POC Accepted 10.10.24
Connie Cherry

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527 chg

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A301 420-5-4-.03 (1) (a) (b) (c)(d) Administration.

The governing authority failed to ensure the facility operated in compliance with SBOH rules for ALF's.

- **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

  - Sagora Senior Living became management company of facility on 05/15/24.
  - EI#11 was no longer employed as administrator, effective 05/15/24.
  - EI#1 became interim administrator of facility on 07/17/24.
  - On 07/29/2024 the facility hired a permanent category II licensed Alabama administrator.
  - The current administrator designee is EI#7 effective 9/02/2024.
  - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.
  - Please see corrective actions noted under individually cited deficiencies (A303, A305, A405, A601, A602, A604, A611, A614, A617, A702, A703, A804, A1002, A1101, A1203, A1206)

- **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

  - ADPH has been notified of the current licensed administrator, effective 7/29/2024.
  - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.

- Please see corrective actions noted under individually cited deficiencies (A303, A305, A405, A601, A602, A604, A611, A614, A617, A702, A703, A804, A1002, A1101, A1203, A1206)

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - The Regional Director of Operations will notify ADPH of any changes within 15 days for any future changes in governing authority and/or management company. This was reviewed and a document was signed in understanding this requirement, done on 09/12/24 with Regional Director of Operations and
   - A representative of the governing authority has been educated by Sage Management consultant and has signed understanding that ADPH must be notified if all changes in administrator and the facility must have a licensed administrator for the state of Alabama for the facility, and the facility shall not be without a licensed Administrator for more than 45 days. Completed on 09/12/24 with Divisional Director of Resident Services and Regional Director of Operations and Divisional Director of Resident Services.
   - Please see corrective actions noted under individually cited deficiencies (A303, A305, A405, A601, A602, A604, A611, A614, A617, A702, A703, A804, A1002, A1101, A1203, A1206)

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   - WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals

identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.
- Please see corrective actions noted under individually cited deficiencies (A303, A305, A405, A601, A602, A604, A611, A614, A617, A702, A703, A804, A1002, A1101, A1203, A1206)

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - A representative of the governing authority has been educated by Sage Management consultant and has signed understanding that ADPH must be notified if all changes in administrator and the facility must have a licensed administrator for the state of Alabama for the facility, and the facility shall not be without a licensed Administrator for more than 45 days. Completed on 09/12/24 with Divisional Director of Resident Services and Regional Director of Operations.
   - Please see corrective actions noted under individually cited deficiencies (A405, A601, A611, A614, A617)

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**
   - WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
   - Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A303 420-5-4-.03 (2) (a) Administration.

Administrator duties were not fulfilled due to failure of the facility to provide a properly licensed administrator as required.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - Sagora Senior Living became management company of facility on 05/15/24.
   - EI#11 was no longer employed as administrator, effective 05/15/24.
   - EI#1 became interim administrator of facility on 07/17/24.
   - On 07/29/2024 the facility hired a permanent category II licensed Alabama administrator.
   - The current administrator designee is EI#7 effective 9/02/2024.
   - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.
   - Please see corrective actions noted under individually cited deficiencies (A405, A601, A611, A614, A617)

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - ADPH has been notified of the current licensed administrator, effective 7/29/2024.
   - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.
   - Please see corrective actions noted under individually cited deficiencies (A405, A601, A611, A614, A617)

assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/2024.

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A305 420-5-4-.03 (2) (c) Administration.

The facility failed to notify the Alabama Department of Public Health timely when a change in administrator occurred.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - EI#1 applied for emergency category II Alabama administrator's license with the Board of Examiners on 07/10/24. On 07/17/24, EI#1 became the licensed administrator.
   - EI#1 became interim administrator of facility on 07/17/24.
   - On 07/29/2024 the facility hired a permanent category II licensed Alabama administrator.
   - The current administrator designee is EI#7 effective 9/02/2024.
   - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - ADPH has been notified of the current licensed administrator, effective 07/29/2024.
   - ADPH has been notified of changes in sole proprietorship, corporation, partnership, limited partnership, or other business entity that is its governing authority, and have designated individuals who serve as its governing authority, completed on 5/15/2024 by EI#1 changing the name of the facility to Lynridge of Huntsville. Sagora Senior Living was named the management company for the facility effective on same day.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

- A representative of the governing authority has been educated by Sage Management consultant and has signed understanding that ADPH must be notified if all changes in administrator and the facility must have a licensed administrator for the state of Alabama for the facility, and the facility shall not be without a licensed Administrator for more than 45 days. Completed on 09/12/24 with Divisional Director of Resident Services and Regional Director of Operations.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent

discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A405 420-5-4-.04 (6) Personnel.

Employees were not currently certified in CPR.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - EI#7 CPR certification was renewed on 8/9/2024.
   - EI#12 CPR certification was completed on 8/9/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - All current employee records were reviewed to identify any past due or needed CPR certifications. Those employees identified as not currently CPR certified will be immediately scheduled for a CPR certification class. This will be completed by 10/01/24 by the Business Office Coordinator.
   - A CPR class was scheduled on 08/09/24 for all employees requiring CPR certification.
   - Another CPR class will be scheduled by 09/30/24 for all new hires.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - The administrator scheduled a CPR class on 08/09/24. Currently, all employees are up to date with CPR certifications with the exception of new hires that are under the 90-day grace period. Future CPR certification classes will be scheduled on a regular basis to ensure all staff are CPR certified.
   - Business Office Coordinator with specific training provided by administrator that all new hires must be CPR certified within 90 days of hire and shall include a certification from an approved provider, done on 09/16/24.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The Business Office Coordinator will review on monthly basis employees who need CPR certification and schedule CPR certification classes communicating to involved employees when this is needed completion. Those employees who do not complete their CPR certification within 90 days of hire will be removed from the staff schedule until CPR certification is completed, effective 09/16/24.
- With each new hire, the administrator will review the completed employee file and ensure that CPR certification is maintained, signing off a review of the file and ensuring Business Office Coordinator has scheduled a CPR class for the individual as needed. Effective 09/16/24.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual

inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/06/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A601 420-5-4-.06 (1) Care of Residents

The facility failed to follow physician's orders for a resident's medication.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

    1. RI#1 medication was delivered from the pharmacy on 7/23/24 and offered to the resident identified.
    2. The physician was notified on 7/23/2024 by facility of RI#1 missing scheduled 2nd dose of Deep-Sea nasal spray. This medication was scheduled PRN and made available to the resident on 7/23/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

    - A review of the past month's EMAR dashboard was reviewed to identify any other concerns or medication errors. All identified concerns have been promptly addressed. No additional concerns have been identified. Done on 7/24/2024 by EI#7.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

    - All nursing staff training with review of the following physician orders, Implementation of Pharmacy Clipboard System to ensure new medication orders are followed up with ensuring available at facility and is delivered by pharmacy prior to next scheduled dose, checking EMAR Dashboard and staff responsibility for review and reporting of Dashboard medication concerns. Sage Management completed this training on 09/10/24 with EI#7 and EI#8. Both employees will conduct this same training with all nursing and care staff by 9/19/2024.
    - The RSD or designee will conduct morning huddles at the beginning of the shift on scheduled workdays with expectation of signing off medications on EMAR and the end of shift to verify and address any discrepancies. If discrepancies are identified the RSD will investigate and follow-up to resolve the issue. All

concerns will be reported to the administrator promptly. Effective immediately, ongoing.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The RSD will audit the medication cart to ensure all scheduled and PRN medications are available. Any discrepancies will be addressed by the RSD and resolved promptly. The RSD will report any missed or missing medications to the Administrator immediately and a medication error online incident report will be submitted to ADPH if required. The RSD and Administrator will meet with any employee who does not report missing medications or follow procedures for using the last medication available and take corrective actions accordingly. Will be done weekly x 4 weeks, every other week x 3 months, then monthly x 3 months. Frequency will resume or increase as needed per discretion of RSD or administrator. This will begin the week of 09/16/24.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A602 420-5-4-.06 (2) (a) (b) (c) Care of Residents

A resident's Initial Physical Examination did not contain the required information.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - RI#4 missing baseline weight and vital signs were addressed with physician and now has been documented in the resident's record. Done on 08/01/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - 100% of all current residents of the facility's admission medical exams have been audited to identify any other omissions required by ADPH rules and regulations. All other concerns identified have been addressed currently. Done on 08/13/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Prior to admission, the RSD and administrator will review all prospective resident's admission medical examinations. Any omissions will be corrected prior to allowing the resident to admit to the facility, effective immediately.
   - Training provided to marketer and RSD done by administrator, reviewing importance of ensuring all admission medical examination forms are reviewed by RSD and/or administrator and complete without any omissions prior to the admission taking place. Will be done on 09/17/24. Prior training was done 08/12/24 by Sage consultant with marketer and RSD/EI#7 on admission criteria and admission medical plan of care form.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.

- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A604 420-5-4-.06 (3) (a) (b) Care of Residents.

Resident's assessments were not completed as required.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - RI#3 monthly weights for the months of February 2024 and May, June, July, August, September, October, November, December 2023 were added to the monthly assessment as a late entry. Done by RSD on 9/16/2024.
   - RI#4 monthly assessments for January and February 2024 that were previously omitted, a chart review for these months was completed and late entry monthly assessments were documented by RSD on 9/16/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - 100% of all current residents of the facility had an audit of the past 12 months of monthly assessments to identify any other omitted weights. All issues identified were corrected by a late entry documenting the monthly assessment. Done by RSD on 08/01/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Training provided by Sage consultant to RSD on ADPH rules and regulations for monthly assessments and required information that must be documented on each monthly assessment. Completed on 08/13/24.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**
   - WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of

weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.

- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

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

A resident's care plan did not contain appropriate interventions to meet the care needs of the resident.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - RI#3's care plan was updated to reflect the current physician order that residents may self-administer medications. This was completed by RSD on 7/23/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - 100% of all current residents of the facility have had an audit of the resident's care plan to identify any discrepancies with care plans for medications regarding appropriate instructions and interventions. Any other discrepancies were immediately addressed by updating the care plan to reflect the current status. Done by RSD on 8/01/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Training provided on how and when to update a care plan with review of *rules and regulation Personal Care and Services.* Done by Sage consultant on 08/13/24.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   - WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly

assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.

- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

A614 420-5-4-.06 (5) (f) (g) (6) (7) (a)- (i)Care of Residents.

The facility failed to ensure a resident who was visually impaired was able to utilize the unit does packaging system and protect himself/herself from a medication error. In addition, a resident was not given the opportunity to utilize the unit dose packaging system at every opportunity for medication use.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

- Tactile identifiers in use by facility were purchased and placed on medication cart, done by RSD and effective 08/5/2024.
- RI#2 was retrained by RSD on the tactile identifiers that would be in use to aid the resident to properly identify their medications and distinguish between the various times the resident is to take medications. This was completed by RSD on 8/5/2024. The following tactile identifiers are currently in use:
    - Resident currently has ability to read name to identify medication cards (will implement different tactile identifier shall she become unable to read name on medication cards)
    - 1 Circle sticker- to identify resident's morning medication
    - 2 Circle stickers- to identify resident's evening medication
- EI#14 was counseled by RSD on their inability to administer insulin or perform finger stick blood glucose checks on any resident and educating that only licensed nursing staff may do so. Employee was informed that only may they assist with the set-up of the blood glucose monitor and assist with dialing insulin pen for residents with dexterity problems, but only under the complete direction of the resident with the resident providing step-by-step instructions to the employee prior to the task being done. Also, discussion included review that if the employee assists with dialing up dosage of insulin, that the employee must show the dosage to the resident and the resident must verify that the dose is accurate. The resident must be provided a copy of the sliding scale order so the resident can direct and determine the correct dose to be given to self. Employees were educated that if the resident becomes unable to complete these tasks, then the employee must immediately stop and notify the nurse. This was completed on 7/29/2024 by the RSD.
- RI#4 was educated by RSD that the resident must direct each employee for needed assistance to set-up the blood glucose monitoring system or dialing insulin pen to correct dose, the resident must verify that the dialed up dosage is

correct on the insulin pen if staff assist with dialing pen d/t dexterity reasons, give self-insulin and stick finger independently for blood glucose checks, and verify own dose to be given to self per sliding scale, and under no circumstance may staff do this for the resident unless it is a licensed nurse. Resident demonstrates ability to perform self-blood glucose monitoring and self-administration of insulin with the exception of the set up of supplies and assisting with dialing dosage of insulin and verbalizes understanding. Completed on 7/29/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - 100% of all residents were assessed for their ability to properly identify their name and time of day medications are to be assisted with by staff. No other resident concerns with ability to properly identify medications were identified. Done by RSD on 08/16/2024.
   - 100% of all residents who have orders for insulin or blood glucose checks were assessed by RSD for their ability to perform tasks independently or direct staff to assist with set up of supplies or dialing dosages of insulin. Any other resident who requires insulin or blood glucose checks were educated by RSD that they must direct each employee for needed assistance to set-up the blood glucose monitoring system or dialing insulin pen to correct dose, the resident must verify that the dialed up dosage is correct on the insulin pen if staff assist with dialing pen d/t dexterity reasons, give self-insulin and stick finger independently for blood glucose checks, and verify own dose to be given to self per sliding scale, and under no circumstance may staff do this for the resident unless it is a licensed nurse. Each resident demonstrates the ability to perform self-blood glucose monitoring and self-administration of insulin with the exception of the set-up of supplies and assisting with dialing dosage of insulin and verbalizes understanding. Completed on 08/12/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - On 08/13/24, Sage Management consultant conducted an all-staff in-service with medication tech's and nurse reviewing proper way to assess resident's

ability to identify their medications, requirement that resident's must be able to protect themselves from medication errors, how resident's must be involved in directing/assisting staff in applying tactile identifiers to their medications, and proper way to conduct medication pass, inability of unlicensed staff to administer insulin or perform finger stick blood glucose checks on any resident and educating that only licensed nursing staff may do so. Employees were informed that only may they assist with the set-up of the blood glucose monitor and assist with dialing insulin pen for residents with dexterity problems, but only under the complete direction of the resident with the resident providing step-by-step instructions to the employee prior to the task being done. Also, discussion included review that if the employee assists with dialing up dosage of insulin, that the employee must show the dosage to the resident and the resident must verify that the dose is accurate. The resident must be provided a copy of the sliding scale order so the resident can direct and determine the correct dose to be given to self. Employees were educated that if the resident becomes unable to complete these tasks, then the employee must immediately stop and notify the nurse. Those staff members who were not present during this training prior will be required to attend a mandatory make-up meeting held by RSD and this will be done by 09/19/2024. A prior in-service on the above was completed by RSD on 07/29/24.

- The RSD will schedule refresher training as necessary, effective 09/19/24.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   - The RSD will audit 100% of all residents who require tactile identifiers to properly identify medications. This audit will include meeting with each resident monthly to ensure that the resident is involved in applying tactile identifiers, and the identifiers are correct that are in use to what is care planned for each individual. This will begin immediately, monthly x 6 months.
   - WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed,

new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to

ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A617 420-5-4-.06 (8) Care of Residents.

The facility failed to properly document destruction of a resident's medication after discharge of the resident from the facility.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - RI#8 prescription numbers were obtained from pharmacy and added as late entry to the medication destruction log that was prior completed on 06/24/24. This was done by RSD on 08/05/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - The last 12 months of resident discharge records were reviewed to identify any incomplete medication dispositions for discharge. This was completed by RSD on 08/05/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - The governing authority representative has provided the RSD with a new form for medication destruction that includes a space for the prescription number to be listed. This form was implemented immediately upon receival on 08/05/2024.
   - All med techs and nursing staff in-service on rules for completing medication disposition records and required items to be documented on form per ADPH rules and regulations. This was done by RSD on 08/05/2024.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The RSD will provide the administrator on all future discharged records and an audit will be done to ensure that medication disposition records are filed and complete. Will begin the week of 09/16/24.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done

by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.

- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A702 420-5-4-.07 (2) Food Service.

The facility failed to properly sanitize dishes and document results of dish sanitization and failed to properly store, label and date food items. In addition, food areas were not kept clean, trash was not properly discarded, and thermometers were not maintained in all refrigerators for monitoring temperatures.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - The dish machine was repaired on 07/29/24 and currently functioning properly, completed by EI#9. It was verified by the administrator that the temperatures were reaching required temperatures per rules and regulations.
   - A review of the past 3 months of dish machine and three compartment sink temperatures, completed by Culinary Director on 09/03/2024.
   - The pitcher of tomato juice and orange juice were discarded by dietary staff on 07/22/2024.
   - The bag of cheese was discarded by dietary staff on 07/22/2024.
   - The three canisters containing breakfast cereals, had the scoops removed with a system initiated to place the scoops outside of the containers on 07/22/2024.
   - Thermometers were purchased for 100% of all resident room refrigerators, done by EI#9 on 07/25/24.
   - 100% of all trash receptables in the kitchen had tight fitting lids applied. Done by Dietary staff personnel on 07/25/2024.
   - The trash on the floors in the kitchen was promptly removed and disposed of in the facility's outdoor garbage canister. Done by dietary personnel on 7/22/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - Dietary staff members conducted an audit of all leftover foods and those identified without use by dates were corrected or discarded. Completed on 8/12/2024.
   - A review of all refrigerated food items was completed by dietary staff on 8/12/2024 to ensure no other foods were not properly labeled with "use by" date.

- All other items in the kitchen that are used with a scoop for removal of items from containers were reviewed and assessed. Any other scoops stored within food item containers were immediately removed with a system initiated to place the scoops outside of the containers on 7/24/2024.
- An audit of 100% of all resident room refrigerators was conducted by EI#9 on 7/24/2024. All current residents who have refrigerators in their rooms have a thermometer placed in the refrigerator.
- 100% of all trash receptables in the kitchen had tight fitting lids applied. Done by Dietary staff personnel on 7/25/2024. A review of all trash receptacles in the facility was audited to ensure tight fitting lids were in place. Those identified without lids, had tight fitting lids applied to cans. Done 7/25/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

- Dietary staff were educated in proper method of testing dish machine temperatures to ensure functioning per manufacturer instructions, requirement to do at time of each use, steps to take shall dish machine temperature not reach required temperatures, and when to implement three compartment sinks. Review of these temperature recordings being documented and must be maintained on file at facility for a minimum of 3 months. This was completed on 08/21/24 by the Administrator.
- Dietary staff were educated on how scoops used for foods shall not be stored within the food containers to prevent potential contamination by contact while handling the food scoops, review of system implementation for proper storage of food scoops was reviewed. Done by 7/22/2024.
- All dietary staff in-service completed by 8/12/2024 educating on regulation that all left over foods must be labeled with a "use by" date, must be used or discarded by that date, and shall not be kept for longer than 3 days.
- All staff education with review of any malfunction in equipment to include kitchen equipment, facility doors, or any other maintenance items are promptly reported to maintenance personnel. Education includes review of submitting a ticket through Yardi for notification to maintenance department for when a needed repair is identified. Done by Administrator on 8/13/2024.
- New Culinary Director was hired on 8/24/2024.
- The Maintenance Director was educated by the administrator on responsibility for ensuring that all resident room refrigerators have thermometers and

readings are maintained at 41 degrees Fahrenheit or less. Completed on 7/29/2024.

- Dietary staff training conducted to include that refrigerator temperatures shall be maintained at 41 degrees Fahrenheit or less and at each time staff member enters/opens refrigerator the temperature should be reviewed to ensure it is being maintained at proper temperature, Done by Culinary Director on 08/21/24.
- Form initiated for Maintenance Department personnel to check resident room refrigerators for thermometer placement and ensuring temperatures are maintained at 41 degrees Fahrenheit or less. This will be done on 100% of all current resident rooms. This will be completed monthly, ongoing and will start 7/29/2024.
- Dietary staff in-service completed by Culinary Director on 08/21/24 reviewing ADPH requirement that all garbage cans must have tight fitting lids at all times.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The Culinary Director will randomly check the dish machine for proper function twice weekly x 1-month, weekly x 1 month, then monthly x 3 months.
- The Culinary Director will conduct an audit to identify any concerns with proper labeling of leftover food items. Any concerns identified will be immediately addressed. Weekly x 3 months, then monthly x 3 months.
- The Culinary Director will conduct an audit to identify any concerns with proper placement of food scoops, ensuring scoops are stored outside of the food containers to prevent contamination. Any concerns identified will be immediately addressed. Weekly x 3 months, then monthly x 3 months.
- The Maintenance Director will conduct a round by randomly choosing 10 rooms per week to review placement of thermometers in resident refrigerators and ensuring temperatures are maintained. Weekly x 4 weeks, then monthly x 3 months.
- The Culinary Director will randomly monitor trash in kitchen that is not disposed of properly in trash receptacles and trash receptacles in kitchen area for tight fitting lids. This will be documented weekly x 4 weeks, then monthly x 3 months.

- The Culinary Director will randomly monitor kitchen refrigerators to ensure all have thermometers and the temperatures are being maintained per ADPH rules and regulations. This will be documented weekly x 4 weeks, then monthly x 3 months.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A703 420-5-4-.07 (3) Food Service.

The facility failed to provide alternative food selections per the posted alternate menu. In addition, the food served to residents did not always match the weekly menu and was not always palatable.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - EI#13 was educated by the Administrator that alternate menu must be made available to all residents. Done by Culinary Director on 8/30/2024.
   - A new Culinary Director was hired on 8/24/2024.
   - Review of current posted menu was done by Culinary Director on 8/30/2024.
   - An alternative menu was posted and in effect on 8/30/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - A review of the current menu was conducted by Culinary Director on 8/30/2024.
   - A review of the current menu posting was conducted by Culinary Director on 8/30/2024.
   - Alternative food menu was created, implemented, and posted for residents on 8/30/2024_. Done by Culinary Director on 8/30/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - The administrator provided education to Culinary Director that the menu shall be planned and written at least one week in advance, a variety of foods shall be on the menu without the presence of the same foods repeated multiple times per week and palatable, the Registered Dietician shall approve the master planned menu and approve any changes made to the menu, an alternate menu shall be implemented and posted. Done on 8/24/2024.
   - Education provided to all current residents of facility of where they can find these postings and facility process that will be implemented for residents to request alternate menu options shall they prefer over the scheduled weekly

menu items. Done by administrator on 08/28/24. The process for residents to request alternate food menu items was also discussed during meeting.

- Education provided to all staff making aware of new alternate food menu in effect, process for residents to order off alternate food menu, reporting concerns to Culinary Director or administrator if food items being served is not what is on scheduled weekly menu, report resident complaints regarding food items being served. Done by administrator on 8/30/2024.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The Culinary Director will review the menu to ensure that it is posted, without repeat of same food items and a variety is offered, that what is being served to residents during meals is what that is actually on the posted menu, and the alternate food menu is posted and monitor and report resident satisfaction or dissatisfaction to the administrator so improvements can be made as needed. This will be documented weekly x 4 weeks, then monthly x 3 months. Should further concerns be ongoing, at the discretion of the Culinary Director or administrator, these reviews may be increased or ongoing as needed. Effective week of 09/16/24.
- Monthly resident council meetings will be held so residents can have the opportunity to address any concerns with meals. This will start on 08/28/24 and be held by administrator. Meetings will be documented and kept on file in the administrator's office.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet

issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.

- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A804 420-5-4-.08 (4) Physical Facilities

The facility failed to keep the food service area in the kitchenette clean.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - The floor of the kitchenette on the 2nd floor of the facility was cleaned and no further sticky substance is present on floor. Done by The Maintenance Director on 7/25/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - All other kitchenette floor areas were assessed for cleanliness. Any issues identified were promptly addressed by cleaning of the floors. Done by housekeeping personnel on 7/25/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**
   - Education provided that all kitchenette floors shall be monitored and kept clean. Done on 8/21/2024 by the administrator.
   - The facility cleaning schedule was reviewed by administrator with housekeeping department personnel, along with items that are to be cleaned on daily schedule with all department staff understanding their responsibility for completing the cleaning tasks assigned. Done on 8/21/2024.
   - The housekeeping department was in-serviced on 08/21/24 on what items to use to properly clean all common areas of the facility. Done by administrator.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   - Culinary Director will be responsible for monitoring cleanliness of kitchenette floors and promptly address any concerns identified. This will be done daily

during scheduled workdays, but will be documented weekly x 4 weeks, then monthly x 3 months.

- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to

ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.

- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 08/06/24.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A1002 420-5-4-.10 (2) Sanitation and Housekeeping.

The facility failed to keep cleaning supplies in a secure area.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - The cleaning solutions on the 2nd floor in the kitchenette area were secured by the Maintenance Director on 7/25/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - Rounds of the facility was conducted by Maintenance Director on 7/25/2024 to identify any other unsecured cleaning products. Any issues identified were immediately corrected by securing the cleaning items.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility**

   - Education provided to all staff that all cleaning products shall always be kept secure behind a locked cabinet so potential unauthorized access is not compromised or attended to at all times. This shall be maintained at all times. Done by administrator on 8/13/2024.
   - The housekeeping department was in-serviced on 08/12/24 on how to properly store chemicals. This was done by the Administrator.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

   - The Maintenance Director will round the facility daily on scheduled workdays to identify any unsecure cleaning products. This will be documented weekly x 4 weeks, then monthly x 3 months. Any concerns identified will be immediately addressed.

- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.
- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.

- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A1101 420-5-4-.11 (1) Fire and Safety.

The facility failed to ensure the fire alarm and sprinkler system were inspected as required.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - A review of the past fire alarm system inspection on 07/28/23 was completed by the administrator. Done on 8/9/2024.
   - A review of the most recent sprinkler system inspection on 07/28/23 was completed by the administrator. Done on 8/9/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - The Maintenance Director reviewed the most recent sprinkler system inspection on 04/11/23.
   - The sprinkler inspection was completed by Global Fire Protection on 08/07/24. The report was filed in the life safety binder.
   - The fire alarm inspection was completed by Global Fire Protection on 08/07/24. The report was filed in the life safety binder.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Maintenance director training provided by administrator on responsibility discussed of importance of maintaining semi-annual required inspections, and notification to administrator when scheduled. In addition, responsibility was discussed of importance of maintaining semi-annual required inspections, and notification to administrator when scheduled or there may be a delay in completion so follow-up can be done. Done by Administrator on 7/30/2024.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The Maintenance Director will provide the administrator with fire alarm and sprinkler inspections reports and scheduled due dates for both types of inspections. This will be done as they occur semi-annually for administrative review. Effective immediately, ongoing.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living **Facility ID#:** D4527

Survey Exit Date: 07/24/2024 **Administrator:** Sha'Quandria Givens

A1203 420-5-4-.12 (5) Physical Environment.

The facility failed to provide annual fire extinguisher inspections. In addition, the carpet was frayed in areas, causing a trip hazard.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - The frayed carpet has been inspected by a licensed professional and is currently scheduled for repair by 10/21/24. It will be replaced completely.
   - Global Fire annual fire extinguisher inspection was completed on 9/13/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - The Maintenance Director has rounded the facility grounds to identify any concerns with carpet issues or trip hazards, or any other noteworthy concerns. Done on 7/26/2024. Any concerns identified have been resolved.
   - Global Fire scheduled for annual fire extinguisher inspection was completed on 9/13/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Maintenance Director training by administrator that the facility grounds and within facility shall be rounded daily on scheduled workdays to identify any safety concerns regarding trip hazards, debride, broken equipment, electrical panel, ceiling repairs needed, carpet issues, etc. done 7/30/2024.
   - Education provided to Maintenance Director by administrator on responsibility for scheduling annual fire extinguisher inspections timely, reporting to administrator shall concerns occur regarding scheduling inspections. Done 7/30/2024.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the**

identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

- The Maintenance Director will round facility grounds and within the facility shall be daily on scheduled workdays to identify any safety concerns regarding trip hazards, carpet issues or any other noteworthy concerns. This will be documented weekly x 4 weeks, then monthly x 3 months. Started 7/25/2024.
- The Maintenance Director will provide the administrator with fire extinguisher inspections report/invoice yearly and scheduled due dates for the inspection. This will be done as they occur annually for administrative review. Effective immediately, ongoing.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired

employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

PLAN OF CORRECTION

Facility Name: Lynridge Assisted Living

Facility ID#: D4527

Survey Exit Date: 07/24/2024

Administrator: Sha'Quandria Givens

A1206 420-5-4-.12 (8) Physical Environment.

The facility failed to provide smoke compartment barrier integrity as the fire doors did not latch properly. In addition, two smoke barrier doors did not seal properly upon activation of the fire alarm system to prevent smoke from passing through barrier.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

   - The two fire doors that did not latch properly during survey were repaired by the Maintenance Director and currently are properly closing. Done 08/10/24.
   - The two fire doors leading to the elevator area were repaired from the prior gap that caused the ability for smoke to pass through the barrier. The repair included a strip to be installed at the gap of the doors to prevent smoke from leaking through the doors. Done by Maintenance Director on 8/5/2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

   - All fire doors of the facility were assessed by the Maintenance Director for proper closure and integrity to prevent smoke from passing through the barrier. No other fire door concerns were identified. Done on 8/5/2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

   - Education provided to Maintenance Director that during the monthly fire drills, 100% of all fire doors shall be assessed for proper closure and integrity of doors. Done by administrator on 7/30/2024.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- The Maintenance Director will review fire doors for proper closure and integrity monthly during planned fire drills. Any issues identified will be promptly addressed and the administrator will be notified. The administrator will visually randomly monitor proper closure of doors as needed. This will be documented monthly x 6 months.
- WEEKLY MEETINGS will be conducted by the administrator. Weekly meetings will be attended by key personnel (such as RSD, LPN personnel, Housekeeping, Maintenance Staff, Culinary Director, etc.). This meeting will include review of weekly meeting minutes, new resident admission records, resident monthly assessments, monthly weights, new employee records including any CPR Certifications ensuring CPR certifications are scheduled promptly as needed, new or revised care plans, resident discharge records to include review of medication disposition records, residents with tactile identifiers, medication concerns, review of residents with insulin or blood glucose checks, menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, monthly in-service records and plans, unsecure chemicals identified, cleanliness of kitchenettes, inspection reports and due dates, carpet issues, annual fire extinguisher inspections, integrity of fire doors, etc. that have been completed or occurred since the last weekly meeting and any relevant staff observations or training needs identified (as well as a schedule to provide any identified training need). Minutes will be maintained in the administrator's office in the plan of correction binder. These meetings will be ongoing and will begin the week of 9/16/2024. Education provided to administrator on proper way of conducting the weekly meeting, done by Sage consultant on 09/16/24.
- Sage Management consultant will review all new admission MPOC exams and records, random review of resident records with care plan reviews and monthly assessments, random assessment of medication awareness testing with residents who require tactile identifiers, insulin, or blood glucose monitoring, random kitchen round to identify concerns with menus, dish machine concerns, proper labeling of food, trash cans with lids, refrigerator thermometers, recent discharged record medication disposition records, random review EMAR dashboard for medication concerns, review of CPR status for all newly hired employees ensuring these are scheduled promptly, random rounds to identify unsecure chemicals or cleanliness of kitchenettes, and review of semi-annual inspections and annual fire extinguisher inspections, random review of integrity of fire doors. Will begin November 2024 on quarterly basis. Visits will increase as needed if the consultant and administrator feel it necessary to ensure the plan of correction is maintained.

- Sage Management Consultant will provide all quarterly reports to a representative of the governing authority for review and follow-up will be done by the governing authority representative with the facility administrator to ensure all items are promptly addressed and/or corrected. Starting November 2024, ongoing.
- A representative of the governing authority will audit the plan of correction during quarterly visits and complete a round of the facility to observe for action in the plan of care. Started immediately, ongoing.
- The Regional Director of Operations will supervise the administrator, ensuring the overall management and day-to-day operations of the facility is maintained. The Regional Director of Operations will make visits to the facility quarterly to ensure all operations of the facility are maintained with regulations, effective 8/6/2024.

Records of these inspections and repairs will be maintained by the administrator in the survey binder.

Prepared by Nikki Kelley,
Director of Compliance
SAGE Management, Inc,

10/10/2024
Administrator Signature/Date