POC accepted 5.14.24

chg 05.21.2024

5/8/2024

POC for Thrive at Jones Farm

Identification Number P4515

Name of Administrator Deborah Elms

Deficiency # A508 Online Reporting System

This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report incidents timely to the Department's Online Incident Reporting System.

All reportable incidents will be entered into the portal within the required 24-hour period. Administrator Wellness Director and other designees will sign a statement of understanding. To be placed on the POC binder.

Completion Date 4/15/24.

Reportable Incidents will be logged and reviewed with each event. Additionally, each event will be verbally reported as they occur to clinical, on call, or administrator. On call notification policy reviewed and signed by staff. Completion 4/26/24

Oversight by administrator with each incident

Feedback: There was not an on-call reporting procedure in place. This will be uploaded to, Paychex HR system and completion is required prior to completing orientation. 5/15/2024 BOM

Deficiency # A604 Health Supervision

This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to perform a health supervision review when a resident eloped from the facility.

All declines in health and or behavioral changes and incidents will be identified in the care focus meetings twice monthly as part of this meeting all required screening/assessments (Comprehensive PSMS behavioral) will be reviewed for accuracy and completion. This meeting will be attended by the administrator or designee, RN and or Wellness Director and other team members as deemed appropriate. Oversight by the Administrator of Designee.

Beginning on date 5/15/2024.

Care Plans will be updated as changes are identified and reviewed with the sponsor or family member.

Bi-Monthly Forms will be kept in the POC binder in the administrator's office.

Feedback: This was not part of the focus meeting.

Deficiency # A617 Care of Residents

Medication Destruction

This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to document disposal of medication be the individual performing and at least one witness upon discharge of the facility.

All Medication Technicians and Nurses in serviced for proper procedure of medication destruction, medication release and documentation requirements. By Administrator and Wellness Director. Completion 4/26/2024

Scanned Inservice into Paychex for all Med Tech and Nurses during orientation training for review and signing 5/15/2024 Oversight BOM and Wellness Director

Closed Charts will have a discharged list to follow as residents are discharged ensuring all required documentation is completed. 4/26/2024 Oversight Clinical team and Supervisory personnel. Kept in locked closed file room.

Deficiency #A702 Food Service

This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to label prepared food appropriately by the "use by date."

Food Handling in-service regarding safe food storage. Dining Service personnel. Completion 4/26/2026. Retained in staff file. Dining manager and BOM

Kitchen Closing audits will be conducted daily by closing cook. Monthly sanitation and QA will be completed by the dining manager beginning 5/3/2024. These will be reviewed by the DM and Administrator and kept in the DM office in a binder.

Food Handle in-service will be included in an on-boarding orientation for review and signature, for all dining staff. Scanned into Paychex. Completion 5/16/2024. Oversight by BOM

Deficiency # A804 Clean Equipment

This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain clean equipment for food service.

New prep tables ordered and received on 4/15/2024. Will be put into to place by completion date 4/20/2024.Oversight by maintenance and dining supervisor.

Cleaning list for kitchen and dining room team developed and put into place. Completion by 4/20/2024. Oversight by dining manager and administrator. Kept in dining manager's office.

A Food Handlers in-service will be included in an on-boarding orientation for review and signature, for all dining staff. Scanned into Paychex. Completion 5/16/2024. Oversight by BOM

Deficiency #A1002 Safe Environment

This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe environment for the residents, staff, and the public.

4/17/2024 Sweep conducted by the staff all cleaning products relocated to housekeeping locked closet for chemicals Oversight by other supervisory staff.

The Nursing and Managers walking rounds report will include checking for locked doors and proper storage, chemicals in residents' rooms Begun 4/2026 daily for 4 weeks, then weekly for 2 months Kept in Administration office in POC binder. Oversight by administrator.

The above will then be added to housekeeping, as part of their cleaning check list by 8/1/2024. Kept with the housekeeping supervisor.

Letter to all resident family members and or sponsors regarding appropriate items for residents' rooms and storage of those items. This will also be added to residency agreements for guidance upon move in. 5/10/2023 Oversight by Administrator and BOM. A copy will be kept in the POC binder in the administrators' office.

Deficiency # A1206 Physical Environment

This Rule is not met as evidenced by: Based on observations and interview, the facility failed to provide that all exit door locks would release automatically.

4/16/2024-4/18/2024 as mentioned in the deficiency report protocol followed to maintain the safety of the residents in the SCALF.

Preventive Maintenance Schedule updated in electronic systems TELs to specifically check all emergency exit doors as part of the fire drills in the community each month. Records are kept electronically in TELs. Completion of update 4/20/2024. Ongoing monthly. Oversight by Maintenance and Administrator.

Signed:
Deborah Elms 5/8/2024

Deborah Elms