Hilltop at Glenwood SCALF

Plan of Correction for Survey ending on April 19, 2022

Submitted by Vanessa Narmore-Butler, Administrator

October 24, 2022

Administrator's Signature Vanessa Butler Date 10-24-22

420-5-20-.03(1)(a)(b)(c)(d) Administration

A301

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- This SCALF is the only affected SCALF community.

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

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.

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

A302

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual deficiencies.

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

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six month to ensure that the facility is following their policies and procedures.
- See individual deficiencies for measures put into place or systemic changes made.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.

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

A303

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- All deficiencies cited under this ID Tag are addressed under each individual ID Tag.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual deficiencies.

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

- The governing authority has identified an internal candidate to become the full-time administrator. This candidate will take her administrator's examination in January, 2023 (the soonest available opportunity).
- The candidate is the current RN & Care Coordinator and is being mentored by both the current administrator and the consultant.
- The administrator will be the direct representative of the governing authority in the management of the assisted living facility and be responsible to the governing authority for the proper performance of her duties.
- See individual deficiencies for other measure to correct deficiencies.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- See individual deficiencies for monitoring.

420-5-20-.03(2)(c) Administration

A305

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

- There has not been a change of administrator since the survey.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There has not been a change of administrator since the survey.

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

- Consultant reviewed this rule with a representative of the governing authority on 9/29/2022.
- The governing authority is responsible to ensure that the SBOH is notified when there is a change in administrators.
- The SBOH was notified on 10/24/2022 of the name of the current administrator.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The Governing Authority will ensure the SBOH is notified of any and all changes of administrators.
- The consultant will monitor no less than monthly to ensure that any change in administrator results in notification to the SBOH.

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

A401

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

- Minimum and adequate staffing levels have been met effective 4/14/2022.
- Employees identified during the survey who were not CPR certified became certified on 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Staffing levels each shift have met state requirements and adequate to mee the needs of the residents since 4/14/2022
- Any staff requiring CPR certification were certified on 4/14/2022.

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

- RN/Care Coordinator and nursing staff were re-educated on 8/11/2022 by the administrator on this rule.
- RN/Care Coordinator will ensure that all schedules are staffed with the required minimum number of staff and at least one CPR certified staff member.
- The staffing will be adequate to meet the care and safety needs of the residents 24-hours per day 7-days per week.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review each weekly schedule for two months, then monthly for two months to ensure appropriate staffing levels are scheduled and that each shift has at least one CPR certified staff member.
- The administrator will review actual staffing numbers and staffed CPR certified staff no less than two times per week for two months, then one time per week for two months.
- Any concerns noted may result in additional education of RN/Coordinator.
- A record of schedule reviews will be maintained in the office of the administrator.

420-5-20-.04(3) Personnel

A402

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

- Employees who were identified as not being fully screened prior to hire or prior to resident contact were fully screened no later than 5/15/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any employee in need of additional screening will be screened no later than 10/31/2022.

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

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure all potential employees are fully screened prior to hire and prior to resident contact.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

420-5-20-.04(4) Personnel

A403

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

- Concerns noted for identified staff will be corrected no later than 10/31/2022 with the exception of date of first contact for long term employees.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any identified concerns will be corrected no later than 10/31/2022.

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

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure the personnel files of all employees contain all required information.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review monthly the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

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

A405

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

- The facility has a dedicated full-time RN/Care Coordinator to ensure compliance with SBOH rules for SCALF.
- See noted individual deficiencies for specific corrective actions.
- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for SCALFs.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual deficiencies for specific corrective actions.

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

- RN/Care Coordinator was educated on this rule and the rules of other deficiencies no later than 8/11/2022.
- The RN/Care Coordinator is responsible to ensure that RN duties are performed consistently to ensure the facility operates in compliance with SBOH rules for SCALFs.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will monitor the corrective actions by ensure that each individual tag's plan of correction is effective and remains effective.
- A record of the administrator's monitoring will be maintained in the office of the administrator.

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

A406

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

- Concerns noted for identified staff will be corrected no later than 10/31/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The personnel files of all other employees were reviewed by the administrator on 4/29/2022.
- Any identified concerns will be corrected no later than 10/31/2022.

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

- Workforce Manager (Human Resources) was re-educated on 4/14/2022 by the administrator on this rule.
- The Workforce Manager is responsible to ensure the personnel files of all employees contain evidence of required initial training.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review monthly the personnel files of each new staff member for the next three months to ensure compliance.
- Any identified concerns may result in additional education and continued monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

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

A504

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

- See individual responses to tags: 401, 402, 405, 406, 508, 601, 604, 612, 702, 804, 1001, 1101 and 1203.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- See individual responses to tags: 401, 402, 405, 406, 508, 601, 604, 612, 702, 804, 1001, 1101 and 1203.

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

- The administrator is responsible to ensure compliance.
- See individual responses to tags: 401, 402, 405, 406, 508, 601, 604, 612, 702, 804, 1001, 1101 and 1203.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- See individual responses to tags: 401, 402, 405, 406, 508, 601, 604, 612, 702, 804, 1001, 1101 and 1203.

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

A506

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

- RI#1 no longer resides at the facility.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The files of all current residents were reviewed for compliance.
- Any resident in need of an inventory sheet had a sheet completed no later than 9/1/2022.

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

- The administrator was re-educated on this rule by the consultant on 9/26/2022.
- The administrator is responsible to ensure that an inventory of resident personal effects is obtained up admission and is amended as needed.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator and RN/Care Coordinator will audit new resident files no less than monthly for the next three months.
- Any evidence of non-compliance may result in additional training and monitoring.
- A record of the monitoring will be maintained in the office of the administrator.

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

A508

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

- RI#6 has not attempted an elopement since 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- There have been no other incidents or outbreaks of a contagious disease which needed to be reported to the OIRS.

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

- RN/Care Coordinator and licensed staff were educated on this rule by the administrator no later than 8/11/2022.
- The consultant re-educated the administrator on this rule on 9/29/2022.
- The administrator is responsible to ensure that reportable incidents and outbreak of any contagious disease are reported on the OIRS.
- The administrator, or designee, will review incidents no less than daily to ensure that incidents required to be reported are reported to the Department's OIRS within 24-hours of the incident.
- The administrator, or designee, will communicate with the RN/Care Coordinator no less than daily to ensure that any outbreak of a contagious disease is reported using the Department's OIRS within 24-hours of the outbreak. If notified of an outbreak, the administrator will ensure it is reported to the Department's OIRS with 24-hours of outbreak.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The consultant will review all incident reports and interview the Administrator or RN/Care coordinator during monthly visits to ensure all reportable incidents and outbreaks were reported.
- Failure to comply may result in additional training and continued monitoring.
- A copy of these audits will be kept in the office of the administrator.

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

A601

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

- The medications for RI#2 have been given as prescribed since 4/14/2022.
- The physician for RI#5 was notified on 4/14/2022 that resident had been refusing medications.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The RN/Care Coordinator reviewed the MARs for all other residents no later than 4/14/2022 to ensure physician's order are being administered as prescribed.

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

- RN/Care Coordinator and licensed staff were educated on this rule by the administrator no later than 8/11/2022.
- The RN/Care Coordinator is responsible to ensure compliance with this rule.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of MARs and observations of medical administration no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A602

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

- RI#4 and #7 no longer resides at the facility.
- A weight was obtained for RI#5 on 4/26/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The physician exams for all other residents were reviewed by the RN/Care Coordinator no later than 4/14/2022 for completeness, accuracy and timeliness.
- Any concerns were corrected no later than 5/15/2022.

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

- RN/Care Coordinator and licensed staff were educated on this rule by the administrator no later than 8/11/2022.
- The RN/Care Coordinator is responsible to ensure that all resident physical examinations are complete and on file.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of random resident physical examinations no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A604

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

- RI#1 and RI#4 no long reside in the facility
- RI#2, RI#3, RI#5 and RI#6 were assessed for their eligibility for retention and to determine their needs and appropriate interventions no later than 5/15/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All current residents were assessed for appropriateness for retention and to determine their needs and appropriate interventions no later than 5/15/2022

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

- The RN/Care Coordinator was re-educated on the rule by the administrator on 8/11/2022.
- The RN/Care Coordinator is responsible to ensure compliance.
- Monthly assessments of each resident have been conducted since April, 2002.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of monthly assessments no less than weekly for 2 months, then monthly for two months to ensure that residents remain appropriate to reside in the facility.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A605

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

- RI#5 was assessed for any changes in condition requiring medical attention or arrangement of necessary services by the RN/Care Coordinator on 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other residents were assessed by the RN/Care Coordinator on 4/14/2022.
- No other residents were found to have additional services needed.

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

- All staff were educated on this policy by the administrator no later than 8/11/2022.
- The RN/Care Coordinator is responsible for ensuring that every resident who has a change in condition requiring medical attention, or has a need for other necessary services, receive the appropriate attention or services.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will monitor the general health of each resident no less than weekly for 2 months for compliance, then monthly for two months to ensure any change in a resident's condition is appropriately addressed.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A611

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

- RI#1 and RI#4 no longer reside at the facility.
- Care plans for RI#2, RI#3, RI#5 and RI#6 were updated by the RN/Care Coordinator no later than 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All resident care plans were reviewed by the RN/Care Coordinator on 4/14/2022 for accuracy and to address any needed changes.
- The personal appearance of each current resident has been observed since 4/19/2022 to address any personal appearance concerns.

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

- RN/Care Coordinator was educated on this rule by the administrator on 8/11/2022.
- The care staff was educated on this rule on 8/11/2022.
- Staff provides daily assistance with cleaning and grooming to residents as needed.
- The RN/Care Coordinator is responsible for compliance and will monitor the personal appearance of each resident to ensure every resident is clean and has well-kept appearance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random reviews of resident care plans and resident personal appearance no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the reviews will be recorded and kept in the office of the administrator.

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

A612

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

- The sponsor for RI#6 was contacted by RN/Care Coordinator no later than 10/15/2002 in an attempt to determine activities the resident may enjoy.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example.

- The activity interests for all other residents will be obtained and reviewed by the RN/Care Coordinator no later than 10/15/2022 to determine how the current activity programming can be enhanced and activities individualized to meet the residents' interests.

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

- A new full-time activity director began work at the facility on 10/21/2022.
- The activity director will be responsible to ensure resident activities are engaging and appropriate.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct observations of resident activities no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A613

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

- A physician's order obtained on 4/15/2022 for RI#3 to keep custody of a medication.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The rooms of all others residents were checked no later than 4/14/2022 to ensure that no medications were under the control of a resident without a physician's order.

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

- RN/Care Coordinator was educated on this rule by the administrator on 8/11/2022.
- The RN/Care Coordinator is responsible to ensure compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of resident rooms no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A615

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

- The MAR for both EI#2 and EI#5 were corrected on 4/14/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other MARs were reviewed on 4/14/2022 and, if needed, corrected.

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

- RN/Care Coordinator was educated on this rule by the administrator on 8/11/2022.
- The RN/Care Coordinator is responsible to ensure compliance with this rule.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of MARs no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.06 (5)(i)(j)(k)(l)(m) Care of Residents

A616

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

- Noted concern resulted from historical data and cannot be corrected. See below for future corrective action.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Noted concern resulted from historical data and cannot be corrected. See below for future corrective action.

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

- All licensed nursing staff were educated on rule by the administrator on 8/11/2022.
- The RN/Care Coordinator is responsible for compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.07 (2) Food Services

A702

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

- A booster water heater has been ordered and is anticipated to arrive by 10/31/2022. Once installed, the dishwasher will be operable.
- Hairnets and aprons were made available to the staff on 4/19/2022.
- New scoops and scoop holders were in place on 4/19/2022.
- All food items needing to be dated were dated as of 4/19/2022.
- The refrigerator was cleaned on 4/19/2022.
- Food temperatures are being taken.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other kitchen equipment was inspected and is in working condition.

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

- All kitchen employees and facility staff re-educated by the administrator that hairnet and clothing protectors are to be worn, that refrigerators are to clean, and regulation of temperature of food on 8-11-22.
- Dishware is being taken to the skilled nursing facility for sanitation and which will continue until the booster heater is installed to make the dishwasher functional.
- The dietary manager is responsible for ensure all aspects of this rule are followed.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of the kitchen no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.07 (3) Food Service

A703

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

- Menus and meal times were posted on 4/19/2022.
- Residents are currently being served palatable and visually appealing meals.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Menus and meal times have been posted as required since 4/19/2022.
- Food has improved and is palatable and visually appealing.

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

- Dietary manager re-educated on this rule by the administrator on 8-11-22.
- The dietary manager is responsible to ensure compliance with this rule.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will conduct inspections to ensure meal times and current week's menus are posted and that resident meals are palatable and visually appealing no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.08 (4) Physical Plant

A804

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

- With the exception of the dishwasher, all equipment is operational, in good repair and outside areas of the facility is free of debris.
- A booster water heater has been ordered and is anticipated to arrive by 10/31/2022. Once installed the dishwasher will be operable.
- The mold was cleaned from under the sink in the kitchen on 4/19/2022.
- Ice machine is working as of 5/1/2022.
- Stove/oven is working as of 5/1/2022.
- Cabinets have been cleaned, painted and new hardware installed.
- Old, dirty baking sheets were removed on 4/14/2022.
- Spider webs, dirt and dust were cleaned on 4/14/2022.
- Can opener was removed.
- Outdoor freezer is not currently being used.
- Kitchen light was repaired.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The kitchen is clean and in good repair as of 7/31/2022.

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

- All staff re-educated by the administrator on equipment operations, in good repair and outside facility is free of debris on 8-11-22.
- Dishware is being taken to the skilled nursing facility for sanitation and which will continue until the booster heater is installed to make the dishwasher functional.
- The maintenance director is responsible to ensure the kitchen is in good repair and the outside of the facility is free of debris.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections no less than weekly for 2 months for compliance, then monthly for two months.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.10 (1) Sanitation and Housekeeping

A1001

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

- The hot water temperature in the beauty shop was corrected on 4/12/2022.
- The dead bugs were removed on 4/19/2022.
- RI#1 no longer resides in the facility.
- The dumpster and other areas were cleaned no later than 6/1/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- All other areas of the facility were checked for bugs, excessive hot water temp, odors, or exterior areas of concern no later than 4/14/2022. Any concerns were corrected no later than 6/1/2022.

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

- All staff was re-educated on this rule by the administrator on 8/11/2022.
- The maintenance director is responsible to ensure continued compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of water temperatures and areas of the facility, including the grounds no less than weekly for 2 months, then monthly for two months for compliance.
- Any findings of non-compliance may result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

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

A1002

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

- Identified concerns were corrected no later than 5/31/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- Any other areas in need of housekeeping services were corrected no later than 5/31/2022.

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

- All staff were re-educated on this rule no later than 8/11/2022.
- The housekeeping supervisor is responsible for continued compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct random inspections of varying areas of the community no less than weekly for 2 months, then monthly for two months for compliance.
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.

420-5-20-.11 (1) Fire and Safety

A1101

Fire drills were not performed monthly and quarterly on each shift. The fire alarm system was not inspected semiannually.

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

- Fire drills have been conducted in compliance with this rule since May, 2022.
- The fire alarm system was inspected in July, 2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- No other concerns were identified.

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

- The maintenance director was re-educated on this rule by the administrator on 8/11/2022.
- The maintenance director is responsible for continued compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator, or designee, will review fire drills monthly for the next six months.
- Any evidence of non-compliance may result in additional education and continued monitoring.
- A record of these reviews will be maintained in the office of the administrator.

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

A1203

The building was not kept in good repair, lighting was inadequate and the resident's call system was not totally functional.

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

- The identified areas were corrected no later than 6/15/2022.

Steps the facility will take to identify other residents or concerns not identified by the survey team, similar to those of the residents or concerns listed in each example

- The building has been inspected and any areas in need of repair were repaired no later than 6/1/2022.

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

- The maintenance director was re-educated on this rule by the administrator on 8/11/2022.
- The maintenance director is responsible for continued compliance.

How the proposed corrective actions will be monitored to ensure they are implemented, that the corrective actions adequately address the identified problems, and that the corrective actions are effective and will continue to be effective

- The administrator/designee will conduct inspections of the physical environment of the facility no less than weekly for 2 months, then monthly for two months for compliance .
- Any findings of non-compliance will result in appropriate corrective action, additional training and continued inspections.
- Results of the inspections will be recorded and kept in the office of the administrator.