this deficiency.
- EI#1 is no longer the administrator as of April 6, 2022, when EI#2 assumed the role.
- All residents have the potential to be affected.
- All smoke doors were inspected, and the Maintenance Director completed any repairs needed on October 7, 2022.
- The maintenance Director will be in-serviced of the importance of maintaining smoke doors 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.
- Smoke doors will be monitored with each fire drill by the Maintenance Director. Beginning10-26-22, to ensure proper closing and no gap when closed. Executive Director or Designee will also monitor the closing and absence of a gap between closed doors with each fire drill beginning 10-26-22.
- Beginning November 2022, The Vice President of Operations or Designee will, at a minimum, conduct monthly onsite visits through the probationary period to ensure Resident care needs are met and the POC is followed. Fire doors will be inspected during onsite visits for proper release and closure.
- 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.