Facility Name: The Brennity at Daphne Specialty care Assisted Living | Facility ID: P0203
Survey Exit Date: 8/28/2024 | Administrator: Shameka Gregory

Gregory C. Gaitlin, RN, MSHAI chg

ACCEPTED 10/03/2024 16:38 PM

Plan of correction

A617 420-5-20-.06 (6) Care of Residents

The facility failed to properly document the disposal of medications upon discharge of residents.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

    - The Administrator immediately educated the LPN on the correct medication destruction form to be used on 8/28/2024. Medication destruction in-service completed on 8/28/2024 at 6:00pm, with all nursing staff.

    - RI#1 destruction method was corrected on 8/28/2024, destruction log by documentation of late entry of disposal method. Done by LPN who disposed of medications on this date.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

    - EI#3 will complete an audit of 100% of all discharged residents destruction logs from the last 30 days to include but not limited to the method of destruction. EI#3 will notify EI#1 immediately if a destruction log is not documented properly and follow up will be done to correct any omissions as needed. This will be completed no later than October 15, 2024. Copy of audit will be maintained in the administrator's office in the plan of correction binder.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

    - Inservice was completed with all current nurses employed by the facility on 8.28.2024 by EI#1 and EI#2 reviewing medication destruction from the ADPH regulation. Will continue education for new hire nursing staff, ongoing.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

- EI#3 will audit all discharged residents medication destruction records for the method of destruction and other required items per regulation, when a discharge takes place. This will start immediately and ongoing until January 2025.

- EI#3 will provide EI#1 with all resident discharge records at time of discharge.

- EI#1 will audit the discharged residents when a discharge takes place with EI#3 This will start immediately and ongoing until January 2025.

A901 420-5-20-.09 (1)(2) Laundry

The facility failed to keep laundry lint traps clean.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

    - Lint trap on Saint Charles hallway was cleaned by the resident assistant on 8.28.2024 around 3:00pm.

    - The administrator immediately notified care staff on each hall to check and clean all lint traps. Administrator verified on 8.29.2024 that all lint traps were free of lint.

    - Administrator immediately notified maintenance assistants to check all washer and dryers for dirt and debris behind equipment and any needed cleaning of areas were done. Administrator verified on 8.29.2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

    - The administrator immediately notified resident assistants on each hall to check and clean all lint traps. Administrator verified on 8.29.2024 that all lint traps were free of lint.

    - All washers and dryers were checked for debris and dirt behind equipment and any needed cleaning of areas were done by EI#10 and maintenance assistant on 8.28.2024 around 4:00pm.

    - 100% of all lint traps were assessed and cleaned by resident assistants on each hall on 8.28.2024.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

    - Monthly in service training will be completed on 10.9.2024 by E#1 reviewing the policy on laundry-general supervision and checking and cleaning behind equipment daily and as needed. Re education of staff responsibility of

cleaning lint traps after each use of dryers in laundry room and risk of fire and safety if lint traps are not kept clean. Copy of in-service will be maintained in the administrator's office in the plan of correction binder.

4. **Explain how you will monitor your proposed corrective actions to ensure they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.**

    - EI#1 or designee will randomly audit lint traps and for debris and dirt behind equipment starting immediately and daily on scheduled work days x 2 weeks, then weekly, x 4 weeks, then monthly x 3 months. Copy of audit will be maintained in the administrator's office in the plan of correction binder.

A1203 420-5-20.12(5) Physical Plant

The facility failed to maintain the building in a safe operating condition.

1. **Specify the corrective action you will take in response to each resident or example listed in the deficiency. Include specific timetables and the title of staff who will accomplish the corrective action.**

    - Arbor overhead support beam over area of the air conditioning units was replaced around the 7th of September 2024, by Build Right construction company.

    - EI#10 notified supervisor on 8/26/2024 of AC intake vent grills missing fasteners and this was corrected by EI#10 and other maintenance assistant on 9/2/2024.

    - EI#1 and EI#2 immediately began checking all call lights in 100% of all occupied resident rooms, both bed and bath pull cord lights. E#1 walked with surveyor and identified the resident rooms with malfunctioning call lights. EI#1 and EI#10, along with another maintenance assistant rounded each room and replaced batteries. In the occupied resident rooms they were given a clacker or tambourine to notify staff that assistance was needed until the call light could be corrected.

    - Case #00205017 was created with Sentrics call system company on 8/27/2024 by EI#1.

    - EI#1 and EI#2 verified 100% of call lights were working properly on 8.27.2024. Call lights were showing for bedroom and bathroom on the report. Sentrics closed case number 00205017 on 8.28.2024.

2. **Specify how you will identify other residents or concerns, not identified by the survey team, who may have problems similar to those listed in each example. Include specific timetables and the title of staff responsible.**

- 100% of all arbor overhead support beams over area of AC units were assessed by EI#10 and maintenance assistant on 9/2/2024. No other concerns identified.

- Construction company was called on 8/28/2024 to repair the arbor overhead support beam, over the area of the air conditioning units. Repair was completed on or around 9.7.2024, See invoice 987 dated 9.24.2024.

- The Maintenance Director rounded the community on 8.28.2024 to identify any other vents with loose screws and identify any other concerns throughout the facility. None identified.

- Resident in affected room was given a clacker for use to call for staff assist PRN- clacker placed within resident's reach and educated on its use. Resident demonstrated their understanding to the surveyor. These residents call lights were functioning properly as of 08/27/24.

- Resident in affected room was given a bell for use to call for staff assist PRN-bell placed within resident's reach and educated on its use. Resident demonstrated their understanding to the surveyor. These residents call lights were functioning properly on 8/27/2024.

- Resident in affected room was given a tambourine for use to call for staff assist PRN-tambourine placed within resident's reach and educated on its use. Resident demonstrated their understanding to the surveyor. These residents call lights were functioning properly on 8/27/2024.

- Resident in affected room was given a tambourine for use to call for staff assist PRN-tambourine placed within resident's reach and educated on its use. Resident demonstrated their understanding to the surveyor. These residents call lights were functioning properly on 8/27/2024.

- Resident in affected room was given a bell for use to call for staff assist PRN-bell placed within resident's reach and educated on its use. Resident demonstrated their understanding to the surveyor. These residents call lights were functioning properly on 8/27/2024.

- EI#1 and EI#2 completed 100% check on all call lights in all resident rooms, both bed and bath pull cords on 8/28/2024. Communication took place with

personnel at nurses' station and/or staff pagers to assist in verifying that each call light did or did not sound and whether notification was received. List of those malfunctioning was provided to Maintenance assistant immediately after audit completed. The maintenance assistant verified that all pull cords that were identified as not functioning were related to low battery power. All batteries were replaced in the involved rooms that were not functioning properly. The call system report was printed and reviewed verifying all room call light checks, ensuring both bed and bathroom call lights appeared on the report. This was reconciled with the current resident census, verifying 100% of all current residents had a functioning call light system. Case #00205017 was created with Sentrics Company as there were some call lights replaced with new batteries that continued to not function thereafter. Code was provided to the administrator to clear prior alerts. The system was checked by Sentrics personnel remotely with no concerns identified, per Sentrics personnel. 100% of all resident room call lights were functioning properly as of 08/28/24. In addition, EI#1 and EI#2 verified that 100% of all call lights were properly functioning and alerting to staff pagers at this time.

3. **Describe the measures you have put into place or the systemic changes you have made, or both, to ensure the same deficiency will not recur in your facility.**

- Inservice by EI#1 with EI#11 on sanitation and housekeeping-premises policy with specific attention focused on routine scheduled cleaning of laundry rooms to include cleaning behind washers and dryers, lint traps and premises-the premises shall be kept neat and clean, and free of an accumulation of rubbish, weeds ponded water, or other conditions of as similar in nature which would have a tendency to create health or sanitation hazard on 9/27/2024. Any identified will be immediately addressed and prompt follow up for resolution. Copy of audit will be maintained in the administrator's office in the plan of correction binder. Copy of in service will be maintained in the administrator's office in the plan of correction binder.

- Inservice by EI#1 with EI#11 or designee on walking community grounds immediately and daily on scheduled work days x 2 weeks, then weekly, x 4 weeks, then monthly x 3 months and identifying any arbor support beams over AC units for rotten or degraded areas. Educate on rounding in the community to identify any AC vents that have missing or loose fasteners and immediately addressing and follow up for resolution. Inservice on 9/27/2024.

Copy of in service will be maintained in the administrator's office in the plan of correction binder.

- Inservice by EI#1 with EI#11 or designee on completing 100% of call light checks for all resident rooms to include the unoccupied rooms on 9/27/2024. Copy of in service will be maintained in the administrator's office in the plan of correction binder.

4. Explain how you will monitor your proposed corrective actions to ensure that they are implemented and that the corrective actions adequately address the identified problems. Include specific timetables and the titles of staff who will be conducting the monitoring.

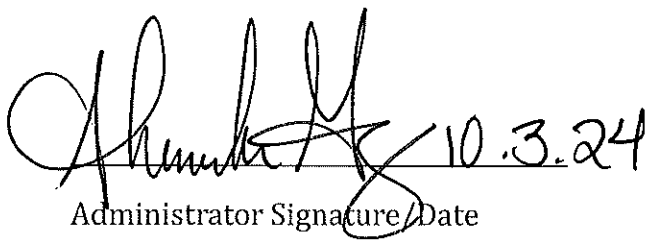
- The Maintenance Director or designee will conduct a monthly test on 100% of all call lights in resident rooms. Once completed the Maintenance Director or designee will print a report to verify all call lights are functioning. The Maintenance Director or designee will follow-up to correct any identified malfunctioning call lights promptly and an immediate alternative method will be provided to any residents affected. This began immediately with overview of EI#1, although no documentation was recorded for these checks. Starting October 2024, this will be documented and kept on file at the facility.

- The Maintenance Director will conduct a round of all areas of the facility to identify any concerns regarding loose or missing screws in vents and will document these rounds monthly x 6 months and will be maintained in the administrator's office in the plan of correction binder. Initiated October 2024.

- EI#11 or designee will immediately and daily on scheduled work days x 2 weeks, then weekly, x 4 weeks, then monthly x 3 months to identify any arbor support beams over AC units for rotten or degraded areas. Copy of audit will be maintained in the administrator's office in the plan of correction binder.

- EI#1 will assess arbor support beams over AC units monthly starting immediately until January 2025, for rotten or degraded areas. Any identified will be immediately addressed and prompt follow up for resolution. Copy of audit will be maintained in the administrator's office in the plan of correction binder.

- Administrator will randomly test 5 call lights monthly to ensure they are functioning properly. This began immediately, although no documentation was recorded for these checks. Starting September 2024, this will be documented and kept on file at the facility until January 2025. Copy of audit will be maintained in the administrator's office in the plan of correction binder.



Administrator Signature/Date