Accepted July 14, 2023
Connie Cherry

Plan of Correction for Survey Exit date of June 6, 2023

Facility: Crimson Village Assisted Living

Facility ID#: D6318

Administrator: Thelisa Lewis

1. A 508 420.5.4-.05 (3) (h) Records and Reports
2. EI#1 Intake reports were discussed on June 6, 2023, administrator explained findings and have designated a designee to report incidents within the 24-hour reporting time if administrator is unavailable.
3. Staff has been re-educated on when to call the administrator, so that the administrator can assure incidents are being reported on time.
4. When administrator is out it will be a post for staff to go directly to the designee for all incidents.
5. EI#1 will follow up with the designee upon return from leave on incidents and will instruct the designee to keep all documentation in a binder located in the administrators office for review. Upon review of documentation EI#1 will upload documentation into the resident electronic file.

Administrator Signature: Thelisa Lewis, E.D.

Date: 7/14/2023

1. A 601 420-5-4-.06 (1) Care of Residents
2. Review of RI#3 Medical Exam and Plan of Care have been reviewed and corrected to assure the Plan of Care reflects the Physician's order for resident to have assistance with medications.
3. Review of RI#4 Medical Exam and Plan of Care have been reviewed and corrected to assure the Plan of Care reflects the Physician's order for resident to have assistance with medications.
4. Review of RI#5 Medical Exam and Plan of Care have been reviewed and corrected to assure the Plan of Care reflects the Physician's order for resident to have assistance or no assistance with medications. EI#1 will check all Plan of Cares for completion of appropriate medication management.
5. EI#1 will assure the correction of Medication Management of all new residents Medical Plan of Care reflect the Physician's order. Physician orders will be reviewed by EI#1 and signed by EI#1 to confirm the completion of all documents prior to scanning into electronic files.

Administrator Signature: Melissa Lewis, E.D.

Date: 7/14/2023

1. A 613 420-5-4- 06 (5) (a) (b) (c) (d) (e) Care of Residents
2. EI#1 was notified while attending conference that EI#12 had administered the wrong medication to RI#11, EI#12 was immediately pulled off the medication cart.
3. EI#12 had been counseled on proceeding with medication administration without the guidance of the trainer and not following training protocol for medication assistance.
4. RI#11 primary physician was notified of the error at that time and recommendations were sent back to follow for safety.
5. EI#1 has educated those training new employees on medication cart to not leave trainees unattended, trainers are not to leave trainees with keys to cart.
6. Trainees must be passed off by the RN of completion of training for medication assistance. RN will be provided a check off list that will be signed by the employee, and RN upon completion of training. Signed document will be uploaded into the employee electronic file.
7. EI#1 will consult with providing pharmacy to provide education to medication assistants and nurses quarterly and document attendance under staff training in the electronic system (ALIS).
8. EI#1 has placed the designee in charge of reporting to ADPH within the 24-hour window when the administrator is unavailable for medication errors.

Administrator Signature: Helena Lewis, E.D.

Date: 7/14/2023

1. A 614 420-5-4-.06 (5)(f)(g)(6)(7)(a)-(i) Care of Residents
2. EI#1 sent EI#9 to administer medications to RI#3 for the duration of the shift.
3. EI#1 contacted EI#3 to do an assessment on RI#3 for cognition.
4. EI#3 findings concluded that RI#3 was inappropriate for ALF and was transitioned to SCALF immediately.
5. RI#3 sponsor was notified of transition soon after.
6. EI#1 educated EI#3 on performing medication awareness quarterly and as needed. Medication assistants will also check monthly and pass off in the electronic system (ALIS).
7. EI#11 have been educated on informing the administrator immediately when there has been a noticeable decline in health and cognition.
8. All med assistants will be passed off by the facility RN at the end of the trainees initial training for Medication Assistant, then after EI#1 will provide quarterly in-services provided by community pharmacy.

Administrator Signature: Shelvia Lewis, F.D.

Date: 7/14/2023

1. A1002 420-5-4- 10 (2) Sanitation and Housekeeping
2. EI#1 educated salon operator on keeping all liquids and salon items out while salon is not in operating use.
3. Salon operator have been issued a key to lock door when salon is not in use.
4. EI#1 and/or designee will monitor the salon daily to assure salon doors are locked when not in use x 4 weeks.
5. EI#1 will document findings on paper and be kept in the administrators office until completion period, after completion period EI#1 will upload documents in the community miscellaneous tab .

Administrator Signature: Yhelisa Lewis, F.D.

Date: 4/14/2023