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Connie Cherry

The Goldton at Athens

FACILITY ID D4210

PLAN OF CORRECTION

A Response to the

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's Survey Report for
Survey Exit date of January 15, 2025.

Submitted by:

Terrence Francis
Administrator
License # II-1816

Deficiency: A 611 420-5-4-.06 (4) (a) (b) Care of Residents

Care plans were not updated timely with appropriate interventions when a change in a resident's status occurs.

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

- RI#6 – care plan updated by Wellness Director on 1-16-2025 to give specific symptoms of hyperglycemia/hypoglycemia for staff to report.
- RI#9 – care plan has been updated on 1-16-2025 by Wellness Director to address significant weight loss with appropriate interventions to prevent a reoccurrence.
- RI#12 – care plan interventions have been clarified on 1-16-2025 by Wellness Director to direct staff in providing proper assistance to resident.
- RI#19 – care plan has been updated by Wellness Director to reflect interventions in directing the staff in providing assistance to resident with a fractured rib.

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

- All other resident care plans were reviewed for accuracy by the Wellness Director no later than January 30, 2025.

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

- The Wellness Director is responsible for continued compliance.
- The Wellness Director was educated on and provided a copy of the rule by the administrator on January 16, 2025.

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

- The administrator will review a sample of resident care plans no less than monthly for the next 4 months to ensure continued compliance with the facility's Plan of Correction.
- A record of the administrator's reviews will be maintained in the office of the administrator.
- Staff will be in serviced on proper discharge and medication disposition policy, along with proper completion of documents by February 1,2025
- Any identified concerns may result in additional education and/or continued monitoring.
- Regional Director of Clinical Compliance will spot check at random care plans for updates monthly for 6 months. Based on occurrences and order changes in community.

Deficiency: A 616 420-5-4-.06 (7) (k) (l) (m) (n) (o) Care of Residents
Medications kept in the custody of individual residents were not securely stored.

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

- RI#11- on January 14, 2025, RI#11 was provided a lockbox for medications secured by key in the resident's room. Medications were then secured in lockbox immediately.
- RI# 13- on January 14, 2025, RI#13 was provided a lockbox for medications secured by key in the resident's room. Medications were then secured in lockbox immediately.

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

- Medication orders for all other residents were reviewed to determine if any other residents maintain control of their medications.
- Any other residents found maintaining their medications were provided with a lockbox.

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

- The Wellness Director is responsible for continued compliance.
- All residents who self-medicate were educated on this rule on January 14, 2025.
- The Administrator and/or the wellness director will educate any new residents on proper medication storage.
- The Administrator and Wellness Director will educate nursing staff members no later than February 14, 2025 on how to identify improper medication storage of residents.

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

- The administrator will review with the Wellness Director any concerns of proper medication securing no less than bi-weekly for one month, then monthly for two months for compliance
- The wellness director shall conduct bi-weekly checks for one month and monthly checks for two months for all self-medicating residents to ensure proper storage and securing.
- The administrator will document medication checks and sign that it has been conducted.
- A record of the inspections conducted by the administrator and wellness directors will be maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 617 420-5-4 06 (8) Care of Residents.

Failed to properly document disposition of residents' medication upon discharge of the resident from the facility.

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

- The Wellness Director will review the closed medical record of RI#16 and RI#17 no later than February 28,2025 to determine if the missing information is available and will place an addendum with information missing from the disposition form.

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

- The Wellness Director is responsible for continued compliance.

- The Wellness Director will review the medical record of recently discharged residents for compliance and update disposition form if needed.

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

- The Wellness Director was educated on this rule by the administrator on January 16, 2025.
- The Wellness Director shall conduct random documentation audits on at least two resident files monthly after completion of corrective actions previously stated above.

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

- The administrator will review the medication disposition form for each discharged resident no less than monthly for four months for compliance.
- A record of the administrator and wellness director meetings will be documented and maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 618 420-5-4- .06 (9) Care of Residents.

Failed to properly document oxygen therapy on two residents' medication administration record.

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

- RI#1- electronic medication administration record was updated with oxygen orders on January 17, 2025, by wellness director to be in compliance with ADPH guidelines.
- RI#19- electronic medication administration record was updated with oxygen orders on January 17, 2025, by wellness director to be in compliance with ADPH guidelines.

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

- The Wellness Director is responsible for continued compliance.
- Physician orders for all other residents will be reviewed by the wellness director no later than February 28, 2025.
- Any other resident receiving oxygen therapy will have their electronic medication administration record reviewed to ensure that oxygen therapy is included.

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

- The Wellness Director was educated on this rule by the administrator on January 16, 2025.
- The administrator and wellness director will review resident admission orders to identify any resident receiving oxygen therapy and to ensure that oxygen orders are on the electronic medical record.
- The Wellness Director shall conduct random documentation audits on at least two resident files monthly after completion of corrective actions previously stated above.

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

- The administrator will review a sample of medication orders to ensure any resident receiving oxygen therapy has those orders are on the electronic medication record for no less than monthly for four months for compliance.
- A record of the administrator and wellness director meetings will be documented and maintained in the office of the administrator.
- Any identified concerns may result in additional education and/or continued monitoring.

Deficiency: A 804 420-5-4-.08 (4) Physical Facilities.

Failed to keep equipment in the food service area clean and free of grease. A refrigerator was not kept clean.

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

- EI#3- Administrator and dining service director steam cleaned and degreased kitchen walls behind deep fryer and stove. The steamer/oven door was disassembled and degreased of build-up by E.D. and Maintenance Director on January 16, 2025.
- RI#7- The Administrator immediately sent staff to clean the refrigerator on January 14, 2025 of all old food and stains.

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

- All other areas of the kitchen were inspected to ensure they were clean and free of grease.
- Any identified areas of the kitchen needing to be cleaned was immediately addressed.
- All other resident refrigerators were inspected on January 14,2025 for cleanliness.
- Any identified refrigerators needing to be cleaned were immediately addressed

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

- The dining service director is responsible for the cleanliness of the kitchen.
- The dining service director was reeducated on this rule by the administrator on January 16,2025
- The Dining service director has scheduled routine degreasing of all highly used cooking areas of the kitchen with documents of completion and signatures of associates who completed the degreasing.
- The maintenance director is responsible for the cleanliness of resident refrigerators.
- The maintenance director was reeducated on this rule by the administrator on January 15,2025

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

- The administrator will conduct monthly inspections of both the kitchen and a sample of resident refrigerators no less than monthly for the next 4 months.
- Any identified concerns may result in additional education and/or continued monitoring.