Theresa Harris
Cynthia A. Stranger

10/17/2023 APPROVED

KELLEY PLACE

FACILITY ID P1601

PLAN OF CORRECTION

A Response to the

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit's
Survey Report
On September 20,2023

Submitted by:

Jazmyn Frazier
Administrator

Facility Name: Kelley Place
Facility ID: P1601
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A406

Deficiency: A 406 420-5-20-.04 (9) (e) Personnel.

If the facility admits or retains residents with special needs such as diabetes, hospice, or oxygen therapy, the facility shall provide staff with the appropriate training. The facility failed to provide required special needs training for staff.

Corrective Action:

All staff will be trained upon hire in special needs of residents to include hospice, oxygen therapy, and diabetes. These training will be repeated annually and prn when necessary. Current staff will be trained by 10/13/2023 on Hopsice, Oxygen Therapy and Diabetes.

Systemic Changes implemented to ensure the same deficiency will not reoccur:

*All associates employee files will be audited to assure inclusion of oxygen, hospice, and diabetes new hire trainings prior to resident contact.
*Check list has been created with addition of hospice, diabetes, and oxygen therapy.
*Changes in condition and daily review of orders will prompt RN to update care plans and train staff as needed for special circumstances.

Steps taken to identify other Residents or Concerns:

*All care plans will be reviewed and formulated to assure accuracy and
Staff will be reeducated on care plan location, and each residents individualized need.
*During new hire orientation care plan, special circumstances, and resident specific needs will be addressed during training.

Monitoring of Proposed Corrective Action:

*RN will review all new orders daily and update care plans accordingly.
*RN will train staff for any special needs or changes in orders that require care plan changes.
*Service plans will be updated and available 24/7 at nurses' station for all staff to reference.
*Updates will be reflected in EHR Point click care and on point of care task list.

*Executive Director will review all new orders weekly x 3 months then monthly x 3 months, to verify care plans and updates by RN.
*Executive Director will utilize onboarding training checklist with all new hires starting 09/20/2023 and will assure all current staff trained in hospice, oxygen therapy, and diabetes by 10/13/2023.
*Documentation will be maintained in POC binder kept in ED office.

Administrator: Jazmyn Frazier **Date:** 10/17/23

Facility Name: Kelley Place
Facility ID: P1601
Survey Exit Date: September 20,2023
Administrator: Jazmyn Frazier
Deficiency Number: A504

Deficiency: A 504 420-5-20-.05 (3) (d) Records and Reports

The facility failed to always maintain personal dignity and privacy for every resident. Neighboring residents' rooms are connected by a shower room with two doors. Both resident rooms are connected to a personal bathroom (toilet and sink) through a single door. Each personal bathroom is then connected to the shared shower room through a second door. The two doors in the shared shower room led to each resident's personal bathroom then into the resident's bedroom. Shower doors on each side that are unlocked created a lack of privacy and personal dignity for each resident.

Corrective Action:

*Community has created a policy for assurance that doors leading into shared shower room are always locked when not in use. This was created 9/20/2023.
*This task will be placed on point of care documentation and all staff will be trained on the new policy by 10/13/2023.
*New automatic door closures and automatic locking doors have been ordered and they are expected to arrive November 20,2023. Installation will be completed by 12/15/2023 on every door leading to shower rooms in the facility.
*Staff will be trained on the importance of resident rights, dignity, and privacy.

Steps taken to identify other Residents or Concerns:

Each shower room in the facility has doors that enter from both adjoining apartments. Parts and modifications for automatic closure and locking doors have been ordered and are expected to arrive November 20,2023. Community will have installed by 12/15/2023.

Systemic Changes implemented to ensure the same deficiency will not recur:

Parts and modifications for automatic closure and locking doors have been ordered and are expected to arrive November 20,2023. Community will have installed by 12/15/2023.

Monitoring of Proposed Corrective Action:

*RN will randomly check shower doors during daily rounds each day and retrain as indicated.
*ED will check rooms at random daily before stand-up meetings to assure policy is being followed until new equipment arrives.
*Automatic closures and Automatic door locks have been ordered 10/10/2023 and are expected to ship and arrive 11/20/2023 per manufacturer.
*Maintenance Director will install new equipment by 12/15/2023.
*Documentation will be maintained in POC binder kept in ED office.

Administrator Jazmyn Frazier **Date:** 10/17/23

Facility Name: Kelley Place
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Survey Exit Date: September 20, 2023
Administrator: Jazmyn Frazier
Deficiency: A1206

Deficiency: A1206 420-5-20-.12 (8) Physical Environment

Each walled or fenced area shall have at least one gate, located along the discharge path of travel from the building egress doors to the public way. Gates shall be readily unlockable from either side by the staff or by automatic means. "Automatic Means" shall be in the same manner as locked or delayed egressexit doors. The facility failed to have readily unlockable gate on both sides leading from the fenced area to the public way.

Corrective Action:

*During time of survey 09/19/2023 fence was fixed with a numeric lock on both sides of fence. It can be unlocked and accessed from both sides.
*All staff have been inserviced and trained on numeric pad lock how to open, and what to do in the event of emergency.

Systemic changes implemented to ensure the same deficiency will .

*Fence accessibility fixed with coded lock that can be opened from interior of courtyard and outside of fenceline leading to public way.

Steps taken to identify other residents or concerns:

*Gates leading to the public way to and from courtyard have numeric locks accessible from both sides of gate.

Monitoring of proposed corrective action:

Executive Director will make rounds daily prior to attending stand up and verify gates are locked and accessible from both sides of the fence.

Documentation will be maintianed in POC binder kept in ED office.

Administrator: Jazmyn Frazier **Date:** 10/17/23