Accepted 2/24/23

Connie Cherry Type text here

Facility Name: Vitality Living Upland Park

Facility ID: P4520

Administrator: David Huggins

Survey Exit Date: 2/8/2023

1. **A 612 420-5-20-.06 (4) (c) (d) (e) (f) Care of Residents:** RI#1's facility Plan contained no specific activities and interventions for managing RI#1's wandering behaviors and for redirecting RI#1 to prevent another elopement.
2. For corrective action the administrator addressed with EI#4 the importance of having specific activities for RI#1 to help redirect her and manage her wandering behaviors.
3. Steps taken to correct include the Administrator in-servicing EI#4 and EI#3 as well as all caregivers in memory care on the importance of having a specific activities program in place for any resident with dementia that has a tendency to wander. EI#4 created a specific activities program for RI#1 on 8 Feb 2023 that met RI#1's interests and individual needs. The in-service for EI#4 and EI#3 took place on 8 Feb 2023 and the in-service for the caregivers will take place by 22 Feb 2023.
4. The measures that will be put in place to prevent reoccurrence involve the Memory Care Director and Wellness Director monitoring each resident in memory care weekly, determining if a specific activities program is needed for residents that have been identified to benefit from such a program for redirection purposes. This weekly audit sheet will contain the Date, Resident Name, Resident Change in Condition Y/N?, Is an Individual Activities Program Needed Y/N?, if so, What Activity Program Is In Place? Signature of Designee.
5. The Memory Care Director and Wellness Director will conduct this audit weekly x 12 weeks. Documentation of the weekly audit will begin 27 Feb 2023 and end 19 May 2023. Documentation will be kept in the POC binder located in the Administrators office.



2/22/23

David Huggins, NHA, ALA **Date**

Administrator

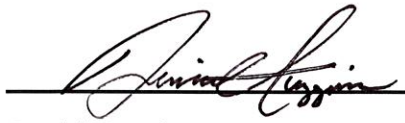
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Survey Exit Date: 2/8/2023

1. **A 1201 420-5-20-.12 (1) Physical Environment:** RI#1 pressed one of the egress doors in memory care which triggered the 15 second countdown causing the door lock to release. The alarm went off but was faint at the nurses station. RI#1 was observed by staff outside of the building walking on the sidewalk and was returned safely inside.
2. For corrective action EI#1 contacted the local fire marshal the day of the survey on 8 Feb 2023 to begin the process of finding out what needs to be done to get his approval to change the current delayed 15 second egress system to a coded door locking system. The alarm company, Integrated Openings, was also contacted on 8 Feb 2023.
3. Steps taken to correct include the Administrator immediately contacting the alarm company, Integrated Openings, as well as the local fire marshal on 8 Feb 2023. The Administrator received the letter from Integrated Openings on 21 Feb 2023 of what the project will consist of and the changes that will be made. This letter was sent to the local fire marshal and was approved on 22 Feb 2023. Integrated Openings has been notified of the approval from the fire marshal and has the go ahead to move forward in making these necessary changes to the memory care doors/locks as well as adding the alarm panel at the nurses' station. The hope is that these changes will be completed no later than 15 March 2023.
4. The measures that will be put in place to prevent reoccurrence include putting in a new magnetic locking device system instead of the current set up where there is a timed release of 15 seconds once the door has been pressed. There will also be a new panel put in at the central nurses' station that will sound off if one of these exterior doors is held open for too long. This new system will be monitored weekly by the Administrator. A log of this weekly monitoring will consist of the Date in which the monitoring occurred, Magnetic locks/key pads are working properly Y/N?, Can the alarm be heard at the nurses station for all exterior doors Y/N?, and Signature of the Administrator.
5. The Administrator will conduct this monitoring weekly x 12 weeks. Documentation of the weekly monitoring will begin the first day the new system is put in place and will end 12 weeks later. Documentation will be kept in the POC binder located in the Administrator's office.



2/22/23

David Huggins, NHA, ALA **Date**

Administrator