Facility Name: The Terrace at Priceville
Facility Identification Number: D5209
Name of Administrator: Katina Eades
Survey Exit Date: 6/26/24
SOD due 7/28/24 Priceville AL

POC accepted 8/14/2024

A613::

Medications: No physician's written approval to have custody of and manage OTC medication.

Resident RI #4 tube of voltaren on table in room, no order until 6/26 upon surveyor exit. ALL RESIDENTS ROOM REVIEWED.

Resident RI#1 Med awareness unable to identify. No 30 day issued by end of survey. MOVED OUT

1. **A613 6.26.24** Care of Residents (Medication)
2. **Order from Physician receieved on 6.26.24 for RI#4 for her to have OTC medication at bedside.**
3. **On 6.26.24 Charge nurses and Care Assistants completed thorough room inspections for all ALF residents of OTC medications at bedside & obtained any necessary physician orders as needed.**
4. **Training completed with nurses and care assistants on 6.27.24 regarding random room inspections specifivcally monitoring for OTC medications in room & process of nurse obtaining physican order as needed if appropruate.**
5. **POC will be monitored by Director of Health & Wellness & Assistant DHW randomly on a monthly basis x 3 months then Quartlery x 3 months with documentation kept by Director of Health & Wellness.**

1. **A613**
2. **RI#1 a 30-day notice was issued on 6.26.24. RI#1 and RI#2 transferred to a SNF on 7.25.24.**
3. **On 6.27.24 Charge nurses & Assistant Director of Health & Wellness completed thorough Medication Reviews on all ALF residents who receive Medication Assistance. No other residents identified with noted deficiency.**

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4. **On 7.1.24 Training completed with nurses regarding medication review & reporting concerns to the Director of Health & Wellness or Assistant DHW as necessasry.**
5. **POC will be monitored by Director of Health & Wellness & Assistant DHW randomly on a monthly basis x 3 months then Quartlery x 3 months with documentation kept by Director of Health & Wellness.**

A614: Care of Residents: 6.28.24

Medications: Facility failed to ensure a visually impaired resident was able to protect themselves from a med error.

Resident RI#9 visually impaired med awareness "staff let resident feel the pill to make sure it is hers" no method implemented for her to identify medication. MED STICKERS (SENSORY IN PLACE)

1. **A614 6.26.24**
2. **On 6.26.24 a system was put in place for RI#9 consisting of different shapes and textures on the medication card for proper identification of medication verification by the visually impaired. RI#9 understands and is able to identify medication packs for day and night medication.**
3. **On 6.27.24 Charge, nurses & Assistant Director of Health & Wellness completed thorough Medication Reviews on all ALF residents who receive Medication Assistance. No other residents identified with visual impairments.**
4. **On 6.26.24Training completed with nurses regarding medication review with visually impaired residents & reporting concerns to the Director of Health & Wellness or Assistant DHW as necessary.**
5. **Director of Health & Wellness & Assistant DHW will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Health & Wellness.**

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A616: Care of Residents:

Medications not secured LOCKED NOW

Resident RI#3 self-med, meds not locked up and room not locked

Res RI#7 self-med, not secured and gabapentin narcotic not double locked

Res RI#8 self-med, not secured & shares room with spouse who does not self-medicate

Med Unit Dose System/MAR not properly labelled not matched MD orders:

Res RI# 4 VB Oxycodone label-pharmacy to send new label, Lasix and acetaminophen

Res RI#5 Zora not matched

ResRI #10 not matched

1. **A616**
2. **On 6.25.24 all residents who self-medicate were reeducated of the rules, responsibility & safety of securing their medications in their room.**
3. **As of 7.1.24 all self-medicating residents have signed an acknowledgment form understanding these rules, which will be kept in the residents file.**
4. **On 7.12.24 Training completed with nurses regarding the rules, responsibility & safety of residents securing their medications in their room & reporting concerns to the Director of Health & Wellness or Assistant DHW as necessary.**
5. **In addition to monthly self-medication evaluations, Director of Health & Wellness & Assistant DHW will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Health & Wellness.**

1. **A616**
2. **On 6.26.24 the assistant Director of Health and Wellness corrected discrepancies between MAR & med unit dose system for Residents #4, 5 and 10 listed in deficient practice.**
3. **On 6.26.24 Director of Health and Wellness, Assistant DHW & the Charge nurses completed a complete MAR to Cart audit to ensure accuracy of**

MAR & med unit dose system. All areas of deficient practice identified have been corrected.

4. **On 7.1.24 training was completed with all nursing staff regarding the accuracy of MAR & med unit dose system & reporting any concerns to the Director of Health & Wellness or Assistant DHW as necessary.**
5. **Director of Health & Wellness & Assistant DHW will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Health & Wellness.**

A618: Care of Resident: 6.26.24

Oxygen Therapy: Failed to store O2 tanks & display signage & O2 usage not documented on MAR INSERVICING & O2

Res RI#5 unsecured & stated family assisted with O2 suplies, no documentation

1. **A618**
2. **On _6.26.24_ nurse on duty corrected deficient practice by ensuring all oxygen tanks were properly stored and signage placed outside of door for RI#5. Resident & family made aware & understands that staff must manage oxygen needs.**
3. **On _6.26.24_, all ALF rooms who receive oxygen were inspected to ensure oxygen tanks secured and signage in place. No other residents noted with deficient practice.**
4. **On 6.30.24 In-service with nurses & care staff was completed regarding Oxygen management.**
5. **Director of Health & Wellness & Assistant DHW will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Health & Wellness.**

A621 Care of Resident:

Retention: Hospice does not meet criteria of ALF

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Res RI#2 admitted to hospice with ALZ late onset dx 2/28/24. MOVED OUT

1. **A621**
2. **On 6.26.24 RI#2 has been issued a 30-day notice. Resident transferred to a SNF on 7.19.24.**
3. **On 7.1.24 Director of Health & Wellness & Assistant DHW reviewed all hospice resident admitting diagnosis to ensure no further deficient practice.**
4. **On 7.5.24 training completed with nursing staff regarding acceptable and unacceptable hospice diagnosis. EI#1 also addressed rules and regulations of ADPH and community of hospice admission and services.**
5. **Director of Health & Wellness & Assistant DHW will monitor POC prior to all admissions to hospice services.**

A703 Food Service:

Dietary Service: Failed to maintain adequate emergency water for all residents

1. **A703**
2. **On EI#10 ordered additional water supply. Order was received on 6.27.24 and stored in a secure location.**
3. **Emergency Water Supply is now sufficient**
4. **On 6.26.24 in-service completed with dining staff to ensure importance of emergency food and water supply to remain in place & notification to director of culinary of any concerns if necessary.**
5. **Executive Director and Director of Culinary will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Executive Director.**

A1002: Sanitation & Housekeeping:

Facility failed to provide a safe functional & sanitary environment for resident, staff and public

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Main Laundry Room unlocked with chemicals-in-serviced and sign placed on door to keep locked 6/26/24

Insulin Needles Res RI#8 placed insulin needles in trashcan-Sharps container provided after findings by community.

1. **A1002**
2. **On _6.26.24_, Sign placed on door and lock replaced with an automatic lock.**
3. **On 6.25.24 Maintenance Director completed storage door inspections on all doors to ensure security. All secured doors in place.**
4. **On 7.5.24 in-service completed with all staff regarding storage and securing all chemicals to provide a safe functional & sanitary environment for resident, staff and public**
5. **Executive Director and Director of Maintenance will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Maintenance.**

1. **A1002**
2. **On 6.26.24, RI#8 was provided proper sharps container and educated regarding safe sharps disposal.**
3. **No other residents with deficient practice.**
4. **On 6.27.24 all care team were in-serviced on proper disposal of sharps.**
5. **Director of Health & Wellness & Assistant DHW will monitor POC randomly on a monthly basis x 3 months then Quarterly x 3 months with documentation kept by Director of Health & Wellness.**

Your Plan of Correction (POC) must contain the following information:
Facility Name: Terrace at Priceville, The
Facility Identification Number: D5209
Name of Administrator: Katina Eades
Survey Exit Date: 6/26/24
Each deficiency in the statement of deficiencies (SOD) must be separately addressed and include the following five (5) elements:
1. The cited deficiency number from the SOD.

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2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.

3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. **DO NOT include resident rosters or any Protected Health Information (PHI) in the POC.** If PHI is included in the POC, corrections to remove that information will be requested.

4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.

5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Katina Eades ED 7.30.24

Katina Eades ED 7.30.24

Your POC must be signed, dated, and returned by:
Sunday, July 28, 2024, at 5pm.
Return to:
Alabama Department of Public Health
Bureau of Health Provider Standards
alfcomplaints@adph.state.al.us