POC Accepted 10.7.24

Connie Cherry

The Terrace at Priceville

Facility ID# P5202

Plan of Correction for Survey completed on June 26, 2024

Submitted by:

Katina Eades-ED 10.7.24

Katina Eades, Administrator

The Terrace at Priceville

Facility ID# P5202

Plan of Correction for Survey completed on June 26, 2024

420-5-20-.03(1)(a)(b)(c)(d) Administration

A301

Governing authority failed to ensure facility operated in compliance with the SBOH rules for SCALFs.

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

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.

- This SCALF is the only affected SCALF community.
- See individual deficiencies for steps taken to identify others residents or concerns.

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

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months.

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

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.
- A record of these visits will be maintained in the office of the administrator.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.

420-5-20-.03(e) Administration

A302

The facility failed to follow its own policy for suicidal ideation.

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.

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.

- See individual deficiencies.

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

- The governing authority is responsible to ensure compliance with this rule.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six month to ensure that the facility is following their policies and procedures.
- See individual deficiencies for measures put into place or systemic changes made.

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

- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.
- A record of these visits will be maintained in the office of the administrator.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.

420-5-20-.03(2)(a) Administration

A303

> *The administrator failed to manage and direct staff to always maintain a safe environment and to follow the facility's policies. In addition, the administrator failed to transfer or discharge residents promptly to ensure the health or safety needs of the residents were met, failed to ensure residents' care plans were adequate to meet the care and safety needs and failed to ensure previously cited deficiencies were corrected and compliance with the SBOH rules for SCALF was maintained.*

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

- The governing authority has engaged the services of a consultant to provide education and oversight to ensure the facility complies with the SBOH rules for ALFs.
- All deficiencies cited under this ID Tag are addressed under each individual ID Tag.

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.

- See individual deficiencies.

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

- The administrator was re-educated on this rule by Jackie Bailey, Regional Director of Operations, on 6/14/24.
- The administrator will be the direct representative of the governing authority in the management of the specialty care assisted living facility and is responsible to the governing authority for the proper performance of their duties.
- See individual deficiencies for other measures to correct deficiencies.

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

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- See individual deficiencies for monitoring.
- A record of these visits will be maintained in the office of the administrator.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.

420-5-20-.05(3)(d) Records and Reports

A504

The facility failed to provide a safe and decent environment for all residents at all times.

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

- See individual responses to tags: 301, 605 and 621.

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 residents were assessed no later than 7/31/24.
- All residents found to be living in a safe and decent environment.
- See individual responses to tags: 301, 605 and 621.

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

- The administrator was re-educated on this rule by Jackie Bailey, Regional Director of Operations, on 6/14/24.
- The administrator is responsible to ensure compliance.
- The governing authority has engaged the services of an outside consultant to provide education and oversight to ensure the facility complies with the SBOH rules for SCALFs.
- See individual responses to deficiencies 301, 605 and 621.

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

- See individual responses to tags 301, 605 and 621 for monitoring of deficiencies.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.05(3)(h) Records and Reports

A508

> *The facility failed to report incidents timely to the Department's Online Incident Reporting System (OIRS) and failed to report incidents involving suspected sexual abuse of residents.*

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

- Identified incidents were reported to the OIRS, but were not reported timely.

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.

- Since the date of the consent agreement there was only one incident which was reported late. Incident was reported on 9/7/24, 2 days late.

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

- The Regional Director of Health and Wellness re-educated the administrator on this rule on 6/13/24.
- The Director of Health and Wellness and licensed staff were educated on this rule by the administrator and the Regional Director of Health and Wellness no later than 6/14/24. Staff was re-educated by the administrator on 9/11/24.
- The administrator is responsible to ensure that reportable incidents and outbreak of any contagious disease are reported on the Online Incident Reporting System (OIRS).
- The administrator, or designee, will review incidents no less than daily to ensure that incidents required to be reported are reported to the Department's OIRS within 24-hours of the incident.

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

- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.06 (3)(f) Care of Residents

A605

> *The facility failed to utilize general observation and health supervision of a resident to identify changes in the resident's health condition and physical abilities and arrange for or assist the resident in obtaining necessary services.*

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

- RI#8 no longer resides in the facility.

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 residents were assessed by the Director of Health and Wellness no later than 7/31/24. Another assessment will be completed no later than 9/23/24.
- Any resident found to have any change in their health condition or physical abilities were assisted with obtaining any necessary services.

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

- All staff were educated on this rule by the administrator and Director of Health and Wellness, no later than 6/14/24. Another education was conducted on 8/20/24.
- The Director of Health and Wellness is responsible for ensuring that every resident who has a change in condition requiring medical attention, or has a need for other necessary services, receives the appropriate attention or services.

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, or designee, will monitor the general health of each resident no less than weekly for two months for compliance, then monthly for two months to ensure any change in a resident's condition is appropriately addressed.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.06(4)(a)(b) Care of Residents

A611

> *Resident care plans did not contain adequate or any interventions to address the residents' care and safety needs.*

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

- RI#s 5 & 8 no longer reside in the facility.
- Care plans for RI#s 4 & 6 were reviewed and updated as appropriate by the Director of Health and Wellness no later than 8/29/24.

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 care plans of the other residents were reviewed by the Director of Health and Wellness no later than 7/31/24 for accuracy and to address any needed changes.

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

- The Director of Health and Wellness was educated on this rule by the administrator on 6/17/24.
- The care staff was educated on this rule on 8/27/24.
- The Director of Health and Wellness is responsible for compliance.

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, or designee, will conduct random reviews of resident care plans no less than weekly for two months, then monthly for two months to ensure compliance.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

410-5-20-.06 (9)(b) Care of Residents

A621

The facility failed to discharge or transfer a resident who demonstrated behaviors or symptoms which interfered with the rights or safety of other residents as well as the safety and wellbeing of the individual resident.

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

- RI#8 no longer resides in the facility.

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 residents were assessed by the Director of Health and Wellness no later than 7/31/24 for appropriateness and for any behaviors or symptoms which might interfere with the rights or safety of other residents as well as the safety and wellbeing of the individual resident.

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

- Director of Health and Wellness was educated on this rule by the administrator on 6/14/24.
- The care staff was educated on this rule on 6/14/24 and again on 8/20/24.
- The Director of Health and Wellness is responsible for compliance.

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, or designee, will conduct random reviews of resident care plans and perform visual observations of a sample of residents no less than weekly for two months for compliance, then monthly for two months.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.07 (2) Food Services

A702

> *The facility failed to provide proper handling and serving of food to prevent contamination and there was no thermometer in the refrigerator or freezer in the kitchenette.*

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

- Kitchen staff was provided aprons on 6/17/24.
- A scoop was placed within a zip lock bag on 6/17/24.
- A thermometer placed in the refrigerator and freezer on 6/17/24.

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.

- No other concerns were discovered.

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

- All kitchen employees and facility staff were re-educated by the administrator on this rule on 6/17/24.
- The Culinary Director is responsible for compliance.

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, or designee, will conduct inspections of the kitchen and dining room during meals no less than weekly for two months for compliance, then monthly for two months.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.07 (3) Food Service

A703

> *The facility failed to maintain an adequate emergency water supply for all residents. In addition, a time schedule for meals and weekly menu were not visibly posted.*

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

- Menus and meal times were posted on 6/17/24.
- Adequate emergency water was obtained on 6/27/24.

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.

- No other concerns were discovered.

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

- The Culinary Director was re-educated on this rule by the administrator on 6/26/24.
- The Culinary Director is responsible to ensure compliance with this rule.

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, or designee, will conduct inspections to ensure meal times and current week's menus are posted and that the appropriate amount of emergency water in on hand. Monitoring will be done on a monthly basis for three months, then once per quarter for the next nine months.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.09(1)(2) Laundry

A901

The facility failed to maintain the commercial dryer free of lint build up.

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

- The dryer lint trap was cleaned up 6/14/24.

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 dryer lint traps were inspected for being lint free.

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

- Care staff is responsible to ensure dryers remain lint free.
- Care staff was educated on this rule on 6/17/24.

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, or designee, will conduct inspections of the dryers no less than 3 times per week for one month, then monthly for three months to ensure there is not a buildup of lint.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.10 (2) Sanitation and Housekeeping

A1002

The facility failed to maintain the Laundry Room in a safe, decent and sanitary manner. In addition, chemicals were unsecured.

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

- Identified concerns in the laundry room were corrected on 6/13/24.
- The cabinets in kitchenette were secured on 6/13/24

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 unit were inspected for any sanitation or housekeeping needs.

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

- The Director of Health and Wellness is responsible for continued compliance.
- All staff were re-educated on this rule by the administrator no later than 6/17/24 and again on 8/20/24.

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 Director of Health and Wellness will conduct inspections of the laundry room and kitchenette no less than three times per week for one month, then monthly for three months to ensure compliance.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-20-.12 (5) Physical Environment

A1203

The kitchenette was not kept in good repair.

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

- The facility is awaiting a quote to repair or replace the identified kitchen cabinets?

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 kitchenette has been inspected and any area in need of repair will be repaired once a quote is received.
- Kitchenette to be repaired by 11/30/24.

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

- The maintenance director is responsible for continued compliance.
- The maintenance director was educated on this rule by the administrator on 6/17/24.

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, or designee, will conduct inspections of the physical environment of the facility no less than weekly for two months, then monthly for two months for compliance.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.

420-5-10-.12 (8) Physical Plant

A1206

> *The facility failed to ensure that all door locks released upon fire activation. In addition, an exterior gate was not a safe means of egress.*

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

- The identified exit door was repaired during the survey.
- The temporary exterior gate was removed on 6/12/24 and replaced with permanent fencing.

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 physical environment has been inspected and all door locks and gates are in good repair.

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

- The maintenance director is responsible for continued compliance.
- The maintenance director was re-educated on this rule by the administrator on 6/17/24.

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, or designee, will conduct inspections of the physical environment of the facility no less than weekly for two months, then monthly for two months for compliance.
- A representative of the governing authority will visit the facility no less than monthly for four months and then every other month for the next six months to ensure the facility is being operated in accordance to the SBOH rules for assisted living facilities.
- Consultant will visit facility no less than monthly to ensure corrective action are effective and continue to be effective.
- Any evidence of non-compliance may result in additional re-education and continued monitoring.
- A record of these visits will be maintained in the office of the administrator.